



FLORIDA DEPARTMENT
OF CHILDREN AND FAMILIES
MYFLFAMILIES.COM



Substance Abuse and Mental Health Services Plan

2014-2016

Rick Scott, Governor

David E. Wilkins, Secretary

CHAPTER 1: ORGANIZATIONAL PROFILE

Substance Abuse and Mental Health Program

Introduction

The Substance Abuse and Mental Health (SAMH) Program is located within the Florida Department of Children and Families (DCF) and is recognized as the single state authority for substance abuse and mental health services. This office develops standards for the quality of care across the system of care and within the other state agencies that also provide substance abuse and mental health services.

While the headquarters for the SAMH Program is located in Tallahassee, the operational and administrative management of service delivery occurs at the local level. This is accomplished through the joint efforts of the Regional Systems of Care (RSOC), the respective managing entities (ME) and the networks of licensed and contracted service providers.

The 2001 Florida Legislature passed Senate Bill 1258 authorizing the Department of Children and Families to implement Behavioral Health Managing Entities. The entities are defined as Florida corporations exempt from taxation under s.501(c)(3) that contract with the Department to manage the daily delivery of behavioral health services (i.e. substance abuse prevention and treatment, and mental health services) through the establishment of local networks. The goal of Behavioral Health Managing Entities is to promote improved access to care and service continuity by creating a more efficient and effective management system of substance abuse and mental health services. This structure will place responsibility for management services within a single nonprofit entity at the local level.

SAMH Programs support the Department of Children and Families' mission to "Protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency." These programs are specifically in line with the agency's strategic vision to "empower front-line staff, effect program improvements, enable family accountability, and engage communities."

Organizational Structure

Since 2011, the Substance Abuse and Mental Health (SAMH) Program has had an integrated management team and operates as a combined program divided into three units. These units include: Substance Abuse and Mental Health (Substance Abuse Services, Mental Health Services, and Policy and Planning), Performance Support Services (Data, Contracts, and Managing Entity Accountability), and Mental Health Treatment Facilities. The Substance Abuse and Mental Health Services Unit and Performance Support Services Unit are headed by the Director of Substance Abuse and Mental Health. Two Assistant Directors handle the day-to-day operations. The Treatment Facilities unit is led by the Director of Treatment Facilities. These units and their respective responsibilities are discussed further in the next two chapters.

At the regional level, a SAMH Regional Director works with the Managing Entity (ME) responsible for substance abuse and mental health programs. The MEs have a broad range of responsibilities to ensure effective management of substance abuse and

mental health services at the community level, including oversight of contracting, budgeting, and quality assurance activities. The Regional Directors are the Department's representatives at the local level for substance abuse and mental health issues. Regional Directors collaborate with managing entities to ensure that a comprehensive system of substance abuse and mental health services are provided to individuals in their respective areas. The Regional Directors are responsible for administrative functions including oversight of contracts and licensure of substance abuse programs.

The 2011 Legislature established the statewide Office of Suicide Prevention for the Florida Suicide Prevention Coordinating Council in the Department. This office, which is housed within the Substance Abuse and Mental Health Program, is responsible for collaborating with the Council to develop mechanisms for implementing the *Florida Suicide Prevention Strategy*, providing oversight, building capacity, creating policy, and mobilizing communities, with the overall goal of lowering the number of suicides and improving quality of life.

SAMH Program Description

SAMH programs provide a range of prevention, acute interventions (i.e., crisis stabilization or detoxification), residential, transitional housing, outpatient treatment, and recovery support services. SAMH programs are also responsible for substance abuse provider licensure, regulation, financing, and contracting which play a significant role in the provision of effective substance abuse and mental health services.

Florida's SAMH Program has statutory responsibility for the planning and administration of all publicly-funded substance abuse and mental health services. Each office also serves as the main contact for the United States Department of Health and Human Services on all issues pertaining to substance abuse and mental health. The SAMH Programs also work cooperatively with the Department's other programs such as Child Welfare and Community-Based Care, and a variety of other state agencies including, but not limited to, the Department of Education (DOE), Department of Health (DOH), Department of Juvenile Justice (DJJ), Department of Corrections (DOC), Department of Elder Affairs (DOEA), and the Agency for Health Care Administration (AHCA), as well as other partners and stakeholders.

Persons Served

During FY 2012, the SAMH programs served 480,352 people. Of that number:

- The Substance Abuse Treatment program served 107,911 adults and 47,423 children in community settings.
- The Mental Health Program provided services to 216,945 adults and 99,780 children in community settings.
- The State Mental Health Treatment Facilities provided services to:
 - 2,000 civil clients,
 - 2,531 forensic clients, and
 - 760 sexually violent predators.

Substance Abuse and Mental Health

The SAMH Program Office includes two units that work together to address programmatic and policy issues. The SAMH Program staff is made up of Substance Abuse and Mental Health Services and Policy and Planning.

Substance Abuse and Mental Health Services

The Substance Abuse and Mental Health Services Unit ensures that there are clinical standards for the development of evidence-based and promising practices. This unit implements clinical programs and services through training and technical assistance to Department staff, community-based substance abuse and mental health providers, and stakeholders.

The provision of substance abuse services is governed by Chapters 394 and 397 of the Florida Statutes, which provide direction for a continuum of community-based services including prevention, treatment, and detoxification services. The SAMH Program is also responsible for oversight of the licensure and regulation of all substance abuse providers in the state. Program staff in each RSOC throughout the state carries out the licensure function. The system of care provides services to children and adults with or at-risk of substance misuse/abuse problems or co-occurring substance abuse and mental health problems

Chapters 394, 916, and 985, F.S., provide direction for the delivery of mental health services for adults and children. Services include community-based services, acute and long-term services, oversight of state mental health treatment facilities, and the Sexually Violent Predator Program. By statute, the Department is authorized to “evaluate, research, plan, and recommend programs designed to reduce the occurrence, severity, duration, and disabling aspects of mental, emotional, and behavioral disorders.” As the State Mental Health Authority, the Program is responsible for setting and implementing statewide mental health policy, for fostering program development, and for providing technical assistance across the State.

Policy and Planning

Policy and Planning includes ongoing SAMH policy research, analysis, and development consistent with evidence-based practices and current standards of care. Responsibility for application and reporting on federal block grants for SAMH services and programs are among the duties assigned to this section. The section also implements a continuous quality improvement program, manages performance improvement activities including monitoring the statewide incident reporting system and reviews SAMH legislative proposals and budget requests. Policy and Planning also monitors the promulgation of administrative rules essential to system management.

Performance Support Services

The SAMH Program is supported by the Performance and Support which is made up of Contracting, Data, Data Analysis, and the Managing Entity (ME) Accountability Unit. These units work together to conduct business operations including contract and data management. The Managing Entity Accountability Unit is solely responsible for assessing the overall performance of the Managing Entities. The assessment of

performance addresses the requirements outlined in the ME contracts including service delivery, utilization management, and financial accountability components.

Facilities

SAMH staff who supports the State Mental Health Treatment Facilities are housed in the SAMH Program Office and in state-owned treatment facilities. Chapter three (3) includes additional details about these services.

Staffing

SAMH offices throughout the state have a total of 170 staff positions, combining Full-time Equivalent (FTE) and Other Personal Service (OPS) positions. The following table details the distribution of SAMH positions. An organizational chart for SAMH is included as Appendix 1.

| Substance Abuse and Mental Health Program Office Staffing - FY 2011-2012 | | | |
|---|------------|-----------|------------|
| | FTE | OPS | Total |
| Northwest | 8 | 3 | 11 |
| Northeast | 8 | 3 | 11 |
| Central | 8 | 7 | 15 |
| Southeast | 7 | 7 | 14 |
| Southern | 8 | 1 | 9 |
| SunCoast | 8 | 0 | 8 |
| Headquarters | 69 | 33 | 102 |
| Total | 116 | 54 | 170 |

The following table details the distribution of SAMH staff positions in the State-Owned Mental Health Treatment Facilities. These totals do not include part time OPS positions made available to select residents as part of a supported employment program.

The State-owned Mental Health Treatment Facilities employ an additional 3,336.5 staff, representing nearly 95% of all statewide SAMH funded positions.

| State-Owned Mental Health Treatment Facility Staffing FY 2011-2012 | | | |
|---|---------------|-------------|---------------|
| | Civil | Forensic | Total |
| Florida State Hospital | 894 | 1042 | 1936 |
| Northeast Florida State Hospital | 1066.5 | 0 | 1066.5 |
| North Florida Evaluation & Treatment Center | 0 | 334 | 334 |
| Total | 1960.5 | 1376 | 3336.5 |

Budget

The SAMH Program funds services for individuals and families at risk of or challenged by substance use disorders and/or mental illnesses and who reside within the state. This population is further divided into sub-populations for each program, recognizing that individuals may have co-occurring needs (a serious mental illness and substance

use disorder), who may be placed into either “co-occurring capable” or “co-occurring enhanced” programs.

Community-based SAMH services are outsourced, and have been since the program’s inception. The annual budget is allocated to each Region. At the local level, contracts are negotiated with Managing Entities (MEs) or local providers for services to children and adults within their respective areas.

Funding Sources

SAMH services are funded primarily through the Federal Block Grant, other federal grants, and state General Revenue, for eligible recipients, Medicaid funds covered services including a range of community mental health services and specialized services for children in state custody.

**Substance Abuse Program
Approved Operating Budget (AOB)
Allocation by Region
Fiscal Year 2012-2013**

| | ADULT SUBSTANCE ABUSE | CHILDREN'S SUBSTANCE ABUSE | EXECUTIVE LEADERSHIP & SUPPORT SERVICES | Grand Total |
|---------------------------|-----------------------|----------------------------|---|--------------------|
| CENTRAL REGION (34) | 26,106,946 | 16,296,224 | 388,033 | 42,791,203 |
| CONTROL | 0 | 73,330 | 5,657 | 78,987 |
| HEADQUARTERS - TALLA (30) | 5,134,034 | 2,604,907 | 4,870,566 | 12,609,507 |
| NORTHEAST REGION (32) | 19,285,084 | 10,335,865 | 271,318 | 29,892,267 |
| NORTHWEST REGION (31) | 9,108,190 | 6,183,208 | 295,562 | 15,586,960 |
| SOUTHEAST REGION (35) | 17,742,402 | 10,452,430 | 240,390 | 28,435,222 |
| SOUTHERN REGION (36) | 16,282,338 | 10,421,304 | 355,186 | 27,058,828 |
| SUNCOAST REGION (33) | 26,925,088 | 16,208,158 | 514,544 | 43,647,790 |
| UNFUNDED BUDGET | 3,571,822 | | 914,377 | 4,486,199 |
| Grand Total | 124,155,904 | 72,575,426 | 7,855,633 | 204,586,963 |

Control: Identifies budget in the AOB (July 1) pending allocation for Department initiatives later in the fiscal year. This budget is released pending approved project plans or in some cases EOG and Legislative Actions.

Unfunded Budget: Budget identified during the AOB process that does not have a fund source. For example, budget authority is appropriated for multi-year grants as recurring, but when the grant period ends the budget authority remains in the Department. Per the grant ending the budget no longer has a fund source and becomes unfunded. The Department will delete this budget authority from its based budget during the Legislative Budget Request Process that will balance the budget with revenues.

**Mental Health Program
Approved Operating Budget (AOB)
Allocation by Region / Fiscal Year 2012-2013**

| | ADULT COMMUNITY MENTAL HEALTH | CHILDREN'S MENTAL HEALTH | CIVIL COMMITMENT PROGRAM | EXECUTIVE LEADERSHIP & SUPPORT SERVICES | FORENSIC COMMITMEN T PROGRAM | SEXUAL PREDATOR PROGRAM | Grand Total |
|---|--|--------------------------------|--------------------------------|--|------------------------------------|-------------------------------|--------------------|
| CENTRAL REGION (34) | 63,202,364 | 17,797,691 | | 277,798 | | | 81,277,853 |
| CONTROL | 116,791 | 72,171 | 5,450,965 | 272,582 | 925,535 | 2,211,525 | 9,049,569 |
| FLORIDA STATE HOSPITAL - CHATTAHOOCHEE | 4,630,215 | | 48,352,535 | | 54,252,452 | | 107,235,202 |
| HEADQUARTERS - TALLA (30) | 4,472,429 | 25,114,056 | 39,181,735 | 4,292,791 | 54,024,660 | 31,743,836 | 158,829,507 |
| NORTH FLA EVALUATION & TREATMENT CENTER | | | | | 20,951,309 | | 20,951,309 |
| NORTHEAST FLORIDA STATE HOSPITAL - MACCLENNY | 450,002 | | 64,140,273 | | | | 64,590,275 |
| NORTHEAST REGION (32) | 33,278,446 | 8,299,064 | | 1,293,062 | | | 42,870,572 |
| NORTHWEST REGION (31) | 25,708,123 | 5,046,906 | | 490,638 | | | 31,245,667 |
| SOUTHEAST REGION (35) | 38,608,182 | 10,421,519 | | 439,656 | | | 49,469,357 |
| SOUTHERN REGION (36) | 37,093,967 | 10,960,032 | | 740,486 | | | 48,794,485 |
| SUNCOAST REGION (33) | 82,886,905 | 14,245,574 | | 693,667 | | | 97,826,146 |
| UNFUNDED BUDGET | | 93,386 | | 4,690,498 | | | 4,783,884 |
| WEST FLORIDA COMMUNITY CARE - MILTON | | | 5,823,880 | | | | 5,823,880 |
| Grand Total | 290,447,424 | 92,050,399 | 162,949,388 | 13,191,178 | 130,153,956 | 33,955,361 | 722,747,706 |

Control: Identifies budget in the AOB (July 1) pending allocation for Department initiatives later in the fiscal year. This budget is released pending approved project plans or in some cases EOG and Legislative Actions. For example, \$1.7 M of the \$2.2 M in Sexual Predator Program is for workload increase but requires EOG and Legislative Action per GAA Proviso.

Unfunded Budget: Budget identified during the AOB process that does not have a fund source. For example, budget authority is appropriated for multi-year grants as recurring, but when the grant period ends the budget authority remains in the Department. Per the grant ending the budget no longer has a fund source and becomes unfunded. The Department will delete this budget authority from its based budget during the Legislative Budget Request Process that will balance the budget with revenues.

Other GAA Note: During the AOB process \$161,826 was adjusted between Executive Leadership & Support Services and Children's Mental Health related to a grant realignment.

Strategic Priorities

The *DCF Long Range Program Plan-Fiscal Years 2013-2014 through 2017-2018*, located at: <http://floridafiscalportal.state.fl.us/PDFDoc.aspx?ID=7049> identifies goals, objectives, and initiatives that comprise the agency’s mission. The SAMH Program is engaged in accomplishing strategic priorities that specifically address the agency’s goals to:

- Empower front-line staff by arming them with the authority to exercise discretion and decision-making within the parameters of safety, integrity, and fiscal considerations; and,
- Enable family accountability through providing reasonable efforts that help families regain control of their lives.

These strategic priorities include the SAMH Goals of:

- Successful Managing Entity Deployment;
- Reduction of the Negative Impact of Prescription Drug Abuse; and
- Integration of Child Welfare Services with Substance Abuse, and Mental Health Services.

Successful Managing Entity Deployment

In 2001, the Florida Legislature authorized the Department to implement Behavioral Health Managing Entities (s. 394.9082, FS, as amended). The purpose of implementing Managing Entities (MEs) is to merge all existing substance abuse and mental health programs in a designated area of the state into one integrated system of care to support the Department’s priorities and implement key strategies within its strategic plan. The system of care operates under the direction of a local not-for-profit board of community leaders and stakeholders. Managing Entities are responsible for a broad range of services, including planning, system of care development, utilization management, network/subcontract management, data management, and reporting and financial management. ME’s are intended to provide structured oversight of substance abuse and mental health funds, more efficient use of limited resources, and a comprehensive, continuous, and integrated system of care in their defined geographic areas.

There are currently six ME contracts executed. One additional contract is scheduled to be executed by March 2013 for the Northwest Region. The implementation of Managing Entities is expected to create a culture of excellence in performance management, increased transparency, and enhanced accountability. The areas represented are listed in the following table. A map of the service areas can be found in Appendix 5.

Current Managing Entities

(See Appendix 5 for map.)

| Region | Managing Entity |
|---------------|---|
| Central | Central Florida Cares Health System |
| Northeast | Lutheran Services of Florida |
| Northwest | Access Behavioral Health |
| Southeast | Broward Behavioral Health Coalition |
| Southern | South Florida Behavioral Health |
| SunCoast | Central Florida Behavioral Health Network |

Reduction of the Negative Impact of Prescription Drug Abuse

The Department has instituted policies and procedures and implemented programs that help prevent prescription drug abuse. Statewide anti-drug coalitions are established in communities to assess the particular risks and protective factors that impact prescription drug problems. These coalitions are vital to the prevention process.

The 2012 Legislature created the Task Force on Prescription Drug Abuse and Newborns within the Department of Legal Affairs to examine and analyze the emerging problem of Neonatal Abstinence Syndrome (NAS) as it pertains to prescription drugs. NAS is a drug withdrawal syndrome in newborns following birth. It most commonly occurs in the context of opiate use of the pregnant mother. The task force is in the process of researching the impact of prescription drug use and NAS, evaluating effective strategies for treatment and prevention, and providing interim policy recommendations to the Legislature. Among its duties the task force must evaluate methods to increase public awareness of the dangers associated with prescription drug abuse by pregnant women and the dangers posed to newborns as a result of maternal prescription drug abuse during pregnancy. The Secretary of the Department serves as a task force member.

Future efforts to address prescription drug abuse include establishing measures to review existing treatment and prevention methods and to track the effectiveness of these programs. The Department will continue to work with industry, community leaders and the Attorney General's Task Force on Prescription Drug Abuse to develop a public information campaign.

Integration of Child Welfare Services with SAMH Services

The SAMH Program is providing content expertise on prescription drug treatment and prevention, Family Intervention Specialists, and child welfare issues related to substance abuse and mental health. The SAMH Program has also partnered with the Florida Alcohol and Drug Abuse Association to develop and deliver seven webinars to train Child Protective investigators and Family Intervention Specialists in the recognition and assessment of behavioral health disorders. The first training is tentatively scheduled for March 2013 and the remaining trainings will be offered in April and May 2013.

CHAPTER 2: SUBSTANCE ABUSE SERVICES

Introduction

The provision of substance abuse services is governed by Chapters 394 and 397 of the Florida Statutes, which provide direction for a continuum of community-based services including Prevention, Treatment, and Detoxification services. The Substance Abuse and Mental Health Program Office is also responsible for oversight of the licensure and regulation of all substance abuse providers in the state. Licensure functions are implemented by SAMH in each region throughout the state.

Substance Abuse Services

Through the community-based provider system, the substance abuse system of care provides services to children and adults with or at-risk of substance misuse/abuse problems or co-occurring substance abuse and mental health problems. These services are delivered through contractual agreement with provider organizations. More recently, State-funded substance abuse services are provided through the Behavioral Health Managing Entities (MEs), which are required to establish networks of substance abuse and mental health providers, thereby creating a Regional Systems of Care. Capable of providing the following Prevention, Treatment, Detoxification, and Recovery Support services:

Prevention Services include activities and strategies designed to preclude the development of substance abuse problems by addressing the risk factors known to contribute to substance use. In the case of children, these services may be provided in school-based settings and include parental participation. Prevention services for adults include activities and strategies that target the workplace, parents, pregnant women, and other potentially high-risk groups.

