An Assessment of Behavioral Health Services in Florida

FISCAL YEAR 2018-19

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

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I. INTRODUCTION

The department continues to transform Florida's substance use and mental health system into a recovery-oriented system of care. As such, this report addresses activities relative to this transformation, and also satisfies the requirement in 394.4573, F.S., for the department to submit an assessment of the behavioral health services in Florida. This assessment considers the extent to which designated receiving systems function as no-wrong-door models, the availability of treatment and recovery services that use recovery-oriented and peer-involved approaches, the availability of less-restrictive services, and the use of evidence-informed practices.

Previously, summits in all regions of the state were held by the department to develop a shared vision for creating a recovery-oriented system of care. Although the shared principles are linked, because each region identified different top priorities and has access to differing resources, the implementation activities differ. Using a recovery-oriented system of care framework across the state allows for regional differences and priorities, while ensuring that systems and communities deliver high-quality care and services based on a recovery-orientation.

A formal triennial Needs Assessment, which addresses the specific components in the statute, was completed in the fall of 2016 by each Managing Entity (ME). During years where there is not a formal assessment, the Managing Entities collect needs information from the department, providers, clients, and community stakeholders. Subsequent sections in this report describe service provision for the components by each Managing Entity.

This report also addresses the requirement of 394.9082, F.S., which requires each Managing Entity to develop an annual enhancement plan. The Enhancement Plans, as submitted by the Managing Entities, are available online at www.myfamilies.com/service-programs/substance-abuse/publications. These plans include a description of strategies for enhancing services and the identification of three to five priority needs within the service areas overseen by each of the seven Managing Entities.

II. TOP FIVE NEEDS

The top five needs were identified in a variety of different ways, including but not limited to, analyses of waitlist records, surveys, and focus groups with consumers, providers, and other community stakeholders. Responses from each of the Managing Entities are presented below, and result in an overall total of $83,769,179.

Table 1: Top Five Needs

Managing Entity	Priority Needs	Associated Budget
Big Bend Community Based Care (BBCBC)	1. Community Action Team (CAT) Services (CAT team for Calhoun/Gulf, and 15 additional slots for current Leon/Gadsden/Wakulla team).	$1,000,000
	2. Forensic Assertive Community Treatment (FACT) Services (3 teams and rent support for 50 people per month for each of the 3 teams).	$3,900,000
	3. Increase transition vouchers and supported housing options.	$690,000
	4. 10-bed inpatient detox in Okaloosa/Walton.	$775,625
	5. Expand outpatient services (8 peer positions for Mental Health (MH) and Substance Abuse (SA), 2 peer positions for care coordination for pregnant and post-partem women – substance abuse, expand tele-therapy services, expand services to jails and outpatient treatment for MH and SA).	$4,155,000
	6. ME operational integrity (3 court/jail liaisons, 3 peer specialists, 1 data analyst, 3 school safety specialists, 1	$739,500

Table 1: Top Five Needs		
Managing Entity	**Priority Needs**	**Associated Budget**
	care coordination specialist, 1 housing and resources specialist.	
	BBCBC TOTAL:	$11,260,125

Broward Behavioral Health Coalition (BBHC)	1. Restore non-recurring MH (services and residential beds), Substance Abuse and Prevention funds (residential/sober housing), and fund residential services, medication assisted treatment (MAT) in response to the opioid crisis, and the Mothers in Recovery Program at Memorial.	$2,798,000
	2. Housing and Care Coordination Teams, and Family/Peer Navigator (to include voucher funding and Team oversight at the ME level).	$2,100,000
	3. Ensure operational integrity for ME (oversight of Family Intensive Treatment (FIT) and CAT teams, opioid treatment, residential treatment, housing and care coordination, and data analytics. Also increased ME costs for staff cost of living, health insurance, other professional liability insurance, and rent for ME operations).	$856,469
	4. Multi-disciplinary Treatment Teams (additional CAT, FIT, and FACT teams).	$2,600,000
	5. Broward Forensic Alternative Centers (B-FAC), safe and cost-efficient community-based residential treatment alternative to serve those with third degree or non-violent second-degree felony charges, who do not pose significant safety risks, and who otherwise would be admitted to state treatment facilities.	$2,299,500
	BBHC TOTAL:	**$10,653,969**

Central Florida Behavioral Health Network (CFBHN)	1. Increase MH and SA budget: additional regional short term residential treatment (SRT) beds, 2 additional FACT teams, provide increases to current FACT teams, additional services thru CAT teams, fund 24/7 Mobile Crisis teams, 14 therapists for in-home and on-site services for high need/high user individuals, move all circuits to equity for acute and non-acute services, restore crisis stabilization beds in Hillsborough County, address opioid epidemic.	$31,832,410
	2. Increase the number of school based prevention programs: increasing services for specific populations, prevention services with a focus on reducing the impact of opioid use, increasing staff, increase environmental strategies.	$966,641
	3. Increase housing and supported housing options: expanding housing vouchers, support of 3 housing positions	$916,661
	4. Funding ME operations: 3.5% administrative rate, Financial and Services Accountability Management System (FASAMS) system and expansion of current analytic and data capabilities.	$1,395,229
	CFBHN TOTAL:	$35,110,941

Table 1: Top Five Needs		
Managing Entity	**Priority Needs**	**Associated Budget**
Central Florida Cares Health System (CFCHS)	1. Adult Mental Health Residential Treatment (15 additional beds).	$977,890
	2. Recovery support services (expand treatment capacity).	$470,734
	3. Children respite care (expand treatment capacity).	$168,000
	4. Expand adult case management (expand FTEs at network provider level for case management programs).	$240,617
	5. Expand adult mental health outpatient treatment (increase capacity to serve individuals with chronic mental illness who need assistance with specific areas important to stabilization and recovery.	$426,300
	6. ME operational integrity - Recovery Oriented System of Care (ROSC), integration of child welfare, training and implementation of high fidelity wraparound, extensive changes to the data system, school safety coordination, central receiving system and transportation planning, and management of newly funded programs including early psychotic intervention, CAT teams, mobile response teams, transition vouchers, central receiving facilities, state targeted response (STR) opioid grant, family intensive treatment and forensic multi-disciplinary team).	$263,647
	CFCHS TOTAL:	$2,547,188
Lutheran Services Florida Health Systems (LSFHS)	1. Care coordination/housing coordination for high service utilizers.	$3,401,100
	2. Fund central receiving system implementation in additional rural areas.	$5,000,000
	3. Additional infrastructure to address increased ME workload.	$1,205,380
	4. Short term residential treatment beds and Assisted Outpatient Treatment.	$2,970,280
	5. Increase capacity Adult Substance Abuse (ASA) assessment and residential beds.	$2,276,140
	LFSHS TOTAL:	$14,852,900

