FLORIDA SUBSTANCE ABUSE AND MENTAL HEALTH ANNUAL PLAN UPDATE

STATE AND REGIONAL PLAN UPDATE
FISCAL YEAR 2015-2016

Department of Children and Families
Substance Abuse and Mental Health Program Office

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I. Triennial Master Plan Purpose

Pursuant to s. 394.75, F.S., the Department of Children and Families (DCF/Department) is required to develop a triennial master plan (Plan) for the delivery and financing of publicly-funded, community-based behavioral health services in Florida.[1] In interim years, the Department submits an update showing its revised program priorities and progress towards the goals named in the master plan.

The Plan outlines the statewide priorities, as well as region specific goals. The Plan is developed with stakeholder input and is based on current trends and conditions as related to behavioral health services in Florida. It identifies the following five key strategic initiatives:

- Access to Quality, Recovery-Oriented Systems of Care;
- Community-Based Health Promotion and Prevention;
- Child Welfare, Substance Abuse and Mental Health Integration;
- Information Management; and
- Forensic Waitlist Management

The Office of Substance Abuse and Mental Health (SAMH) utilizes the Plan to drive statewide quality improvement initiatives, create legislative budget proposals, and develop policy and programs to support the goals.

II. Update on Strategic Initiatives

Since the three-year Plan was submitted in May 2016, the organizational profile of the Department's Office of SAMH has been modified to include a quality assurance unit to support programmatic effectiveness in reaching the identified goals. For the Fiscal Year (FY) 2016-17 update to the Plan, the Department developed Tables 1 - 6 to provide an overview of data trends and activities for each of the five strategic initiatives.

II.A. PROGRESS ON STRATEGIC INITIATIVE 1: ACCESS TO QUALITY, RECOVERY-ORIENTED SYSTEMS OF CARE (ROSC)

Table 1: Update on Strategic Goals 1.1 - 1.2

Goal 1.1: Enhance the community-based service array to shift from an acute care model to a recovery based model of care		
Objectives	Outcomes / Metrics	Progress / Update
Objective 1.1.1: Implement care coordination practices for high risk/high utilizer populations and people at risk of entering and being discharged from state treatment facilities.	Decrease acute-care readmissions and increase the number of days in the community between acute-care admissions.	The Department added requirements in all ME contracts to implement care coordination practices. Two performance measures are deployed to track the 30-day readmission rates for inpatient detoxification and crisis stabilization services. The national standard for detoxification readmissions within 30 days is 15 percent and 8.2 percent for crisis stabilization. In FY 2015-16, performance for inpatient detoxification readmissions was approximately 8 percent; and for crisis stabilization readmissions, approximately 7 percent.

[1] S. 394.75, F.S., "Every 3 years, beginning in 2001, the Department, in consultation with the Medicaid program in the Agency for Health Care Administration, shall prepare a state master plan for the delivery and financing of a system of publicly funded, community-based substance abuse and mental health services throughout the state."

Goal 1.1: Enhance the community-based service array to shift from an acute care model to a recovery based model of care		
Objectives	Outcomes / Metrics	Progress / Update
Objective 1.1.2: Promote peer support services.	Increase number of Certified Recovery Peer Specialists in the workforce.	From June 2015 to June 2016, the number of Certified Recovery Peer Specialists in the workforce nearly doubled (168 to 313), while the number of Certified Recovery Support Specialists nearly tripled (45 to 128). As of November 2016, another 202 specialists are in the process of becoming certified.
Objective 1.1.3: Increase opportunities for individuals to reside in permanent supportive housing.	All 7 Managing Entities (MEs) will have dedicated housing coordinators to identify and link consumers to safe and affordable supported housing.	All 7 MEs have received additional funding to hire housing coordinators. The Department has added such duties to the ME contracts as identifying and listing local housing resources, maintaining an active membership in local homeless Continua of Care, conducting a needs assessment of the current housing situation, and using outreach to enhance the opportunities for housing.
Objective 1.1.4: Implement a standardized assessment of service needs (i.e., level of care).	Providers across the system of care use a common tool to determine an individual's service needs.	DCF is exploring the feasibility of adopting the American Association of Community Psychiatrists' Level of Care Utilization System for Psychiatric and Addiction Services Adult and Children Versions 2010. The Department is also exploring the use of the American Society of Addiction Medicine's criteria for evaluating substance-use disorders. Each tool can be applied on a cross-over basis to identify service needs for people with co-occurring disorders. At this time, cost is the predominant barrier to implementing these tools.
Objective 1.1.5: Develop a recovery-oriented system of care **(**ROSC) framework in Florida to increase consumer engagement, choice and self-management, including job opportunities	Providers and community stakeholders use the principles and core competencies of ROSC in their service delivery, as evidenced by consumer satisfaction surveys and secret shopper calls.	Efforts are underway to increase stakeholders' knowledge and buy-in of ROSC practices, principles and core competencies statewide. Working with key stakeholders and the University of South Florida, the Department has developed a shared framework for a ROSC in Florida. Nationally-recognized ROSC experts presented at the Department's annual Behavioral Health conference and Child Protection Summit, targeting providers and child welfare professionals at each. DCF also held a leadership event to kick off a series of eight regional ROSC summits through January 2016.
Objective 1.1.6: Increase intensive, in-home team interventions that are available 24/7.	Increase the number of mobile crisis teams, community action teams, family intervention teams, and multi-disciplinary forensic teams in the state.	The Legislature appropriated funds in FY 2016-17 for six new Community Action Treatment (CAT) teams, two new Family Intensive Treatment (FIT) teams, one new Florida Assertive Community Treatment team, and five multi-disciplinary forensic teams.

Goal 1.2: Improve access to services in both rural and urban areas		
Objectives	Outcomes / Metrics	Progress / Update
Objective 1.2.1: Implement the Central Receiving Facility grant program for improved access to acute care services.	Implement centralized receiving facilities in at least 3 areas of the state that currently do not have this capacity.	During FY 2015-2016, the Department completed the Centralized Receiving Facility grant solicitation authorized by Specific Appropriation 377K of the FY 2015-2016 General Appropriations Act (GAA). This solicitation generated awards for five new centralized receiving projects and one continuation project.
Objective 1.2.2: Develop alternate access options and locations with centralized triage and service delivery functions.	Increase the use of alternative technologies and non-traditional settings (i.e., community hospitals, local health departments) to provide services remotely.	The Department has identified two agreements aimed at facilitating the spread of telehealth. The Village South/WestCare Foundation, a provider with South Florida Behavioral Health Network, has established an agreement with ClickAClinic.com for use of their online video-conferencing software for telehealth services. The Central Florida Cares Health System established a telehealth outpatient and psychiatric program through a contract with Impower, Inc., allowing individuals to establish their own telehealth accounts and connect to psychiatric services.
Objective 1.2.3: Develop targeted outreach and engagement strategies specific to intravenous drug users, pregnant and parenting women, and families involved in the child-welfare system.	Increase the percentage of pregnant women and intravenous drug users receiving substance-abuse services. Increase the percentage of individuals involved with the child-welfare system who successfully complete treatment for substance abuse.	The number of intravenous drug users receiving treatment dropped from 20,168 in FY 2014-2015 to 19,498 in FY 2015-2016. The Department is working with the MEs to determine the cause of this drop and develop strategies for improvement based on the findings. The number of pregnant women and women with dependent children admitted to SAMH services increased from 13,669 in FY 2014-2015 to 14,313 in FY 2015-2016. During this time, the rate of successful completion of care for pregnant women and women with dependent children decreased slightly, from 66 percent in FY 2014-2015 to 64 percent in FY 2015-2016. To address this need, SAMH developed a Women & Substance Use guide and revised its data collection and management process to better assess performance and outcomes for pregnant women. SAMH also provides online training courses through the Florida Certification Board and Florida Alcohol and Drug Abuse Association (FADAA), including courses such as Understanding and Working Effectively with Persons who Inject Drugs, Treatment for Pregnant and Parenting Women with Substance Use Disorders, Preventing Prenatal Substance Exposure and six courses in Child Welfare and Behavioral Health.

II.B. PROGRESS ON STRATEGIC INITIATIVE 2: COMMUNITY-BASED HEALTH PROMOTION AND PREVENTION

Table 2: Update on Strategic Goals 2.1 - 2.5

Goal 2.1: Promote emotional health and well being		
Objectives	Outcomes / Metrics	Progress / Update
Objective 2.1.1: Develop a strategic framework for prevention and community-based health promotion that fosters individual, family and community resilience.	Increase the effectiveness and coordination of individual prevention and health promotion efforts.	A workgroup was formed and tasked with developing a statewide Substance Abuse Prevention Strategic Plan. It includes representatives of the MEs, SAMH, the Florida Coalition Alliance, FADAA and other community prevention stakeholders. The workgroup identified new goals and objectives to help strengthen the prevention workforce. The strategic plan is in the final stages of development.
Goal 2.2: Prevent and reduce substance use		
Objective 2.2.1: Strengthen the substance-abuse prevention workforce.	Increase the knowledge, skills and abilities of the prevention workforce.	SAMH created the Florida Substance Abuse Prevention Workforce Committee to enhance workforce development by guiding and supporting training efforts, promoting quality assurance and increasing inter-agency collaboration. Members represent SAMH, the MEs, substance abuse prevention coalitions, the Florida Certification Board, FADAA and the Community Coalition Alliance. The committee collaborated with SAMH to develop the Behavioral Health Workforce Survey, which is aimed at capturing the knowledge, skills and attitudes of Florida's prevention professionals. The survey will identify areas of strength as well as training needs to enhance workforce development and improve program outcomes.
Objective 2.2.2: Prevent or delay the use of alcohol, tobacco and other drugs in Florida through the use of evidence-based practices, supported by data gathered among high-risk populations.	Reduce the percentage of youth aged 12 – 17 reporting substance use in the past 30 days.	Working with the Florida Certification Board, SAMH developed the "Stay On Trac" online training course for tobacco retailers, along with a video containing information for youth on tobacco use. Data collected through the Florida Youth Substance Abuse Survey show a decline in the percentage of youth who used illicit drugs and alcohol from 2014 to 2016. More detailed information may be obtained at: http://www.fysonline.com/

Goal 2.2: Prevent and reduce substance use		
Objectives	**Outcomes / Metrics**	**Progress / Update**
Objective 2.2.3: Enhance data-collection systems to inform data-driven planning and to measure outcomes.	Implement a new prevention data system and disseminate statewide and local data.	The Department implemented a new Performance Based Prevention System (PBPS). The system vendor worked with stakeholders to design and test the new system, which became operational in March 2016. As of July 1, 2016, PBPS is being used as the statewide prevention data system.
Goal 2.3: Reduce the spread of infectious disease		
Objective 2.3.1: Develop targeted outreach strategies specific to intravenous drug users.	Increase the number of intravenous drug users admitted to treatment.	The number of intravenous drug users admitted to treatment increased slightly, from 11,396 in FY 2014-15 to 11,498 in FY 2015-16. To improve outreach and retention, the Department sponsored webinars titled, "Build It and They May Come, But Will They Stay? Principles of Outreach and Retention for Behavioral Health Organizations" and "Micro-Connecting: Effective Outreach & Engagement Strategies with Persons Seeking Recovery." DCF is also implementing ROSC to support recovery by engaging and retaining individuals in treatment.
Objective 2.3.2: Engage and maintain intravenous drug users in treatment and support services.		
Goal 2.4: Prevent and reduce attempted and completed suicides		
Objective 2.4.1: Promote the development and implementation of effective practices and evidence-based suicide prevention and intervention programs.	Reduce the number of people who die of suicide in Florida each year.	Suicides rose in Florida from 2,961 in 2014 to 3,152 in 2015. To address the increase in suicides, the Department plans to work with MEs and community partners to implement and monitor effective evidence-based programs to promote wellness and prevent suicide-related behaviors statewide.
Goal 2.5: Reduce opioid related overdose deaths		
Objective 2.5.1: Develop a comprehensive and coordinated overdose prevention initiative.	A reduction in the number of deaths caused by at least one opioid.	The Department was awarded the Partnerships for Success (PFS) Grant to reduce prescription/illicit opioid abuse and its consequences, including overdose. This 5-year project provides $530,000 annually to purchase and distribute naloxone to at-risk residents of Broward, Palm Beach, Hillsborough, Manatee, Duval, Franklin, Walton & Washington counties. As of 9/13/16, 387 people had been trained in overdose prevention. This included 106 staff members from 15 substance abuse treatment providers/pharmacies , 221 people from a Florida Certification Board webinar, and 60 people from the FADAA conference. Additionally, 3 substance abuse treatment provider pharmacies are in the process of drafting/enacting naloxone standing orders.