Treatment Services include various levels of residential, outpatient treatment, and recovery support services that vary based upon the severity of the individual's addiction. The SAMH Program is placing increased emphasis on the use of evidence-based practices (EBPs) in order to improve client outcomes. Research indicates that persons who successfully complete substance abuse treatment have better post-treatment outcomes related to future abstinence, reduced use, less involvement in the criminal justice system, reduced involvement in the child protection system, employment, increased earnings, and better health.

Detoxification Services focus on eliminating substance use. Specifically, detoxification services utilize medical and clinical procedures to assist individuals and adults as they withdraw from the physiological and psychological effects of substance abuse. Detoxification may occur in either a residential or outpatient setting, depending on needs of the individual. Residential detoxification and Addiction Receiving Facilities provide emergency screening, short term stabilization and treatment in a secure environment 24 hours a day, seven days a week. Outpatient detoxification programs provide structured activities for four hours a day, seven days a week.

Licensure Services

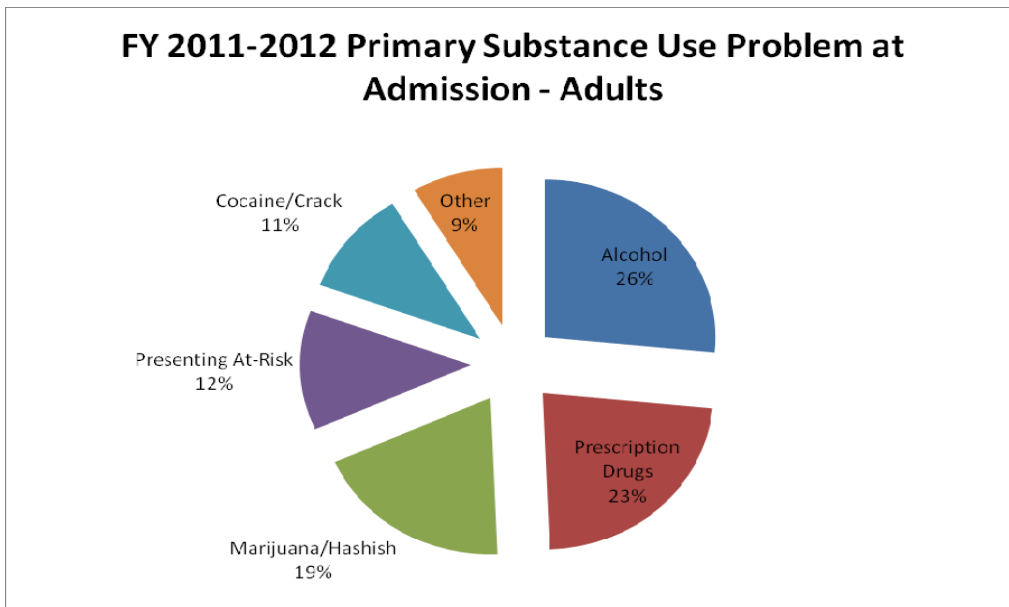
The Substance Abuse and Mental Health Program administers a comprehensive regulatory process to license service providers and professionals who provide substance abuse services to individuals and families at-risk of or challenged by substance abuse. This licensure process is governed and regulated by Chapter 397, F.S., and Chapter 65D-30, Florida Administrative Code (F.A.C.). Minimum standards for licensure are specified for certain program components. Specific criteria must be met in order for an agency to receive a license. The Department’s SAMH Program is responsible for licensing public and private substance abuse providers in the state.

Trends and Conditions

An evolving component of substance abuse treatment is the use of medication assisted treatment (MAT). MAT is the use of medications, in combination with counseling and behavioral therapies, to provide a holistic approach to the treatment of substance use disorders. Research shows that when treating substance-use disorders, a combination of medication and behavioral therapies is most successful. MAT is clinically driven with a focus on individualized patient care.

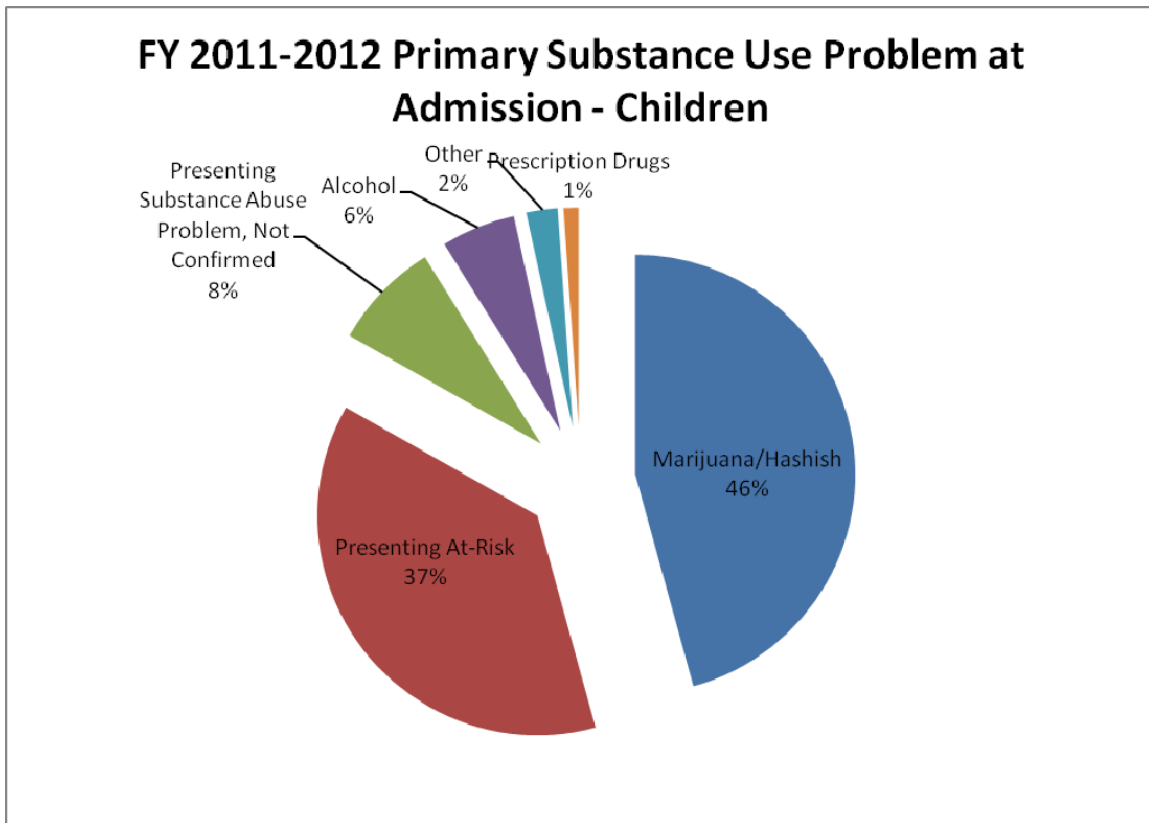
The SAMH Prevention Program administers the Florida Youth Substance Abuse Survey (FYSAS) annually to gather information on youth substance use and other risky behaviors and perceptions. Information regarding adult alcohol and other drug use is gathered through the Department of Health’s Behavioral Risk Factor Surveillance System (BRFSS). SAMH has integrated the assessment and planning work of the coalitions with the implementation work of the providers, creating a data set that will allow for comprehensive system performance evaluation. Additional highlights from the FYSAS, the National Survey on Drug Use and Health (NSDUH), and the BRFSS are presented in Appendix 3.

Figure 3:



The primary substance use problem for adults at admission to substance abuse treatment is displayed in Figure 3 above. During FY 2011-12, of the 56,096 adults who presented for substance abuse treatment their primary drug of choice, at admission, was alcohol (26%), prescription drugs (23%), and marijuana at (19%). The major change is the escalation of prescription drugs among adults presenting for admission.

Figure 4:



The primary substance use problem for children at admission to substance abuse treatment is displayed in the pie chart in Figure 4 above. During FY 2011-12, of the 30,764 children who presented for substance abuse treatment, their primary drug of choice was marijuana (46%), followed by children who presented at-risk (37%) with no identified drug of choice. Unlike adults who presented, less than 10% of children’s primary drug of choice was alcohol (6%), other drugs (2%) and prescription drugs (1%).

Performance Measures

The Department compiles and analyzes data on services, outcomes, and trends in consumer needs and service delivery. The following table details performance measures maintained by the SAMH Program in compliance with federal, state, and Departmental requirements.

Substance Abuse and Mental Health Services Plan: 2014 – 2016

| Children’s Substance Abuse Prevention, Evaluation and Treatment Dashboard Performance Measures – Fiscal Year 2012 | | | | |
|--|---|------|----------------|---------------------|
| Measure Number | Measure Description | Type | Target FY 2013 | Performance FY 2012 |
| SA045 | Percent of children with substance abuse who complete treatment | GAA | 48 | 70 |
| SA052 | Number of children with substance-abuse problems served | GAA | 50,000 | 47,423 |
| SA055 | Number of at-risk children served in targeted prevention | GAA | 4,500 | 5281 |
| SA382 | Number of at risk children served in prevention services. | GAA | 50,000 | 181,950 |
| SA5092 | Substance usage rate per 1,000 in grades 6-12. | LRPP | 374 | 400 |

| Children’s Substance Abuse Prevention, Evaluation and Treatment (continued) Dashboard Performance Measures – Fiscal Year 2012 | | | | |
|--|---|------|----------------|---------------------|
| Measure Number | Measure Description | Type | Target FY 2013 | Performance FY 2012 |
| SA5092a | Alcohol usage rate per 1,000 in grades 6-12. | GAA | 295 | 253 |
| SA5092m | Marijuana usage rate per 1,000 in grades 6-12. | GAA | 121 | 110 |
| SA725 | Percent of children who successfully complete substance abuse treatment services. | GAA | 48% | 70.37 |
| SA751 | Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge. | GAA | 19.6% | -13.74 |
| SA752 | Percent of children with substance abuse who live in a stable housing environment at the time of discharge. | GAA | 93% | 95.28 |

| Adult Substance Abuse Prevention, Evaluation and Treatment (continued) Dashboard Performance Measures – Fiscal Year 2012 | | | | |
|---|---|------|----------------|---------------------|
| Measure Number | Measure Description | Type | Target FY 2013 | Performance FY 2012 |
| SA063 | Number of adults served | GAA | 111,000 | 107,911 |
| SA753 | Percentage change in clients who are employed from admission to discharge. | GAA | 20% | 13.93% |
| SA754 | Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge. | GAA | 3.5% | -7.87% |
| SA755 | Percent of adults who successfully complete substance abuse treatment services. | GAA | 50% | 61.96% |

| | | | | |
|-------|---|-----|-----|--------|
| SA756 | Percent of adults with substance abuse who live in a stable housing environment at the time of discharge. | GAA | 80% | 83.20% |
|-------|---|-----|-----|--------|

Accomplishments

- Supported the use of Evidence-Based Practices in the field of substance abuse through a variety of mechanisms that included provider training and technical assistance, fidelity assessment and monitoring, to achieve improved client outcomes.
 - Continued to implement the Fidelity Self Assessment and site visit process providers completed the self assessment process and site visits were conducted and technical assistance provided.
- Expanded the use of medication-assisted treatment in substance abuse services by increasing the number of treatment providers offering Vivitrol as a component of substance abuse treatment for alcohol or opioid dependence.
- Identified areas of need and target substance abuse services to reduce prescription drug abuse and partnered with other state agencies, providers, and community stakeholders to address this issue.
- The state established a Behavioral Health Epidemiology Workgroup (BHEW) for substance abuse in 2005. The purpose of Florida’s BHEW is to operate a surveillance system assessing statewide and community-level substance use patterns, trends, and outcomes including consumption, consequences, and contributing factors. The BHEW uses public health, criminal justice, and other indicators in providing reports and policy implications. The BHEW publishes an annual state epidemiology report and county level profiles that are available on line at www.floridasdata.com.
- Continued to build and support county-level capacity to assess substance abuse needs, and to initiate evidence-based programs, practices, and strategies that address those needs at the county-level by implementing a Community Health and Wellness Dashboard (CHWD). The CHWD will enable community organizations to systematically review the status of key prevention indicators and implement evidence-based programs or strategies to improve those indicators.
- Establish linkages to further integrate the Department-funded prevention programs, practices, and strategies into state priorities, regional priorities, and Department-approved community action plans.

Next Steps

Expand the current capacity of the Community Health and Wellness Dashboard to include key mental health and substance abuse treatment performance indicators.

Continue to implement the projects and activities supporting the Florida Prevention Transformational Initiative.

CHAPTER 3: MENTAL HEALTH SERVICES

Introduction

Most mental health services for children and adults are provided by community agencies through contracts with local Managing Entities. Services to individuals who need a more intensive level of care are served in state mental health treatment facilities.

Children’s Mental Health Services

Florida has adopted a framework of guiding principles of care as a basis for children’s mental health services. These principles describe a community-based service delivery system that is child centered and family driven. The children’s mental health system provides for screening and assessment to promote early identification and treatment of mental health issues. System principles require that services are individualized, culturally competent, integrated, coordinated, and provide a smooth transition for children accessing the adult system for continued age-appropriate services and supports. The SAMH Program funds an array of formal and informal treatment services and supports in home, community-based, and residential settings through joint Medicaid and SAMH contracts and vendors.

Services are designed to assist children and adolescents with mental health problems who are seriously emotionally disturbed (SED), emotionally disturbed (ED), or at-risk of becoming emotionally disturbed. Children’s mental health services help children live with their families or in the least restrictive setting and to function well in school and in their community. Services are designed to build resilience and prevent or reduce the occurrence, severity, duration, and disabling aspects of children’s mental and emotional disorders. The SAMH Program also manages the Juvenile Incompetent to Proceed (JITP) Program and an intensive behavioral health program for children enrolled in the State Children’s Health Insurance Program (SCHIP).

Adult Community Mental Health Services

Community mental health services for adults include outpatient and residential services, which encompass a range of clinical treatment and supports. Services are available for adults with serious and persistent mental illnesses (SPMI), adults in crisis, and adults with forensic involvement. Services include:

- Assessment;
- Inpatient services in licensed hospitals;
- Crisis support and crisis stabilization;
- Short-term residential treatment;
- Residential services;
- Supported employment;
- Mental health clubhouses;
- Florida Assertive Community Treatment (FACT) Teams;
- Educational services;
- Medical services including psychotropic medications and psychiatric services;
- In-home and on-site therapeutic services;
- Self-directed care;

- Day care services;
- Drop-in and self-help centers; and
- Case management services.

Assisted Living Facilities (ALF) with Limited Mental Health Licenses (ALF-LMHL) are also a part of the housing continuum providing the least restrictive environments for adults living with mental illnesses. The SAMH Program submits an annual plan for ensuring service delivery to residents in ALF-LMHLs who have a mental illness. The plans address training for ALF-LMHL staff, placement, and follow-up procedures to support ongoing treatment for residents. The annual ALF-LMHL Regional Plans are kept on file at the SAMH Program.

Mental Health Treatment Facilities

State Mental Health Treatment Facilities provide services to individuals who meet the admission criteria set forth in either Chapter 394, F.S. (relating to civil commitment) or Chapter 916, F.S. (relating to forensic commitment). These services include the most restrictive and intensive level of care available for individuals age 18 and older, and for juveniles adjudicated as adults and committed to a state mental health treatment facility. Services include psychiatric assessment, treatment with psychotropic medication, health care services, individual and group therapy, individualized service planning, competency restoration assessment and training, vocational, and educational services, addiction services, and rehabilitation therapy and enrichment activities.

Facilities work in partnership with communities to help individuals who are experiencing severe and persistent mental illnesses. Services are designed to help residents manage their symptoms and apply skills and supports needed to be successful and satisfied when they return to the community environment of their choice. For individuals who are incompetent to proceed, this includes achieving competency and returning to court in a timely manner.

The state directly operates three (3) treatment facilities:

- Florida State Hospital (FSH) provides both civil and forensic commitment capacity;
- Northeast Florida State Hospital (NEFSH) provides civil commitment capacity and forensic step-down services; and
- North Florida Evaluation and Treatment Center (NFETC) provides forensic commitment capacity.

The state contracts for services with four (4) other mental health treatment facilities. South Florida Evaluation and Treatment Center and Treasure Coast Forensic Treatment Center both provide forensic commitment services and South Florida State Hospital provides civil commitment services as well as forensic step-down services under contractual arrangements with the SAMH Headquarters Office. West Florida Community Care Center provides civil commitment services under contract with the Northwest Region.

Sexually Violent Predator Program

The Sexually Violent Predator Program (SVPP) serves two main functions: 1) screening and evaluating individuals referred for civil commitment and 2) providing long-term care, confinement, and treatment to individuals committed as sexually violent predators. The Florida Civil Commitment Center (FCCC) is located in Arcadia, Florida. The facility is managed by a private contractor. The program's mission is to reduce the risk of future sexual violence by providing specialized, long-term care, and treatment to those offenders committed to the Department as sexually violent predators. A Department priority is to provide state-of-the-art, comprehensive, quality treatment services to maximize residents' chances for successful community reintegration, free from sexual offending behavior. The multi-phase, multi-modal program provides integrated activities and treatment that focus on the outcomes of public safety, long-term treatment, and effective relationships with all agencies involved in the custody, care, and treatment of sexually violent predators.

The SVPP has processed over 45,000 referrals since its creation in 1999. Roughly one percent (1%) of referrals lead to a clinical recommendation for civil commitment. Approximately half of those recommendations resulted in actual commitment to the FCCC. Each person at FCCC, whether detained or committed, is encouraged to participate in treatment programming. Currently, 77 percent of all committed residents are participating in treatment programming. Sex offender treatment programming is long-term to maximize successful acquisition and practice of a well rounded, offense-free lifestyle. This program is in compliance with treatment guidelines of the Association for the Treatment of Sexual Abusers.

Trends and Conditions

Priorities for services have been identified based on the following trends and conditions in the state:

Legislators and administrators face difficult decisions in terms of funding priorities. However, not funding mental health care appropriately does not save money. It shifts costs into other systems and sectors that are inappropriate and ill-equipped to care for individuals with these illnesses and where the fiscal impact can be far greater (e.g., emergency departments, jails and prisons, foster care). Also, individuals we serve risk additional trauma by untrained staff at inappropriate placements, only escalating their mental health symptoms and causing greater fiscal strain. With proper investment in mental health services, Florida can expect greater rates of recovery and optimal functioning from children and adults with or at risk of mental illnesses.

Research has identified priority populations in Florida who are in greatest need of services within the system of care. According to a January, 2012 Report on the substance abuse and mental health system in Florida, one in two Floridians will experience some form of mental illness in their lifetime.

A recent National Survey on Drug Use and Health (NSDUH) survey found that more than 1.4 million Florida children and adults indicated some level of psychological distress. It is estimated that there are 784,558 adults with serious mental illnesses and 330,989 children in Florida with serious emotional disturbances based on the SAMHSA

methodology for estimating prevalence rates. The mental health care needs of approximately 10% of children and 13% of adults are being met by the public SAMH system at this time.

In FY 2011-12 Florida served nearly 20,000 children in out-of-home care for abuse and neglect. Children in out-of-home care are among the highest users of behavioral health services. Some studies suggest that as many as 80% of youth involved with child welfare agencies have emotional or behavioral disorders, developmental delays, or other indications of need for behavioral health services. In Florida, the four most prevalent disorders among children who entered out-of-home care were (in rank order) attention deficit disorder, conduct disorder, post-traumatic stress disorder, and anxiety disorder. Research indicates that adverse childhood experiences impact physical health and is related to the development of mental health and substance use disorders later in life.