Table 1: Top Five Needs		
Managing Entity	**Priority Needs**	**Associated Budget**
Southeast Florida Behavioral Health Network (SEFBHN)	1. Increase administrative funding for the ME operations -restore administrative funding for Housing Coordination and Coordination of Care; funding for additional responsibilities – Opioid STR, increased General Revenue funding, increased MH Block Grant funding, additional FIT teams, 2 CAT team contracts, Transitional Housing Program contract, and ROSC initiative.	$808,860
	2. Additional FACT team (Palm Beach County).	$1,183,499
	3. Increase the availability of psychiatric services in Palm Beach and the Treasure Coast (2.5 part-time psychiatrists and telemedicine services).	$1,352,000
	4. Supportive housing (salary, benefits, travel, equipment, training, administrative costs, 3 months of rental assistance for 40 additional individuals beginning MAT).	$546,000
	5. Forensic Services (5 staff salaries/benefits, covered services for consumers, Community Forensic Multidisciplinary Team for State Hospital diversion).	$1,000,000
	6. Planning for Primary/Behavioral Health Integrated site pilot (consultant funding for planning/coordinating implementation).	$50,000
	SEFBHN TOTAL:	$4,940,359
South Florida Behavioral Health Network (SFBHN)	1. Implementation of additional NAVIGATE program (first episode psychosis intervention. Includes assessment, case management, medical services, outpatient, and supported employment).	$722,894
	2. Restoration and additional funding for care coordination and housing (at both ME level and provider level).	$874,745
	3. Opiate funding: detox, medication assisted treatment, outpatient-type services, residential level II services.	$2,499,999
	4. ME functional capacity (3 System of Care Specialists, 2 Quality Assurance/Quality Improvement Specialists, staff COLA).	$306,059
	SFBHN TOTAL:	$4,403,697

III. NO-WRONG-DOOR MODELS

Section 394.4573(1)(d), F.S., defines the no-wrong-door model as “a model for the delivery of acute care services to persons who have mental health or substance use disorders, or both, which optimizes access to care, regardless of the entry point to the behavioral health care system.” In accordance with the changes promulgated by Senate Bill 12 to Florida Statute 394 (Florida Mental Health Act, commonly referred to as the Baker Act, and Florida Statute 397 (commonly referred to as the Marchman Act), the Managing Entities collaborated with each county to complete a Behavioral Health Receiving System plan.

Implementation of the plan ensures coordinated provision of emergency services for people in need of crisis stabilization due to behavioral health disorders and supports a comprehensive behavioral system of care. The plans describe how the community shall ensure the provision of the no-wrong-door model, which includes response to individual needs and integrates services among various providers. In addition to development of these plans, the Managing Entities were asked to identify and describe the characteristics of the no-wrong-door model currently demonstrated within the services provided by their networks. Responses from each of the Managing Entities are presented below.

Big Bend Community Based Care (BBCBC):
The Northwest Region's system of care utilizes a no-wrong-door policy that allows for multiple entry points based on cooperative agreements with receiving facilities to place individuals in the most appropriate setting available.

In moving towards a Centralized Receiving Facility model, Apalachee Center in Circuit 2 is the primary entry point for stabilization. This model has been successful as it engages both the public and private receiving facilities and allows collaboration in a transparent way, thereby eliminating miscommunication. Other receiving facilities in Circuit 2 include Capital Regional Medical Center and Tallahassee Memorial Healthcare. Entry points in Circuit 1 and 14 include Baptist Hospital, Lakeview Crisis Stabilization Unit, Life Management Center, Emerald Coach Behavioral Health, and Fort Walton Beach Medical Center. It is hoped that the Centralized Receiving Facility model will expand to Circuits 1 and 14. In many cases, these central receiving facilities provide both mental health acute care services and detox from substance use disorder services. With changes in Senate Bill 12, local hospital emergency rooms now address behavioral health needs. To assist with these changes in Circuit 1, education and training has been provided and there is ongoing collaboration with stakeholders, which includes the circuit courts.

In each of BBCBC's circuits, there are alliance and integration meetings facilitated by Network Coordinators to improve key system elements including the process for Baker and Marchman Acts, recovery supports, child staffings, and school safety initiatives. The meetings are attended by a wide variety of public and private agencies, Medicaid managed care providers, education representatives, and state agencies, and focus on access to services, gaps, and ways to improve coordination. They also provide opportunities to learn about tasks and goals of other agencies and aid in preventing duplication of effort. Collaboration between private and public funded services occurs on a systematic level as well as the individual case level. These collaborative efforts ensure a continuum of services are provided to meet needs, prevent acute care stays when possible, assist when clients are being discharged back into the community, and provide the appropriate level of care and help maintain stability. Services include support for competitive employment, educational attainment, independent living skills development, family support and education, wellness management and self-care, and assistance in obtaining housing that meets the individual's needs.

Central Florida Behavioral Health Network (CFBHN):
The no-wrong-door philosophy provides easy and convenient access to treatment. The acute care providers and local receiving facilities, transportation companies, and law enforcement have agreements in place to ensure the most efficient and least impactful process to the individual.

A no-wrong-door model is employed across the Suncoast Region, specifically at the two central receiving facilities (CRFs) at Gracepoint and Centerstone, which serve as single points of entry. Consumers are screened to determine the level of care needed, and those who do not require inpatient or detox will be referred to outpatient care. For those who require inpatient or detox, case managers follow up to assure outpatient linkage was successful once discharged. CRFs provide a 24/7 access center for persons of all ages.

Central Florida Cares Health System (CFCHS): no changes
CFCHS' network includes central receiving systems that consist of designated central receiving facilities functioning as a no-wrong-door model. These designated receiving facilities serve as single entry points for persons with mental health or substance use disorders, or co-occurring disorders. These systems

respond to individual needs and integrate services among various service providers, including ancillary services. These programs also provide or make referrals and/or arrangements for:

- Crisis support
- Assessment/triage services
- Crisis stabilization services
- Substance abuse detoxification
- Short-term residential treatment
- Residential treatment
- Case management
- Recovery support
- Medication-assisted treatment
- Housing
- Primary care
- Domestic violence services
- Medical services
- Medication management
- Outpatient therapy
- Partial hospitalization
- Psychological services
- Psychiatric services
- Vocational rehabilitation
- Dietary services through the Department of Health
- Entitlement programs

Lutheran Services Florida Health Systems (LSFHS):
Historically, network service providers have operated with a county/circuit perspective, utilizing county of residence as part of eligibility criteria and thus limiting, in some circumstances, timely access to needed services for the consumer. Through the provision of contractual language, LCFHS has required that its network service providers implement the “No-Wrong-Door” philosophy into their practice. By the removal of geography as a factor in eligibility for services, a consumer in need of a particular service which might be at capacity at one location could now access that same service in a different location. In this way, a consumer’s wait for a needed service could be significantly reduced. LSFHS Care Coordinators ensure that subcontracted network service providers adopt this philosophy throughout their agencies, but particularly when working with clients enrolled in care coordination. Providers are encouraged to refer consumers to other agencies, when capacity at their own agency is full or if transfer out of the client’s immediate area of residence is clinically indicated, as is sometimes the case in substance use treatment. LSFHS currently subcontracts with forty-nine (49) network service providers which provide the full continuum of substance abuse and mental health services across the Northeast and North Central region of Florida.