II.C. PROGRESS ON STRATEGIC INITIATIVE 3: CHILD WELFARE, SAMH INTEGRATION

Table 3: Update on Strategic Goal #3.1

Goal 3.1: Improve family functioning and child welfare related outcomes through an integrated child welfare and behavioral health treatment based model		
Objectives	Outcomes / Metrics	Progress / Update
Objective 3.1.1: Develop an integrated, treatment-based practice model.	An integrated, treatment-based practice model ready for dissemination to the community.	The Child Welfare and Behavioral Health Integration Self-Study Guide was finalized and distributed to the Regions to guide the completion of their self-assessment. The Self-Study Guide includes practice expectations and system components that serve as the model for integrating child welfare and behavioral health.
Objective 3.1.2: Strengthen cross-system understanding and professional/ provider competencies and practices, with a focus on treatment goals, service planning, practice models, outcome expectations and legal requirements.	Child welfare and behavioral health practitioners and providers have a similar set of goals and expectations.	A Facilitator Guide was developed and distributed to help the Regions conduct their self-assessments. The guide discusses the practice expectations and system components of the Self-Assessment in order to establish a comprehensive understanding among child welfare and behavioral health providers. In each region, peer reviews are being conducted with these professionals. Upon completion of their Self-Assessment, Regions will review and discuss their findings. Overall, completion of the Self-Assessment, use of the Facilitation Guide, and Peer Review process will align goals, clarify expectations and promote a common understanding of integration practices for child welfare and behavioral health.
Objective 3.1.3: Strategically select and integrate dedicated service modalities addressing the specific needs of the family.	Effectively treat behavioral health conditions by addressing trauma and the child-parent relationship, by developing parenting skills and enhancing parental capacities, and by improving family functioning.	In 2014, the Legislature funded ten initial FIT teams to provide evidenced-based treatment to parents involved with child welfare who have a substance-use disorder, while addressing the impact on their parental protective capacities. Lawmakers funded five more teams in 2015 and four more in 2016, for a total of 19 teams statewide. The FIT model specifically addresses trauma, the child-parent relationship and parenting skill development, the enhancement of parental capacities, and improved family functioning. The FIT model aligns well with elements of the Child Welfare and Behavioral Health Integration Self-Study, and lessons learned are informing child welfare and behavioral health integration efforts at the state and local levels.

Goal 3.1: Improve family functioning and child welfare-related outcomes through an integrated child welfare and behavioral health treatment-based model		
Objectives	Outcomes / Metrics	Progress / Update
Objective 3.1.4: Create a systematic and focused leadership approach to implement an integrated, treatment-based practice model, which will include the monitoring and evaluation of implementation and outcomes.	Strategic approach to implementing and sustaining an integrated treatment model.	The Regions are completing a self-study and a peer review, and will also develop an action plan to address system components such as Joint Accountability and Shared Outcomes and the role of leadership and partnerships in addressing them.
Objective 3.1.5: Implement flexible and dedicated funding strategies to support holistic and family-centered practice.	Funding strategies that fully support family-centered practice, including extensive engagement practices, a family focus, and team-based, flexible service delivery.	Regional and state leaders are addressing Budget and Sustainability as part of the Self-Study process. This system component focuses on a comprehensive needs assessment and the identification of gaps; multi-year planning for the integrated use of funding; and contracting practices that support integration.
Objective 3.1.6: Increase access to treatment services that are trauma-based and family-focused. Integrate interventions for parents into the child welfare system.	Ability to address the needs of individual parents and children and the parent-child relationship in a holistic manner.	The Legislature approved funding to expand FIT capacity to nineteen teams statewide, targeting areas with higher rates of child maltreatment and parental substance use.

II.D. PROGRESS ON STRATEGIC INITIATIVE 4: INFORMATION MANAGEMENT

Table 4: Update on Strategic Goals #4.1 through #4.4

Goal 4.1: Enhance common registration and unique identification of individuals served		
Objectives	Outcomes / Metrics	Progress / Update
Objective 4.1.1: Develop and implement methodology for creating and maintaining unique client identifiers in statewide client index.	Compliance with HIPAA security standards to safeguard the privacy and confidentiality of protected health information.	This objective will be achieved through three implementation phases of the Financial and Services Accountability Management System (FASAMS). FASAMS Phase I: April 2016 - September 2016 (complete): • Completed through contract with North Highland to develop business and technical requirements FASAMS Phase II: October 2016 - May 2017 (in progress): • To be completed through contract with North Highland to provide documentation and technical assistance for procurement of a commercial-off-the-shelf (COTS) solution. FASAMS Phase III: June 2017 - December 2018 (pending): • To be completed through contract with the IT vendor of the COTS solution to be selected as part of the procurement process in FASAMS Phase II.
Objective 4.1.2: Ensure the accurate and consistent recording of demographic information for people served.	Increased accuracy and consistency for reporting unduplicated counts of people served.	
	Rapid and accurate identification of the proper individual records and their integration for the purpose of providing care coordination both within and across providers.	
Objective 4.1.3: Create and implement automated interfaces among FASAMS, FSFN and FMMIS.	Improved coordination of care for SAMH clients involved in the child welfare system.	
	Improved coordination of benefits and services for SAMH clients who are Medicaid-eligible.	
	Ability to track clients both within and beyond the SAMH system of care.	

Goal 4.2: Improve process for reporting and analyzing performance outcome data		
Objectives	**Outcomes / Metrics**	**Progress / Update**
Objective 4.2.1: Develop and implement an integrated performance outcome data module for clients both with and without co-occurring disorders.	Improved care coordination for persons with co-occurring disorders. Reduced administrative costs due to less data-processing time and less data redundancy.	See Progress / Update section in Goal 4.1.
Goal 4.3: Improve accountability of units and costs of state-funded services provided to state target populations		
Objective 4.3.1: Develop stored procedures to facilitate reconciliation of FASAMS service data with associated payment data recorded in FLAIR and ME accounting records.	Ability to verify and approve invoices and payments based on reconciled service event data. Accurate analysis of the costs and outcomes of state-funded services provided to state target populations.	See Progress / Update section in Goal 4.1.
Objective 4.3.2: Establish guidelines for MEs to use when reconciling their accounting records to FASAMS service records.	Availability of standard expenditure report templates used statewide for verification and approval of payments for invoices billed by providers to MEs, and by MEs to the Department.	

Goal 4.4: Develop and implement a uniform, clinically-based scoring system to collect and report data pertaining to client's levels of care		
Objectives	**Outcomes / Metrics**	**Progress / Update**
Objective 4.4.1: Acquire and implement Level of Care Utilization System (LOCUS) as the standard assessment tool for use by SAMH providers.	Ability to determine appropriate level of care for effective treatment of each client.	As noted under Obj. 1.1.4., DCF is exploring the feasibility of adopting the American Association of Community Psychiatrists' Level of Care Utilization System for Psychiatric and Addiction Services Adult and Children Versions 2010. The Department is also exploring the use of the American Society of Addiction Medicine's criteria for evaluating substance-use disorders. Each tool can be applied on a cross-over basis to identify service needs for people with co-occurring disorders.
Objective 4.4.2: Create and implement automated interface between FASAMS and LOCUS.	Ability to link data on client's levels of care to data on performance outcomes.	The system requirements for FASAMS include mechanisms for automating the exchange of information from other data sources, such as LOCUS, into the Department's overall data system.

II.E. PROGRESS ON STRATEGIC INITIATIVE 5: FORENSIC WAITLIST MANAGEMENT

Table 5: Update on Strategic Goal #5.1

Goal 5.1: Decrease the wait time for forensic SMHTF admission and return to court		
Objectives	**Outcomes / Metrics**	**Progress / Update**
Objective 5.1.1: Develop strategies to divert people from the state mental health treatment facility system.	Decrease the number of people on the waiting list for forensic admission longer than 12 days.	Strategies for keeping people out of the state mental health treatment facilities have focused on boosting supports and the resources needed to provide community services. The Legislature approved a Department request for FY 2016-17 to place multi-disciplinary teams in the five Florida counties with the largest number of forensic admissions. Lawmakers added 40 forensic transition beds to increase the capacity for diversion to the community. Future strategies will continue to focus on boosting community resources to divert offenders facing non-violent charges.
Objective 5.1.2: Develop strategies to expedite pick-up of people restored to competency.	Decrease the number of forensic residents waiting longer than 30 days to return to court.	Strategies to expedite the pick-up of people restored to competency have focused on establishing consistent timeframes for pick-up and improving communication between the treatment facilities and community providers. Lawmakers approved a request for changes to Chapter 916, F.S., mandating that a scheduled court hearing occur within 30 days after a person is found competent to proceed and that he or she be present at the hearing. Additionally, regional leaders and legal representatives have met

Goal 5.1: Decrease the wait time for forensic SMHTF admission and return to court		
Objectives	**Outcomes / Metrics**	**Progress / Update**
		with court personnel in some counties and are holding semiweekly conference calls to develop localized plans for expedited pickups.
Objective 5.1.3: Conditionally release people who no longer appear to meet commitment criteria for placement in a SMHTF.	Decrease the number of forensic residents waiting longer than 30 days to return to court.	The SMHTF collaborated with the MEs to improve the discharge planning process. Discharge protocols were standardized and tracking systems were implemented to make identification more efficient and resolve individual barriers to discharge. In FY 2015-2016, 122 forensic residents were discharged from state facilities on conditional release.
Objective 5.1.4: Develop a catalog of community-based forensic services.		Assessments have been conducted to determine forensic bed use and types of services to establish a baseline for forensic services now offered statewide. Over the next fiscal year, the elements needed to deliver an effective array of community-based forensic services will be identified and defined. The program office staff will coordinate with the Regions and MEs to inventory the provision of recommended services throughout the State.
Objective 5.1.5: Evaluate competency restoration programs and review performance measures.		The competency restoration programs were evaluated by comparing the current services and processes with benchmark programs. The state facilities adopted a new "Hotlist" process for tracking and reviewing cases with barriers to common competency to speed up the return to court. Efforts are underway to increase the amount of competency training offered to people served and to revise the staffing model to allow for more frequent assessments of competency.

III. Update on the Regional Plans

In addition to the statewide priorities, each of the Department's six Regions has provided an update to its comprehensive strategic plan. Each plan aligns the state with local priorities and initiatives, varying according to the needs of the local behavioral system of care. The updated regional plans are provided in Appendix I.

IV. Financial Management

Prevention, treatment, and recovery services are funded primarily through the federal block grants, federal discretionary grants, state general revenue, and disproportionate share transfers from the Agency for Health Care Administration. In addition, Temporary Assistance for Needy Families funds are available for eligible recipients and cover a range of community mental health and substance abuse services. Tables 6 through 9 show the budgeted SAMH funding for FY 2016-2017, which support the state's behavioral health system of care.