Florida has the third highest number of persons who are living on the streets or in emergency shelters in America. Daily, nearly 60,000 people live on the street or stay in shelters. Unfortunately, the count is most likely a gross underestimate of the actual number of Floridians without housing of their own. These numbers do not capture the “invisible homeless”, those who are forced to share the housing of others. This is especially true for families with children who have lost their homes. Nationally, families are the fastest growing segment of our homeless population, with an increase of over 30% in just three years.

Reflective of this growing family homelessness trend, Florida’s public schools identified 63,685 children who were homeless during the 2011-12 school year. Every school district in Florida identified homeless students. Of homeless children in 2009-10, 75% were sharing the housing of other people, due to the loss of housing or economic hardship. The number of homeless children is in addition to the daily street count.

According to the 2011 report published by the Council on Homelessness, of the approximately 60,000 homeless individuals in Florida in 2011, nearly 31% have mental health disorders. Lack of affordable housing has been identified as the single most pressing unmet need by homeless coalitions. In addition, the Department of Corrections releases approximately 29,000 individuals each year. Of that number, 9.3% are individuals with mental disorders. Thirteen percent of the homeless in Florida were military veterans, ranking Florida second in the country for the number of homeless veterans.

Community housing for adults with mental illnesses continues to be a concern. Since FY 2009-10, there has been a 6.6% increase in adult crisis stabilization beds but a decrease of 9.7% in Short-Term Residential beds. The residential capacity of beds for state mental health treatment facilities saw the closure of 82 secure step-down beds on July 1, 2011. Ten (10) secure beds and six (6) step-down beds were added at no cost to the State when contracts were renegotiated with the private provider and executed on August 24, 2012. However, forensic commitments increased by 8.7% between FY 2010-11 and FY 2011-12. Discharges from civil state mental health treatment facilities to the community are being delayed because of the lack of appropriate community treatment and recovery support alternatives. Discharges of competent individuals who

are ready to return to court are also being delayed, as some counties are not picking them up promptly from the facilities. In FY 2012-13, the three state operated mental health treatment facilities had a budget reduction of \$1,751,265 and 260 full-time positions were eliminated, as various functions were transferred to contracted services.

There continues to be a decline in the number of students identified as requiring exceptional student education services, including those with emotional and behavioral disorders (EBD). During 2009-2010, 8% of students were identified as having emotional and behavioral disorders. The dropout rate of students with emotional and behavioral disorders is among one of the highest for students with disabilities. Budget restrictions have impacted both administration and access to mental health services consistently over the last six years.

According to Florida Department of Health, Office of Injury Prevention, in 2010, there were 2,753 suicides in Florida, a reduction of 101 over 2009. On average eight Floridians take his or her life per day. It is the second leading cause of death for persons ages 25-34. Florida ranks 15th in the nation for highest suicide rate. In 2010, more Floridians died of suicide than from homicides and HIV combined.

Performance Measures

The Department compiles and analyzes data on services, outcomes, and trends in consumer needs and service delivery. The following table details performance measures maintained by the Substance Abuse and Mental Health (SAMH) Program Office in compliance with federal, state, and Departmental requirements.

| Children's Mental Health Dashboard Performance Measures – Fiscal Year 2011-2012 | | | | |
|--|---|-------------|-----------------------|---------------------------------|
| Measure Number | Measure Description | Type | Target FY 2013 | Performance FY 2011-2012 |
| MH778 | Percent of children with emotional disturbance (ED) who live in a stable housing environment | GAA NOMS | 95% | 98.43% |
| MH779 | Percent of children with serious emotional disturbance (SED) who live in a stable housing environment | GAA NOMS | 93% | 97.87% |
| MH780 | Percent of children at risk of emotional disturbance who live in a stable housing environment | GAA NOMS | 96% | 93.67% |

Substance Abuse and Mental Health Services Plan: 2014 – 2016

| Adult Community Mental Health Dashboard Performance Measures – Fiscal Year 2011-2012 | | | | |
|---|--|-------------|----------------|--------------------------|
| Measure Number | Measure description | Type | Target FY 2013 | Performance FY 2011-2012 |
| MH003 | Average annual days worked for pay for adults with severe and persistent mental illness | GAA | 40 | 31.3 |
| MH016 | Number of adults with a serious and persistent mental illness in the community served | GAA | 136,480 | 178,524 |
| MH017 | Number of adults in mental health crisis served (<i>Combined total of MH5301 and MH5302</i>) | GAA | 30,404 | 34,474 |
| MH018 | Number of adults with forensic involvement served | GAA | 3,328 | 3,947 |
| MH703 | Percent of adults with serious mental illness who are competitively employed | GAA NOMS | 24% | 16.88% |
| MH742 | Percent of adults with severe and persistent mental illnesses who live in stable housing environment | GAA | 90% | 94.19% |
| MH743 | Percent of adults in forensic involvement who live in stable housing environment | GAA | 67% | 80.77% |
| MH744 | Percent of adults in mental health crisis who live in stable housing environment | GAA | 86% | 93.14% |

| Mental Health Treatment Facilities Dashboard Performance Measures – Fiscal Year 2011-2012 | | | | |
|--|---|------|---------------|--------------------------|
| Measure Number | Measure Description | Type | Target FY2013 | Performance FY 2011-2012 |
| MH015 | Average number of days to restore competency for adults in forensic commitment | GAA | 125 | 105 |
| MH361 | Number of people on forensic admission waiting list over 15 days | GAA | 0 | 0 |
| MH372 | Number of people in civil commitment, per Ch. 394, F.S., served | GAA | 1,606 | 2,000 |
| MH373 | Number of adults in forensic commitment, per Ch. 916, F.S., served | GAA | 2,320 | 2,531 |
| MH5050 | Percent of adults in civil commitment, per Ch. 394, F.S., who show an improvement in functional level | GAA | 67% | 81% |

| Mental Health Treatment Facilities (continued) | | | | |
|---|--|-----|-----|-------|
| Dashboard Performance Measures – Fiscal Year 2011-2012 | | | | |
| MH5051 | MH Percent of adults in forensic commitment, per Chapter 916, Part II, who are Not Guilty by Reason of Insanity, who show an improvement in functional level | GAA | 40% | 66% |
| MH709 | Percent of adults with serious mental illness readmitted to a civil state hospital within 180 days of discharge | GAA | 8% | 6.45% |
| MH777 | Percent of adults with serious mental illness readmitted to a forensic state treatment facility within 180 days of discharge | GAA | 8% | 7.92% |

| Sexually Violent Predator Program | | | | |
|---|---|------|----------------|--------------------------|
| Dashboard Performance Measures – Fiscal Year 2011-2012 | | | | |
| Measure Number | Measure Description | Type | Target FY 2013 | Performance FY 2011-2012 |
| MH283 | Number of sexual predators assessed | GAA | 2879 | 2969 |
| MH379 | Number of sexual predators served | GAA | 480 | 760 |
| MH380 | Annual number of harmful events per 100 residents in commitment | GAA | 3 | .6 |
| MH5305 | Percent of assessments completed within 180 days of receipt of referral | GAA | 85% | 96% |
| MH6001 | Number of residents receiving Mental Health treatment | GAA | 169 | 368 |

Recommendations

Adult Community and Children’s Mental Health

Adult Community and Children’s Mental Health have merged to affect change across the mental health system. The Mental Health Services Master Plan infuses a trauma informed system of care that is driven by best practices and competency based standards. The Mental Health Program Office has recommended a number of enhancements and changes to include:

- Proliferation of evidence-based practices through building consensus and awareness, implementing widespread use, and sustainability;
- Saturation of trauma informed care services across the state through expansion of agency collaborations, rule review, reduction in seclusion and restraints, and collaborative learning initiative;

- Operationalization of the person-centered and recovery oriented service approach through education, and continuous quality improvement;
- Ensuring safe and affordable housing through securing benefits, increasing employment, developing standards of care, and improving adult living facility-limited mental health services;
- Systemic adoption of early intervention and prevention services, supports, training, and assessment; and
- Increasing efficiencies in community forensic programs through centralized juvenile incompetent to proceed (JITP) process, improving evaluation quality, enhancing program monitoring, improving efficiency in adult forensic program, and assuring linkage for end-of-sentence corrections inmates returning to their community.

CHAPTER 4: SAMH INITIATIVES AND GRANTS

Trends and Conditions

The Substance Abuse and Mental Health (SAMH) Program routinely monitors emerging needs, service models and best practices of its programs. A number of important trends and conditions are the foundation for the initiatives discussed in this chapter.

Utilization of Evidence Based Practices (EBPs)

In January 2009, the Substance Abuse Program Office began an EBP Initiative to assess the current use of EBPs by prevention and treatment providers across the state and to discuss issues around implementation of EBPs. The initiative was also designed to assist the office in identifying mechanisms to measure the fidelity of evidence-based programs/practices utilized within the Florida system of care. Substance Abuse EBP Fidelity Assessments are distributed to providers yearly. The results of the assessment are used to plan site visits and technical assistance. The Mental Health Services Unit administered a statewide Evidence-Based Practice survey of substance abuse and mental health providers in August 2012. The survey was designed to assess the extent of EBP proliferation across the state, establish a baseline of EBP implementation, and determine the technical assistance and training needs of community providers.

The goal of the EBP Initiative is to invest in a “what works” effort to demonstrate greater positive outcomes and increase efficient utilization of limited community resources. Current contracts require that all substance abuse prevention utilize only EBPs. The initiative will expand to also include growth in mental health services. To ensure that the approved models of care support the population of focus and are implemented to fidelity, SAMH will continue to provide training, technical assistance, and a peer review support process to monitor progress. This will be accomplished through partnerships with the Managing Entities, Florida Alcohol and Drug Abuse Association (FADAA), Florida Council for Community Mental Health, universities, local certified trainers and consumers. This collaborative partnership will help promote EBP implementation as well as build capacity such as train-the-trainer networks, web pages, and toolkits.

Screening, Brief Treatment, and Integration with Primary Healthcare

The SAMH Program received a 5-year grant in 2006 for the Screening, Brief Intervention, Referral, and Treatment (SBIRT) program. One of the program’s key target populations included veterans receiving primary care services through federal Veterans’ Affairs hospitals and outpatient clinics throughout Florida. Over the course of the grant the Florida SBIRT program served more than 8,000 veterans, filling gaps in the VA service system by providing brief intervention and brief treatment services following an initial health screening being conducted by VA staff – veterans in need of more intensive substance abuse and/or mental health services were referred back into the VA’s behavioral health system for further treatment.

The Department was awarded a Project Linking Actions for Unmet Needs in Children’s Health (LAUNCH) Grant in October 2012. This initiative will build on the existing use and experience of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) Program. Project LAUNCH is a partnership between SAMH and primary care to prevent

mental health and substance use issues in children of parents abusing prescription drugs. Primary care and behavioral health treatment will be coordinated through interagency agreements and fidelity to the SBIRT model will be ensured through training and quality improvement clinical reviews.

Successful Community Reintegration for Individuals at Civil State Mental Health Treatment Facilities

It is the Department's policy that an individual in need of treatment for a mental illness should remain in the community whenever possible. When admission to a civil state mental health treatment facility is necessary, they should receive essential treatment and services needed to return successfully to their community roles. It is important that the entire system work together to ensure that people remain in these restrictive facilities only as long as absolutely necessary.

Individual recovery and a timely return to the community for people receiving treatment in a civil state mental health treatment facility, i.e., Northeast Florida State Hospital (NEFSH), Florida State Hospital (FSH), South Florida State Hospital (SFSH), and West Florida Community Care (WFCCC) is a priority of the Department. To that end, the state mental health treatment facilities monitor the number of individuals who are ready to return to the community and such data are reported monthly to the SAMH Program Office and regions. Data from January 2012 through June 2012 indicated that on average 235 people per month were awaiting discharge from the civil facilities to the community statewide; an average of 132 of those individuals were waiting over sixty days. The Managing Entities, community providers, regional staff, and state mental health treatment facilities must all work in collaboration to ensure individuals are served in the least restrictive and most appropriate therapeutic setting to meet their individual needs.

An initial analysis of the data compiled for FY 2011-12 indicates that NEFSH and its catchment area circuits contained the highest number of individuals on the Seeking Placement List for the longest period of time. The NEFSH catchment area includes Regions 32 and 34. Further stratification indicates that a continued focus of discharge efforts should be on Circuits 4,5,7,8, and 9, since they had the highest number of individuals at NEFSH awaiting community placement for 60 days or more.

Monthly conference calls were held with the regions, providers, state mental health treatment facility staff and SAMH Program Office staff to help facilitate the discharge of individuals from the Seeking Placement List. The focus of the calls was to identify individual and common discharge barriers and consider solutions. In 2011, treatment facility staff concentrated their efforts on individuals with a length of stay of more than 12 months. The focus was to identify these individuals' unique discharge barriers and to assist the regional staff and providers in developing discharge options. While the number of people seeking to return to the community has remained relatively constant, NEFSH has been successful in reducing their median length of stay from 1.24 years in June 2011 to 1.05 years in June 2012. The Department continues to focus on efforts to reduce the number of people awaiting civil discharge over 60 days by working closely with the state mental health treatment facilities, regional staff, providers and Managing

Entities to increase the number of residents discharged and increase awareness of the importance of this issue.

Modifying SAMH Data Systems – SAMHIS

The Substance Abuse and Mental Health Information System (SAMHIS) is a web-based JAVA application with an Oracle 10g database that was developed in 2005. The application collects, maintains, and reports data on SAMH clients who are served in the state mental health treatment facilities and state-contracted community substance abuse and mental health provider agencies. This data includes socio-demographic and clinical characteristics; type, number, and outcome of services provided; and the profiles of the service provider agencies.

Data can be entered directly into SAMHIS or batch uploaded from service providers. On a monthly basis, the data is extracted and loaded into a data warehouse where it is then aggregated at state, regional, and provider levels to report performance measures of key indicators. The report can be viewed on the DCF Dashboard located on the DCF internet website (<http://dashboard.dcf.state.fl.us>).

Due to recent changes in law, the services provided to SAMH clients are now under the oversight of Managing Entities (ME) who subcontract with providers. The MEs are responsible for collecting and loading this data to DCF. The DCF will interface with these MEs rather than the 350 service providers.

The SAMH Program Office is in need of several significant enhancements to SAMHIS. Specifically, new data interfaces and reporting capabilities are needed in order to better serve clients, better monitor the services they are receiving and their status, and accurately assess the performance of the ME's.

Improved access to data from four current sources: Temporary Assistance to Needy Families (TANF), the Behavioral Health Network (BNet), Medicaid, and Forensic Services are necessary. Other initiatives include enhancements to assist the ME's with their statutory reporting and performance requirements and selection, installation and utilization of business intelligence software. All of these enhancements and features will enable the Department to meet statutory requirements for integration, accessibility, and dissemination of behavioral health data for planning and monitoring purposes, and for provision of data that are useful for the service delivery system, including the management and clinical care needs of the service providers and the MEs.

Trauma-Informed Care

Trauma is the experience of violence and victimization including sexual abuse, physical abuse, severe neglect, loss, domestic violence and/or the witnessing of violence, terrorism or disasters. Studies have shown that traumatic experiences during childhood increase the risk of negative outcomes during childhood and adulthood, including an increased risk of alcoholism, substance abuse, suicide attempts, severe obesity, depression, and hallucinations. When parents and/or primary caregivers have traumatic experiences, particularly adverse childhood events, it affects their children's and overall family functioning.

Becoming trauma-informed is a process that involves striving towards a new way of understanding people and providing services and supports. This process involves a gradual integration of trauma concepts and trauma sensitive responses into daily practice. The process of becoming “trauma-informed” can vary from program to program. Most organizations begin with a self-assessment of current policy, procedures, and practices to identify needed changes or areas where trauma-informed and trauma-specific practices are already working well. Trauma-Informed Care (TIC) offers a new perspective: one in which those providing support and services shift from asking “what is wrong with you?” to “what has happened to you?” This change reduces the shame that some people experience when being labeled with symptoms and diagnoses. It also builds an understanding of how the past impacts the present, which effectively makes connections that progress toward healing and recovery. Trauma-Informed Care involves awareness of the impact of traumatic experiences and efforts to avoid re-traumatizing individuals receiving substance abuse and mental health services.

In May 2008, language requiring trauma and trauma informed care was introduced to Florida Administrative Code. Florida has had initiatives in a number of agencies working to increase awareness of the importance of trauma-informed care, trauma specific services, and the need to reduce practices that are traumatizing for persons served. Additionally, there has been interagency coordination for trainings and statewide proliferation of TIC. In 2009, representatives from Department of Health (DOH), Department of Education (DOE), Agency for Health Care Administration (AHCA), Department of Children and Families (DCF) Family Safety, Children’s Mental Health, Refugee Services, and the Office of Consumer Affairs; the Governor’s Office of Disabilities, Florida Mental Health Institute, and several private providers met to form the Interagency Trauma-Informed Care Workgroup. These participants generated a list of strategies that could be employed immediately in order to increase trauma-informed care in their agencies or organizations. The group has presented to the Children’s Cabinet and has enlisted leadership support for the initiative.

In an effort to bring the initiative to scale, local TIC workgroups formed in 2010 and continue to meet within the regions to create local trauma informed systems of care to address local needs and leverage resources. Workgroups include mental health provider staff, DCF staff, mental health consumers, family members, and other stakeholders in the mental health system and child welfare systems. Each TIC Workgroup has developed a strategic plan for the implementation of TIC in the group’s local community. The Department’s goal is to immerse the state’s service delivery system in TIC principles through expansion of intra-agency collaborations, rule reviews, reductions in seclusion and restraints, and learning collaboratives.

System of Care Expansion and implementation-Children’s Mental Health

Since 1993, the Department of Health and Human Services, Substance Abuse and Mental Health Service Administration (SAMHSA) has funded grants to more than 170 communities to promote the implementation of System of Care values and principles, including eight in Florida. The core values of a system of care are to be family driven, youth guided, community based and culturally and linguistically competent. The

outcomes of these grants have been positive for youth and their caregivers, as well as in terms of costs and improvements in service system infrastructure.

In the fall of 2011, the SAMH Program Office was awarded a System of Care (SOC) Expansion Planning Grant. This grant was awarded to enhance the State's ability to take lessons learned from graduated and active Florida SOC grant sites in order to implement the System of Care philosophy and principles statewide. The SAMH Program Office, families, youth, providers, and state agency representatives joined together to develop a logic model, strategic plan and a social marketing plan. The goals and strategies identified in these plans will drive all aspects of statewide SOC Expansion. The SOC Stakeholders and Core Planning Team identified the following goals: 1) consistent family and youth voice at all levels; 2) collaboration/ integration among community partners; 3) linkage with early childhood initiatives to promote screening, prevention and early intervention for behavioral issues; 4) implementation of local system of care sites; and 5) implementation of evidence-based practices. To ensure these goals address all aspects of System of Care implementation, five core strategies were identified to organize the activities that will contribute to the attainment of these goals. These core strategies, identified by Stroul and Friedman, 2011, include: 1) implementing policy, administrative, and regulatory changes; 2) developing services and supports based on the System of Care philosophy and approach; 3) creating financing mechanisms; 4) providing training, technical assistance, and coaching; and 5) generating support.

Moving forward, the SAMH Program Office received a four-year SOC Implementation Grant in September 2012 to operationalize this strategic plan. It will utilize a tiered expansion approach to grow Systems of Care throughout the state with major focus on infrastructure development, family and youth involvement, and family driven team care coordination.