Southeast Florida Behavioral Health Network (SEFBHN):
SEFBHN’s no-wrong-door model continues to focus on four Mobile Crisis Teams operating within the network. The Mobile Crisis Teams are available 24 hours a day, seven days a week, 365 days a year. The ability of these teams to respond in a timely manner to the location of the individual experiencing the crisis is vital to assessing the situation and determining the most appropriate services for the individual. This may at times result in the need for admission to a Crisis Stabilization Unit or an inpatient detoxification facility, but they are also able to deescalate situations. The teams ascertain what resources are available, including natural supports and professional services, that can be utilized for the individual, and make the necessary linkages. Mobile Crisis Team staff also follow-up with the individual to see how they are doing.

Care coordination also has a strong role in the no-wrong-door practice model. The SEFBHN Coordination of Care Team works with the providers’ care coordinators to improve transitions from acute and restrictive

to less restrictive community-based levels of care; decrease avoidable hospitalizations, inpatient care, incarcerations, and homelessness; and focus on an individual's wellness and community integration. The team works to facilitate the recovery-oriented system of care (ROSC), by coordinating a network of community-based services that are consumer/person-centered. These services are supported by a Coordination of Care Module, which is a web based system that provides a tool to facilitate effective, evidence-based, recovery-based behavioral health service to the consumers. The system is designed to be used by SEFBHN's Coordination of Care Team, and providers, which allows for immediate information sharing needed to plan on behalf of the consumers. Ultimately these robust efforts to coordinate care for individuals ensure that they are not turned away from any service that will enable their recovery and wellness.

SEFBHN has identified the need for an Addictions Receiving Facility to develop the most comprehensive array of services as part of a Central Receiving System that in turn supports the no-wrong-door practice model. An Addictions Receiving Facility will also play a critical role in addressing the opioid abuse crisis in the community. The previous plan, collaborating with Palm Beach County government, had to be revised as the building to be utilized at no cost was determined to be inadequate for the intended purpose. SEFBHN will continue to work with local funding partners to identify resources to bring this project to fruition.

South Florida Behavioral Health Network (SFBHN):
As requested in all of the Network Provider contracts, the Network Provider shall implement a no-wrong-door model as defined in s. 394.4573, F.S, by developing a process for assessing, referring and/or treating clients with co-occurring disorders, to increase access of persons identified as co-occurring, to provide services for both disorders regardless of the entry point to the behavioral health system. As used in conjunction with the Comprehensive Continuous Integrated System of Care model, the no-wrong-door (see www.kenminkoff.com/ccisc.html) model requires that systems develop policies and procedures that mandate a welcoming approach to individuals with co-occurring psychiatric and substance disorders in all system programs, eliminate arbitrary barriers to initial evaluation and engagement, and specify mechanisms for helping each client (regardless of presentation and motivation) to get connected to a suitable program as quickly as possible.

A copy of the Network Provider's no-wrong-door policy is maintained in the Network Provider contract file. Should any updates to the no-wrong-door policy and procedure occur during the term of this contract, the Network Provider must submit the amended procedures to the Contract Manager within 30 calendar days of the adoption.

SFBHN continues with implementation of a Centralized Receiving Facility System to ensure the provision of the no-wrong-door model. SFBHN is implementing a coordinated receiving system as a system that consists of multiple entry points that are linked by shared data systems, formal referral agreements, and cooperative arrangements for care coordination and case management. Each entry point is a designated receiving facility and, within existing resources, provides or arranges for necessary services following an initial assessment and evaluation.

Broward Behavioral Health Coalition (BBHC):
BBHC has a no-wrong-door policy throughout their system of care and is included in the contracts with their provider network. The Mobile Crisis Response Teams (for both adults and youth) in Broward County operate 24 hours a day, seven days a week, 365 days a year, working in close collaboration with the Crisis Intervention Team officers and responding to an array of crisis situations. The Centralized Receiving System is designed to provide adults experiencing a crisis a convenient point of entry into the mental health and substance use systems for immediate assessment, as well as subsequent referral and linkage to appropriate and available providers and services. Individuals are assessed for care based on a triage model of urgency, in which concerns for safety to self and to others based on Baker Act and Marchman Act criteria are addressed first. Additionally, the Level of Care Utilization System (LOCUS) and Service Prioritization Decision Assistance Tool, standardized assessment tools, are utilized for further

determination of needs. Individuals are offered referral and/or linkage to appropriate providers and services based on their desired need(s) as well as the professional determination of evaluating staff.

IV. RECOVERY-ORIENTED AND PEER-INVOLVED APPROACHES

Section 394.4573, F.S., calls for an assessment of "the availability of treatment and recovery services that use recovery-oriented and peer-involved approaches." A system that adopts recovery-oriented and peer-involved approaches offers a flexible and comprehensive menu of services that meet each individual's needs. The system offers services that are consumer- and family-driven. Family members, caregivers, friends, and other allies are incorporated in recovery planning and recovery support. Peer-to-peer recovery support services are made available. Florida's vision is to establish an integrated, values based recovery oriented system of care (ROSC) where recovery is expected and achieved through meaningful partnerships and share decision making with individuals, communities and systems. During statewide ROSC summit activities, five key priorities were identified to lead and ensure system-wide transformation, including promoting collaborative service relationships, training and technical assistance, promoting community integration, increasing peer-based recovery support services, and developing a strong recovery-oriented workforce. Regional ROSC groups have developed strategic action plans to address these priorities. Below, the Managing Entities have identified and described the characteristics of recovery-oriented and peer-oriented approaches demonstrated within their systems of care as well as listed providers that employ peer specialists who provide recovery support services.