Table 6: FY 2016-2017 Mental Health Services and Community SAMH Services Funding

SAMH Funding (FY 2016-2017)[2]			
Mental Health Services (State Mental Health Treatment Facilities)		**Community Substance Abuse and Mental Health Services**	
Civil Commitment Program	$172,548,920	Community Mental Health Services	$427,537,350
Forensic Commitment Program	$144,506,724	Community Substance Abuse Services	$239,244,580
Sexually Violent Predator Program	$34,509,878	Executive Leadership and Support Services	$40,244,709
Total	**$351,565,522**	**Total**	**$707,026,639**

Table 7: FY 2016-2017 SAMH Funding by Types of Funding Source

SAMH by Funding Source (FY 2016-2017)[3]					
Program	**General Revenue**	**Block Grant**	**Federal Grants**	**Other Funds**	**Total**
Community Mental Health Services	$356,164,797	$32,978,141	$30,595,791	$7,798,621	**$427,537,350**
Civil Commitment Program	$92,731,779	-	$74,257,224	$5,559,917	**$172,548,920**
Forensic Commitment Program	$140,029,637	-	$2,481,073	$1,996,014	**$144,506,724**
Sexually Violent Predator Program	$34,509,878	-	-	-	**$34,509,878**
Community Substance Abuse Services	$106,100,154	$122,746,012	$2,554,954	$7,843,460	**$239,244,580**
Executive Leadership and Support Services	$28,044,688	$5,265,948	$5,800,990	$1,133,083	**$40,244,709**

Table 8: FY 2016-2017 ME Schedule of Funds by Program Type

ME Schedule of Funds By Program (FY 2016-2017)			
Program	**Federal Funds**	**State Funds**	**Total**
Community Mental Health Services	$54,825,678	$296,022,005	**$350,847,683**
Community Substance Abuse Services	$121,442,531	$109,586,895	**$231,009,426**
Executive Leadership / Support Services	$701,418	$21,583,269	**$22,284,687**
Total	**$176,969,627**	**$427,192,169**	**$604,141,796**

[2] [3] Source: 2016-2017 General Appropriations Act and Supplemental Appropriations.

Table 9: FY 2016-2017 ME Schedule of Funds

ME Schedule of Funds (FY 2016-2017)				
ME	**Community Mental Health Services**	**Community Substance Abuse Services**	**Executive Leadership/Support Services**	**Total**
Big Bend Community Based Care	$31,552,776	$19,206,255	$1,941,831	**$52,700,862**
Broward Behavioral Health Coalition	$28,789,381	$20,159,009	$2,210,744	**$51,159,134**
Central Florida Behavioral Health Network	$114,015,633	$63,272,426	$5,777,518	**$183,065,577**
Central Florida Cares Health System	$41,237,488	$27,414,241	$2,295,311	**$70,947,040**
Lutheran Services Florida	$57,358,074	$45,782,882	$4,213,264	**$107,354,220**
Southeast Florida Behavioral Health Network	$32,378,346	$21,188,967	$2,380,355	**$55,947,668**
South Florida Behavioral Health Network	$45,515,985	$33,985,646	$3,465,664	**$82,967,295**
Total	**$350,847,683**	**$231,009,426**	**$22,284,687**	**$604,141,796**

V. Progress on Grants and Special Projects

In order to complete the five strategic initiatives, the Department will continue to implement the following mental health and substance abuse grant programs.

V.A. PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH) PROGRAM

The PATH program is a SAMHSA funded formula grant administered to U.S. states and territories. Funding varies annually, based on federal appropriations. PATH provides services to adults with serious mental illness, including those with co-occurring substance use disorders, who are experiencing homelessness or at imminent risk of becoming homeless.

PATH funds can be utilized by local network providers for a variety of services, including outreach, case management, housing and employment support, clinical care, and recovery support. The goal is to actively engage individuals who meet criteria, end their homelessness, and engage them in services and supports that will help them in their continued recovery.

Florida uses PATH funds to contract with 23 network service providers statewide. Allocations are based on the prevalence of their local homeless populations. In Federal Fiscal Year 2015-2016, Florida received $4,332,000 in PATH funds and provided outreach to 12,296 people. Of that number, 4,413 were linked to community mental health services. Additional information can be found at: http://www.samhsa.gov/homelessness-programs-resources/grants-programs-services/path-program/search-data-reports.

V.B. SYSTEM OF CARE (SOC) STATEWIDE EXPANSION PROJECT

In August 2016, SAMHSA awarded Florida a new Children's Mental Health System of Care grant. The "Florida System of Care Expansion and Sustainability Project" is awarded for four years at $3,000,000 per year. It will enhance the existing array of community-based services for those children, youth and young adults who are the highest users of behavioral health care and the most at risk for out-of-home placements. The grant will help Florida improve access, care coordination and the provision of behavioral health care for children and youth statewide.

This project supports the expansion and integration of the SOC approach into the state's service delivery by creating sustainable infrastructure and services. A detailed description of the SOC approach can be accessed at: http://gucchdgeorgetown.net/data/documents/SOC_Brief2010.pdf and http://www.socflorida.com/.

Florida's approach to expansion and sustainability is based on a partnership of funders, providers, families, youth, faith-based organizations and community service groups. This network facilitates strategic planning and training. It also promotes a wraparound approach that provides intensive care coordination for youth with complex mental-health challenges and their families.

V.C. PROJECT LAUNCH (LINKING ACTIONS FOR UNMET NEEDS IN CHILDREN'S HEALTH)

The purpose of Florida Project LAUNCH is to promote the wellness of young children up to the age of eight and their families, specifically those living with or at risk for substance abuse. The accomplishments of Year 3 included improved partner relationships, increased project participation

and increased parent engagement. Additionally, collaboration with state-level initiatives – including the system of care grant, Help Me Grow and state-level council member agencies – were seen as aiding facilitators. Also reported was a renewed partnership with the Florida Department of Health.

Another significant accomplishment of Year 3 was the completion of LAUNCH-funded community trainings for parents, educators and service providers. Seven trainings were offered: three on trauma-based care for children; two on motivational interviewing; a Nurturing Parenting Program train-the-trainer, three-day workshop; and a Healing Hearts training for parents. LAUNCH exceeded all targets for screening and referral outcome indicators in FFY 2014-2015. Indicators for FFY 2015-2016 are now being evaluated.

V.D. THE PARTNERSHIPS FOR SUCCESS GRANT

In FFY 2014-2015, the number of Floridians screened for mental health or related interventions and the number referred to mental health or related services greatly exceeded the grant goal indicators (556 and 151, respectively) [4]. In July 2016, Florida received a new Partnership for Success grant from SAMHSA, which will award the state $1,230,000 annually for five years. The project is aimed at reducing prescription-drug misuse among Floridians aged 12 to 25 and the nonmedical use of opioids among Floridians aged 26 and older.

Florida will work to reduce the number of accidental and intentional deaths due to opioids and to strengthen the capacity for prevention at both state and local levels. The sub-recipient communities are five urban counties (Broward, Duval, Hillsborough, Manatee and Palm Beach) and three rural ones (Franklin, Walton and Washington).

Implementing school and family-based programs in rural counties will aim to prevent the initiation of many young people into the misuse of prescription opioids and heroin. Data enhancements to the Prescription Drug Monitoring Program will modify prescribing practices. Partners will work to reduce fatal opioid overdoses by conducting overdose prevention trainings and disseminating naloxone kits to those likely to witness or experience an overdose; they also will put in place pilot programs that link overdose victims to medication-assisted treatment providers after they are discharged from hospital services.

V.E. HEALTHY TRANSITIONS

The “Now is the Time” Healthy Transitions grant program is a five-year, $5 million project funded by SAMHSA to improve access to treatment and support services. It is for Floridians aged 16 to 25 who have a serious mental health condition or are at risk of developing one. The project is administered by the Central Florida Behavioral Health Network, in partnership with the Department, and pilots evidence-based services for this population in Hillsborough and Pinellas counties. Additional information can be found at: http://www.samhsa.gov/nitt-ta/healthy-transitions-grant-information.

[4] The TRAC Indicator goals for the number of individuals screened for mental health or related interventions was 60 and number of individuals referred to mental health or related services was 30 in FFY 2014 – 2015.

VI. Policy Changes

VI.A. BILLS

The following 2016 legislative bills impacted SAMH services.

Table 10: 2016 Legislative Bills

Bill Title	Bill Summary
SB 12 – Mental Health and Substance Abuse	The bill amends several sections of statutes related to behavioral health services to: • Expand the activities of case management for treatment based mental health court programs; • Provide the findings of suitability assessments for residential treatment of a child in the legal custody of the Department to the child's Medicaid managed care plan; • Provide services using coordination-of-care principles characteristic of recovery-oriented services; • Create a coordinated system of care including community interventions, designated receiving systems for acute care through a "No Wrong Door" approach, transportation plans, and a minimum array of services for individuals with mental illness and substance use disorders. • Add individuals prohibited from serving as a patient's representative or guardian advocate; • Direct the Agency for Health Care Administration and the Department to provide options for: o a single, consolidated license to provide both mental health and substance use disorder services, and o increasing federal funding for behavioral health care. • Align the legal processes, timelines and processes for assessment, evaluation and receipt of available services under the Baker Act and Marchman Act. • Revise the duties and responsibilities of the Department to set performance standards and enter into contracts with managing entities that support efficient and effective administration of the behavioral health system and ensure accountability for performance. The duties and responsibilities of managing entities are revised accordingly. The bill allows behavioral health organizations to be eligible to bid for managing entity contracts under certain circumstances. • Expand the membership of the Criminal Justice, Mental Health, and Substance Abuse Statewide Grant Review Committee, allows not-for-profit community providers or managing entities to apply for grants, and creates a grant review and selection committee to select grant recipients. • Require Medicaid managed care plans to work toward integration and coordination of primary care and behavioral health services for Medicaid recipients.
HB 769 – Mental Health Treatment	The bill amends ss. 916.13 and 916.15, F.S., to require a competency hearing to be held within 30 days after the court has been notified that a defendant is competent to proceed, or no longer meets the criteria for continued

	commitment. The bill also requires that the defendant be transported to the committing court's jurisdiction for these hearings. The bill also amends s. 916.145, F.S., to require that all charges be dismissed if the defendant remains incompetent to proceed for five continuous, uninterrupted years after the initial determination. Additionally, the bill permits a court to dismiss charges for a person whom the court has determined to be incompetent to proceed and who remains incompetent for 3 years after the original determination, unless the charge has been specified as an exclusion.
HB 439 – Mental Health Services in the Criminal Justice System	The bill expands the authority of courts to use treatment-based mental health and substance abuse court programs for defendants in the criminal justice system, at both the pre-adjudicatory and post-adjudicatory levels.
HB 977 – Behavioral Health Workforce	The bill expands the behavioral health workforce, recognizes the need for additional psychiatrists as a critical state concern, and integrates primary care and psychiatry. It also allows those with disqualifying offenses that occurred five or more years before to work under the supervision of qualified personnel until a final determination is made about their requests for exemption from disqualification. Further, the bill modifies the process of retaining an individual in a receiving facility, or placing an individual in a treatment facility under the Baker Act, by allowing the psychiatrist providing the first opinion and the psychiatrist or clinical psychologist providing the second opinion to examine the patient electronically. It also allows physicians licensed under Chapters 458 and 459 the discretion to dispense medications or prescribe a controlled substance regulated under Chapter 893 on the premises of a registered pain-management clinic.

VI.B. PROVISO

Pursuant to the FY 2016-17 General Appropriations Act, Tables 11 and 12 describe the proviso projects and additional funding the Department is implementing.