Development and Implementation of Prevention and Early Intervention Services

Community Health and Wellness (substance abuse prevention) initiatives allow the Substance Abuse and Mental Health Program to address conditions that underlie substance use disorders. Community coalitions examine epidemiology data for alcohol and other drug consumption patterns and related consequences. Coalitions are partnerships of social, political, health, faith, education, law enforcement, and other relevant community sectors, as well as parents, youth, cultural, ethnic and other minorities and other community stakeholders who work together to identify and respond to substance abuse problems within their community. Coalitions identify substance abuse problems, develop a community response, build community response capacity, mobilize the community and assess progress toward outcomes.

The Substance Abuse Program assists coalitions in examining that data in light of current science on intervening variables such as availability, access, local policies, enforcement practices, community norms and risk and protective factors. This process creates community "buy-in" to support evidence-based prevention practices to change those conditions. These practices include: tailored messaging through social marketing campaigns and other environmental strategies, broad awareness and education, media

advocacy, media literacy, life skills training, family strengthening, and other prevention practices.

In addition to prevention activities, the Department has a strong focus on early intervention services. Young children experience mental health challenges that impact early learning, social interactions, and the overall well-being of their families. It is estimated that between 9% and 14% of children from birth to 5 years of age experience social and emotional problems that negatively affect their functioning and development, (Brauner, C. B., & Stephen, B. C. (2006). Estimating the Prevalence of Early Childhood Serious Emotional/Behavioral Disorder. *Public Health Reports*, 121, 303–310.) Several decades of research have shown that early interventions focused on young children and their caregivers can be effective in delaying or preventing the onset of mental, emotional and behavioral disorders. In recent years, growing research in the areas of prevention and early intervention, and trauma in young children and the developing brain point to early childhood as a critical opportunity to positively impact a child's future.

The Department's SAMH Program has been a leader in recognizing the vulnerability of infants and young children and the need to promote healthy physical, social and emotional development, while mitigating factors that increase risk for developing mental, emotional and behavioral disorders. In an effort to promote child well-being and prevent emotional and behavioral disorders, emphasis is being placed on young children and families served by the child welfare system and on providing young children intervention services and supports in natural environments such as early childhood educational settings. The Project LAUNCH grant, previously described, will give the Department the opportunity to enhance partnerships with other young child serving systems and provide them with evidence-based approaches to better support children and families with behavioral challenges.

The SAMH Program continues to work in partnership with Florida State University's Center for Prevention and Early Intervention, major stakeholders and key systems partners to identify and promote the use of best practices and services and supports that promote healthy early childhood development through the effective utilization of current funding sources across agencies and programs that serve young children and their families. During 2011, the SAMH Program supported statewide webinars to promote early interventions and a one-day summit highlighting the return on investment. To expand these training opportunities, the SAMH Program Office is partnering with child care licensing to include these webinars in their web-based training system for all child care providers.

The SAMH Program Office will continue to coordinate with key partners and stakeholders to promote the use of effective and developmentally appropriate interventions and to emphasize protective factors that foster positive development.

Improving Access and Delivery of Services to Veterans

According to the Veteran Population model of the United States Department of Veterans Affairs (VetPop2007), the population of veterans in Florida was expected to be more than 1.6 million by September 30, 2011. This projection is consistent with Florida Department of Veterans' Affairs actual data which shows a FY 2010-11 increase in

appropriation of approximately 1.7 million. Florida has the third largest population of Veterans in the nation preceded only by California and Texas. A 2008 RAND Corporation study, entitled “Invisible Wounds: Mental Health and Cognitive Care Needs of America’s Returning Veterans,” found that an estimated 18.5% of all service members and veterans returning from the Gulf War experience Post Traumatic Stress Disorder (PTSD) or some form of major depression. Based on those data, approximately 29,000 returning veterans in Florida may experience these conditions. The study also found that “53% of returning troops who met criteria for PTSD or major depression sought help from a provider for these conditions in the past year,” which calculates to more than 14,000 of Florida’s returning veterans who may not have sought proper care. Given the current and projected needs of veterans in Florida, the Department is engaged in several projects designed to meet these needs of returning veterans and their family.

Numerous federal agencies (e.g., Substance Abuse and Mental Health Services Administration and the National Institute for Drug Abuse) have concluded that PTSD and depression are both risk factors for substance abuse, and in too many cases, suicide. Finally, studies have also concluded that homeless veterans are at a higher risk than the general population for mental illness, substance abuse, and suicide. Many individuals end up in the criminal justice system as a result of not accessing the proper substance abuse or mental health care.

In October 2009, the Department was awarded a federal grant, “Jail Diversion and Trauma Recovery-Priority to Veterans” from the Substance Abuse and Mental Health Services Administration (SAMHSA). This five year grant coordinates substance abuse and mental health services for veterans and their families, as well as strengthens jail diversion services for veterans, particularly with trauma-related disorders. In December 2010, Florida's Jail Diversion and Trauma Recovery (JDTR) project began implementation of a pilot diversion program in Hillsborough County. Northside Mental Health Center was the first pilot site provider and ended services on September 30, 2012. The Assertive Community Treatment Services (ACTS) became the second pilot site provider and began services on October 1, 2012. There have been an estimated 240 persons served over the course of this grant. Veterans involved with the criminal justice system who are experiencing ongoing difficulties with trauma are eligible for the program. Services include: Peer-to-Peer Support, case management, Family-to-Family Support, facilitated access to psychiatric services, substance abuse treatment, vocational resources, housing, and linkage to VA services.

The SAMH Program has recently merged the Veteran’s Advisory Council with the Florida’s Veterans Team to form the Statewide Veteran’s Advisory Council. The newly combined council met for the first time on November 13, 2012 and will continue to meet quarterly to address issues related to veterans and their families.

Recovery Peer Specialist-Veterans

One unique aspect of the JDTR Grant is Florida's creation and implementation of a new state-level Veteran Peer Support Specialist credential. This certification is the result of the Department's ongoing partnership with the Florida Certification Board. Certification

of trained veterans will professionalize the veteran mentorship process in that trained veterans will be assisting other returning veterans adjust to their home and community. The Certified Recovery Peer Specialist-Veteran (CRPS-V) credential was completed in the Spring of 2011 and began accepting applicants in June 2011.

Homelessness-Veterans

Victory Village is a twelve unit permanent affordable rental housing cluster of three quadruplexes occupied by homeless disabled veterans. This project is located on a two-acre parcel in Titusville. The completion of the 12 units provides a seamless outlet for participants who have completed all required elements of the transitional housing program to advance to permanent rental housing, further increasing their self-sufficiency. This program includes comprehensive case management, drug/alcohol addiction counseling, provision of transportation, referral to mental health and medical treatment and other services for individual participants. Funding was secured through Brevard County's Housing and Human Services Department (HUD HOME Investment Partnership Program entitlement grant funding), US Department of Housing and Urban Development Continuum of Care Supportive Housing Program funding and the Florida Department of Children and Families Homeless Housing Assistance Grant Program and generous donations from local civic organizations, local church networks, and local veteran groups.

In June 2011, The Department of Children and Families announced federal funding from the U.S. Department of Housing and Urban Development for two projects to assist community homeless programs in the Northwest Region. One of the programs, the Okaloosa/Walton Continuum of Care "Opportunity Inc.," was awarded \$33,167 for a project for a Veteran's Housing Program. This grant offers more beds for permanent housing, help with mental health and substance issues, and support in obtaining employment. HUD's Continuum of Care grants fund a wide range of transitional and permanent housing programs as well as supportive services such as job training, case management, mental health counseling, substance abuse treatment and child care.

Homelessness

Florida currently has approximately 60,000 homeless individuals (Annual Council on Homelessness Report 2011, DCF Office on Homelessness). Of these 60,000 homeless individuals, over 44% reported a disabling condition. The primary conditions reported were physical disabilities (31.4%), drug or alcohol addiction (32.8%) and mental illnesses (30.7%). Local homeless coalitions clearly identified the availability of affordable housing as the singular, most pressing unmet need. Additionally, due to limited financial resources, challenges such as transportation, poverty, and lack of employment remain. Florida's housing market is not currently meeting the needs of individuals with extremely low incomes, and people with serious mental illnesses are over-represented in that group. Many persons receiving services in the public mental health system have incomes far below the poverty level and are, therefore, "priced out" of Florida's housing market.

Despite the hurdles, the Department continues to work towards ending homelessness for persons with mental illnesses and instrumental to that effort is the federal program

called “Projects for Assistance in Transition from Homelessness” (PATH) Grant Program. When PATH was first implemented in Florida, only eight areas of the state with the highest concentration of homeless populations participated. Today, there are 22 PATH projects in the state, with at least one project located in each of the Department’s local service areas.

The Department has also partnered with the Supportive Housing Coalition to assist in developing local partnerships between housing authority staff, financing agencies, mental health/substance abuse providers, and others interested in housing development projects that would be sites for Permanent Supportive Housing (PSH), an evidenced-based practice. This group has been increasingly effective in promoting the expansion of housing resources and cross training of housing and service providers. Local partnerships ensure targeted efforts to access all available resources, as well as participation in the numerous Continuum of Care plans developed throughout the state. In addition, the Department has partnered with the University of South Florida-Florida Mental Health Institute (FMHI) to provide webinars and on-site regional training on PSH across the state in FY 2011-2012. FMHI will also work with providers who already implemented this evidenced-based practice to evaluate their fidelity to the model.

For people who are homeless or who are returning to the community from institutions (jails, prisons or hospitals), access to benefits such as Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) can be extremely challenging. Approval on initial application for people who are homeless and who have no one to assist them is *about 10-15 percent*. For those who have a mental illness, substance use issues, or co-occurring disorders that impair cognition, the application process is even more difficult – yet accessing these benefits is often a critical first step in recovery.

SSI/SSDI Outreach, Access and Recovery (SOAR) is an approach that helps states increase access to mainstream benefits for people who are homeless or at risk of homelessness through strategic collaboration among key stakeholders (e.g., Social Security Administration, Disability Determination Services, SAMH, providers), training on the application process, and technical assistance. Florida has approximately twenty SOAR trainers throughout the state and is implementing the model in all regions. Typically, SOAR trainings are coordinated in conjunction with the local HUD Continuums of Care. Florida’s goal is to improve the SOAR Initiative through increased collaboration at the state and local level, increased utilization of the model, and streamlined data/outcome collection methods.

Strengthening the Management of Treatment Facilities

In an effort to align with the Department’s mission to advance recovery and resiliency, and align with the Department’s goals to effect program improvements and engage communities, the private and state-operated mental health treatment facilities identified three priorities for fiscal year 2012-13:

- Gaining Efficiencies: This entails three major activities:
 - 1) Streamlining – Administrative consolidation among the state-operated mental health treatment facilities to become more efficient and generate savings;

- 2) Outsourcing – Negotiation of contracts to privatize housekeeping services and maintenance operations to a more efficient and cost effective operation and to enhance services; and
 - 3) Repurposing – Reevaluation of traditional services provided by the state mental health treatment facilities and undertaking new projects to better serve individuals with mental illnesses in local communities. Repurposing projects are designed to discharge complex residents, utilize vacant buildings and create employment opportunities.
- Advancing Recovery – The Department will work to provide state funded services to individuals in the most fiscally efficient and responsible manner, and provide services to individuals in the least restrictive and therapeutic setting. This will be done by increasing community capacity, decreasing length of stay and monitoring readmission and recidivism.
 - Measuring Success – A Mental Health Facilities Metrics Group was convened to identify a group of critical performance measures. The group's membership consisted of representatives from each facility, including those publically and privately operated. It was facilitated by personnel from the Facilities and Data sections of the Headquarters Substance Abuse and Mental Health Program Office. The group came to consensus regarding metrics that would be meaningful to our customers, taxpayers, legislators, and the department.

The Department also held a public meeting on June 18, 2012 to discuss the proposed measures and solicit feedback. Both current and proposed performance measures were reviewed. Based on stakeholder input and department goals, the state mental health treatment facilities proposed performance measures that were meaningful and consistent with the department's values. Currently, there are ten performance measures related to the State Mental Health Treatment Facilities that are reported on a monthly basis to the Secretary and are published on the department's scorecard.

Interface with Forensic System

A priority domain for the SAMH Program Office is the interface between mental illness and the criminal court system. All individuals committed to the Department for involuntary treatment pursuant to Chapter 916, F.S., are charged with felony offenses. Forensic commitments increased by 16.2 % in FY 2005-06. This produced a forensic waiting list of more than 300 individuals awaiting placement in late 2006. Because of this unprecedented increase, the Department requested and received additional funding to increase forensic residential capacity by 405 beds. This eliminated the forensic waiting list in May 2007. Since then the Department has continued to place individuals in state mental health treatment facility beds within the statutorily required 15 days. The number of individuals committed to the Department pursuant to Chapter 916, F.S., increased by 8.7% from FY 2010-11 to FY 2011-12. Eighty-two secure forensic beds had been closed on July 1, 2011, as commitments had decreased in the preceding fiscal years (FY 2009-10 and FY 2010-11). Ten (10) secure beds and six (6) step-down

beds were added at no cost to the State when contracts were renegotiated with the private provider and executed on August 24, 2012.

The Department continues to explore options to provide additional beds in the community to serve individuals charged with non-violent felonies and expects the Managing Entities to be key in managing the conditional release process. Increasing additional community beds insures that forensic mental health treatment facility beds are allocated to persons with the greatest need. By more effectively managing the forensic commitment process, the Department will avoid a return to a lengthy waiting list for forensic beds. Additional steps taken to better manage the forensic system include:

- Monitoring forensic referrals and forensic bed productivity;
- Where available, providing alternatives that include in-jail competency restoration, training for pre-admission incompetent individuals, and maintaining competency for individuals returned to jail pending their hearing;
- Placing individuals on conditional release so they may participate in community-based programs, including community-based competency restoration programs;
- Working closely with community partners and the courts to divert those individuals who may not need to receive services in a secure forensic facility; and
- Evaluating legislative changes by reducing the timeframe for dismissing charges of individuals determined to be non-restorable from five years to three years for individuals charged with a crime other than a violent crime against persons. If the legislation passes as proposed, the timeframe would remain at five years for individuals charged with a violent crime against persons. Data for the past fourteen fiscal years (FY 1998-99 to FY 2011-12 and including a total of 14,481 individuals) shows that 99.6% of the individuals restored to competency in a state mental health treatment facility were restored in three years or less.

In response to recommendations from the Facilities Management Review Team, changes have been and continue to be made to strengthen the management of the treatment facilities, including:

- The appointment of a Director of Mental Health Facilities, as a result of reorganization of the SAMH Program.
- The streamlining/reduction of administrative positions in the three state operated facilities.
- Consolidation of Revenue Management functions for Florida State Hospital and Northeast Florida State Hospital at one facility (Northeast Florida State Hospital).
- Exploration of outsourcing of certain functions at Florida State Hospital - specifically Operations and Maintenance.

- Increased Focus on Performance Management across the state facilities.
- Continued exploration of consolidation of functions for several facilities at one facility (one facility having "lead").

The facilities continue to research and identify additional opportunities for improving efficiencies and reducing costs.

Improvements to the Involuntary Civil Commitment of Sexually Violent Predators Act

In 1998 the Florida Legislature enacted the Involuntary Civil Commitment of Sexually Violent Predators Act. The intent of Chapter 394, Part V, F.S., is to protect the public by identifying a "small but extremely dangerous number of sexually violent predators," and place them in a secure facility for long-term care and treatment. Since the inception of the program there have been 44,384 referrals to the Sexually Violent Predator Program for commitment consideration.

The Florida Civil Commitment Center (FCCC) houses both committed residents and pre-trial detainees. While the census has remained largely stable with no significant change over the past **four** fiscal years (census totals for FY 2008/09 – FY 2011-12: 674, 673, 677, **679**), the percentage of persons housed at FCCC who are now committed as part of the Sexually Violent Predator Act has shown a steady increase (percentages for FY 2008-9 – FY 2011-12: 66%, 71%, 77%, 81%). The percentage of committed persons participating in treatment has also increased, reaching 77% by end of FY 2011-12 (compared to 57% in FY 2008-09).

SAMH Priorities for the Next Five Years

Through its annual planning process, the SAMH Program Office identifies key trends and conditions relating to substance abuse and mental health, service capacity, funding, and systems management. Priorities for services and funding are then identified, based on areas of greatest need, either due to a gap in services, a critical need to serve the most vulnerable clientele, or a need to ensure effective/efficient service management.

The trends and conditions described in the previous section of this plan also identify a number of key substance abuse and mental health service priorities, including, but not limited to, the following:

- Improving outcomes for children, youth and adults with substance abuse and mental health needs through the implementation of evidenced-based practices and data-driven decision making;
- Improving service collaboration and integration with primary health care;
- Improving services for individuals with co-occurring disorders through the integration of substance abuse and mental health assessment, treatment and recovery support services, and data/financing systems;
- Reintegrating individuals from the civil state mental health treatment facilities into the community, when appropriate;

- Improving the quality and use of data for advocacy and management purposes in order to achieve positive systemic and consumer outcomes;
- Developing health and recovery-oriented service systems of care for individuals with or in recovery from mental health and/or substance use disorders;
- Improving the forensic system to divert individuals from forensic treatment facilities to structured community placements or services;
- Gaining efficiencies by streamlining outsourcing and repurposing activities for state mental health treatment facilities;
- Advancing opportunities for recovery for state mental health treatment facilities' consumers by increasing community capacity, decreasing length of stay and monitoring readmission and recidivism;
- Measuring success for state mental health treatment facilities by developing meaningful performance measures and indicators to describe outcomes;
- Reducing the prevalence of underage drinking;
- Preventing the development and reducing the impact of serious emotional disturbance and substance use disorders among children;
- Enhancing integration of Child Welfare and SAMH Services;
- Reducing prescription drug misuse and abuse;
- Improving access to clinical treatment and recovery support services for veterans and their family members; and
- Improving positive behaviors among children and youth.

The substance abuse and mental health initiatives to meet these priorities over the next five years include the following:

Initiative: Use Project Linking Actions for Unmet Needs in Children's Health (LAUNCH) Grant to build on the existing use and experience of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) Program. Project LAUNCH is a partnership between SAMH and primary care to prevent mental health and substance use issues in children of parents abusing prescription drugs. Primary care and behavioral health treatment will be coordinated through interagency agreements and fidelity to the SBIRT model will be ensured through training and quality improvement clinical reviews. Use of evidence-based Screening, Brief Intervention, Referral and Treatment (SBIRT) will be expanded through substance abuse service integration with primary health care, veterans' services, and the child welfare system.

Initiative: Use the LBR process to seek funds to assist over 130 persons in the civil State Mental Health Treatment Facilities who have been determined ready for community placement for 60 days or longer to be successfully reintegrated back into the community with appropriate treatment and necessary services. The funding will be utilized to develop the needed community resources to serve this population in the community for one year.

Persons who are identified as no longer needing state mental health treatment facility services will be offered services in a less restrictive environment. The state will be making strides to comply with the requirements based on the Olmstead decision and thereby decrease the risk of Department of Justice intervention. The Department will be ensuring rights of patients to live in the least restrictive setting are protected.

Initiative: Target veterans who are homeless or at-risk of becoming homeless with Department services (substance abuse, mental health, domestic violence, etc).

Initiative: Increase homelessness prevention efforts and expand supported transitional housing options to help individuals and families avoid substance abuse and homelessness, including emergency aid to families to avoid evictions.