Big Bend Community Based Care (BBCBC):
Providers within the BBCBC network are committed to providing services in a manner that supports a recovery-oriented system of care as well as offering services that are consumer and family driven. In partnership with the Region, recovery-oriented and peer-involved treatment is increasing. Below is a summary of BBCBC's network providers:

- Ability 1st: Ability 1st is a Center for Independent Living and as such employs 50 percent of staff who are persons with disabilities, including mental illness and substance use disorder. Peer-based, recovery-oriented support is a core service of Ability 1st provided to consumers. The governing board of directors is composed of at least 51 percent persons with disabilities.
- Apalachee Center: This agency employs multiple peer specialists. Apalachee supports innovative approaches to integrated medical and behavioral healthcare (a best practice consistently endorsed by clients), community integration for historically difficult to place clients (a best practice consistently endorsed by clients), trauma-informed care (a best practice consistently endorsed by clients), constant, active solicitation of client and stakeholder feedback, open clinics (a best practice consistently endorsed by clients). Apalachee also partners with community organizations such as the local National Alliance on Mental Illness Chapter, hosting Family-To-Family training onsite, and regularly engaging in community events with this organization. Apalachee is currently piloting Magellan's Peer Services engagement program (one of a handful of Community Mental Health Centers statewide doing this).
- Bay District Schools: The LifeSkills program is delivered during school hours. Parents are involved by parental communicators and parent resources that are available for parent check-out.
- Bridgeway Center: Uses strength-based approaches and have increased their collaboration with community stakeholders to better support multiple pathways toward recovery. They have many evidence-based practices and have received positive reviews from state reviewers for their involvement with Early Childhood Court, a program that focuses on the needs, safety and resilience of children. They are active partners in creating trauma-informed communities. The principles of Trauma Informed Care drive the services delivered.
- Chemical Addictions Recovery Effort (CARE): CARE has recovering employees and is in the process of creating peer specialist positions. CARE provides on-site 12 step meetings and sponsor meetings, which are all peer-to-peer recovery support services. Treatment planning and

treatment services are client centered and involve the input and involvement of the client and the family/significant others.
• Community Drug & Alcohol Council (CDAC): Services are consumer- and family-driven and include a very strong level of engagement with a full understanding of addiction that includes relapse. Family members, caregivers, friends, and other allies are incorporated in recovery planning and recovery support. CDAC participated in a statewide learning collaborative for Care Coordination and focused on peer supports. There are peers on staff and the agency will soon be able to provide trainings to increase the peer specialist capacity. CDAC actively participates in creating a trauma informed communities program.
• Chautauqua Center: The agency has rebranded in order to improve the perception as an agency that addresses issues holistically. Services are based on the individual's strengths, needs, abilities, and preferences. The individuals' identified family and other natural support systems are included in all aspects of care based on the client's preferences. Services are provided at times and places that allow for individuals and their support system to participate. They are active partners in creating trauma-informed communities.
• DISC Village: DISC Village utilizes existing supports and community partners to offer services to consumers where they live and work. This is accomplished through the development of person-centered treatment plans that actively involve the consumer to ensure that all activities help him/her build on existing strengths and engage family members where appropriate. The goal is for consumers to achieve abstinence and gain improved health and an increase in their quality of life post treatment. Recovery-oriented activities can be found at all levels of care within the agency. Peer services have been incorporated into the Family Intensive Treatment Team program.
• Escambia County Board of County Commissioners: Family members are encouraged to participate in the support and care of the consumer to ensure completion of the diversion programs. Services are trauma-informed, client-centered, and culturally competent.
• Ft. Walton Beach Medical Center (FWBMC): There are peer led groups on the acute unit that assist with education and awareness of resources. The peers also continue to engage individuals after they have been discharged from the program to encourage continued services as well as social connections in the community. The peer specialists are supported by the Okaloosa/Walton Mental Health Association. FWBMC is also working with Bridgeway Center to divert those who present with Baker Act by linking to case management and community based services when appropriate.
• Lakeview Center: Lakeview was identified from the Family Intensive Treatment Team region to have a representative attend the statewide training for ROSC. They have been involved with this initiative for many years and continue to identify ways to improve the principles in their agency. They have developed a program that provides intensive case management and care coordination to prevent individuals from moving into deeper levels of care and assist them in establishing meaningful lives in the community. They have a café that provides social connection that is staffed by peers. They have also created a trauma-informed agency and are partners in creating a trauma-informed community. West Florida Community Care Center (WFCCC), which operates under Lakeview Center, has a peer specialist on staff who is responsible for client advocacy, grievances, patient orientation for newly admitted clients, encourages client participation with surveys to assess overall patient satisfaction, and serves as a member of the Quality Committee. WFCCC is currently assessing how to incorporate the peer specialist role in discharge planning efforts.
• Life Management Center: Peer support groups and a peer drop-in center are used. Peer services have also been incorporated into the FITT program.

• Okaloosa Board of County Commissioners: Court services provide diversion opportunities so that treatment can be provided to individuals who have behavioral health issues and present through the judicial system. Services are trauma-informed, client-centered, and culturally competent. Case managers also make referrals to treatment providers as this is a court based program.
• Panhandle Behavioral Health: The agency provides training to other caregivers involved in the consumer's lives on recommended behavioral interventions. This can increase the capacity in which the consumers can be successful in the environments they come in contact with on a daily basis.

The following providers employ peer specialists who provide recovery support services: Ability 1st, Apalachee Center, Bridgeway Center, COPE Center, DISC Village, Ft. Walton Beach Medical Center, Lakeview Center, and Life Management Center.

Central Florida Behavioral Health Network (CFBHN):
CFBHN contracts with many mental health and substance abuse organizations, which offer a variety of recovery-oriented programs such as peer supports, supportive employment, and support groups, including local grassroots organizations, clubhouses, drop-in centers, FACT teams, and recovery programs.

All of the contracted providers listed below employ peer specialists who provide recovery support services:

- Agency for Community Treatment Services
- BayCare Behavioral Health
- Boley Centers
- Centerstone of Florida
- Charlotte Behavioral Health Center
- Coastal Behavioral Healthcare
- Drug Abuse Comprehensive Coordinating Office
- Directions For Living
- Hope Clubhouse
- First Step of Sarasota
- Mental Health Care, Inc. (DBA Gracepoint)
- Mental Health Community Centers
- Mental Health Resource Center
- NAMI Pinellas County Florida
- NAMI of Collier County
- NAMI Lee (DBA NAMI of Lee, Charlotte & Hendry Counties)
- Northside Behavioral Health Center
- Operation PAR
- Peace River Center for Personal Development
- Success 4 Kids and Families
- Suncoast Center
- Tri-County Human Services
- WestCare Florida

Central Florida Cares Health System (CFCHS):
CFCHS' central receiving systems have begun the process to provide peer support. CFCHS' network defines the Peer Support Specialist as a person who has progressed in their own recovery from alcohol or other drug abuse or mental disorder and is willing to self-identify as a peer. The Peer Support Specialist will work towards engaging individuals in behavioral health services. They work with the

individual on meeting recovery goals, teach and mentor individuals in problem-solving skills in order to overcome fears, learn coping strategies, and engage in self-care and relapse prevention. Peer Recovery Supports encourage socialization with family and friends and participation in community-based, pro-social activities. Peer support includes community networking such as social, recreational, spiritual, educational, or vocational linkages. Unlike other clinical staff, peers are able to share their personal recovery experiences and role model healthy behavior, connect through social media, telephone, and email. They are able to aid individuals in keeping appointments and can assist them as they navigate the system of care on a more personal level. Services may be provided on a group or individual basis.