Table 11: FY2016-17 Proviso Projects

Proviso Title	Proviso Project Description	Related Objective(s)
SAMH Financial and Services Accountability Management System	From the funds in Specific Appropriation 321A, the nonrecurring sum of $2,000,000 from the Operations and Maintenance Trust Fund is provided to the Department of Children and Families for the continued development and implementation of a uniform management information and fiscal accounting system for use by providers of community SAMH services.	4.1.1 – 4.4.2
Provider Cost of Living Increase	From the funds in Specific Appropriation 349 and 350, the nonrecurring sum of $3,000,000 from the General Revenue Fund is provided as a cost of living increase for the following providers: South Florida State Hospital $524,868 Florida Civil Commitment Center $1,706,102 Treasure Coast Forensic Treatment Center $381,554 South Florida Evaluation and Treatment Center $387,476	N/A
Mental Health Facility Forensic Flex Beds	From the funds in Specific Appropriation 350, $1,211,727 from the General Revenue Fund is provided to contract with a mental health facility for no less than 11 additional secure forensic flex beds to ensure capacity for forensic patients admitted within 15 days of a court order as required by Chapter 916, F.S.	5.1.1
CAT Teams for Mental Health and Substance Abuse Services	From the funds provided in Specific Appropriation 382, $1,725,000 shall be used by the Department of Children and Families to contract directly with specified providers for the operation of 23 Community Action Teams to provide community-based services to children ages 11 to 21 with a mental health diagnosis or co-occurring substance abuse diagnosis.	1.1.6
Citrus Health Network	From the funds in Specific Appropriation 383, the sum of $455,000 from the General Revenue Fund shall continue to be provided to the Citrus Health Network for crisis stabilization services.	1.2.2
Stewart-Marchman Behavioral Healthcare	From the funds in Specific Appropriation 383, the nonrecurring sum of $1,508,754 is provided from the General Revenue Fund to Stewart-Marchman Behavioral Healthcare to provide a Florida Assertive Community Treatment team serving Putnam and St. Johns counties.	1.1.6

Proviso Title	Proviso Project Description	Related Objective(s)
Mental Health Transition Beds	From the funds in Specific Appropriation 383, $4,730,000 from the General Revenue Fund is provided to continue funding mental health transitional beds to move eligible patients in the state mental health institutions to community settings as an alternative to more costly institutional placement. The department shall contract directly with the three not-for-profit, comprehensive community mental health treatment facilities in the northern, central and southern regions of the state. Providers are required to provide integrated healthcare, to offer a full continuum of care including emergency, residential and outpatient psychiatric services, and have immediate capacity for placement.	1.1.1
Expansion of Forensic Mental Health Transitional Beds	From the funds in Specific Appropriation 383, $3,504,000 from the General Revenue Fund is provided for an expansion of forensic mental health transitional beds to divert those sentenced under Chapter 916, F.S., from the county jail system. The funds also are provided to move eligible individuals currently in forensic state mental health institutions to community settings as an alternative to more costly institutional placement. The department shall contract directly with the three not-for-profit, comprehensive community mental health treatment facilities in circuits 2, 13, and 17. Providers are required to provide integrated healthcare, to offer a full continuum of care including emergency, residential and outpatient psychiatric services, and have immediate capacity for placement.	5.1.1
Community Forensic Multidisciplinary Teams	From the funds in Specific Appropriation 383, the recurring sum of $3,260,000 from the General Revenue Fund is provided for the creation of five pilot community forensic multidisciplinary teams designed to divert individuals from secure forensic commitment by providing community-based services instead. The teams will be placed in areas of greatest need, as determined by the department.	5.1.1
Pregnant Women, Mothers, and their Families	From the funds in Specific Appropriation 385, $10,000,000 from the General Revenue Fund shall continue to be provided for the expansion of substance-abuse services for pregnant women, mothers and their affected families. These services shall include the expansion of residential treatment, outpatient treatment with housing support, outreach, detoxification, child care and post-partum case management to support both the mother and child consistent with recommendations from the Statewide Task Force on Prescription Drug Abuse and Newborns. Priority for services shall be given to counties with the greatest need and available treatment capacity.	1.2.3

Proviso Title	Proviso Project Description	Related Objective(s)
Informed Families of Florida	From the funds in Specific Appropriation 385, $750,000 from the General Revenue Fund is provided to continue contracting directly with Informed Families of Florida to conduct a statewide program for the prevention of child and adolescent substance abuse.	2.1.1
FIT teams	From the funds in Specific Appropriation 385, $9,360,000 from the General Revenue Fund is provided to implement the FIT team model. The model is designed to provide intensive team-based, family-focused, comprehensive services to families in the child welfare system dealing with parental substance abuse. Treatment shall be available and provided in accordance with the indicated level of care required, and providers shall meet program specifications. Funds shall be targeted to select communities with high rates of child abuse cases.	1.1.6, 1.2.3, 3.1.3
FIT team	From the funds in Specific Appropriation 385, the sum of $840,000 from the General Revenue Fund is provided to Centerstone of Florida for the operation of a FIT team.	1.1.6, 1.2.3, 3.1.3
Here's Help, Inc.	From the funds in Specific Appropriation 385, the recurring sum of $200,000 and the nonrecurring sum of $300,000 from the General Revenue Fund shall be provided to Here's Help, Inc. for substance abuse services.	N/A
Drug Abuse Comprehensive Coordinating Office (DACCO)	From the funds in Specific Appropriation 385, $250,000 from the General Revenue Fund shall continue to be provided to the Drug Abuse Comprehensive Coordinating Office.	N/A
Central Receiving Facilities	The funds in Specific Appropriation 386 are provided for a statewide initiative to fund central receiving systems. A central receiving facility serves as a single point or a coordinated system of entry for people needing evaluation or stabilization under s. 394.463 or s. 397.675, F.S., or crisis services as defined in subsections 394.67(17)-(18), F.S. The department shall administer a matching grant program to provide funding for the start-up or ongoing costs of a centralized receiving system. Each award, including those granted by the department in FY 2015-2016, may be granted for up to five years, requiring a local match of at least 50 percent of the state award.	1.2.1, 1.2.2
Vivitrol	From the funds in Specific Appropriation 387, the sum of $1,500,000 from the General Revenue Fund shall continue to be provided to contract with a nonprofit organization for the distribution and associated medical costs of naltrexone extended-release injectable medication to treat alcohol and opioid dependency.	1.2.3, 2.5.1

Proviso Title	Proviso Project Description	Related Objective(s)
Member Projects	From the funds in Specific Appropriation 388, the sum of $8,769,794 from the General Revenue Fund is provided for 22 SAMH Program Special Projects.	N/A
Capital Outlay Projects	From the funds in Specific Appropriation 396, the nonrecurring sum of $695,000 from the General Revenue Fund is provided to three community providers for the construction and renovation of buildings.	N/A

Table 12: FY2016-17 Additional Funding

Additional Department Funding Sources	Related Objective(s)
$6 million to expand the Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant for people with a mental illness, substance abuse disorder or co-occurring disorder involved with or at risk of entering the criminal or juvenile justice systems.	1.1.1, 5.1.1
$3.5 million for transition vouchers to bridge the gap for those with behavioral health conditions as they transition from acute levels of care to community-based care.	1.1.1, 1.1.3, 1.1.5,
$3.8 million for additional forensic bed capacity, including 43 staff positions and $4.5 million for an additional 37 staff (including OPS) positions at the state mental health treatment facilities.	N/A
$1.6 million for body alarms and surveillance cameras to increase the environmental safety for residents and staff, and to enhance customer service.	N/A
$1.48 million for automated medication-dispensing machines to eliminate discontinued meds, reduce the medication error rate and reduce risk exposure associated with the administration of medication.	N/A

VII. Statewide Performance Measurement

MEs submit client-level data electronically to the state database system, the Substance Abuse and Mental Health Information System. These data include socio-demographic and clinical characteristics of those served, the types and amounts of services provided, and the outcomes of those services. See Appendix II.

VIII. Update on the Contract Management System

The Department's contracting system is based on s. 20.19 and Chapters 287 and 402, F.S. The system executes multiyear contracts for services, based on established program objectives and performance standards (Operating Procedure 75-02). In addition, the Office of Contracted Client Services (OCCS) houses the Contract Oversight Unit, which monitors provider compliance and reports the results to contract managers and programs as specified in s. 402.7305, F.S. and in

Operating Procedure 75-08. The Department's Operating Procedures are available at Florida Department of Children and Families - Policies and Procedures.

VIII.A. UPDATE ON ME CONTRACT MANAGEMENT

The majority of the Department's community-based SAMH services are provided under contract with the MEs, in compliance with s. 394.9082, F.S. Effective July 1, 2016, the Department has renewed four ME Contracts. Performance reports detailing those contracts were submitted to the Legislature during FY 2015-2016. The Department is currently conducting a performance evaluation for the Northwest Region, whose contract expires June 30, 2017.

VIII.B. UPDATE ON OTHER SAMH-FUNDED CONTRACTED SERVICES

The Department contracts for additional services outside the scope of the ME system, including:

- Four contracts for residential services at privatized SMHTF;
- Sixteen contracts for professional and operational support services at publicly-operated SMHTF;
- Thirty-three contracts for community-based client services, required to be provided outside the ME system;
- Fourteen contracts for statewide operational support and technical assistance services;
- One contract for involuntary civil commitment services for sexually violent predators, pursuant to Chapter 394, Part V, F.S., and 24 contracts with independent clinical professionals for evaluations and assessments required by the involuntary civil commitment judicial process;
- One contract for statewide Juvenile Incompetent to Proceed Services, under s. 985.19, F.S.; and
- Nine grant agreements for county Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Programs, in compliance with s. 394.656, F.S.

A summary of all SAMH-funded contracts is provided in Appendix III.

Appendix I

REGIONAL PLAN UPDATES

Each region submitted to headquarters an update to their local plans, which are included below. These plans are developed in consultation between the regional leadership team, the regional contracted managing entity and other stakeholders.

Northwest Regional Plan Update FY 2015-2016

Big Bend Community Based Care (BBCBC) was created in 2002 in response to state leaders' efforts to develop solutions for children and families in their own communities. In 2013, BBCBC won the contract to be the Managing Entity for Substance Abuse and Mental Health services in 16 counties of the Northwest Region, plus Taylor and Madison counties in the Northeast Region. Within three years of receiving the Managing Entity contract, BBCBC won the prestigious Governor's Sterling Award – the first combined Community Based Care Child Welfare Lead Agency and ME to do so. BBCBC promotes the Department of Children and Families' Strategic Goals and Objectives to ensure an effective, recovery-oriented behavioral health system of care, as noted below.

I. Goal 1.2: Improve access to services in both rural and urban areas

a) Objective 1.2.1: Implement the Central Receiving Facility grant program for improved access to acute care services.

BBCBC has one provider with plans to apply for the FY 16-17 Central Receiving Facility Grant. If awarded, the provider will serve as the receiving facility for Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor and Wakulla counties. Modeled on Orange County's highly successful central receiving system, the local provider would serve as the central drop-off point for people being transported by law enforcement under the Baker or Marchman Acts. A rotating system, monitored by BBCBC, will ensure an equitable referral of clients to the three participating receiving facilities. An advisory committee will be formed to ensure the best functioning of the system. As required by Senate Bill 12, BBCBC will work with each county to establish a transportation plan and ensure a "no wrong door" approach to those seeking crisis services.

b) Objective 1.2.2: Develop alternate access options and locations with centralized triage and service delivery functions.

BBCBC's providers seek alternative and creative service delivery methods and locations. Examples include: Circuit 1, with COPE Center's telemedicine program for psychiatric services; Circuit 2, with three providers reaching out to people at the Kearney Comprehensive Emergency Services Center, Tallahassee's new homeless shelter, which provides services on-site; Circuit 14, where Life Management Center (LMC) has a working agreement with the local county health departments; by its terms, the county health departments provide primary health care to residential clients on LMC's campus, while LMC provides mental health services within the health departments. Across the Region, the alliance of 211 agencies has a mobile app that allows people to search for up-to-date information about service referral options.

c) Objective 1.2.3: Develop targeted outreach and engagement strategies specific to intravenous drug users, pregnant and parenting women, and child welfare-involved families.

Through its provider network, BBCBC engages priority substance use populations and tracks the number of people being served from each of these groups. The number of people served

who are identified as intravenous drug users exceeded the target for the last fiscal year. The number of pregnant and parenting women (PPW) served did not meet the target, but spending on services for these women exceeded BBCBC's specific allocation for the services. Funding for the additional PPW services came from general contract funding.
BBCBC – as both a child welfare and behavioral health agency – has focused heavily on integrating these two services. This past fiscal year, BBCBC initiated the Department-sponsored Family Intensive Treatment (FIT) teams program for substance-use treatment in child welfare-involved families. The legislative funding allowed for two FIT teams. But because of its importance, BBCBC augmented the legislative appropriation by 32 percent, using general substance abuse funding to create a third FIT team. Instead of focusing all resources in one county, each team is charged with working with the most difficult cases across its entire catchment area, including rural counties. Additionally, BBCBC has integrated the contract of an existing intervention program so that services are funded based on the family's primary presenting issue – mental health, substance use, or child welfare.

II. Goal 2.2 Prevent and reduce substance use

a) Objective 2.2.1. Strengthen the substance abuse prevention workforce.

Big Bend Community Based Care (BBCBC) is actively working with all local providers to increase their knowledge, skills and understanding of the prevention initiatives. Through the three circuits (1, 2, and 14) it serves, BBCBC facilitates Child Welfare and Behavioral Health Integration Meetings. At these meetings, child welfare and substance-abuse prevention professionals are informed of trainings and best practices to ensure that providers are prepared to address the complex needs of families with whom they interact.