Initiative: Increase the number of children in the community and foster care system affected by severe emotional disturbances that regularly attend school and graduate from high school and post-secondary education through participation on the Department of Education's Statewide Steering Committee and Dropout Prevention Subcommittee.

Initiative: Provide a system of care that supports and promotes competitive employment opportunities for adults with behavioral health needs.

The SAMH Program Office will continue to seek out alternative funding sources for clubhouse development through coordination with the Department of Vocational Rehabilitation (DVR), DCF Regional Offices, local providers, and local DVR staff. Furthermore, the SAMH staff will examine existing employment services funded by SAMH Program Office to assess the fidelity with the Supported Employment Toolkit and other evidence-based models.

Initiative: Continue to implement the use of National Outcome Measures (NOMs), evidence based practices and quality indicators as the standard for system performance measurement and accountability.

Data pertaining to NOMs for adult and children's behavioral health will continue to be reported in the Substance Abuse and Mental Health Information System (SAMHIS) and the results will be posted regularly on the Department's performance dashboard.

Initiative: Develop statewide and local community service frameworks that promote a "no wrong door" approach to care for individuals and families affected by co-occurring substance use and mental disorders, cross-training substance abuse and mental health professionals, and protocols/policies that are welcoming and engaging for these individuals/families.

Initiative: Advance a system of care that sustains stable housing for adults and children with behavioral health disorders.

The SAMH Program continues to increase the availability of SSI/SSDI Outreach Access and Recovery (SOAR) training across the state. Additionally, the SAMH Program Office is working with Regional SAMH Offices and the Managing Entities to build SOAR Community Initiatives in each region.

Existing housing programs funded by SAMH Program Office will be reviewed to determine the extent to which they are currently operating within the framework of the Supportive Housing Model endorsed by the SAMHSA Center for Mental Health Service (CMHS).

Initiative: Increase the diversion of people with substance dependence and/or mental illnesses who become involved with the criminal justice system through expanding cost-effective community-based treatment alternatives to incarceration and forensic hospitalization.

Initiative: Align the Department's mission to gain efficiencies, advance recovery and measure success for individuals in state mental health treatment facilities and those awaiting community placements.

Initiative: Continue to implement Managing Entity contracts throughout the state to promote a more efficient, locally controlled, responsive system of care.

Initiative: Integrate data from other Department programs (e.g., Family Safety, ACCESS) with the Substance Abuse and Mental Health Information System (SAMHIS).

Federal Grants

Name: Collegiate Success Initiative (CSI)
Award period: SFY 2010-2012
Purpose: The purpose of this grant is to raise awareness of alcohol and drug use among college youth. The grant is currently in the implementation phase.

Name: Florida Partnerships for Success (PFS)
Award period: FFY 2010-2015
Purpose: The purpose of this grant is to reduce past 30-day consumption of alcohol among 10-17 year-old youths. Other priorities include reducing use of other drugs such as cannabinoids, opiates, synthetic drugs, and illegal use of prescription drugs.

Name: Enforcement of Underage Drinking Laws (EUDL)
Award period: April 2012-September 2013
Purpose: The purpose of this grant is to reduce underage drinking in Florida.

Name: Project LAUNCH
Award period: FFY 2012-2017
Purpose: The purpose is to promote the wellness of young children from birth to 8 years by addressing the gaps in existing prevention and targeted prevention services and to strengthen the partnership between state and local agencies serving you children and their families.

Name: Projects for Assistance in Transition from Homelessness (PATH)
Award period: FFY 2012-2013 (Ongoing)

- Purpose:** This grant provides outreach and services to adults with serious mental illnesses and co-occurring disorders who are homeless or at-risk of homelessness.
- Name:** Children’s Mental Health System of Care (SOC) Expansion Implementation Grant
- Award Period:** FFY 2012-2016
- Purpose:** The purpose of this grant is to extend the work started with the first SOC grant statewide.
- Name:** Strategic Prevention Enhancement (SPE) Grant
- Award Period:** FFY 2007-2012 (Extended to February 2013)
- Purpose:** The purpose of this grant is to build capacity and infrastructure at the state level.
- Name:** Access to Recovery (ATR)
- Award Period:** FFY 2010-2014
- Purpose:** The purpose of ATR is to advance recovery for adults with substance use disorders through a voucher system.
- Name:** Jail Diversion Trauma Recovery Project
- Award Period:** FFY 2009-2014
- Purpose:** The purpose of this grant is to provide funding for veteran’s pilot sites to reduce criminal justice involvement and address trauma of returning veterans and their families.
- Name:** Substance Abuse Prevention and Treatment Block Grant (SAPTBG)
- Award Period:** FFY 2012-2013 (ongoing)
- Purpose:** The purpose of the grant is to provide substance abuse prevention and treatment services throughout the state
- Name:** PPG Grant
- Award Period:** SFY 2012-2015
- Purpose:** The purpose of this grant is to provide Substance Abuse Prevention Services as a part of the SAPT Prevention set-aside.
- Name:** Community Mental Health Block Grant (CMHBG)
- Award Period:** FFY 2012-2013 (ongoing)
- Purpose:** The purpose of the grant is to provide community mental health services throughout the state

CHAPTER 5: FINANCIAL MANAGEMENT

Budget

Substance Abuse Program

In FY 2012-2013, the Substance Abuse and Mental Health (SAMH) Program Office was appropriated \$204 million for Children and Adult Substance Abuse Services and Executive Support and Leadership (staffing and administration). The table below depicts state and federal funding by program component.

| Substance Abuse Program Appropriations Fiscal Year 2012-2013 | | | | |
|---|---|------------------------------|------------------------------|----------------------|
| FUNDING SOURCE | Executive Support and Leadership | Child Substance Abuse | Adult Substance Abuse | Total |
| General Revenue | 1,195,742 | 38,990,534 | 42,853,669 | 83,039,945 |
| Alcohol, Drug Abuse & Mental Health Trust Fund | 2,257,545 | 28873206 | 67394545 | 98,525,296 |
| Tobacco Settlement Trust Fund | 0 | 2,860,907 | 0 | 2,860,907 |
| Federal Grants Trust Fund | 4,373,926 | 0 | 6389766 | 10763692 |
| Operations & Maintenance Trust Fund | 0 | 85,779 | 1,942,754 | 2,032,533 |
| Grants & Donations Trust Fund | 0 | 1,125,000 | 0 | 1,125,000 |
| Welfare Transitions Trust Fund | 28,420 | 64,000 | 5,571,170 | 6,239,590 |
| Total | \$7,855,633 | \$75,575,426 | \$124,155,904 | \$204,586,963 |

The SAMH Program Office uses the Florida Youth Substance Abuse Survey (FYSAS) to calculate the number of children and adolescents in need of substance abuse services in each region. The FYAS is administered on an annual basis to middle and high school students throughout Florida to determine the prevalence of alcohol, illicit drug, tobacco, and prescription drug use. The alcohol and drug use rates are then applied against population figures by county to drive local service need figures.

The National Survey on Drug Use and Health (NSDUH) is conducted annually by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to identify alcohol and drug use among adults in the United States. The SAMH Program Office uses the state-specific prevalence estimates from the survey and calculates them against the adult population estimates for each county to derive the local prevalence numbers. As with the children’s prevalence figures, the adult figures are used in the determination of budget allocations to each region.

Mental Health Program

Statewide budget policies are governed by Chapter 216, F.S. During the 2009-2010 Legislative Session, all Mental Health Program activity was consolidated into a unified budget entity. The annual budget for the Mental Health Budget Entity is allocated to five

program components as specified in the Approved Operating Budget (AOB): Adult Community Mental Health, Children's Mental Health, Mental Health Treatment Facilities (including Civil Commitment and Forensic Commitment, Sexually Violent Predator Program and Executive Leadership and Support Staff and Administrative Services).

The annual allocation for each program component is based on the previous Fiscal Year's AOB. Any adjustments to that base are allocated according to specific budget issue instructions or proviso language contained in the annual General Appropriations Act, with one (1) exception. Any new funding received for the Behavioral Health Network (BNET), a Children's Mental Health service, is allocated according to the spending patterns of BNET lead agency contractors within each region for the prior fiscal year. The exception is made to support existing program enrollment levels and to address forecasted increases in regional enrollment levels.

Funding for each program component is further allocated to each of the Department's six (6) service Regions and to the SAMH Program Office based on the previous Fiscal Year's AOB, with three (3) exceptions. All SVPP funds are allocated to the SAMH Program Office to ensure unified implementation of the program. Funds for contracted Mental Health Treatment Facilities are allocated to the SAMH Program Office or to the Region in which a specific contracted facility is located. Funds for state-owned Mental Health Treatment Facilities are allocated directly to each facility. The following table presents the Fiscal Year 2012-2013 appropriations by funding source and program component.

Substance Abuse and Mental Health Services Plan: 2014 – 2016

In FY 2012-2013, the Substance Abuse and Mental Health Program Office was appropriated \$722.7 million for Children’s, Adult, and Treatment Facility Services. The table below depicts state and federal funds by program component.

| Mental Health Program Appropriations Fiscal Year 2012-2013 | | | | | | |
|---|--|-------------------------------------|--|---|--|----------------------|
| FUNDING SOURCE | Executive Leadership & Support Services | Adult Mental Health Services | Children’s Mental Health Services | Mental Health Treatment Facilities | Sexually Violent Predator Program | Total |
| General Revenue | \$6,001,171 | \$250,090,378 | \$66,146,206 | \$220,019,815 | \$32,233,005 | \$574,402,533 |
| Alcohol, Drug Abuse & Mental Health Trust Fund | \$941,552 | \$17,969,402 | \$8,211,470 | 0 | 0 | \$27,122,424 |
| Tobacco Settlement Trust Fund | 0 | \$206,775 | 0 | 0 | 0 | \$206,775 |
| Federal Grants Trust Fund | \$6,228,156 | \$14,110,424 | \$13,905,765 | \$66,601,679 | 0 | \$100,274,114 |
| Operations & Maintenance Trust Fund | 0 | \$450,002 | | 0 | \$1,722,356 | \$9,226,118 |
| Social Services Block Grant | 0 | 0 | \$3,875,000 | 0 | 0 | \$3,875,000 |
| Administrative Trust Fund | \$9,522 | 0 | | 0 | 0 | \$9,522 |
| Welfare Transitions Trust Fund | \$10,777 | \$7,620,443 | | 0 | 0 | \$7,631,220 |
| TOTAL | \$13,191,178 | \$290,447,424 | \$92,050,399 | \$293,103,344 | \$33,955,361 | \$722,747,706 |

Substance Abuse and Mental Health Contracting System

Operational Standards

Substance abuse and mental health services are procured through contracts in compliance with Chapter 287, F.S., and Chapter 60A-1, F.A.C. The Department's contract system is operated under Children and Families Operating Procedures (CFOP 75-2 and CFOP 75-10) published by the Department's Office of Contracted Client Services. The SAMH Contract Management Unit is responsible for publishing the Managing Entity (ME) Model Contract, which is applicable to all MEs. This attachment ensures that all MEs include the minimum program standards and data requirements.

The Department contracts with MEs who operate programs as an integral part of a performance-based program of services. All contracts entered into by the Department contain specific performance measures, standards, terms, and methodologies by which the performance of each ME is evaluated. Circuit Contract Managers access the Substance Abuse and Mental Health Information System (SAMHIS) Data Reporting System to verify provider compliance with performance measures. The Contract Management Unit and the SAMH Data Unit work closely on issues related to data extraction and system query capability. Recent enhancements to the data system provide contract staff and management greater access to the information needed for invoice verification and for monitoring provider compliance with performance measures.

Risk-Based Monitoring Initiative

The SAMH Contract Management Unit, the Contract Oversight Unit, and Circuit Contract Managers are developing standard monitoring tools for all MEs based on the new contract model. Statewide implementation of the monitoring tools will be completed by July 1, 2013. Contract monitoring will continue to be driven by a collaborative team, led by the Contract Manager.

The SAMH Contract Management Unit and Program Office staff will be active participants in the monitoring. Workgroups will identify key performance measures and indicators, review possible areas of monitoring overlap, including licensure and accreditation standards, and provide training and guidance to Contract Managers statewide on their role in the process. The increased involvement of Contract Managers in the monitoring process will provide opportunities to ensure appropriate oversight of provider performance, improve Contract Manager Competencies, and promote the consistent application of contract policies and procedures.

Financial Rule Revision

The SAMH Contract Management Unit also publishes the Community Substance Abuse and Mental Health Services – Financial Rule (Chapter 65E-14, F.A.C.). The Unit has begun the revision process to update the Financial Rule. The update will add new and eliminate outdated cost centers, clarify local match requirements, increase accountability and flexibility in the process, and remove administrative barriers. A Notice of Rule Development was filed on July 20, 2012, and the Unit is now in the process of conducting rule development workshops. The next step will be the filing of the Notice of Proposed Rulemaking, which should occur by the end of the fiscal year.

CHAPTER 6: PERFORMANCE MANAGEMENT AND INFORMATION SYSTEMS

The Department of Children and Families tracks specific performance measures relative to individuals served and service outcomes. The SAMH Programs presently track 33 performance measures for Adult Mental Health, Children’s Mental Health, State Mental Health Treatment Facilities, and the Sexually Violent Predator Program, and 14 performance measures related to Adult and Children’s Substance Abuse. SAMH is revising processes to fully incorporate the Managing Entity business model and ensure compliance with legislative directives. As part of this initiative, SAMH is implementing new Managing Entity performance measures and will be proposing new General Appropriations Act (GAA) performance measures.

Presently, performance outcome results are reported monthly to a central “Dashboard”, which details the levels of performance for each region, circuit, and service provider. The Dashboard is publically available and can be accessed at: <http://dcfdashboard.dcf.state.fl.us/>. SAMH is actively developing scorecards for community and mental health treatment facilities. These scorecards will allow for direct comparisons among Managing Entities, and among state mental health treatment facilities. These comparisons will be used to help identify top performers and opportunities for improvement.

The Department uses the Substance Abuse and Mental Health Information System (SAMHIS) to collect, maintain, analyze, and report data on persons served in state-funded mental health treatment facilities and state-contracted community substance abuse and mental health provider agencies. The SAMHIS application integrates socio-demographic and clinical data regarding persons served with data regarding provider sites, programs, performance targets, and outcomes. Details on the data modules and elements relating to community-based services are presented in – *DCF Pamphlet 155-2 - Substance Abuse and Mental Health Measurement and Data*. Details pertaining to services in state facilities are presented in *Minimum Data Sets for State Treatment Facilities*. These documents are available on the Department’s Internet site at: http://www.dcf.state.fl.us/programs/samh/pubs_reports.shtml.

SAMHIS’ data warehouse collects, analyzes, and reports both National Outcome Measures (NOMs) required by the Substance Abuse and Mental Health Block Grants and performance measures mandated in the General Appropriations Act (GAA). The measures currently posted to the Dashboard are aligned with the Agency Strategic Plan. In consultation with stakeholders, SAMH continues to review the appropriateness and effectiveness of all performance measures to ensure proper oversight of SAMH-funded providers.

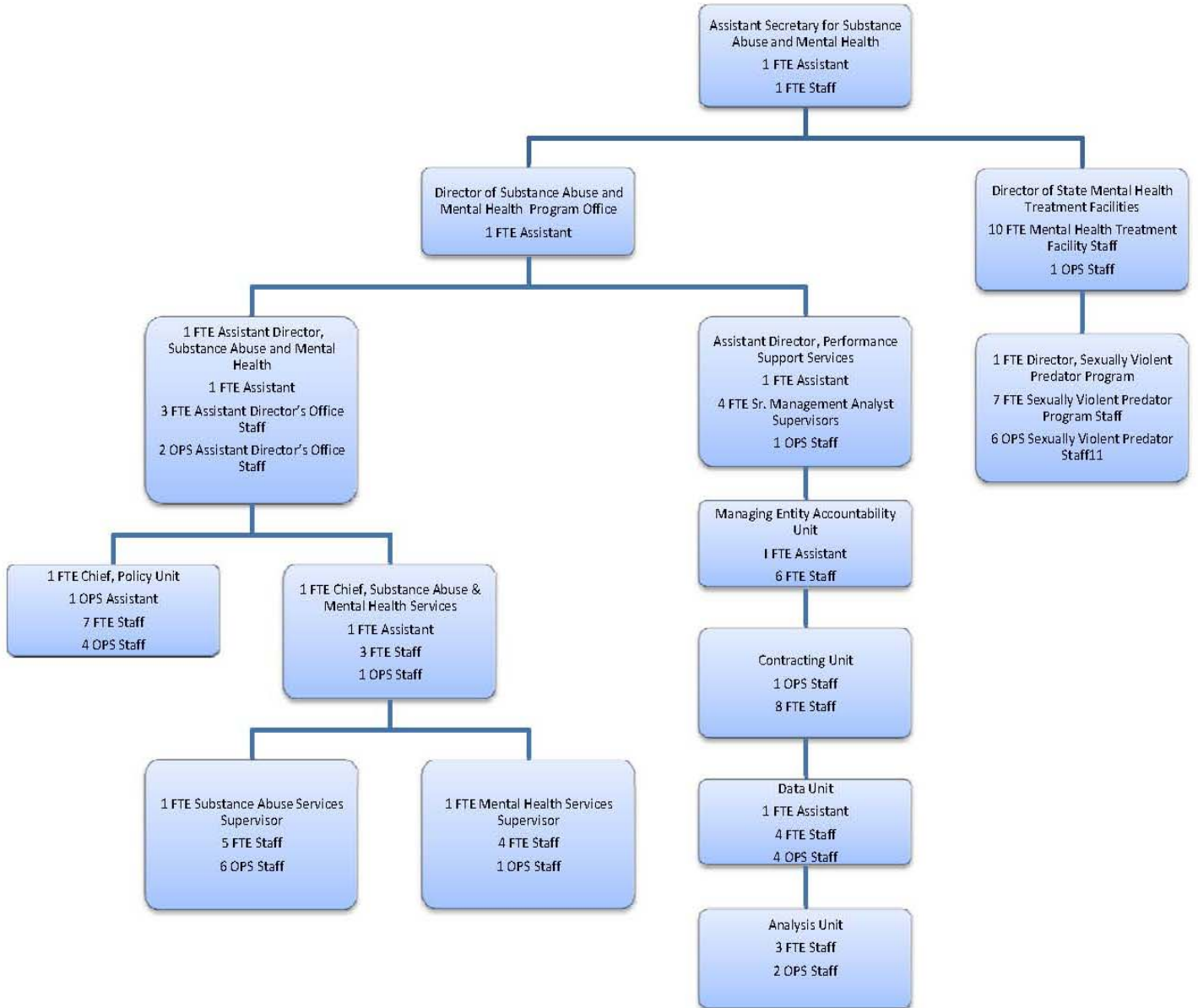
CHAPTER 7: CUSTOMER SATISFACTION

Stakeholders were invited to participate in a stakeholder survey in November 2012. The survey was web-based and designed to obtain information regarding stakeholder satisfaction with SAMH's Program effectiveness. Open-ended questions offered respondents the opportunity to identify emerging issues and barriers to services in the areas of substance abuse and mental health. Two additional questions were included to examine the strengths and weaknesses of existing partnerships.

Overall, respondents indicated that they are treated courteously and their concerns were heard. SAMH staff members were described by over 75% of stakeholders as cooperative, knowledgeable, and courteous. While the SAMH Program Office was rated as effective in understanding the need for co-occurring services, there was room for improvement. Areas in which a need for improvement was indicated included communicating plans and activities with stakeholders, collaboration, and effective partnerships. Stakeholders provided open ended questions and offered positive solutions.