CFCHS' network providers also collaborate with the National Alliance on Mental Illness (NAMI) as another form of peer support to engage family members in the recovery process. NAMI provides support, education, and encouragement for families, along with advocacy, and respite. CFCHS' network providers provide NAMI with meeting space and encourage families to participate in NAMI groups as a support for them in coping with family members who suffer from a mental health disorder.

To increase the number of Certified Peer Recovery Specialists in the network, CFCHS initiated a contract with Mental Health Association of Central Florida to provide a 40-hour training to prepare peers in becoming Florida Certified Peer Recovery Specialists. Through the training, peers can gain knowledge of the major content areas including advocacy mentoring, and professional responsibility and recovery support. In addition, Mental Health Association provides training in Wellness Recovery Action Plan. Individuals are given the opportunity to learn tools to meet recovery goals, maintain wellness, and develop a plan for crisis.

CFCHS continues to work with the Peer Support Coalition of Florida to review peer support resources and needs. The goal for the collaboration is to establish a ROSC committee to create a peer support network to include educational groups for peer specialists in the local area. A peer specialist from each provider is being identified to join the ROSC Coalition. Goals for this year include providing additional support to network service providers on how to integrate certified peers within their system of care; collaborating with network service providers to develop peer advisory councils; collaborating with Peer Support Coalition of Florida to advertise quarterly peer network meetings; and developing training to focus on organizational readiness of peer services.

CFCHS network providers who employ peer specialist to provide recovery support services are as follows:

- Aspire Health Partners
- Children's Home Society
- Community Treatment Center
- The Grove Counseling Center
- House of Freedom
- Lifestream Behavioral Center
- Mental Health Association
- Mental Health Resource Center
- Park Place Behavioral Healthcare
- RASE project

Lutheran Services Florida Health Systems (LSFHS):
LSFHS is committed to establishing a Recovery Oriented System of Care (ROSC) by increasing peer support services within the behavioral health network. During FY 17-18, LSFHS, to build on the work done with peer specialists completed in FY 16-17, was awarded a 4-year Health Resources and Services grant to implement and evaluate an enhanced Certified Recovery Peer Specialist (CRPS) training program throughout the northeast region of care. The program addresses the region's shortage of certified peer specialists with the skills and competencies to work in the behavioral health field. The enhanced CRPS training provides a new track for students and community members interested in gaining the advocacy, mentoring and recovery support skills to effectively work with youth and families at risk of

mental illness, substance abuse, or suicide. The grant provides an enhanced, two-tiered recovery peer specialist training program for up to 70 individuals per year, who will serve rural and medically underserved areas throughout LSFHS's 23-county region.

Agencies in the LSFHS network that employ Certified Peer Specialists and peers working toward certification as paid or volunteer staff include: Mental Health America of East Central Florida, Gateway Community Services, The Centers, Community Rehabilitation Center, I.M. Sulzbacher Center for the Homeless, Inc., Lifestream Behavioral Center, Mental Health Resource Center, Camelot Community Care, Clay Behavioral Health Center, Delores Barr Weaver Policy Center, Ability Housing of Northeast Florida, United Way of Suwanee Valley, Inc., US Navy, Daniel Kids, United States Marine Corps, City Rescue Mission, Riverpoint, VA Outpatient Clinic, Alumni House, Beaches Recovery, Clara White Homeless Outreach, Duval Academy, and Recovery High School.

LSFHS seeks to partner with network service providers that utilize evidence-based and innovating promising practices to meet identified needs in the communities served. With a rise in the opioid epidemic throughout the state, LSFHS has partnered with network service providers to develop innovative programs aimed at reducing lives lost to the opioid crisis. One such partnership has resulted in the development of a promising practice utilizing peers based in emergency room departments to engage consumers who have just experienced an overdose. The goal of the program is to create a seamless, collaborative, stabilization and treatment solution between key agencies in the area resulting in a reduction in opioid-related overdoses, recidivism, and death.

Southeast Florida Behavioral Health Network (SEFBHN):
SEFBHN is committed to ensuring that peers are an integral part of the network, which in turn supports a ROSC. SEFBHN's Network Housing Specialist is a Certified Recovery Peer Specialist and Certified Peer Trainer, a Certified Motivational Interviewing Trainer and a Wellness Recovery Action Plan (WRAP) Advanced Level Facilitator, in addition to being the SSI/SSDI Outreach, Access and Recovery (SOAR) Local Lead and Trainer. This wealth of knowledge and expertise enables SEFBHN to offer more relevant trainings to support the work of peers.

SEFBHN is working to assist Helping Others Heal (HOH) peer training participants to become HOH Facilitators. SEFBHN will thus move towards an oversight role for peer training to ensure fidelity to the curriculum. During this past year, SEFBHN offered three sessions of HOH Peer Specialist training to a total of sixty-two (62) participants. SEFBHN is also working with providers to develop facilitators for WRAP program, and is conducting peer workgroups on a monthly basis. The groups provide information to assist the peers in pursuing their certification and also serve as a support group.

SEFBHN is partnering with the DCF Regional ROSC Quality Insurance Specialist, which was funded through the State Targeted Response initiative, with the establishment of a Peer Advisory Council. With the participation of providers and peers, the council will develop overall guidelines that can be used by provider agencies for their own policies and procedures.

SEFBHN believes that SOAR is critical to supporting the tenants of ROSC as the income derived from Social Security benefits an individual receives provides them with more autonomy and a greater ability to remain in the community. This past year, the SOAR Specialist provided four training sessions to a total of sixty-two (62) providers and other community agencies such as the Veteran's Administration hospital social work staff**.**

The local NAMI office plays an important role in supporting peers and family members. The office continues to offer peer-to-peer and family-to-family training advocating for individuals with lived experience to become involved within the community. SEFBHN's Drop-In Centers offer ongoing support groups and workshops, allowing consumers to build their own recovery support system.