These meetings are also networking opportunities. Child welfare professionals and substance-abuse treatment providers can develop partnerships and maximize their resources for dually-served families. BBCBC's prevention specialist serves on a monthly "Workforce Development" committee led by the Department. The workgroup is developing a survey to assess training needs from the prevention workforce. BBCBC also disseminates training opportunities, educational materials and resources to prevention providers on a regular basis. Most recently, BBCBC encouraged prevention providers to participate in a webinar called "An introduction to earning the Certified Prevention Professional and Specialist credentials (CPP & CPS)" offered by the Florida Certification Board.

b) Objective 2.2.2. Prevent or delay the use of alcohol, tobacco, and other drugs as supported by data among high risk populations in Florida through the use of evidence-based practices.

Using Partnership for Success grant funding, BBCBC providers will expand their evidence-based, school-based prevention program for youth in each of three high-need, rural counties: Franklin, Walton and Washington. The expectation for Year One is for an expansion of 1-2 school-based programs in Washington and Walton Counties, starting October 2016. In Year Two, the expansion will extend to Franklin County.

c) Objective 2.2.3. Enhance data collection systems to inform data driven planning and measure outcomes.

BBCBC continues its extensive efforts to ensure that primary prevention data is being coded accurately in the Performance Based Prevention System (PBPS). This is accomplished by reviewing monthly Activity Log reports in a timely manner, providing technical assistance by phone and email, creating a FAQ document for providers, and by providing additional face-to-face training when needed. BBCBC's prevention specialist participates in a monthly PBPS

Workgroup which discusses system updates, action items, and facilitates system discussions. BBCBC puts out information to providers through trainings conducted by Collaborate & Grow.

III. Goal 4.3: Improve accountability of units and costs of state-funded services provided to state target populations

a) Objective 4.3.1: Develop stored procedures to facilitate reconciliation of FASAMS service data to associated payment data recorded in FLAIR and in ME accounting records.

BBCBC developed stored procedures at the ME level to reconcile provider service data to the associated payment data. BBCBC's accounting system data and service data from Behavix (BBCBC's data system) are integrated on the same server and queried using Microsoft SQL. The budget-to-actual-expenditures, variance, unit and set-aside fiscal reports have been automated in year-to-date and monthly formats. In an effort to replicate the ME schedule of funds, the Behavix system has enhanced functionality to allow service providers to reallocate funding based on service needs. As long as providers have an established covered service rate, funding can be shifted within the other cost accumulator (OCA) with BBCBC approval.

This allows providers to allocate more unrestricted dollars, for example, to the pregnant/post-partum restricted fund category. Also, the Behavix system accounts for varied payment methodologies, such as availability and enrollment-based. So the FACT program can be paid based on weekly enrollment while the Prevention Partnership Grant (PPG) is paid at a fixed price 1/12th amount for the contract term. The configurable billing rules engine allows BBCBC staff to set parameters for provider contracts and account for special projects, such as proviso legislation. The Behavix process flow links the end users, provider contracts, funding allocations and service data to the provider invoice. Pending migration to the Behavix production environment is the functionality to enter the DCF contract amounts for allocated and unallocated funding. This will help to streamline a currently manual process to track non-service dollar funding.

b) Objective 4.3.2: Establish guidelines for MEs use when reconciling their accounting records to FASAMS service records.

Paramount to reconciling payments to service records is requiring all data be in the same system. Failure to make this requirement forces manual intervention to an otherwise automated process. BBCBC requires service providers to submit all data to the Behavix data system by the 5th of each month, and requires invoice submissions by the 10th. This process helps to ensure providers can receive payment for availability and other non-data-driven covered services/OCAs.

Northeast Regional Plan Update FY 2015-2016

The Northeast Region (NER) service area includes 20 counties in northeast Florida: Nassau, Duval, Clay, St. Johns, Putnam, Flagler, Volusia, Baker, Union, Bradford, Alachua, Levy, Gilchrist, Dixie, Lafayette, Suwannee, Hamilton, Columbia, Taylor and Madison. The region includes a wide range of urban and rural communities and the Judicial Circuits 3, 4, 7 and 8.

As required in statute, the Northeast Region contracts with a Managing Entity to meet the needs of its clients and to administer SAMH funds and services. The region contracts with Lutheran Services Florida, Inc., Health Systems as the ME. (Note that two of the Northeast Region's counties, Madison and Taylor, are served by the Northwest Region ME, while Circuit 5 in the Central Region is served by LSF Health Systems.) LSF contracts with 32 providers who offer a service array throughout the

region. The region has the following priority of effort, which includes collaboration with the ME and oversight by Department staff, including SAMH Headquarters in Tallahassee.

Our priorities include the following:

- Creating a Recovery-Oriented System of Care (ROSC);
- System of Care Coordination for Children and Adolescents that include Wraparound Services;
- Improve Family Functioning and Child Welfare Related Outcomes through an Integrated Child Welfare and Behavioral Health Treatment Based Model;
- Improve Care Coordination for High Need SAMH Populations;
- Implement Comprehensive Opioid Overdose Prevention Initiatives;
- Improve Substance Abuse Licensing;
- Implement Senate Bill 12; and
- Establish Professional Development for Program Office Staff.

I. Creating a Recovery Oriented System of Care and System of Care Coordination for Children and Adolescents that include Wrap Around

We believe strongly in a system of care that is community- and consumer-focused, with a strong peer network and support system. We are working with our HQ and local champions to create a robust peer system and to focus on meeting clients where they are versus trying to fit them into existing systems. We realize it will take time to refocus the current system of care, but are working with our ME through contracting and meetings with community providers to create support and belief in the necessity of these types of support.

This leads directly into the next priority, which is System of Care Coordination for Children and Adolescents, including wraparound services. We believe that these two concepts align to create a complete system, focused on the client's needs rather than requiring clients and their families to conform to our needs as providers. Examples include extended and weekend hours, transportation or in-home services, and attending to basic needs of families and individuals such as housing, medical care and food.

II. Improve Family Functioning and Child Welfare Related Outcomes Through an Integrated Child Welfare and Behavioral Health Treatment Based Model

The NER was the pilot for this initiative, and we are in the process of deciding which task to focus on first. We have local leadership teams that work within their communities to identify gaps in service. We also have a Regional Steering Committee that consists of the Community Based Care Agencies (CBCs), the Managing Entity, providers, the Department of Children and Family's investigative leadership and its SAMH staff. The steering committee works on regional issues, such as training and keeping staff engaged.

Local leadership teams work toward improving integration as it relates to specific issues in their communities, such as sharing information and creating staffings with both clinical and child welfare staff. The teams also work toward treating entire families as opposed to focusing on the clients as individuals.

III. Improve Care Coordination for High Need SAMH Populations

The NER is working with our Managing Entity to coordinate care for high-end SAMH clients. This would include frequent users of state facilities and other deep-end services, such as foster care and detention. The ME will contract with providers to serve this population in the community, using recovery-oriented services. The MEs will have care coordinators to help the

providers track their clients through multiple systems. The NER SAMH office will support the idea of care coordination to the provider community, oversee implementation and track data to learn whether the use of crisis services by this population decreases.

IV. Implement Comprehensive Opioid Overdose Prevention Initiatives

Currently, the NER Prevention Coalitions and the Narcan initiative are leading the way in overdose prevention through training the community and helping to bring attention to the number of overdose deaths in their communities. The SAMH office is working with HQ and waiting on next steps with this initiative. We are prepared and understand the need for both awareness and training in this area and hope to see lower overdoses in our communities.

V. Improving Substance Abuse Licensing

The NER is working with our headquarters to ensure we have the proper number of staff to cover the ever-increasing number of licenses and components in our region. We are currently licensing approximately 500 components, with four staffers answering complaints and investigating incident reports. The licensing staff also assists with designation audits for our crisis stabilization units.

VI. Implement Senate Bill 12

Senate Bill 12 is being implemented primarily through our headquarters in Tallahassee. The NER is providing feedback as requested and supporting operational changes as policies are adjusted at the state level.

VII. Establishing Professional Development for Program Office Staff

We are in the process of engaging our specialists and directors in leadership training curricula such as Sterling and CPM. We are also engaging them in local leadership venues such as Crucial Conversations and the Department's leadership courses. A majority of our specialists and directors is involved in some sort of leadership activity for this fiscal year.

Central Regional Plan Update FY 2015-2016

I. Goal 1.1: Enhance the community-based service array to shift from an acute care model to a recovery based model of care

a) The ME and the Department of Children and Families' Central Region SAMH Program Office are working together to ensure the appropriate use of resources to effectively meet the behavioral health needs of individuals and families. This will help promote increased planning and delivery of services to people with mental health, substance abuse and co-occurring disorders. In addition, our ME's coordination of care ensures proper continuity of service, and that funds provided by the Department are used by those who meet the eligibility criteria.

b) The MEs implemented a care coordination program within each of their Community Treatment Centers in January 2016. They are currently funding care coordinators at the provider level. They also have staff dedicated to overseeing the practices and providing technical assistance to the providers' staff. As of June 2016, more than 80 percent of the clients who accepted care coordination had zero acute-care readmissions and continue to receive community-based services.

c) The MEs have been working with providers on contractual elements to offer training to Peer Specialists for certification. Our providers in the central region network have certified peer specialists on staff who serve as advocates and mentors to those receiving services.

d) The MEs hired housing specialists in July 2016. The housing specialists have been attending the Continuum of Care meetings in the community, along with housing conferences and seminars. They are meeting with network providers to gather information on the current system and on barriers to supportive housing resources for individuals who are dealing with mental health and substance-use disorders.

e) The DCF Central Region and the MEs continue to be partners in the statewide ROSC workgroup.

II. Goal 2. 2: Prevent and reduce substance use

a) The ME's prevention service providers work with the local prevention coalitions on the strategies set forth in each coalition's Comprehensive Community Action Plan. All the ME's prevention providers use evidence-based models.

b) All the ME's prevention providers have access to the prevention database and have begun inputting data.

III. Goal 3.1: Improve family functioning and child welfare related outcomes through an integrated child welfare and behavioral health treatment based model

a) The MEs have implemented evidenced-based practices such as the Family Intensive Treatment Teams to promote communication across the agencies and providers associated with a child or a family. This includes the CBCs, ME and providers, and is focused on sharing information about history, assessment, client participation and progress, with continual attention to child safety and parent capacities. The service array includes therapy, case management, recovery support and assessment of parent-child relationships.

b) The network has provided *limited* resources to child welfare personnel in the area of SAMH Subject Matter Expertise, which is available on-site and in the service centers to expeditiously assess family needs and connect people with the right interventions and supports.

c) The ME's network of providers and the Central Region SAMH Program Office have set expectations for the behavioral health professional community. These expectations include providing services that are family-focused and trauma-informed, and being prepared to serve those with co-occurring disorders. It is also expected that providers will understand the importance of aligning treatment planning with case planning goals and objectives.

d) Our stakeholders within the MEs are committed to providing treatment planning that focuses on parental capacity, with interventions when necessary. Additionally, our systems of care are prepared to work with LBGTQ youth and adults, using wrap-around, motivational interviewing, SOAR (SSI/SSDI Outreach, Access and Recovery), wellness recovery action planning and mental health first aid.

SunCoast Regional Plan Update FY 2015-2016

I. Goal 1.1: Enhance the community-based service array to shift from an acute care model to a recovery based model of care

a) Objective 1.1.1: Implement care coordination practices for high risk/high utilizer populations and persons at risk of entering and being discharged from state treatment facilities.

The Central Florida Behavioral Health Network (CFBHN) strives to be proactive with diversion efforts to prevent unnecessary admissions to the State Mental Health Treatment Facilities (SMHTFs). CFBHN works with local receiving facilities to ensure that all appropriate candidates on the state hospital wait lists are referred for Florida Assertive Community Treatment (FACT) services and available residential services. This approach contributes to a 40 percent diversion rate in admissions to the state facilities. There is a direct link between making SMHTF beds available for admission and efforts to divert those who can be served in the community. CFBHN is involved with discharge planning efforts and linkages to appropriate treatment services with each of the SMHTFs. Monthly calls are conducted with Florida State Hospital and South Florida State Hospital, including all case management and FACT providers and weekly ad hoc calls for special situations. This in turn promotes collaboration between local and state providers to promote a smooth transition for CFBHN clients returning to the community. Also, pre-discharge planning calls occur weekly to determine who should be placed on the list of those seeking placements; SMHTF staff and community providers begin to identify service/treatment needs for the client. CFBHN has prioritized SMHTF diversions and discharges for CFBHN-funded, community-based residential beds.

b) Objective 1.1.2: Promote peer support services.