Additionally, other types of surveys are employed in order to gain information about specific groups of stakeholders. These surveys include a consumer satisfaction survey that is completed by served individuals as they leave a treatment program, and other surveys used internally by programs to make adjustments and improvements to service delivery.

Appendix 1: SAMH Combined Organizational Chart



Appendix 2: Departmental Strategic Goals – SAMH

Agency Objectives

Goal 1: Empower Front-line Staff

Objective: Those who are closest to the customer will be armed with the authority to exercise discretion and decision-making within the parameters of safety, integrity and fiscal considerations.

Key Initiatives:

- Child Protection Transformation
- ACCESS Redesign
- Substance Abuse and Mental Health Managing Entity Deployment

Goal 2: Effect Program Improvements

Objective: Apply proven best practices in the private sector to our overall governance and operational models at DCF.

Key Initiatives:

Human Resources Strategy/Shared Services Deployment
Agency Cost Takeout

Goal 3: Enable Family Accountability

Objective: Provide reasonable efforts that help families regain control of their lives. (The linchpin of child safety and well-being hinges on holding parents accountable.)

Key Initiatives:

- Foster Care Education/Normalcy
- Fraud Prevention
- Awareness- Prescription Drug

Goal 4: Engage Communities

Objective: The Department will serve as the catalyst for the development of prevention and diversion services in an effort to reduce and eliminate government solutions so long as the vulnerable are not at risk of harm.

Key Initiatives:

- Community Based Care Accountability
- Partners for Promise
- Awareness- Human Trafficking

Appendix 3: Florida Youth Substance Abuse Survey (FYSAS) 2002 and 2011 Trends

Prevalence (2011 FYSAS)

| | <u>2002</u> | <u>2011</u> |
|--|-------------|-------------|
| 30-day (regular) use of: | | |
| Alcohol | 31.2% | 25.3% |
| Marijuana | 12.1% | 12.1% |
| Inhalants | 3.6% | 2.9% |
| Methamphetamine | 0.9% | 0.5% |
| Rx Depressants | 2.9% | 2.0% |
| Rx Pain Relievers | 3.5% | 2.7% |
| Rx Amphetamines..... | 1.4% | 1.0% |
| Steroids..... | 0.6% | 0.4% |
| Binge Drinking (5 drinks at 1 setting in previous 2 weeks) | 16.0% | 11.9% |

Perceptions (2011 FYSAS)

Perception of Harm: 6th to 12th graders who perceive great harm when someone their age:

| | <u>2002</u> | <u>2011</u> |
|---|-------------|-------------|
| Drinks one or more alcoholic drinks nearly every day..... | 38.5% | 43.9% |
| Smokes a pack or more of cigarettes per day..... | 63.7% | 69.7% |
| Smokes marijuana regularly | 58.1% | 54.1% |

Disapproval: Youth who strongly disapprove of the following behaviors:

| | | |
|-----------------|-------|-------|
| Alcohol | 66.4% | 70.2% |
| Tobacco | 77.9% | 84.7% |
| Marijuana | 79.9% | 77.4% |

Adult Data and Outcomes

Prevalence (2008-2009 roll-up, NSDUH)

| Past month use of: | <u>ages 18 to 25</u> | <u>26 and older</u> |
|---|----------------------|---------------------|
| Alcohol | 56.8% | 54.6% |
| Tobacco Products | 38.4% | 26.8% |
| Marijuana | 15.1% | 4.4% |
| Binge Drinking (5 drinks in 1 setting in last month) | 37.4% | 21.1% |

Perceptions (2008 Behavioral Risk Factor Surveillance System)

In 2008 DCF purchased specific supplemental questions on the Behavioral Risk Factor Surveillance System Survey to gather information on adult perceptions of alcohol and other drug use.

Perception of Harm: Adults who believe that people take great risk when they:

| | |
|---|-------|
| Smoke 1 or more packs of cigarettes per day | 80.9% |
| Smoke marijuana once a month | 44.6% |
| Try cocaine, heroin, LSD, methamphetamine or other illegal drugs..... | 85.3% |
| Use prescription drugs that are not prescribed for them | 63.4% |
| Regularly use prescription drugs not prescribed for them..... | 80.3% |
| Have one or two alcoholic drinks a day..... | 28.9% |
| Have five or more drinks once or twice each week..... | 49.6% |

Disapproval: Adults who strongly disapprove of the following behaviors:

| | |
|---|-------|
| Smoking one or more packs of cigarettes per day | 37.2% |
| Smoking marijuana regularly | 40.5% |
| Having five or more drinks once or twice on a weekend | 23.6% |
| Trying LSD, cocaine, methamphetamine, heroine, or other illegal drugs | 62.6% |

Perceptions and Prescription Pain Reliever Use (2010 BRFSS)

In 2010 DCF purchased specific supplemental questions regarding the following:

Perception of Harm: Adults who believe that people take great risk when they:

| | |
|---|-------|
| Have five or more drinks once or twice each week..... | 50.3% |
| Smoke marijuana regularly..... | 47.7% |

Prescription Pain Reliever questions:

| | |
|---|-------|
| Past year use without a prescription..... | 2.75% |
| Bought from or given to by family or friend (users only)..... | 52.5% |

Appendix 4: The ALF-Limited Mental Health Licensed Facilities Annual Survey

Section 394.4574, F.S., requires each Department of Children and Families' region to submit an annual plan for ensuring services to residents in ALF-LMHLs. The Department's SAMH Program Office keeps these plans on file and they are summarized below.

According to the Agency for Healthcare Administration, as of December, 2012, there were 1,088 ALF-LMH facilities statewide with 15,196 beds. Of those, 11,325 are Optional State Supplementation (OSS) beds. A directory of facilities by region is available upon request.

The Department's SAMH Region/Circuit Offices handle the requirement for public input in a variety of ways, including using established stakeholders' forums, councils, and committees, and reaching out to ALF administrators and staff during DCF-facilitated trainings.

Section 400.4075, F.S., requires the Department to provide or approve training for staff of LMH-ALFs who are in direct contact with mental health residents. Staff must take a DCF approved or DCF provided six hour (minimum) training course about "working with individuals with mental health diagnosis" within six months of receiving LMH-ALF license or within six months of employment (58A-5.0191 F.A.C.). Currently, training is provided at least every six months via regional Managing Entity staff or through contracts with community mental health providers. In several urban areas, training is offered every 2-3 months (Miami, Broward County, Tampa area). The Department updated this training curriculum in July 2012 after surveying the ALFs and asking for their specific needs. The curriculum now includes more information about behavior intervention and trauma-informed care. It also includes components provided by consumers with lived experience. The new training is competency-based requiring a test after each module (six (6) modules). The Department is working with the Department of Elder Affairs Office of Ombudsman in a cooperative effort to post the training online by July, 2013.

Through subcontracts with community substance abuse and mental health providers, the Managing Entities or Regional Department Offices ensure that:

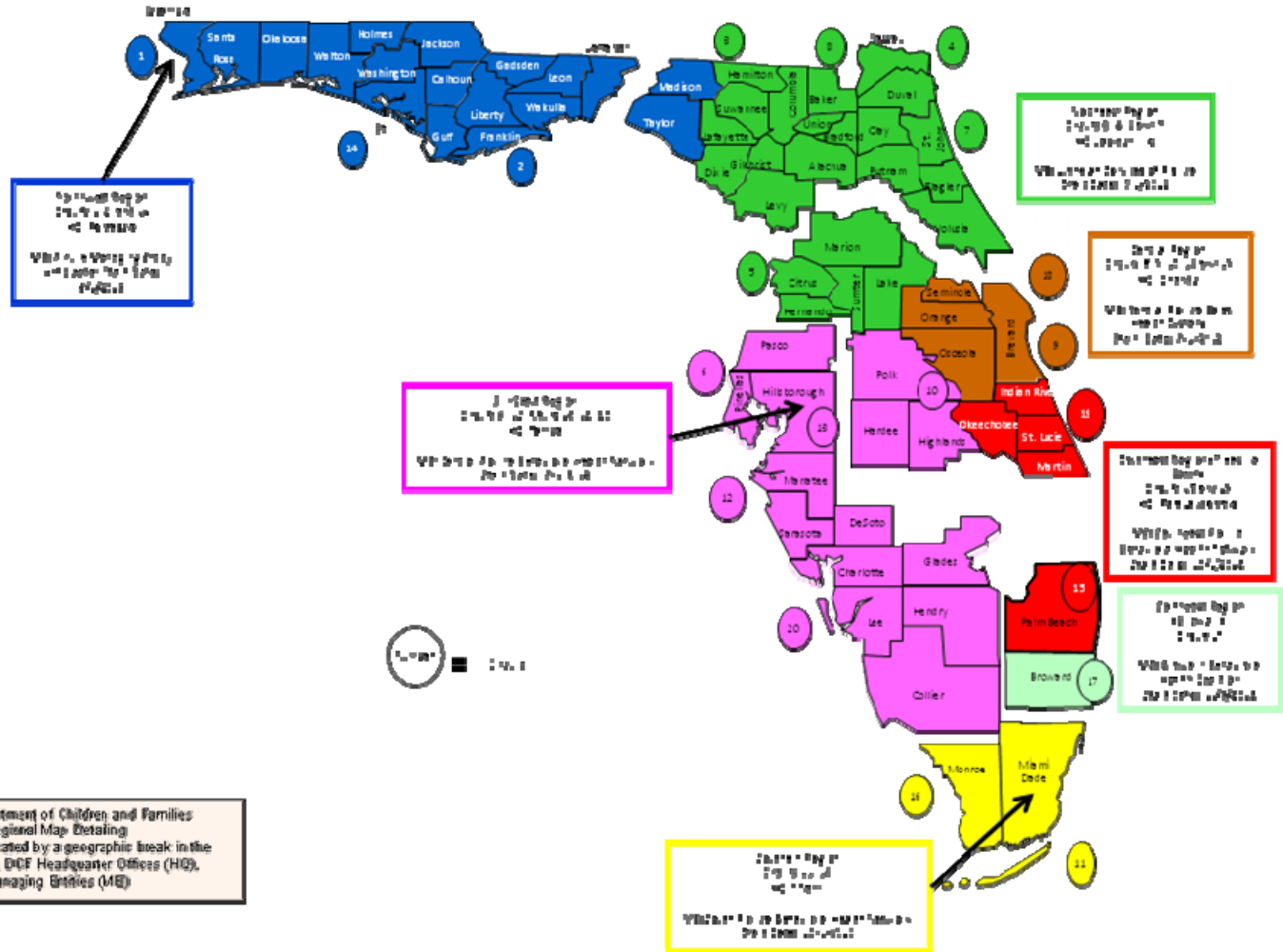
- the ALF is provided with documentation that the individual meets the definition of a mental health resident;
- a mental health resident has been assessed to be appropriate to reside in an assisted living facility;
- a case manager is assigned for each mental health resident, unless refused by the resident who may also chose a private provider;
- the community living support plan identifies needs and services and has been prepared by a mental health resident and a case manager in consultation with the administrator of the facility;

- each regional administrator develops, with community input, annual plans that demonstrate how the region will ensure the provision of state-funded substance abuse and mental health treatment services to residents of ALF-LMHL facilities;
- a cooperative agreement is in place that provides access to emergency psychiatric care with details regarding how to access that care 24 hours a day, seven days a week; and
- the provider offers psychosocial mental health services, if available.

The Managing Entities are required to submit an annual report by July 30, 2013, that compiles the fiscal year monitoring data on LMH-ALFs.

All Managing Entities and Department Regional Offices received a directive from the Department SAMH office in November, 2012, instructing them to ensure that their providers are not placing people they serve in unlicensed facilities. They were also instructed to immediately move any person they serve from such facilities to a suitable living environment.

Appendix 5: Managing Entities Map



Florida Department of Children and Families
Regional Map (detailing
Regions as indicated by a geographic break in the
map, Circuits, DCF Headquarter Offices (HQ),
Managing Entities (ME)

Appendix 6: Regional Plans

Southern Region Circuits 11 and 16 Substance Abuse and Mental Health Program

Organizational Profile/Program Description - SAMH

Location & Counties Served

Circuits 11 and 16 are located in the Southern Region and encompass a two (2) county area, consisting of Miami-Dade County (Circuit 11) and Monroe County (Circuit 16). The Southern Region Substance Abuse and Mental Health (SAMH) Program Office strongly believes in carrying out the State's mission to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency. The Southern Region's vision is to be recognized as a world class social services system. Its foundation is built upon the system of care values which includes consumer and family-driven, youth-guided, cultural and linguistic competence and community-based services. Furthermore, the region has developed a trauma-informed provider network that delivers an array of evidence-based services to a culturally diverse community. The Southern Region is committed to providing the highest level and quality of service involving all consumers, stakeholders and providers under the auspices of the Miami-Dade and Monroe SAMH Circuit Planning Councils. The Region strongly promotes the Transformation Initiative by providing opportunities for recovery and resiliency to its consumers so that they can be self-sufficient, work toward improving their daily lives, and have choices and services that meet their needs.

The Southern Region's SAMH Program Office, as the SAMH Authority, contracts with South Florida Behavioral Health Network (SFBHN) to manage the SAMH system of care. The contract requires SFBHN as the Managing Entity to subcontract with qualified, direct service, community-based network agencies that provide services for adults and children with behavioral health issues.

Miami-Dade County is the most populous county in Florida, with over 2,496,435 residents. Monroe County is home to approximately 73,090 residents. Monroe County is 115 miles long and rural, in contrast with Miami-Dade County, which is an urban area that services the highest volume of consumers of any county in the State of Florida. These two counties comprise the highest number of individuals from a variety of cultures with severe mental illnesses, substance use and co-occurring disorders, as well as the highest rates of homelessness and incarceration.

Staffing (OPS & FTEs)

Number of Employees

| DCF SAMH Southern Region Program Staff | OPS | FTE | Total |
|---|------------|------------|--------------|
| Substance Abuse | 1.0 | 3 | 4.0 |
| Mental Health | 0.5 | 5 | 5.5 |
| Total | 1.5 | 8 | 9.5 |

Types of Services Provided and Number Served

The SAMH Program Office works collaboratively with the Managing Entity in the community to secure the needed services for our consumers. The SAMH Program Office, in conjunction with SFBHN, is dedicated to developing a comprehensive system of care which includes substance abuse and mental health services for adults and children, as well as prevention, emergency/detoxification, and treatment services for individuals and families at risk of or affected by substance use disorders, mental health issues, and/or co-occurring disorders.

| | |
|---|--|
| <ul style="list-style-type: none"> • Aftercare | <ul style="list-style-type: none"> • In-Home and On-Site |
| <ul style="list-style-type: none"> • Assessment | <ul style="list-style-type: none"> • Behavioral Health Network BNet Services |
| <ul style="list-style-type: none"> • Case Management | <ul style="list-style-type: none"> • Intervention Individual Services and Group including Early Intervention Services |
| <ul style="list-style-type: none"> • Mental Health Clubhouses | <ul style="list-style-type: none"> • Medical Services |
| <ul style="list-style-type: none"> • Crisis Stabilization | <ul style="list-style-type: none"> • Outpatient Individual and Group for SA |
| <ul style="list-style-type: none"> • Crisis Support Emergency including Mobile Crisis Team | <ul style="list-style-type: none"> • Outreach |
| <ul style="list-style-type: none"> • Comprehensive Community Service Teams | <ul style="list-style-type: none"> • Prevention including Coalition Building |
| <ul style="list-style-type: none"> • Day/Night | <ul style="list-style-type: none"> • Residential I to V |
| <ul style="list-style-type: none"> • Detox | <ul style="list-style-type: none"> • Substance Abuse Recovery Support Services: individual and group |
| <ul style="list-style-type: none"> • Drop In/Self-Help Centers | <ul style="list-style-type: none"> • Supportive Housing/Living |
| <ul style="list-style-type: none"> • Florida Assertive Community Treatment Team (FACT) | <ul style="list-style-type: none"> • Short-Term Residential Treatment (SRT) |
| <ul style="list-style-type: none"> • Incidental Expenses | <ul style="list-style-type: none"> • Supported Employment |

Furthermore, the Program Office, in collaboration with SFBHN, has established a diverse array of evidence-based practices aimed at addressing the multiple and changing needs of consumers. Some of the evidence-based practices utilized throughout the system includes: SSI/SSDI Outreach Access and Recovery (SOAR),

Seeking Safety, Double Trouble in Recovery, Functional Family Therapy, Wraparound, Motivational Interviewing, Wellness Recovery Action Plan (WRAP), Relationship-Based Care, Trauma-Focused Cognitive Behavioral Therapy, Brief Strategic Family Therapy, Eye Movement Desensitization and Reprocessing, Cognitive Behavioral Therapy and Assertive Continuing Care.

The move towards evidence-based practices (EBP) has been part of a strategic move to maximize SAMH dollars by providing the highest quality most-effective care. The region has been challenged by budget reductions which have limited our ability to further expand the array of evidence-based practices. The region's use of EBP has resulted in a move from more restricted levels of care to less restrictive levels of care, emphasizing an increase in the use of Peer Specialists and consumer-run supportive services.

The number of clients served in Fiscal Year 2011-2012

| Population Served | SFBHN Funded |
|---|---------------|
| <u>Adult Mental Health</u> | |
| Number of adults with serious and persistent mental illness served | 24,119 |
| Number of adults with serious and acute episodes of mental illness served | 695 |
| Number of adults with mental health problems | 2,163 |
| Number of adults with forensic involvement served | 241 |
| Total number of adults receiving mental health services | 27,218 |
| <u>Children's Mental Health</u> | |
| Number of SED children served | 10,169 |
| Number of ED children served | 4,777 |
| Number of at-risk children served | 12 |
| Total number of children receiving mental health services | 14,958 |
| <u>Adult Substance Abuse</u> | |
| Total number of adults receiving substance abuse services | 12,938 |
| <u>Children's Substance Abuse Services</u> | |
| Total number of children receiving substance abuse services | 5,422 |

| | |
|--|----------------|
| Sub-Total | |
| Total number of adults served | 40,156 |
| Total number of children served | 20,380 |
| <u>Prevention Services</u> | |
| Total number of adults and children served through prevention services | 326,710 |
| Total number of individuals served (MH, SA & Prevention) | 387,246 |

Needs/Challenges

- The SAMH funded system has emphasized EBPs in a Trauma-Informed consumer-driven, culturally responsive system of care. In the public system, we are partnering with Medicaid to further the reimbursement of EBP, allow for the provision of Peer Specialist services to Medicaid recipients, and to support the system of care principles and values.
- The efficiency of our SAMH system would be greatly enhanced if there is more consistency among Medicaid managed care companies and thus reduce administrative cost.
- Affordable housing is not available to consumers with substance abuse and mental health disorders who have low income and do not meet criteria for homeless housing funds.
- There is a need for more wrap-around services (i.e., case management, therapy, and support groups) for consumers residing in Assisted Living Facilities with Limited Mental Health Licenses that are not associated with Community Mental Health Centers.
- During our public meetings, consumers and stakeholders have identified a lack of and affordable transportation as a need to access community services. This need is imperative for both Miami-Dade and Monroe County. Miami is a large metropolitan area in Florida with limited bus access to many areas. Monroe County is 115 miles long, rural and programs mainly operate in Marathon and Key West. This leaves a gap in the other Keys, along with a one-lane road north and south, many consumers are not able to reach services. Transportation to and from programs is not feasible for many providers due to budget and staff limitations.
- There is a need for education and specific targeted programs for returning veterans and coordination through the Veteran’s Task Force.
- There is a need for an automated data system which integrates service delivery, utilization management, billing and payment systems.