The following SEFBHN providers employ peers or offer volunteer opportunities for peers:

- NAMI of Palm Beach County
- Mental Health Association of Indian River County
- Jeff Industries
- Wayside House
- Substance Use Coalition of Indian River County
- Rebel Recovery
- New Horizons of the Treasure coast
- Henderson Behavioral Health

South Florida Behavioral Health Network (SFBHN):
SFBHN has a designated Peer Services Department which consists of one staff member, a Peer Services Manager, who serves as an advocate and mentor for individuals served within the network. The Peer Services Department has developed and implemented a Consumer and Family Resource Manual which includes: a) services provided by the System of Care (SOC) and how to access the services, including a provider directory; b) emergency services and what to do in case of a psychiatric or medical emergency; c) the individuals served rights and information on how to file complaints or grievances; d) information regarding available auxiliary aids and services, and how to request these services; e) cost sharing and fee payment requirements; and f) information regarding how to select a practitioner or change practitioners if the individual served wishes to change. Additionally, SFBHN has also established a Consumer Hotline (1-888-248-3111) to assist individuals and families in accessing SOC services. The Consumer and Family Resource Manual is available in English, Spanish, and Creole and is posted on SFBHN's website: http://sfbhn.org/consumers/resource-manual/.

The Peer Services Manager also continues to provide information, counseling and referrals to individuals who call the Consumer Hotline. This includes consumers who are interested in becoming Peer Specialists and Peer Specialists who want to be certified through the Florida Certification Board. Provider agencies and peer specialists use the SFBHN Peer Services Department to advertise and recruit for Peer Specialist positions and for people to find employment as Peer Specialists. The Peer Services Manager co-facilitates a quarterly Peer Specialist Support Meeting and Certification Technical Assistance Meeting for employed Peer Specialists within the Southern region. Peer support education is also provided to the network providers and their consumers. Some providers within the network are familiar with peer specialists and hire them to provide peer support to individuals using elements of a Recovery Oriented System of Care (ROSC). Other providers are learning about peer specialists and have invited the Peer Services Manager to their agency to educate them about the value and benefits of peer specialists to their staff and to discuss readiness for peer specialist integration within agency staff. The Peer Services Manager also meets with individuals in recovery within the SOC to educate them on possible career opportunities in the peer specialist/recovery coach career field.

Through its Peer Services Department, SFBHN has been working to expand recovery-oriented principles. Activities include:

a. Increasing the number and quality of trained peer specialists, recovery coaches, support groups and parent support providers through trainings and support meetings which incorporate recovery oriented systems of care elements. Increasing the number of trained young adult peer specialists through collaborations with agencies that serve young adults. Increasing collaborations with consumer-operated/peer run/family-run recovery support service provider organizations.
b. Increasing the number of social supports for youth, young adults, adults, and families with mental illness and/or substance use disorders through collaborations with provider agencies that offer social support services.
c. Defining peer specialists and their roles within the behavioral health delivery system. Providing recovery-oriented systems of care education to peer specialists and providers.
d. Increasing the number of peer specialists employed within the network. Educating provider agencies on the integration of peer specialists into their organization.

e. Providing trainings and support to organizations on recovery-oriented systems of care, especially front-line staff.

Care Coordination activities are aligned with a ROSC as it links individuals to needed supports, calls for the use of holistic assessments, promoted shared decision making, enhances collaborations between the community and providers, and empowers individuals to be active participants in their recovery. ROSC also calls for the utilization of peer support and housing linkage/coordination throughout service delivery, included in care coordination activities. These activities are strongly encouraged/recommended throughout SFBHN's network service providers, which are monitored through various meetings and data collection.

SFBHN employs peer specialists at the following agencies:

- The Village South
- New Hope Corps
- New Hope Drop In Center
- Jessie Trice
- Jackson Health Systems
- Institute for Child and Family Health
- Guidance Care Center
- Fresh Start Drop In Center
- Federation of Families
- Fellowship House
- Douglas Gardens
- Citrus Health Center
- Community Health of South Florida, Inc.
- Banyan Health Systems
- Agape Family Ministries

Broward Behavioral Health Coalition (BBHC):

BBHC focuses on a ROSC that is peer-driven and has a consumer-operated provider, South Florida Wellness Network (SFWN), that has a full complement of certified peer specialists on staff. This organization not only provides peer support services, but also conducts the following trainings: Helping Others Heal (the peer specialist training), Wellness Recovery Action Plan, Whole Health Action Management, and Mental Health First Aid. They have also assisted other managing entities and providers in offering these training sessions. Additionally, they conduct workshops on the Supervision of Peers as this is an area that is a challenge to some provider agencies. South Florida Wellness Network has both Youth M.O.V.E. and Federation of Families chapters within their organization that engage youth and families with lived experience to develop leadership and advocacy across the system of care. The peers working at the Central Receiving Center are staff of SFWN who are out posted to engage those individuals in need of support and linkage to crisis services. Many of the peers and family members from SFWN and NAMI Broward serve on the panel at the monthly Crisis Intervention Team Training to share their stories and educate law enforcement about recovery.

Through various initiatives such as the Power of Peers (POP) Program, Care Coordination, and the One Community Partnership grant from the Substance Abuse and Mental Health Services Administration, BBHC has been able to fund additional peer specialists to work with adults, youth, and families with mental health and/or substance use diagnoses for ongoing supports. The POP Program was created to address the need for peer support for those individuals discharged from the state hospital, engaging them through natural supports that will continue after discharge to increase successful integration in the local community and assist them towards their recovery. The two drop-in centers, 9Muses and Rebel's, were funded to have peers connect with the discharge ready residents, develop rapport, and then continue to provide support upon discharge and ongoing for as long as is beneficial. With the success of this program, BBHC contracted with SFWN to also provide peers to link with individuals (both youth and adults) at the CSUs and the detoxification centers. Meetings are held with BBHC and the POP staff to share experiences, learn from each other, and provide ongoing support. Care Coordination has been implemented following Critical Time Intervention, which is an evidence-based practice that is time-limited

(nine months) with caseloads of 15-20 individuals who are high utilizers of the system of care. It is an intensive case management practice that includes a case manager, a peer specialist, and a licensed clinician to provide oversight and support. The model is divided into three phases where the individual identifies and completes goals they want to achieve before moving to the next phase. The transitional vouchers are available to meet the needs of the consumer in order to attain their recovery and succeed in the community.