CFBHN Consumer and Family Affairs provided 40-Hour Peer Specialist Training for 18 Peer Specialists who are either working or volunteering with our Network's subcontractors and the Suncoast Veterans Administration. They are seeking certification with the Florida Certification Board to maintain their employment or volunteer status to deliver peer services. Technical assistance is provided by two Suncoast Region Peer Advocacy Councils (Hillsborough and Pinellas Counties), with 15 participants, and the statewide Peer Support Coalition of Florida. These groups helped to identify support systems for peers, build capacity for peer services, and increase awareness of the role of peers in the Recovery Oriented System of Care (ROSC). The Peer Advisory Councils also developed a presentation for educating mental health/substance use providers on the best use and role of the "Peer Specialist," as well as a second presentation on how the councils can assist their agencies in hiring peers and supporting them as employees.

II. Goal 1.2: Improve access to services in both rural and urban areas

a) Objective 1.2.1: Implement the Central Receiving Facility grant program for improved access to acute care services.

The SunCoast Region SAMH Program Office continues to work with and support CFBHN's efforts to shift the community-based service array from an acute-care model to a recovery-based model of care. CFBHN is working to implement care coordination for high-risk/high-user populations and those at risk of being admitted to or discharged from state treatment facilities. CFBHN has two providers that were awarded FY 15-16 Central Receiving Facility Grants; they will serve Hillsborough and Manatee counties. As required by Senate Bill 12, CFBHN will

work with each county to establish a transportation plan and ensure a “no wrong door” approach for those seeking crisis services.

b) Objective 1.2.3: Develop targeted outreach and engagement strategies specific to intravenous drug users, pregnant and parenting women, and child welfare involved families.

SunCoast Region-contracted providers continue to be trained and educated that pregnant women, women with children, IV-drug users and pregnant IV-drug users are top-priority groups for access to treatment. Block Grant Secret Shopper calls are conducted each quarter to provide feedback and technical support for these efforts. CFBHN staffers monitor the waitlist three times weekly and reach out to all local providers for possible openings for eligible people waiting for services. The Care Coordinator Managers help to facilitate admissions and verify that all those waiting for a placement are offered interim services.

CFBHN staffers use a Priority Population Work Flow Process to help pregnant women and other priority groups gain access to treatment. CFBHN administrators, IT staff and senior managers developed a system of alerts connected to wait times for community phone-call responses. CFBHN’s network includes programs that allow post-partum women and women with children to bring their children to residential and/or outpatient treatment services. CFBHN also holds conference calls with providers of services to pregnant and post-partum women to discuss available resources and program outcomes. Additionally, CFBHN maintains a listing of family treatment programs statewide and provides technical assistance through the Adult System of Care Webinar, which discusses requirements for Priority Populations and the importance of wraparound treatment models.

III. Goal 2.2 Prevent and reduce substance use

a) Objective 2.2.1. Strengthen the substance abuse prevention workforce.

CFBHN facilitates continuing education trainings for network providers, other organizations and the community on QI/Risk Management, Prevention and Consumer and Family Affairs. Children’s Mental Health and Management Team members offer trainings in their areas of expertise as well. CFBHN strives to provide evidence-based training such as Mental Health First Aid and Certified Recovery Peer Specialist Certification Training, and to train on evidence-based practices such as Motivational Interviewing and Stages of Change as much as possible.

CFBHN is an approved Continuing Education provider, supporting CEs and other training in the network area to promote completion of professional requirements and support professional development. CFBHN maximizes its training resources by disseminating information to providers and partners across their workgroup, coalition, and consortium contact lists on the availability of training and other resources. Information is also distributed through Adult System of Care webinars every other month.

b) Objective 2.2.2: Prevent or delay the use of alcohol, tobacco, and other drugs as supported by data among high risk populations in Florida through the use of evidence-based practices.

CFBHN manages 19 prevention providers (including 8 Prevention Partnership Grants), 13 coalitions and 210 unique programs to serve the needs of 14 counties. The breakdown of programs is as follows: Indicated = 33; Selective = 21; Universal Direct = 59; Universal

Indirect = 97. CSA = 138 ASA= 73. The total number of people to be served is 493,271 through the Prevention Partnership Grants and 1,379,033 through the other prevention services, for a total of 1,872,304.

c) Objective 2.2.3: Enhance data collection systems to inform data driven planning and measure outcomes.

The Performance Based Prevention System (PBPS) data system has been activated for the coalitions and providers to enter data. The PBPS has an approval process for all entries for all agencies. Once entries are approved by the agency, they are to be reviewed and approved by the ME. This approval process will not allow for changes to be made to the entries, and the ME will be fully able to review and/or reject any and all entries. The process also allows for feedback to the agency. During this initial phase of the system, CFBHN will review the data weekly and offer feedback to the providers so the data is entered correctly. This will allow for additional training needs to be identified and addressed.

IV. Goal 3.1: Improve family functioning and child welfare related outcomes through an integrated child welfare and behavioral health treatment based model. Child Welfare Integration

The SunCoast Region is working to improve family functioning and child welfare-related outcomes through the work of its six Family Intensive Treatment (FIT) Teams. Additionally, the Region has undergone a Self-Study and Peer Review of the current Behavioral Health Child Welfare Integration and will develop an action plan to increase cross-system understanding and professional/provider competencies and practices. The action plan will focus on treatment goals, service planning, practice models, outcome expectations and legal requirements. In the last year, the Family Intervention Specialist (FIS) program in the Region has been redesigned to ensure that child welfare and behavioral health practitioners and providers have similar goals and expectations.

V. Goal 5.1: Decrease the wait time for forensic SMHTF admission and return to court

CFBHN and the SunCoast SAMH Program Office are working to develop strategies to divert people from the SMHTF. CFBHN holds weekly calls with the Forensic Residential Diversion Providers and monitors the Forensic Residential Census Report for diversions from the SMHTFs, forensic bed referrals, 90-day reviews and special-needs cases. Forensic Specialist Providers join the weekly residential calls to increase collaboration on expediting placements. CFBHN is working with all competency trainers to increase in-jail competency and overall efficiency on a timely basis, and to increase their access to all SunCoast Region jails so that training may begin as early as possible.

CFBHN continues to work with the Public Defender (PD) and providers in Circuit 6 to address the increase in the number of commitments there. The PD has committed to work to increase diversions, and follow-up meetings are scheduled to monitor the network's progress. CFBHN is working with local circuits to arrange interdisciplinary training for public defenders, state attorneys and other stakeholders. CFBHN is evaluating current use rates and length of stays in community forensic beds and working with residential providers to maximize bed capacity. The SunCoast Region has expanded capacity by eight beds at the GracePoint Forensic Treatment Program.

Southeast Regional Plan Update FY 2015 - 2016

The Southeast Region (SER) service area includes Circuits 15 and 17, Broward County, Palm Beach County and four counties in Circuit 19 – Martin, Okeechobee, St. Lucie and Indian River. Broward Behavioral Health Coalition is the ME for Circuit 17 and Southeast Florida Behavioral Health Network is the ME for Circuits 15 and 19.

The goal of the Triennial Plan for the Southeast Region is the Implementation of the **Priorities of Effort,** via a mutually supportive collaboration between the Department and the MEs with the major focus on:

I. **Creating a Recovery Oriented System of Care**
II. **Care Coordination Implementation & Enhancements Within Defined Priority Populations**
III. **Integration of Child Welfare & Behavioral Health**
IV. **High Utilizers of Civil & Forensic Services**
V. **Implementation of Prevention Initiatives for Opioid Addiction**
VI. **Substance Abuse Licensing**

The core values of the plan are dedicated to developing a fiscally sound, culturally competent, compassionate and innovative system that meets the needs of the community it serves.

I. Creating a Recovery Oriented System of Care

This Model of Care is based on the planned transformation of our Behavioral Health System by increasing the understanding of recovery-oriented systems and services. By working with providers, peers and community stakeholders, the model focuses on changing from an acute-care system to a Recovery and Wellness Oriented Model of Care.

Areas of priority include families served by child welfare, crisis and detox services, state treatment facilities and community-based care. The plan is designed to create a shared vision and a model framework for recovery that will mobilize the transformation within the SER. Empowerment, engagement, choice and self-management are fundamental principles in the model that uses the Wellness Recovery Action Plan (WRAP) process listed in the National Registry of Evidence-Based Programs and Practices. PEER involvement has been in place in both ME Regions and continues to be an integral part of the current system of care.

The Recovery Oriented System of Care Model is being rolled out in November 2016 in the two ME Regions, Ft. Lauderdale and Palm Beach County. Collaborative efforts continue in the standardized assessment of services for the Adult and Children's Systems of Care.

II. Care Coordination Implementation & Enhancements Within Defined Priority Populations

The identification of gaps and analysis of service needs continues to drive the development and expansion of the provider network. The priority populations include:

- Adults who have a severe and persistent mental illness
- Persons deemed incompetent or not guilty by reason of insanity under Chapter 916
- Other persons in the Criminal Justice System
- Persons with co-occurring mental illness & substance use disorders
- Persons experiencing acute mental or emotional crisis
- Children who are at risk for or who are experiencing an emotional disturbance

- Children diagnosed with a serious emotional disorder
- Children diagnosed with a co-occurring mental health & substance-use disorder
- Pregnant women
- IV Drug Users
- Substance-abusing parents who have been ordered by the court to receive treatment
- Children at risk for substance abuse
- Children who have a substance-use disorder but are not under court or state supervision
- Persons identified as part of a priority population as a condition for receiving services funded through Federal Block Grants

Plans in Circuit 17 include expansion of a CAT Team, transitioning youth from the Children's System of Care to the Adult System of Care; promoting clinical training in evidence-based practice; JARF Services; and increasing the number of LEA trained in CIT to better deal with persons identified in the priority population.

The partnerships in Circuits 15, 17 & 19 will implement Care Coordination through newly-hired staffers who will network with providers, identify resources and increase opportunities for people to find permanent housing, with an eye toward the Supported Housing Model and Residential Levels III and IV.

The Region's goals include enhancement of the data collection system for the Prevention Model and reduction of the spread of infectious diseases from IV drug use. Another goal is promoting the birthing of healthy, non-addicted babies by working with local safety-net hospitals and other community-based programs.

Training on evidence-based practices will be offered by the ME for Circuits 15 & 19. Other planned objectives to effect SB 12 include strengthening families by working with local providers and community coalitions to enhance prevention efforts and expand care coordination.

Prevention and community-based strategy will continue to promote SAMHSA's main focus: building emotional health, mitigating symptoms and complications related to substance abuse, and reducing underage drinking and prescription drug misuse and abuse.

III. Integration of Child Welfare & Behavioral Health

The Department is working with Broward Behavioral Health Coalition, the ME for Circuit 17, and Southeast Florida Behavioral Health Network, the ME for Circuits 15 & 19, to integrate child welfare and behavioral health. The Family Engagement Program (FEP), a team of PEER Specialists co-located with the Broward Sheriff's Office – which also provides Child Protective Investigations for the county, is actively involved with the FEP.

The Plan includes activities related to the Pregnant Post-Partum Funding Allocation, which supports treatment for women who have dependent children and need substance-abuse treatment in Broward County. In Palm Beach County, the ME works with providers to help parents learn to increase desired behaviors in their children. The ME also targets youth 3-16 and their parents who fall into any of the priority groups.

The Plan for CW/BH Integration focuses on improved outcomes in family functioning through an evidence-based integration model in collaboration with SAMH, Family Safety, the CBCs and the MEs.

IV. High Utilizers of Civil & Forensic Services

The Department will focus on working with the ME to identify recidivists and high users of services as identified in the DCF Guidance Document 4. The plan is to develop integrated services, working with the Care Coordinators to decrease the need for forensic services. The Care Coordination staff will be monitoring the state hospital lists to ensure appropriate linkages before discharge and treatment plans for after discharge. Goals include fewer people needing access to the state hospital; fewer people in the jails/forensic system, and more people successfully transitioning from the state hospital and the CSUs to community-based care.