- Consumers and stakeholders in public meetings agree that there should be increased availability of services such as Drop-In Centers, Clubhouses, and Teen Club Centers that will provide support to teens and adult consumers. This will facilitate consumers to engage in meaningful activities.
- In order to expand child welfare substance abuse and mental health integration, there is a need to expand SAMH treatment for parents of individuals who are actively using substances and may have a mental health diagnosis. This will help keep families together during treatment under the umbrella of SAMH providers. There is also a need for expansion of residential treatment for moms and babies and for families.

Initiatives

Systemic/Statewide Initiatives

Consumer Networks: The Consumer Network Initiative which began in 2006 emerged as a leader in the education, advocacy and support for mentally ill adults. In 2009, the Consumer Network was transformed into the Statewide Consumer Network of Florida. Trainings and activities are provided throughout the state which promotes leadership and advocacy for consumers. In 2010, through the Children's System of Care Transformation Grant, a family and youth network was developed to work in conjunction with the community to improve and enhance services for children and youth. The goals of the Federation of Families and Youth-Move, Miami-Dade Chapters, are to educate and empower youth and families to advocate for services and support the need from the community. All the networks continue to work collaboratively to provide education, support and advocacy on behalf of children/youth, families and adults with mental health and or substance abuse challenges. They have emerged as leaders in the system of care transformation effort and continue to play a significant role in the Region's shift to managed care.

Comprehensive, Continuous, Integrated System of Care (CCISC): The Comprehensive, Continuous, Integrated System of Care (CCISC) is based on clinical consensus best practice principles (Minkoff, 1998, 2000) which espouse an integrated clinical treatment philosophy that makes sense from the perspective of both the mental health system and the substance use disorder treatment system. SFBHN providers continue to participate in this initiative and have engaged in numerous community trainings that focus on increasing co-occurring capabilities and increasing knowledge on how to effectively assess and treat individuals with co-occurring disorders. The providers also submitted information regarding the various processes that they engaged in throughout FY 2011-2012. The processes include local meetings with DCF and SFBHN, along with their own internal clinical trainings. The total number of COMPASS tools administered this FY was 61. The total number of CODECAT tools administered this FY was 264.

Trauma-Informed Care (TIC): Trauma-Informed Care is at the national forefront of behavioral health needs. It is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives. The SAMH Southern Region Program

Office, in conjunction with SFBHN, has embraced this initiative and has developed a TIC workgroup whose goal is to further develop our system of care to be sensitive and responsive to individuals that are impacted by trauma. This year, the workgroup, which is comprised of consumers, stakeholders, providers and ME staff, developed a Strategic Plan that clearly delineates the action steps needed to create a trauma-sensitive network. The workgroup meets on a quarterly basis.

Family Intervention Specialists (FIS): Family Intervention Specialists (FIS) services are designed to reduce the incidence of child abuse and neglect resulting from parents' or caregivers' behavioral health and to improve outcomes for families in the child welfare system and/or community-based care. In FY 2011-2012, DCF Child Protective Investigators (CPI), submitted 3,583 referrals to FIS. There were a total of 3,189 unduplicated individuals that comprised these referrals, as some of the individuals received multiple referrals. SFBHN works collaboratively with DCF, Our Kids, Spectrum, and community treatment providers to provide referrals and linkages to the families being served through the FIS Program.

Integration

In 2009, a community collaborative approach was initiated by SAMH in order to prevent and divert children and families from the dependency system by engaging the families in accepting community services. This collaborative approach includes CPIs, Our Kids, Family Intervention Specialists (FIS), providers, Full Case Management agencies, domestic violence providers, Infant Mental Health Services Provider, Safe At Home Diversion Program and the Crisis Intervention Child Welfare Diversion Program. Family Intervention Specialists (FIS) use various best practices to engage the family: the Screening, Brief Intervention Referral and Treatment (SBIRT), Motivational Interviewing, and the Global Assessment of Individual Needs (GAIN) have been used since October 2009 to assess parents for substance abuse, mental health and trauma disorders.

The Region also expanded the FIS model to the adult system by adding Adult Intervention Specialists (AIS). AIS are staff positions of contracted providers who perform linkage to the behavioral health system to engage and support adults in need of behavioral health services. The Southern Region piloted the use of AIS Specialists within the region in 2010. The success of the pilot has been recognized by the region and the positions have been permanently merged with the existing Regional Family Intervention Specialists (FIS). AIS/FIS staff is colocated at the Protective Investigators (PI) HUBs and provide behavioral health assessment/screening on consumers identified by the PIs. As appropriate, the consumers are then linked to behavioral health services.

Local Initiatives

- The Southern Region SAMH Program Office, with SFBHN continues to promote and expand the SSI/SSDI, Outreach, Access, and Recovery (SOAR) Community Initiative to address and expedite access to Social Security benefits. The Southern Region Adult Mental Health staff has been instrumental in promoting the SOAR Initiative with the SAMH Program Office in Tallahassee,

and has been recognized throughout the state for their leadership with this initiative. In 2008, the SOAR Data Tracking Program was implemented with 33 local agencies in order to measure the outcome of this initiative and results from the 2011-2012 Fiscal Year for Miami-Dade and Monroe counties have shown that 77% of completed applications are approved and the average time to a decision is 68 days. The national average rate of approvals is 71%, taking approximately 101 days for a decision.

- The Children's Mental Health Office created a Children's Crisis Response Team pilot project to divert children from residential treatment to less restrictive levels of care. The precipitating issues included long waiting lists for residential care and insufficient funding for the non-Medicaid children who were being recommended for this service. In the fourth year, the Team continues to supplement residential care with intensive services both pre and post residential episode, with intensive services to the family while the child is in residential care. Ultimately, the goal is to reduce lengths of stay and reduce recidivism. The Team has been very successful in diverting children from residential care.
- The Southern Region SAMH Program Office, in conjunction with SFBHN, is working toward developing a partnership with community housing providers, organizations and agencies to facilitate access to supportive housing resources to individuals who are dealing with mental illnesses and/or co-occurring disorders. This Supportive Housing Initiative is geared toward the identification and development of supportive housing services that complement/facilitate access to those individuals currently in our residential system of care and/or those who have the skills to benefit from supportive housing. SFBHN actively manages various activities surrounding housing including: tracking of subcontractors housing performance measures, developing and facilitating a housing workgroup, partnering with the Homeless Trust and/or community stakeholders who are leaders in housing, and establishing innovative collaborative partnerships to assist consumers in accessing housing. SFBHN hosts Housing Initiative Meetings quarterly.
- The Southern Region SAMH Program Office, in collaboration with SFBHN, is ensuring that providers are meeting contractually required employment measures. An Employment Initiative was developed to bring together community stakeholders and network providers to identify employment opportunities within our community that will support recovery, resiliency and self-sufficiency for the individuals served. SFBHN continues to meet with various community stakeholders and peers to address some of the barriers to employment and to identify non-traditional partners that may be able to assist our providers to link individuals with employment. Meetings are scheduled quarterly with stakeholders.

Finance/Budget**Substance Abuse and Mental Health Regional Budgets
Fiscal Year 2011-2012, Circuits 11 & 16**

| Program | Circuit 16 | Circuit 11 | ME Admin | Total | AOB |
|--|--------------------|---------------------|--------------------|---------------------|---------------------|
| Substance Abuse | | | | | |
| Adult Detox | \$ 186,643 | \$581,722 | \$56,520 | \$824,885 | \$824,885 |
| Adult Prevention | - | \$261,462 | - | \$261,462 | \$261,462 |
| Adult Treatment | \$390,133 | \$14,229,017 | \$1,030,524 | \$15,649,674 | \$15,649,674 |
| Subtotal - Adult Substance Abuse | \$576,776 | \$15,072,201 | \$1,087,044 | \$16,736,021 | \$16,736,021 |
| Children's Detox | - | \$902,547 | \$66,390 | \$968,937 | \$968,937 |
| Children's Prevention | \$424,957 | \$3,656,127 | \$133,796 | \$4,214,880 | \$4,214,880 |
| Children's Treatment | \$309,139 | \$4,667,868 | \$298,062 | \$5,275,069 | \$5,275,069 |
| Subtotal - Children's Substance Abuse | \$734,096 | \$9,226,542 | \$498,248 | \$10,458,886 | \$10,458,886 |
| Executive Leadership & Support | - | - | \$178,906 | \$178,906 | \$178,906 |
| Total Substance Abuse | \$1,310,872 | \$24,298,743 | \$1,764,198 | \$27,373,813 | \$27,373,813 |
| | | | | | |
| Mental Health | | | | | - |
| Adult Community Mental Health | \$2,658,023 | \$35,103,651 | \$972,500 | \$38,734,174 | \$38,734,174 |
| Children's Mental Health | \$455,677 | \$8,591,824 | \$401,071 | \$9,448,572 | \$9,448,572 |
| Executive Leadership & Support | - | - | \$355,432 | \$355,432 | \$355,432 |
| Total Mental Health | \$3,113,700 | \$43,695,475 | \$1,729,003 | \$48,538,178 | 48,538,178 |

Budget Priorities

- The Managing Entity needs flexibility to use all cost centers in all program areas within substance abuse and mental health programs. In addition, flexibility is also needed for the service gaps and challenges aforementioned such as recovery-focused services, affordable housing, transportation for consumers and families to services, ALF overlay and wrap-around services, Drop-In Centers, Clubhouses, and Teen Club Centers.
- The SAMH Program Office, in collaboration with SFBHN, is committed to expand the array of available evidence-based practices. In order to continue to improve the quality of care within the mental health system and impact culture change, SAMH needs to be able to fund training to improve practice.
- Additional funding for Family Intervention Specialist (FIS) programs is needed for continuation of services that aim to prevent and divert children and families from the dependency system.
- Funding of services is needed for veterans with mental health issues and co-occurring disorders.

- There needs to be funding for the expansion of mono-lingual residential treatment programs for women with children.
- Funding for medication assistance for substance abuse providers is necessary and similar to the indigent drug program for mental health providers. Currently no funding exists to fund the medication needs of these consumers.
- Support services for the Marchman Act and Baker Act Guardian Programs need to be funded. These services were previously funded through county funds and due to county cuts, these services were eliminated.

Conclusion

The following highlights several accomplishments of the DCF Southern Region SAMH Program Office and South Florida Behavioral Health Network which support the Southern Region's commitment to Departmental planning:

- SFBHN successfully negotiated a reduced administrative cost for the provider network to a maximum of 13% for FY 2012-13.
- Awarded \$1.2 million Bristol-Myers Squibb Foundation Miami-Dade County Criminal Justice/Mental Health Coordinated System of Care Demonstration Project Grant. Over the course of three years, this project will incorporate all elements of an Essential System of Care identified by the National Leadership Forum on Behavioral Health/Criminal Justice Services.
- Received a SAMHSA Health Minority Aids Initiative Targeted Capacity Expansion Collaborative Grant award in the amount of \$4.1 million in conjunction with the State of Florida Health Department and Metro Miami-Dade County Behavioral Science Research. Of this award, \$2.9 million will go to SFBHN to fund services to serve culturally-diverse subpopulations. This grant is an opportunity to continue to develop a partnership among Federally Qualified Health Centers.
- The Fresh Start Statewide Consumer Network successfully received a second SAMHSA Grant in 2012. The grant period is three years and will add \$210,000 to the Statewide Consumer Network, which trains consumer leaders with severe mental illnesses throughout Florida by empowering peers and building a new technological infrastructure that will give priority to peer and provider collaboration. This program will serve 500 consumers in the first year, increasing over three years through no-cost trainings, advocacy groups, collaboration and infrastructure development. The new award will build upon the successful implementation of the previously awarded 2009 SAMHSA grant with the goal of promoting WRAP as a self-management and recovery tool for consumers, providers, and stakeholders while enhancing the principles of recovery for consumer-driven and consumer-run services. The Statewide Consumer Network continues to provide awareness, advocacy, and consumer leadership to promote changes to the current mental health system of care.

- Implemented the Children's Mental Health - The Miami-Dade Wraparound Cooperative Agreement - Families and Communities Empowered for Success (FACES); a \$9 million grant over six years transforming the Children's System of Care using the System of Care values and principles.
- Established a partnership with Miami-Dade Re-Entry Program and Department of Corrections to increase accessibility to services.
- Presented information to Metro West prison inmates to increase knowledge of available services in the community.
- Partnered with DCF CPI, Our Kids and DCF Program Office to present System-Wide Data and Drop-Off Analysis for Family Intervention Specialists for Children & Families identified through CPI in need of behavioral health services.
- Developed a Consumer and Family Resource Manual to assist consumers, their families and support systems with information on available services and contacts within the community.
- Provided Trauma-Informed Care (TIC) training for the Southern Region between July and October 2011 for a combined total of approximately 320 participants and presented TIC training at the FADAA/FCCMH Annual Conference in August 2011. SFBHN and the Southern Region are committed to developing a system of care that incorporates comprehensive assessment tools that identify those affected by trauma and a system of care that meets their needs.
- Provided Marchman Act training for the treatment community in June 2012 for a total of 120 participants.
- Initiated a competitive procurement process through a Prevention ITN (Invitation to Negotiate) to fund evidence-based substance abuse prevention practices. Distribution of funding, through a contract with the Department of Children and Families, was approved for 70% for evidence-based programs (EBP) and 12% for coalitions with the remaining 18% distributed to support applicants implementing environmental strategies. The basis for the State's prevention strategy is the Strategic Prevention Framework (SPF), which uses a five-step process known to promote youth development, reduce risk-taking behaviors, build assets, build resilience, and prevent problem behaviors across the life span. With the 70% EBP and the 12% Coalition requirements, SFBHN's prevention system already meets the new state contractual obligation and requirements. Efficiencies were additionally maximized through this process by reducing 24 existing Prevention contracts to 15.

Northwest Region Substance Abuse and Mental Health Program

1. Organizational Profile/Program Description – SAMH

- a. Description of service region, including counties served, and pertinent demographic factors

The Northwest SAMH Region consists of 18 counties in Circuits 1, 2, 14 and two counties in Circuit 3. Specifically, the Northwest Region is based in the Panhandle of Florida and consists of the following counties: Escambia, Santa Rosa, Okaloosa, and Walton (Circuit 1); Circuit 2 is comprised of Franklin, Gadsden, Wakulla, Leon, Liberty, Jefferson counties; Circuit 14 consists of Bay, Holmes, Washington, Jackson, Calhoun, Gulf; and two counties in Circuit 3 - Madison and Taylor have been added to the Northwest Region specific to SAMH services.

Circuit 1 is bordered by Alabama to the North and West, and the Gulf of Mexico to the South. Circuits 2 and 14 are bordered by Georgia to the North and the Gulf of Mexico to the South. The two counties of Circuit 3 (Madison) border the Gulf of Mexico to the South and Taylor County borders Georgia to the North. The Region is primarily rural with greater population densities around Pensacola, Panama City and Tallahassee. According to regional demographic data, the population in the majority of the counties in the Northwest Region (NWR) resides below the average Florida poverty level of 13.8%.

The Circuit 1 Substance Abuse and Mental Health (SAMH) Program Office is located at 160 Governmental Center in downtown Pensacola in the State Office Building Complex. The Circuit 2 SAMH Program Office is based at 2383 Phillips Road, Tallahassee, Florida 32308 and will also serve the Madison and Taylor Counties in Circuit 3; and the Circuit 14 SAMH Program Office is based at 2505 West 15th Avenue, Panama City, FL 32401.

Currently, in Circuit 1, pursuant to Section 394.9082, F.S. (Senate Bill 1258), most SAMH treatment services are purchased via the same Managed Behavioral Healthcare Organization (Managing Entity) that is under contract with the Agency for Health Care Administration (AHCA) for Medicaid behavioral health services {Prepaid Mental Health Plan (PMHP)}. Congruent with the Medicaid contract, SAMH services are financed utilizing a modified prepayment methodology. This allows for better integration of Medicaid and SAMH services, reduces administrative overhead, and standardizes access and clinical standards across both the AHCA and SAMH contracts. The Managing Entity (ME) subcontracts with a network of providers for all services covered by Medicaid and most SAMH services, including substance abuse treatment services. Network providers include all previous SAMH contracted providers, and other niche providers for specialty services. Substance Abuse Prevention and some Intervention services are not currently contracted with the Managing Entity. Additionally, Circuit 1 contracts with Lakeview Center, Inc., for the management and full operation of West Florida Community Care Center (WFCCC), an 80-bed Designated State Treatment Facility located in Milton Florida. The facility is owned by the State of Florida and is CARF (Commission on Accreditation of Rehabilitation Facilities) accredited. The Governing Body of WFCCC is composed of Department senior staff and community

members. WFCCC serves persons with Serious and Persistent Mental Illnesses (SPMI) under the purview of the Baker Act and has over 170 discharges per year with an average length of stay of approximately 100 days. The average cost per client is \$268.80, based on the available bed days funded by the State, and \$271.20 based on the available bed days funded by the facilities total revenue. The Circuit 1 SAMH Program Office is responsible for all contract management responsibilities associated with this hospital.

In Circuits 2 and 14, SAMH services are managed directly by designated Contract Managers, who contract with both substance abuse and mental health provider agencies in that catchment area, as well as smaller providers who provide specialty services. However, in FY 2012-13, plans are in place to competitively bid Managing Entity (ME) services for the entire Northwest Region. Upon the identification of the new Managing Entity, the ME will subcontract with all current behavioral health providers (except WFCCC, a state mental health treatment facility) for a period of one year. Subsequently, the ME will evaluate the system of care, and in concert with the Northwest Region SAMH Program Office, make changes as determined appropriate. It is anticipated that the new NWR Managing Entity will increase access to care, improve coordination and continuity of care, and redirect service dollars from deep-end expensive restrictive settings to more community-based recovery services.

Contract Management is a critical function in each circuit of the region, and these functions are the responsibility of designated individuals. Circuit 1 currently has one (1) career service FTE assigned to the contract management function. In Circuits 2 and 14, there are two (2) career service Contract Managers responsible for the management of contracts. Subsequent to the identification of the new Northwest Region Managing Entity, two (2) individuals will be designated as Contract Managers in the Region. However, it is anticipated that all SAMH staff will support the contract management function in some manner including quality assurance activities, contract negotiation, budget assistance, invoice verification, data analysis, program monitoring, as well as clerical support.

Numbers Served FY 2011-12

| Program | # Served |
|-----------------------------------|-----------------|
| Adult Mental Health | 24,058 |
| Children’s Mental Health | 9,295 |
| Adult Substance Abuse | 10,149 |
| Children’s Substance Abuse | 3,797 |

b. Staffing (OPS & FTEs)

The Northwest Region SAMH Program Office has lost four (4) FTEs over the past two (2) years and has initiated the reorganization of functions to address workload issues, changing focus, and the State’s orientation toward Managing Entities. Currently, the region is staffed as follows:

Circuit 1:

Clinical Services: The Clinical Services function was created to eliminate internal program “silos” (Substance Abuse, Mental Health, Children, and Adults) and align the SAMH Program Office with the co-occurring initiative, and “holistic” consumer and family-centered best practice models.

- 1) System of Care Coordinator-the individual in this position is a Master’s-level employee with many years of clinical and administrative experience, in substance abuse and mental health. She is also a Certified Public Manager.
- 2) Licensure Program Consultant/System of Care Specialist-the individual in this position is a Bachelor’s-level employee with many years of quality improvement and administrative experience.
- 3) Children’s Mental Health Specialist-the individual in this position is a Licensed Mental Health Counselor with many year of experience in children’s mental health. The position and Children’s mental health function is contracted with the ME.