The following contracted providers employ peer specialists who provide recovery support services:

- Archways
- Susan B. Anthony Center
- South Florida Wellness Network
- Foot Print to Success Clubhouse
- Banyan Health Systems
- NAMI Broward County
- Broward Addiction Recovery Center
- Broward County Elderly & Veterans Services
- Broward Regional Health Planning Council
- Our Children Our Future
- Chrysalis Health
- Mental Health Association of Southeast Florida
- Henderson Behavioral Health
- Memorial Healthcare System
- Smith Community Mental Health

V. AVAILABILITY OF LESS RESTRICTIVE SERVICES

Section 394.4573, F.S., directs the department to assess the availability of "less-restrictive services." Outpatient services are less restrictive than residential treatment and acute care services. In order to gauge the availability of these less restrictive outpatient services, the department asked the Managing Entities to provide waitlist numbers and statistics regarding the number of days between assessment and receipt of first outpatient service for certain special populations. These populations are highlighted because they are designated as priority populations according to federal and state statutes or because they are a particularly vulnerable group. For the purposes of this analysis, outpatient services for substance abuse include the following covered services:

• Aftercare • Day treatment • Medical services • Substance abuse outpatient detoxification • Treatment Alternatives for Safer Communities	• Case management • Florida Assertive Community Treatment Team • Medication-assisted treatment • Supported employment	• Comprehensive Community Service Team • In-home and on-site • Outpatient • Supportive housing/living

The tables below depict the figures provided by the Managing Entities. With regard to the length of time between assessment and first service, averages were not calculated due to missing values. The range of values reported by the Managing Entities is presented instead of averages. Table 2 below shows that many individuals, including individuals who are members of special populations, are placed on waitlists for outpatient substance abuse services. Table 3 below shows that individuals may have to wait weeks for their first outpatient substance abuse service.

Table 2: Waitlists for Outpatient Substance Abuse Services			
Population	**Number of Individuals Placed on a Waitlist for Outpatient Substance Abuse Services (FY 15-16)**	**Number of Individuals Placed on a Waitlist for Outpatient Substance Abuse Services (FY 16-17)**	**Number of Individuals Placed on a Waitlist for Outpatient Substance Abuse Services (FY 17-18)**
Pregnant women who inject drugs	0	0	0
Pregnant women	2	3	0
Women with dependent children	54	0	0
Adults who inject drugs	22	44	33
Children who inject drugs	0	0	0
Adults involved in the child welfare system	68	66	25
Children involved in the child welfare system	5	1	0
Adults who are homeless	3	38	5
Children who are homeless	0	0	0
Children involved in the juvenile justice system	107	10	0
All other adults	208	133	324
All other children	5	0	1

Table 3: Range of Average Days from Assessment to First Outpatient Substance Abuse Service			
Population	**Range of Average Days Between Assessment and First Outpatient Substance Abuse Service (FY 15-16)**	**Range of Average Days Between Assessment and First Outpatient Substance Abuse Service (FY 16-17)**	**Range of Average Days Between Assessment and First Outpatient Substance Abuse Service (FY 17-18)**
Pregnant women who inject drugs	0-64 days	0-18 days	2-22 days
Pregnant women	0-25 days	0-13 days	2-11 days
Women with dependent children	0-17 days	0-12 days	2-11 days
Adults who inject drugs	2-22 days	0-18 days	3-18 days
Children who inject drugs	0-36 days	0-73 days	0-73 days
Adults involved in the child welfare system	0-18 days	1-11 days	2-8 days
Children involved in the child welfare system	0-11 days	0-12 days	1-9 days
Adults who are homeless	3-18 days	0-8 days	0-8 days

Table 3: Range of Average Days from Assessment to First Outpatient Substance Abuse Service			
Population	**Range of Average Days Between Assessment and First Outpatient Substance Abuse Service (FY 15-16)**	**Range of Average Days Between Assessment and First Outpatient Substance Abuse Service (FY 16-17)**	**Range of Average Days Between Assessment and First Outpatient Substance Abuse Service (FY 17-18)**
Children who are homeless	0-8 days	0-5 days	0-5 days
Children involved in the juvenile justice system	1-50 days	0-62 days	0-61 days
All other adults	0-18 days	0-9 days	3-5 days
All other children	0-33 days	0-43 days	0-42 days

With regard to outpatient mental health services, the following covered services are included:

• Aftercare • Day treatment • Intensive case management • Supported employment	• Case management • Florida Assertive Community Treatment Team • Medical services • Supportive housing/living	• Comprehensive Community Service Team • In-home and on-site • Outpatient

Table 4 below shows that many individuals, including individuals who are members of special populations, are placed on waitlists for outpatient mental health services according to data reported by the Managing Entities. Table 5 below shows that many individuals experience wait times for their first outpatient mental health service, depending on which Managing Entities' system of care they encounter.

Table 4: Waitlists for Outpatient Mental Health Services			
Population	**Number of Individuals Placed on a Waitlist for Outpatient Mental Health Services (FY 15-16)**	**Number of Individuals Placed on a Waitlist for Outpatient Mental Health Services (FY 16-17)**	**Number of Individuals Placed on a Waitlist for Outpatient Mental Health Services (FY 17-18)**
Individuals with forensic involvement discharged from State Mental Health Treatment Facilities	12	23	15
Individuals with civil involvement discharged from State Mental Health Treatment Facilities	32	111	2
Adults who are homeless	251	181	32
Children who are homeless	0	2	3
Pregnant women	0	0	4

Table 4: Waitlists for Outpatient Mental Health Services			
Population	**Number of Individuals Placed on a Waitlist for Outpatient Mental Health Services (FY 15-16)**	**Number of Individuals Placed on a Waitlist for Outpatient Mental Health Services (FY 16-17)**	**Number of Individuals Placed on a Waitlist for Outpatient Mental Health Services (FY 17-18)**
Individuals involved in the child welfare system	0	0	0
Adults involved in the criminal justice system	7	106	21
Children involved in the juvenile justice system	0	0	0
All other adults	809	423	635
All other children	1,901	638	410

Table 5: Range of Average Days from Assessment to First Outpatient Mental Health Service			
Population	**Range of Average Days Between Assessment and First Outpatient Mental Health Service (FY 15-16)**	**Range of Average Days Between Assessment and First Outpatient Mental Health Service (FY 16-17)**	**Range of Average Days Between Assessment and First Outpatient Mental Health Service (FY 17-18)**
Individuals with forensic involvement discharged from State Mental Health Treatment Facilities	0-18 days	0-4 days	0-5 days
Individuals with civil involvement discharged from State Mental Health Treatment Facilities	0-14 days	0-12 days	0-15 days
Adults who are homeless	0-16 days	1-32 days	0-29 days
Children who are homeless	0-7 days	0-22 days	4-21 days
Pregnant women	0-15 days	0-6 days	6 days
Individuals involved in the child welfare system	0-45 days	0-59 days	6-43 days
Adults involved in the criminal justice system	0-13 days	0-30 days	0-29 days
Children involved in the juvenile justice system	0-16 days	0-30 days	4-46 days
All other adults	2-98 days	2-68 days	6-82 days
All other children	0-33 days	1-29 days	6-21 days

Gaps in services and service availability is a priority for the department. A statewide table of available services by county, as reported by the Managing Entities, is available online at www.myflfamilies.com/service-programs/substance-abuse/publications.