V. Implementation of Prevention Initiatives for Opioid Addiction

In keeping with the primary goal of improved outcomes for people who are substance addicted, the MEs have conducted evidence-based surveys and multiple trainings. Emphasis continues on prevention-building efforts with network providers. Assessments have been completed on capacity building, strategic planning, implementation with community prevention providers, monitoring and follow-up evaluation. Within the past year, two local safety-net hospitals have opened specialized units to provide medical care for opioid-addicted pregnant mothers in Circuit 17. The expansion of services and resources for this initiative is central to strengthening prevention efforts in the SER.

Southern Regional Plan Update FY 2015 – 2016

I. Goal 1.1: Enhance the community-based service array to shift from an acute care model to a recovery based model of care

a) Implement care coordination practice for high risk/high utilizer populations and persons at risk of entering and being discharged from state treatment facilities

South Florida Behavioral Health Network, Inc. (SFBHN) is in the process of establishing a full care-coordination team that will focus on the priority populations identified in the DCF Guidance Document 4. The team will use data to identify recidivists and work with providers to improve treatment outcomes. SFBHN also will work with the State Mental Health Treatment Facilities (SMHTFs) to ensure that people are provided appropriate services prior to and upon discharge. In an oversight capacity, SFBHN's Care Coordination Team will monitor individuals on the SMHTF lists to ensure that they are linked to a community provider and obtain comprehensive treatment services.

b) Promote Peer Support Services

SFBHN has a designated Peer Services Department, with two staff members who serve as advocates and mentors for individuals served within the network. The Peer Services Department has developed a Consumer and Family Resource Manual which includes:

- Services provided by the System of Care (SOC) and how to access the services, including a provider directory;
- Emergency services and what to do in case of a psychiatric or medical emergency;
- Information on individual rights and how to file complaints or grievances;
- Information on available auxiliary aids and services, and how to request them;
- Cost sharing and fee payment requirements; and
- Information on selecting a practitioner or changing practitioners.

SFBHN has also established a Consumer Hotline (1-888-248-3111) to help people access services. The Consumer and Family Resource Manual is available in English, Spanish, and Creole and posted on SFBHN's website: http://sfbhn.org/consumers/resource-manual. Additionally, SFBHN has expanded peer services through its Motivational Support Program, Family Intensive Treatment Team and Crisis Stabilization Units.

c) Increase opportunities for individual to reside in permanent housing

It is SFBHN's goal to develop nontraditional partnerships to facilitate access to supportive housing for people dealing with a mental illness and/or co-occurring disorder. To achieve this goal, SFBHN established a Housing Collaborative in October 2012. The collaborative is designed to identify and develop supportive housing services that complement or facilitate access for those currently in residential care and/or those with the skills to benefit from supportive housing. SFBHN manages activities surrounding housing such as tracking subcontractors' housing performance measures, developing and facilitating a housing workgroup, and partnering with a Homeless Trust and/or community stakeholders who are leaders in housing. Current housing services contracted by SFBHN through SAMH funding include Supported Housing, Room and Board, Residential Level III and Residential Level IV. SFBHN has continued to provide housing service needs that are not currently funded at this time.

SFBHN has hired a Housing Coordinator to head its Housing Initiative, to organize and lead quarterly meetings, and to implement its Housing Collaborative to address housing needs in our community. As part of the collaborative effort, SFBHN will continue to:

- Provide agencies with technical assistance in coding and meeting State housing targets;
- Track agency progress towards meeting State housing targets;
- Partner with the Homeless Trust on innovative ways to offer housing to consumers who are in both the behavioral health and homeless systems;
- Provide outreach to other system partners such as the Veteran's Administration, LINK and housing developers;
- Refine SFBHN's Housing Directory & Inventory; and
- Follow up on housing recommendations based on SFBHN's Community Needs Assessment.

d) Develop a Recovery-Oriented System of Care (ROSC) framework in Florida to increase consumer engagement, choice, and self-management, including employment opportunities

SFBHN is partnering with the Department in the implementation of a ROSC framework. SFBHN staffers serve on the statewide ROSC workgroup and have helped to develop and roll out the initiative. Additionally, SFBHN serves as the fiscal agent for the State on its ROSC grant.

e) Increase intensive, in-home team interventions that are available 24/7

SFBHN funds a mobile crisis team that is available 24 hours a day/7 days a week for community interventions. The Children's System of Care also has a Children's Crisis Response Team (CCRT) team that is available to provide intensive services for children in crisis.

II. Goal 2.1: Promote emotional health and well being

a) Develop a strategic framework for prevention and community-based health promotion that fosters individual, family and community resilience

SFBHN's strategy for prevention focuses on investing resources all along the system of care. As a result of the funding, SFBHN invests in service strategies and coalitions that address targeted geographic areas and reach targeted populations across more than one area of the counties it serves. The network's prevention strategy demonstrates best practices and research-based models that are realistic in scope and well-supported over time, with significant opportunities for successful outcomes and replication. The SFBHN staff provides significant training, technical assistance and support to the prevention providers in achieving their goals.

SFBHN's Prevention goals are consistent with SAMHSA's strategy and focus on:

- Promoting mental health and preventing substance abuse and mental illness as key parts of its mission to reduce the impact of SAMH issues on the communities of Miami-Dade and Monroe counties;
- Building emotional health to prevent or delay the onset of substance abuse and mental illness and to mitigate the symptoms and complications thereof;
- Preventing or reducing the consequences of underage drinking and adult problem drinking.
- Reducing prescription drug misuse and abuse; and
- Evaluating the Prevention Service system with data that informs improved service provision and funding.

III. Goal 2.2: Prevent and reduce substance use

a) Strengthen the substance abuse prevention workforce

SFBHN has developed a workforce development strategy consistent with the Florida Certification Board's Prevention Certification Program. Language in SFBHN's prevention contracts specifies the requirements for providers to obtain training and professional development toward the goal of a certification in prevention services.

b) Prevent or delay the use of alcohol, tobacco, and other drugs as supported by data among high risk populations in Florida through the use of evidence-based practices

SFBHN's mission of prevention, consistent with its System of Care principles, is to develop and maintain a comprehensive system to avert and reduce the negative effects of alcohol and drugs. This includes assisting individuals, families and communities in Miami-Dade and Monroe Counties to promote increased health and well-being.

The vision of the SFBHN Prevention System of Care is to provide substance abuse prevention and wellness promotion services, raise awareness, foster collaboration, and enhance the efforts of community programs for the enrichment of youth, families, and communities.

SFBHN Prevention:

- Is evidence-based, data-driven and outcome-oriented with a focus on current trends and continuously-updated data to promote systematic changes;
- Builds partnerships that are sustainable beyond the life of specific programs while leveraging other prevention resources to provide a full-service continuum of care;

- Promotes community-wide input, planning, outcome evaluation and advocacy;
- Provides services that are culturally and linguistically appropriate, sensitive to the needs, history, beliefs and gender of at-risk and under-served populations; and
- Connects community members with existing prevention resources.

c) Enhance data collection systems to inform data driven planning and measure outcomes

The Evaluation of the Prevention System of Care is based on the Strategic Prevention Framework (SPF) used to create focus and expertise in each of its steps which includes: assessment, capacity, planning, implementation, and evaluation. The SPF also promotes cultural competence related activities and sustainability. The SFBHN Evaluation activities are moving SFBHN's Prevention system and communities to address how evidence-based practices (EBPs) and policies bring about population level change. The ultimate purpose of the Evaluation Component is to provide key audiences and decision makers, including SFBHN, community partners, advisory groups, DCF, other statewide agencies, and SAMHSA with an assessment of the efficacy of the Prevention system in Miami-Dade and Monroe Counties. Data has utility for both formative evaluation (enabling mid-course adjustments) and summative evaluation (assessing success at the end of the year cycle).

IV. Goal 3.1: Improve family functioning and child welfare related outcomes through an integrated child welfare and behavioral health treatment based model

a) Develop an integrated treatment based practice model

The Southern Region's efforts to improve family functioning and increase positive outcomes have been supported through the many cross-system programs and partnerships that integrate Child Welfare (CW) and Behavioral Health (BH). Many of these have been identified in the previous sections. In addition, SFBHN has been able to facilitate strong collaboration between Our Kids of Miami-Dade, the community-based care lead agency, and the Department's SAMH and Family Safety programs. The willingness of the providers to work together for the benefit of CW families is an important factor in establishing a practice model.

b) Strengthen cross-system understanding and professional/provider competencies and practices as they relate to treatment goals, service planning, practice models, outcome expectations and legal requirements

The cross-system programs and partnerships have strengthened the understanding and competencies of both the child welfare and behavioral health systems of care. The presentations and trainings offered to each have facilitated service and treatment planning. The RPG Manager and SFBHN CW Integration Coordinator conduct trainings and re-trainings to ensure that new staff understand these important issues and that staffers who have already been trained stay up to date.

Also, the Southern Region provided workshops at the Child Protection Summit in 2015 and 2016, the FADAA Conference in 2016, and the 2016 RPG grantee meeting on CW and BH Integration in Washington, DC. Also, attendance at Family Intensive Treatment Team Face to Face meetings and monthly conference calls have contributed to the cross-system understanding. Staffings and MDT meetings with stakeholders from both systems of care have increased the understanding and competencies in treatment goal development and service delivery.

c) Strategically select and integrate dedicated service modalities addressing the specific needs of the family

The Southern Region has established systematic and focused leadership and strong cross-system partnership with the CBC, ME and DCF. These partners have increased the region's motivation for cross-system leadership and a team approach to addressing issues that have historically separated the two systems of care. As a team, we monitor the evolution of the systems partnership. The driving force is to keep the children safe, improve people's lives, stabilize families, and help people remain in recovery.

d) Increase access to treatment services that are trauma based, family focused, co-occurring capable and integrate parenting interventions targeted for parents in the child welfare system

Trauma Informed Care (TIC) is crucial because most CW-involved adults and children have experienced trauma or are still enduring it. Providers' sensitivity and knowledge are key to achieving successful outcomes for traumatized clients. Additionally, CW and BH providers must be able to work with people with co-occurring disorders. BH providers need to include parental capacity and parenting interventions in their planning for CW-involved adults. SFBHN offers free trainings to BH and CW providers and their staff on topics such as Motivational Interviewing, psychotropic medications, Wrap Around, Wellness Recovery Action Plan (WRAP), Mental Health First Aid, and services for LGBTQ youth and adults.

Appendix II

STATEWIDE PERFORMANCE MEASUREMENT

The Statewide Performance Measurement table indicates the performance measure, the associated target, goal direction, performance results, and whether or not the target was attained. In FY 2015-2016, the Department met or exceeded 15 of 18 (83.33%) SAMH statewide performance measures compared to 14 of 18 (77.78%) in FY 2014-2015[5].

[5] Data source: LRPP Exhibit II – Performance Measures and Standards.

	Adult Community Mental Health	Target	Goal Direction	FY 2015-2016	Attained
MH003	Average annual days worked for pay for adults with severe and persistent mental illness.	40	↑	-44.65	YES
MH703	Percent of adults with serious mental illness who are competitively employed.	24	↑	42.83	YES
MH742	Percent of adults with severe and persistent mental illnesses who live in stable housing environment.	90	↑	95.93	YES
MH743	Percent of adults in forensic involvement who live in stable housing environment.	67	↑	90.52	YES
MH744	Percent of adults in mental health crisis who live in stable housing environment.	86	↑	95.59	YES
	Children's Community Mental Health				
MH012	Percent of school days seriously emotionally disturbed (SED) children attended.	86	↑	90.88	YES
MH377	Percent of children with emotional disturbances (ED) who improve their level of functioning.	64	↑	55.01	NO
MH378	Percent of children with serious emotional disturbances (SED) who improve their level of functioning.	65	↑	57.48	NO
MH778	Percent of children with emotional disturbance (ED) who live in stable housing environment.	95	↑	99.39	YES
MH779	Percent of children with serious emotional disturbance (SED) who live in stable housing environment.	93	↑	99.48	YES
MH780	Percent of children at risk of emotional disturbance who live in stable housing environment.	96	↑	97.81	YES
	Adult Community Substance Abuse				
SA058	Percentage change in clients who are employed from admission to discharge.	10	↑	37.81	YES
SA754	Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge.	15	↓	-99.27	YES
SA755	Percent of adults who successfully complete substance abuse treatment services.	51	↑	50.74	NO
SA756	Percent of adults with substance abuse who live in a stable housing environment at the time of discharge.	94	↑	98.24	YES
	Children's Community Substance Abuse				
SA725	Percent of children who successfully complete substance abuse treatment services.	48	↑	69.75	YES
SA751	Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge.	20	↓	-98.95	YES
SA752	Percent of children with substance abuse who live in a stable housing environment at the time of discharge.	93	↑	99.91	YES

Appendix III

SAMH CONTRACTS FY 2016-2017

Appendix III provides a summary of all SAMH-funded contracts with the Department.

Contract #	Management Region	Provider	Contract Lifetime Funding	Current FY Funding	Service Type
AH409	Northwest	Lakeview Center Inc.	$2,250,000	$750,000	Community Services
AH410	Northwest	Chautauqua Offices Of Psychotherapy	$2,250,000	$750,000	Community Services
AH411	Northwest	Bridgeway Center Inc.	$2,250,000	$750,000	Community Services
AHME1	Northwest	Big Bend Community Based Care, Inc.	$215,010,326	$52,743,992	ME
AI102	Northwest	Lakeview Center, Inc.	$17,471,640	$5,823,880	Privatized MHTF
BH303	Northwest	Life Management Center Of N.W.F	$2,250,000	$750,000	Community Services
BI201	Northwest	Aramark Management Services	$42,620,120	$8,524,020	MHTF Support
BI205	Northwest	Florida State University	$68,337	$22,779	MHTF Support
BIU04	Northwest	Morrison Management Specialists	$26,343,080	$2,656,776	MHTF Support
CI003	Northeast	North Florida Regional Medical	$600,000	$300,000	MHTF Support
DH700	Northeast	Child Guidance Center Inc.	$2,250,000	$750,000	Community Services
DH701	Northeast	Meridian Behavioral Healthcare,	$2,250,000	$750,000	Community Services
DH702	Northeast	Sinfonia Family Services Of Flo	$2,250,000	$750,000	Community Services
DI405	Northeast	Healthworks Of Lake City, Inc.	$198,744	$49,686	MHTF Support
DI406	Northeast	John J. Coleman, DPM	$53,318	$9,604	MHTF Support
DI409	Northeast	Behavior Management Consultants	$102,375	$34,125	MHTF Support
DI410	Northeast	Consent Advocates	$154,051	$77,026	MHTF Support
DI411	Northeast	Emergency Physicians, Inc.	$740,144	$370,072	MHTF Support
DI412	Northeast	Florida Clinical Practice Association	$79,668	$14,148	MHTF Support
DI413	Northeast	Ernst Nicolitz, M.D., P.A.	$286,976	$143,488	MHTF Support
DI414	NEFSH	Speech & Language Consultants,	$78,000	$39,000	MHTF Support
EH003	Northeast	Lutheran Services Florida, Inc.	$792,656,014	$102,397,789	ME
GH503	Central	Community Coalition Alliance	$520,212	$286,762	Operational Support
GH504	Central	Circles Of Care, Inc.	$2,250,000	$750,000	Community Services
GH506	Central	Aspire Health Partners, Inc.	$2,250,000	$750,000	Community Services

Contract #	Management Region	Provider	Contract Lifetime Funding	Current FY Funding	Service Type
GHME1	Central	Central Florida Cares Health Systems, Inc.	$494,437,513	$58,356,567	ME
IH611	Southeast	Southeast Florida Behavioral Health Network	$392,341,066	$55,432,649	ME
IH612	Southeast	Sinfonia Family Services Of Florida	$2,250,000	$750,000	Community Services
JH343	Southeast	Broward Behavioral Health Coalition	$51,031,682	$51,031,682	ME
KH225	Southern	South Florida Behavioral Health Network	$83,041,005	$82,644,433	ME
KH229	Southern	Citrus Health Network, Inc.	$2,250,000	$750,000	Community Services
KH230	Southern	Institute For Child And Family	$2,250,000	$750,000	Community Services
LD951	Headquarters	Florida Alcohol And Drug Abuse Association	$5,961,402	$503,019	Operational Support
LD961	Headquarters	Hillsborough County Crisis Center	$480,000	$60,000	Community Services
LD980	Headquarters	University Of South Florida	$269,000	$85,000	Operational Support
LD982	Headquarters	ICF Macro Inc.	$1,634,262	$408,054	Operational Support
LD983	Headquarters	Florida Alcohol And Drug Abuse Association	$3,000,000	$1,500,000	Community Services
LD984	Headquarters	Collaborative Planning Group Systems	$600,000	$199,000	Operational Support
LD985	Headquarters	Acclaim Systems	$265,350	$88,450	Operational Support
LH241	Headquarters	MHA Long Term Care Network	$103,200	$17,200	MHTF Support
LH242	Headquarters	Alliance For The Mentally Ill	$938,242	$180,492	Community Services
LH244	Headquarters	Innovative Resource Group, LLC	$4,981,767	$900,786	Operational Support
LH246	Headquarters	Federation Of Families Of Florida	$682,570	$62,500	Operational Support
LH247	Headquarters	University Of South Florida	$650,000	$97,500	Operational Support
LH248	Headquarters	Blandino, Salvatore M	$35,197	$28,192	SVP Professional Services
LH249	Headquarters	Peter M. Bursten	$80,000	$30,000	SVP Professional Services
LH250	Headquarters	Chris J. Carr Ph.D., Inc.	$180,000	$60,000	SVP Professional Services

Contract #	Management Region	Provider	Contract Lifetime Funding	Current FY Funding	Service Type
LH251	Headquarters	Forensic Psychological Evaluations	$33,378	$25,000	SVP Professional Services
LH252	Headquarters	Karen T.J. Dann-Namer Ph.D., P.	$78,000	$25,000	SVP Professional Services
LH253	Headquarters	Martin E Falb, Ph.D., PA	$83,000	$30,000	SVP Professional Services
LH254	Headquarters	Michael P Gamache	$55,210	$25,000	SVP Professional Services
LH255	Headquarters	Red Hills Psychology Associates	$105,000	$35,000	SVP Professional Services
LH256	Headquarters	Specialized Treatment & Assessments	$52,659	$35,000	SVP Professional Services
LH257	Headquarters	Eric Jensen	$93,414	$45,000	SVP Professional Services
LH258	Headquarters	Jeffrey I. Musgrove, Psy.D.	$41,080	$15,000	SVP Professional Services
LH259	Headquarters	Advanced Psychological Association	$58,466	$30,000	SVP Professional Services
LH260	Headquarters	Donald R. Pake, Jr.	$49,515	$30,000	SVP Professional Services
LH261	Headquarters	Karen C. Parker, Ph.D. P.A.	$195,000	$75,000	SVP Professional Services
LH262	Headquarters	Gregory A. Prichard	$90,000	$45,000	SVP Professional Services
LH263	Headquarters	Rapa, Sheila K.	$125,000	$45,000	SVP Professional Services
LH264	Headquarters	Kevin Raymond	$82,805	$40,000	SVP Professional Services
LH265	Headquarters	Celeste N Shuler Ph. D.	$104,000	$50,000	SVP Professional Services
LH266	Headquarters	Clinical & Forensic Psych Association	$115,001	$50,000	SVP Professional Services
LH267	Headquarters	Daniel L. Ward, Ph.D., P.A.	$48,260	$30,000	SVP Professional Services
LH268	Headquarters	Wilson & Associates	$50,000	$30,000	SVP Professional Services
LH269	Headquarters	Patrick E. Cook, Ph.D.	$33,000	$15,000	SVP Professional Services
LH270	Headquarters	Carolyn Stimel, Ph.D.	$36,000	$15,000	SVP Professional Services
LH271	Headquarters	Lynne Westby	$360,000	$120,000	SVP Professional Services
LH272	Headquarters	Brevard C.A.R.E.S., Inc.	$159,890	$15,075	Operational Support
LH273	Headquarters	Twin Oaks Juvenile Development,	$22,882,658	$7,947,407	JITP Services
LH280	Headquarters	Lighthouse Software Systems LLC	$140,400	$46,800	Operational Support
LH283	Headquarters	LifeStream Behavioral Center, Inc.	$4,866,706	$1,622,235	Community Services

Contract #	Management Region	Provider	Contract Lifetime Funding	Current FY Funding	Service Type
LH284	Headquarters	Apalachee Center, Inc.	$4,781,558	$1,593,853	Community Services
LH285	Headquarters	New Horizons Of The Treasure Coast	$4,180,447	$1,393,482	Community Services
LH286	Headquarters	Mental Health Care, Inc.	$2,102,400	$700,800	Community Services
LH287	Headquarters	Henderson Behavioral Health Inc.	$4,204,800	$1,401,600	Community Services
LH288	Headquarters	Apalachee Center, Inc.	$4,204,800	$1,401,600	Community Services
LH289	Headquarters	University Of South Florida	$2,500,000	$500,000	Operational Support
LH290	Headquarters	Certification Board For Addiction	$615,019	$215,019	Operational Support
LH291	Headquarters	Informed Families/The Florida Federation	$2,250,000	$750,000	Community Services
LHZ38	Headquarters	Flagler County BOCC	$1,200,000	$300,000	County Grant
LHZ39	Headquarters	Lake County BOCC	$1,200,000	$300,000	County Grant
LHZ40	Headquarters	Hillsborough County BOCC	$1,184,902	$300,000	County Grant
LHZ41	Headquarters	Seminole County BOCC	$1,200,000	$385,011	County Grant
LHZ42	Headquarters	Orange County BOCC	$1,193,880	$297,705	County Grant
LHZ43	Headquarters	City Of Jacksonville	$1,200,000	$300,000	County Grant
LHZ44	Headquarters	Lee County BOCC	$825,000	$275,000	County Grant
LHZ45	Headquarters	Alachua County BOCC	$1,200,000	$300,000	County Grant
LHZ46	Headquarters	Collier County BOCC	$853,317	$295,066	County Grant
LI702	Headquarters	Correct Care, LLC	$262,014,954	$29,096,975	SVP Facility
LI704	Headquarters	Correct Care, LLC	$243,445,427	$24,489,982	Privatized MHTF
LI801	Headquarters	Correct Care, LLC	$354,631,333	$36,040,085	Privatized MHTF
LI806	Headquarters	Public Consulting Group, Inc.	$3,522,307	$376,366	MHTF Support
LI807	Headquarters	Correct Care, LLC	$273,254,603	$27,816,263	Privatized MHTF
PH501	Central	The Centers Inc.	$2,250,000	$750,000	Community Services
QD1A9	SunCoast	Central Florida Behavioral Health Network	$1,620,213,367	$183,065,577	ME
QH7CA	SunCoast	Mental Health Care, Inc.	$2,250,000	$750,000	Community Services
QH7CB	SunCoast	Centerstone Of Florida, Inc.	$2,250,000	$750,000	Community Services

Contract #	Management Region	Provider	Contract Lifetime Funding	Current FY Funding	Service Type
QH7CC	SunCoast	Centerstone Of Florida, Inc.	$2,250,000	$750,000	Community Services
QH7CD	SunCoast	David Lawrence Mental Health Center	$2,250,000	$750,000	Community Services
QH7CE	SunCoast	Personal Enrichment Through Mental Health	$2,250,000	$750,000	Community Services
QH7CF	SunCoast	SalusCare Inc.	$2,250,000	$750,000	Community Services
QH7CG	SunCoast	Baycare Behavioral Health Inc.	$2,250,000	$750,000	Community Services
TH507	Central	Peace River Center For Personal Development	$2,250,000	$750,000	Community Services
TH508	Central	LifeStream Behavioral Center, I	$2,250,000	$750,000	Community Services
YBI23	Northwest	Crown Health Care Laundry Services	$391,560	$391,560	MHTF Support
YGH16	Central	Bob Wesley, Public Defender	$240,000	$240,000	Community Services
LH292	Headquarters	University Of South Florida	$2,150,000	$450,000	Operational Support
ZH308	Southeast	Family Preservation Services Of Florida	$2,250,000	$750,000	Community Services