VI. USE OF EVIDENCE-INFORMED PRACTICES

Section 394.4573, F.S., calls for a description of the extent to which providers use evidence-informed practices. A variety of different evidence-informed practices are used within the Managing Entities' provider networks. All Managing Entities provided extensive lists which are available online at www.myflfamilies.com/service-programs/substance-abuse/publications. These lists reflect that evidence-informed practices are utilized in all regions of the state; however, further analysis is required to accurately describe the extent to which these evidence-informed practices are implemented with fidelity.

VII. EVALUATION OF ENHANCEMENT PLANS:

Section 394.4573, F.S., directs the department to include an evaluation of each Enhancement Plan submitted by the Managing Entities. This evaluation included assessment of strategies for enhancing services, strengths and weaknesses, and the determination of priority needs. Within the table below are the evaluation responses.

Question:	BBCBC	BBHC	CFBHN	CFCHS	LSFHS	SEFBHN	SFBHN
1. Does the plan adequately describe strategies for enhancing services to meet the unmet need?	Yes	Yes	Yes	Yes – but could be more specific in the description	Yes	Yes	Yes
2. Does the plan clearly describe the target population?	Yes	Yes	Yes	Yes	Yes	Yes	Yes, except unmet need #4: ME functional capacity as this need supports additional staff and resources at the ME and does not address service delivery needs.
3. Does the plan clearly describe the county(ies) to be served?	Yes	Yes	Yes – Priorities 1 and 3 look at regional need. Priority 2 lists specific providers and counties for prevention programming	Yes	Yes	Yes	Yes

Question:	BBCBC	BBHC	CFBHN	CFCHS	LSFHS	SEFBHN	SFBHN
4. Does the plan clearly describe the service targets?	Yes	Yes	Items 8 and 10 under Priority 1 do not include specific service targets.	Yes	Yes	Yes	Yes, except unmet need #4: ME Functional Capacity as this need supports additional staff and resources at the ME and does not address service delivery needs.
5. Does the plan clearly describe the specific services to be purchased?	Yes	Yes	Items 8 and 10 under Priority 1 do not include specific services.	Yes	Yes	Yes	Yes – see above
6. Does the proposed budget address the unmet need?	Yes	Yes – however priority 3 focuses on the ME's operational integrity to continue to have oversight over additional initiative to meet the unmet needs.	Yes – the plan outlines a 17.72% increase to the contract.	Yes	Yes	Yes	Yes – see above
7. Do the expected outcomes address the problem/unmet need?	Yes	Yes	Yes – the plan includes the needs of both the high need population and prevention. It also addresses the opioid epidemic that will need recurring funding.	Yes	Yes	Yes	Yes – see above
8. Do the listed action steps lead to strategy implementation?	Yes	Yes	Yes – action steps require LBR but do also mention internal budget shifts.	Yes	Yes	Yes	Yes – see above

Managing Entity	Enhancement Plan Strengths	Enhancement Plan Weaknesses
Big Bend Community Based Care (BBCBC)	Provides the top priorities on the plan that are reported by community stakeholders, community providers, and statistical data that align with the unmet needs of the region. The plan adequately describes the target population and counties to be served through the priorities, the service targets within the plan, and includes the action plans to address each priority within the plan.	The budgets for each priority do not list/describe the service capacity units; minimum required service level units; proposed rates; and covered services are not listed for each priority (within their budgets for each priority).
Broward Behavioral Health Coalition (BBHC)	The plan addresses the needs assessment conducted in 2016 and what has been identified collectively by the Broward County stakeholders and community.	Outcome measures were not consistently defined and/or did not include the state required outcome measures.
Central Florida Behavioral Health Network (CFBHN)	The plan accurately identifies populations of need. Input from both the Needs Assessment and ongoing Regional Councils inform the plan of local needs. Other than SRT and restoration of Crisis Stabilization beds, the services are community based. Even SRT allows for diversion from state mental health treatment facilities or other institutional settings.	Services for the Housing priority could extend beyond additional vouchers and staffing needs at CFBHN. Supportive housing programs, like those at Gracepoint, could be expanded through other providers to cover more of the region and address housing needs of both the mental health and substance use populations.
Central Florida Cares Health System (CFCHS)	The plan clearly lists the details – target population, counties to be served, service targets, and services to be purchased. Priority needs were determined through both a community needs assessment questionnaire and behavioral health needs assessment.	The plan could be more detailed and include more information.
Lutheran Services Florida Health Systems (LSFHS)	Short Term Residential/Assisted Outpatient Treatment, Care Coordination/Housing Coordination, SA Addictions Receiving Facility/Residential Treatment and Centralized Receiving System all have strong and consistent family/community/provider/judicial support. Each of those component proposals address an area of the system of care that is either absent or inadequately present. Just as important (or more so), each of those components would target the highest risk clients in the region, many of whom are not achieving improved outcomes with the current level and array of services available, and thus absent genuine hope for meaningful recovery.	While not a weakness, interested if short term residential becomes part of the local service array. LSF has chosen these past years not to prioritize this service over any of the current services by funding even a small pilot initiative. For it to be an asset, the challenge will be to effectively assure that the resource is truly short-term.
Southeast Florida	SEFBHN demonstrated the collective	N/A

Managing Entity	Enhancement Plan Strengths	Enhancement Plan Weaknesses
Behavioral Health Network (SEFBHN)	needs identified by the community stakeholders through collaborative efforts. There was a comprehensive behavioral health needs assessment conducted in 2017. In addition, there was a collection of qualitative data that was collected through the Health Council of Southeast Florida which assisted in identifying the top priorities for the 5 counties.	
South Florida Behavioral Health Network ((SFBHN)	The plan prioritizes the greatest needs in terms of the current opioid crisis, early intervention, and care coordination.	SFBHN used the plan as an opportunity to enhance the functional capacity at the Managing Entity by requesting additional administrative dollars for staff.

VIII. CONCLUSIONS:

Ongoing care coordination initiatives are helping to ensure that systems of care are recovery-oriented and function as no-wrong-door models. Care coordination serves to assist individuals who are not effectively connected with the services and supports they need to transition successfully from higher levels of care to effective community-based care. This includes services and supports that affect a person's overall well-being, such as primary physical health care, housing, and social connectedness. Care coordination connects systems including behavioral health, primary care, peer and natural supports, housing, education, vocation, and the justice systems. It is time-limited, with a heavy concentration on educating and empowering the person served, and provides a single point of contact until a person is adequately connected to the care that meets their needs.

The department used the top five needs previously identified as part of the FY 17-18 Assessment of Behavioral Health Services to develop Legislative Budget Requests. The department's FY 19-20 requests are available online via the Florida Fiscal Portal.

Some of the additional information collected during the development and evaluation of the Enhancement Plans may be used as part of the department's Legislative Budget Requests in the future, in accordance with s. 394.9082(8), F.S.