Administrative: Administrative employees have many years of experience in their respective administrative functions.

- 1) Contract Management-the individual in this position has many years of experience in contract management.
- 2) Data Liaison-the individual in this position has many years of experience in information technology and the function is contracted to and managed by the Managing Entity.
- 3) Administrative Support-the SAMH Program Office is supported by an Other Personal Service (OPS) Administrative Assistant with many years of experience with state government.

Circuits 2/14:

Clinical Services: Currently, Clinical Services are managed by the following individuals:

- 1) System of Care Coordinator-the individual in this position is a Master’s-level employee with many years of clinical and administrative experience in substance abuse and mental health. She is also a Certified Public Manager.
- 2) System of Care Specialists-two employees in these positions have several years of clinical experience in the area of substance abuse and mental health. In addition to system of care functions, these individuals perform contract management, licensure inspections, and children’s mental health specialist duties. Recently, one individual tendered her resignation, and recruitment efforts have been initiated.

Administrative: Administrative employees have many years of experience in their respective administrative functions.

- 1) Contract Management-the individual in this position has many years of experience in contract management. He is assisted in this role, by the System of Care Specialists, as previously noted.

- 2) Administrative Support-the SAMH Program Office is supported by a 0.5 Other Personal Service (OPS) Administrative Assistant who has experience working with the Department.

Leadership: The Regional SAMH Director-the individual occupying this position holds a BS, MA, and Ph.D. in Psychology with approximately forty years of post-doctoral experience in the fields of behavioral health and developmental disabilities.

It is important to note that with the identification of the new Managing Entity for the Northwest Region, various staff roles will continue to be re-fined and revised to better meet the needs of the Region.

Number of Employees*

| Program | # of FTEs | # of OPS |
|-----------------|-----------|----------|
| Substance Abuse | 4 | 0 |
| Mental Health | 4 | 2.5 |
| Total | 8 | 2.5 |

*Currently, there are no vacant positions in the Northwest Region SAMH Offices. However, a vacancy is anticipated in the near future.

- c. Types of Services Provided, Description of System of Care, Numbers Served, Needs, Outcomes and Opportunities for Improvement

Narrative description of types of services provided: Behavioral health services are available for adults and children in the Region and include all the Substance Abuse and Mental Health services listed under the SAMH Cost Centers, including a full continuum of Emergency, Inpatient, Outpatient, and services to promote Recovery and Resiliency. Substance Abuse and Mental Health services are integrated and providers utilize a “no wrong door” approach using the Minkoff/Klein model. Specifically, the Region maintains a comprehensive array of children’s services including a continuum of residential options such as Statewide Inpatient Psychiatric Programs (SIPP), Therapeutic Group Homes (TGH), Specialized Therapeutic Foster Homes (STFH), and regular TFHs; Emergency and Crisis Support services; and a full array of outpatient services, including specialized Infant Mental Health Services, and in-home and on-site services. Additionally, the Region maintains a comprehensive array of services for adults including three (3) Florida Assertive Community Treatment (FACT) Teams, several Comprehensive Community Services Teams (CCST), multiple residential treatment facilities, crisis stabilization units, detoxification units, one addictions receiving facility, drop-in centers, a clubhouse, and outpatient and psychiatric services. Recovery and Resiliency is the focus of services in the Region.

Currently, the system of care in Circuit 1 is unique due to the integration of SAMH and Medicaid funding made possible by the SB 1258 Pilot Project. This equates to SAMH-funded clients receiving the same services, with the same access and clinical standards as a Medicaid-funded client in the Prepaid Mental Health Plan (PMHP).

The payor source is not relevant to the client. However, because a new regional Managing Entity will soon be identified, this will result in a significant change in service delivery and functions, especially in Circuit 1. Additionally, since Circuits 2 and 14 do not have operational experience with MEs, the impact of the ME on services and delivery of services is yet to be determined.

Description of system of care: As described in the above section, the Circuit 1 Substance Abuse and Mental Health services are currently organized in a managed care model, as authorized by SB 1258. The SAMH treatment services are contracted through the same Managing Entity that was awarded the PMHP contract, and a hybrid capitated case rate model to simulate Medicaid capitation as much as possible in order to better integrate services at the client level. However, because a new regional Managing Entity will soon be identified, this will result in a significant change in services and delivery of services in the Region as the roles and responsibilities of the ME, behavioral health stakeholders, and the SAMH Program Office staff are developed, re-organized and refined.

The NWR SAMH system of care is focused on co-competent substance abuse and mental health services and also emphasizes strong collaboration with physical healthcare providers, since many clients also have co-occurring medical problems.

Needs and Opportunities for Improvement:

- The single most significant opportunity for improvement for the System of Care for the Northwest Region is the identification and implementation of a Managing Entity identified as part of a competitive-bid process. The SAMH Program Office and other stakeholders will need to develop partnerships with the entity identified through this process. Business-as-usual will not be the mode of service delivery. The System of Care will be evaluated and reshaped, and services will be provided as determined appropriate through this process.
- Increasing costs and decreasing revenues are impacting services. All behavioral health providers experienced a Legislative Budget reduction in FY 2012-13 resulting in fewer funds to serve the various target populations.
- Residential substance abuse treatment services are costly and continue to be in high demand. While efforts to place individuals in a less restrictive level of care continue, there is an ongoing need for this level of treatment.
- The demand for psychiatric services continues to outpace our ability to recruit and retain psychiatrists, and especially child psychiatrists. This continues to be an ongoing challenge.
- The Region lost four FTEs over the past two years due to budget reductions, and the State's implementation of Managing Entities. Employee reductions were implemented before a new ME was identified, which has resulted in workload issues for SAMH staff.
- We continue to work with child welfare staff regarding the integration of behavioral health services. Serving this population at the level desired is a significant concern as the SAMH budget continues to erode.

d. Description of Local Partnerships and Stakeholder Input

- The Regional SAMH Director continues to be an active member of the three Public Safety Coordinating Councils within Circuit 1; he is also the Chair of the Chief Judge's Workgroup regarding Mental Health issues.
- The Regional SAMH Director serves as a standing member of the Circuit 1 Families First Network (community-based care provider) and Department Steering Committee, in addition to other community partnerships.
- Circuit 1 SAMH employees are members of the Child Welfare/Behavioral Health Service Integration Teams that meet monthly in each county. Members of the Team include all of the system partners that are involved in children's issues. Additionally, Circuits 2/14 SAMH staff work closely with the local community-based care provider and child welfare department staff to promote child welfare/behavioral health integration.
- Circuit 1 SAMH staff members are members of the ongoing Crisis Intervention Team (CIT) Planning group that includes law enforcement, NAMI, Consumer Action Council (CAC) members, and other stakeholders. Circuits 2 and 14 SAMH staff work with designated community mental health provider staff and local law enforcement to promote provision of CIT in that area of the Region.
- Circuit 1 SAMH employees are members of the FACT Advisory Council.
- The Regional SAMH Director is the current Chair of the West Florida Community Care Center (WFCCC) Governing Body.
- The Regional SAMH Director is a member of the Re-entry Task Force, an inter-agency group formed to improve outcomes for inmates re-entering the community after incarceration in jails and prisons.
- Trauma-informed Care is a high priority for the Region. Consequently, SAMH employees in each circuit are actively involved in meetings and initiatives to make the Region "trauma-informed".
- The Regional SAMH Offices are involved in many ad hoc workgroups, stakeholder initiatives and community forums involving local hospitals, provider agencies, public defender offices, the Agency for Persons with Disabilities, Agency for Health Care Administration, Department of Health, Vocational Rehabilitation, Department of Juvenile Justice, Homeless Coalitions, Domestic Violence Workgroups, Clubhouse Workgroups, Children's Forums, Child Welfare Collaboration Workgroups, and local consumer organizations.

2. Initiatives

a. Systemic/Statewide Initiatives

- The SAMH partnership with the Managing Entity (Access Behavioral Health or ABH) has fostered a strong Recovery and Resiliency focus that has led to Circuit 1 being the leader of the Certified Peer Specialist initiative in the state. The Managing Entity has conducted yearly 40-hour training sessions for prospective Peer Specialists. SAMH Program Office has contracted with ABH to expand paid

employment opportunities for the Certified Recovery Peer Specialists (CRPS) within our provider system. ABH has also hired CRPSs to conduct follow-up calls to clients discharged from inpatient units to ensure better continuity of care. The SAMH Office also funded one (1) Mental Health Association to hire CRPSs who facilitate peer support programs and function as independent client advocates who can assist clients in various ways, including grievances, if necessary. The ROSI (Recovery Oriented Systems Indicators) is used to assess and improve the Region's recovery focus. Peer Specialists have been involved in the administration of this survey instrument over the past several years. It is anticipated that an emphasis on CRPS will continue with the advent of a new Managing Entity for the Region.

- At an organizational level, the Regional SAMH Program Office and our behavioral health providers have had continuity of leadership which has helped produce a strong partnership and a common vision. The Department's SAMH Regional staff will continue to work together, in concert with the new ME, to better serve the citizens of the Region.
- The Region and our behavioral health stakeholders enjoy productive community partnerships with law enforcement agencies. For example, in Escambia and Santa Rosa Counties, over 479 law enforcement personnel have been trained since program's inception. Additionally, in Circuits 2 and 14, CIT is promoted by the local law enforcement and community mental health centers. This ongoing effort truly reflects a community-wide effort and perspective and is a great commitment by our law enforcement agencies.
- Circuit 1 has a strong multi-agency forensic services program and an ongoing operational workgroup called the "Nuts and Bolts" Workgroup. This group meets every other month at the SAMH Program Office and is composed of operational level staff from jails, Pretrial Release Officers, provider staff, SAMH and other stakeholders who work directly with our criminal justice clients.
- The Region has experienced success with the implementation of mental health clinical response teams. For example, Lakeview Center, Inc. in Escambia County had developed a Clinical Response Team (CRT) for adults and a WRAP Team for children with the goal of stabilizing high risk adults and children and preventing acute hospital admissions and readmissions whenever possible. The CRT and WRAP teams are modeled after the FACT program but with 4-6 months lengths of stay. The teams have been very successful at both preventing admissions and reducing readmissions. In Circuits 2 and 14, Comprehensive Community Service Teams/FACT Teams have also been implemented with good success.
- The eighty-bed West Florida Community Care Center (WFCCC) centrally located in Milton is the only community-based Designated Treatment Facility in the State and is designed to reduce admissions to Florida State Hospital. WFCCC's small size, central location, and family-friendly treatment approach maximizes family participation in treatment and client outcomes.

- The Circuit 1 SAMH Office has reorganized over the years to reflect the changing needs of our system including the emerging role of the ME, the co-occurring initiative, and a holistic consumer/family-centered approach to service provision. Consequently, the Department's SAMH Region eliminated separate substance abuse and mental health programs and created a small co-competent clinical services section that handles both adult and children's issues, which in many cases overlap. This has allowed us to view service delivery in a different light and see the big picture of family-centered services. We have removed functions that became redundant as the ME matured and contracted the Children's Mental Health position to the ME. It is anticipated that with the advent and identification of a Northwest Region Managing Entity, the Regional SAMH Program Offices will further re-organize to meet the changing needs of the system of care.
 - In Circuits 2 and 14, a System of Care (SOC) Implementation Grant has been initiated for individuals between the ages 0-8.
 - Circuit 14 has implemented a project with the National Center for Substance Abuse and Child Welfare (NCSACW) which focuses on integration with Community Based Care and SAMH.
 - A Medical Home initiative in Circuits 2 and 14, in collaboration with other community partners including Department of Health, Community-based Care provider, behavioral health provider agencies and Children's Medical Services, has been implemented. The initiative focuses on the well-being of the child in an integrated and holistic manner.
- b. Co-occurring
- The Region has been using the Minkoff/Klein model of co-occurring systems for several years and many of our community mental health/substance abuse providers have reorganized their services to reflect an integrated "no wrong door" approach.
- c. Integration
- The Region's SAMH Offices are continuously working to improve the integration of physical and behavioral health as many of our clients suffer with these co-morbidities. Lakeview Center, Inc. for example, works closely with Escambia Community Clinic which is a Federally Qualified Health Center to ensure that our clients receive integrated treatment. In fact, a medical unit operated by the Escambia Community Clinic has been co-located at the agency. Other Regional SAMH network providers are also working to strengthen relationships with physical health care providers.
 - The Regional SAMH Offices recognize the importance of Child Welfare and Behavioral Health integration. In Circuit 1, monthly county-specific "Integration Meetings" are facilitated by the Circuit 1 ME - Access Behavioral Health to identify and resolve issues and improve communication among system stakeholders. These meetings routinely include stakeholders from both systems. Additionally, Circuits 2 and 14 have an ongoing relationship with the local Community-Based Care Provider, as well as Department Child Welfare staff, the

goal of which is to promote integration between the two systems. A critical part of the child welfare/behavioral health integration process is the role of Family Intervention Specialists (FIS). As appropriate, Family Safety policies and procedures have been revised to include the FIS services. Further, FIS protocols have been developed which delineate the service delivery process to this population. It is significant to note that FIS are co-located with the Child Welfare staff to promote communication, easy access and improved continuity of care. Additionally noteworthy to mention is the fact that in Circuit 14, a project with the National Center for Substance Abuse and Child Welfare (NCSACW) has been implemented which focuses on integration with Community-Based Care and SAMH. This project further strengthens the integration process between child welfare and behavioral health services.

- Regional SAMH staff participate in Adult Services workgroups, integration meetings and/or staffings in order to better serve vulnerable adults.

d. Managing Entities

- To date, Circuit 1 is into its 11th year as the original pilot site for Senate Bill (SB) 1258 which was the first managing entity legislation. Basically, SB 1258 gave the Department permission to contract substance abuse and mental health services to the same managing entity (ME) that was contracted to the Agency for Health Care Administration (AHCA) for the Prepaid Mental Health Plan (PMHP). The purpose of the original legislation was to promote better integration of Medicaid and SAMH-funded services, promote and test new payment methods, and establish common access and service criteria. The goal was to promote a more seamless system of care for clients without regard to payor source. Because the administrative overhead is shared by both Medicaid and SAMH, the Circuit 1 ME administrative costs in the SAMH contract, is 3.25%. Significant efforts were initiated in 2012 to transition ABH into Circuits 2 and 14. Various public stakeholder and provider meetings were convened and negotiations with Department staff initiated. However, consensus could not be reached during the negotiation process. Consequently, a competitive-bid process was initiated in November 2012. A new NWR Managing Entity will be identified with the expectation that the organization will increase access to care, improve coordination and continuity of care, and redirect service dollars from deep-end expensive restrictive settings to more community-based recovery services.

3. Northwest Region SAMH Budget

Substance Abuse and Mental Health Regional Budget Fiscal Year 2012-13

| Substance Abuse | TOTAL |
|---|-------------------------|
| Adult Substance Abuse | \$ 9,092,836.00 |
| Children's Substance Abuse | \$ 6,351,416.00 |
| Executive Leadership & Support | \$ 318,282.00 |
| Total Substance Abuse | \$ 15,762,534.00 |

| Mental Health | TOTAL |
|---|-------------------------|
| Adult Mental Health | \$ 25,697,886.00 |
| Institutional Mental Health/WFCCC | \$ 5,823,880.00 |
| Children's Mental Health | \$ 5,028,996.00 |
| Executive Leadership & Support | \$ 539,919.00 |
| Total Mental Health | \$ 37,090,681.00 |

4. Conclusion

The Regional SAMH Program Office plans to continue its efforts to:

- 1) promote the Recovery and Resiliency philosophy within the region;
- 2) support, encourage and refine the co-competency initiative within our provider agencies;
- 3) strengthen and improve our system of care; and
- 4) build upon and strengthen the numerous initiatives delineated in the narrative sections above as we implement a Northwest Region Managing Entity.

SunCoast Region Substance Abuse and Mental Health Program

1. Organizational Profile/Program Description

a. Location and Counties Served

The SunCoast Regions' service area includes eleven (11) counties in central and southwest Florida. The Region includes Circuits 6, 12, 13 and 20. The Region includes the urban and rural counties of Hillsborough, Pinellas, Pasco, Manatee, Sarasota, Desoto, Collier, Lee, Charlotte, Hendry and Glades with a combined population of 4.57 million people. In fiscal year 2011-2012, the Region served 53,952 individuals in the Adult Mental Health Program, 19,450 in the Children's Mental Health Program, 26,767 individuals in the Adult Substance Abuse Program, and 13,225 in the Children's Substance Abuse Program.

The Region has contracted with Central Florida Behavioral Health Network, Inc., (CFBHN) as its Managing Entity since July 2010. CFBHN is currently contracted to manage all of the Region's substance abuse and mental health funded services totaling \$141 million dollars per fiscal year. CFBHN is required by contract to manage the Region's system of care to improve timely access to cost- effective services by implementing a robust Utilization Management system.

b. Staffing (OPS and FTE's)

The chart below outlines the Region's Substance Abuse and Mental Health (SAMH) Program Office staffing as of November 1, 2012. The Region's SAMH Program Office continues to perform substance licensure activities as well as Baker Act monitoring and designation activities. The Region's SAMH Program Office has two (2) OPS staff that are grant funded. These staff perform grant specific activities related to the System of

Care and Access to Recovery (ATR) grants. The Region’s SAMH Program Office provides contractual, policy and system of care oversight of its Managing Entity.

Numbers of Employees

| Program | FTE | Grant Funded OPS | Vacant |
|------------------------|------------|-------------------------|---------------|
| Substance Abuse | 4 | 1 | 0 |
| Mental Health | 4 | 1 | 0 |
| Total | 8 | 2 | 0 |

c. Types of Services Provided and Number Served

i. Substance Abuse

The substance abuse services provided range from the Inpatient Detoxification and Outpatient Detoxification to Recovery Support services. The Region continues to perform well with 64.27% of adults successfully completing treatment in Fiscal Year 2011-12, while it has struggled with change in employment from admission to discharge for adults at 13.43% for Fiscal Year 2011-12.

The Region is still working to mitigate the effects of prescription drug abuse via prevention activities in the community at large as well as outreach and education for prescribing professionals. Regional efforts to combat prescription drug abuse include providing services for people who have become addicted to prescription drugs. Service delivery strategies for people who are addicted to prescription drugs include inpatient and outpatient detoxification as well as the use of medically-assisted treatment programs.

ii. Mental Health

Adult Services:

The Adult Mental Health service system provides an array of Evidence-Based services that includes 12 FACT teams, nine (9) Supported Housing Programs, six (6) Supported Employment Programs, and two (2) Clubhouses. There are some Emerging Practices such as Peer Supported Crisis Respite and Self-Directed Care in the Region as well. In Fiscal Year 2011-12, although several providers did not meet their performance outcomes, corrective actions have been requested, and/or completed. One continuing trend, based on the national economy, has been many first time admissions to crisis services.

Children Services:

The Region’s Children’s Mental Health system includes in-home services, case management, individual and family counseling, Therapeutic Group Homes and the Statewide Inpatient Psychiatric Program (SIPP). The Region also has a new community-based Children’s Mental Health Program in Hillsborough County that utilizes Evidence-Based Wraparound Services for children who are at risk of being removed from their homes. These children are referred to the program from differing stakeholders including the Courts, Department of Juvenile Justice, Department of Children and Families, and Community-Based Care providers.

d. Local Partnerships and Stakeholders Input

Regional SAMH and Managing Entity staff participate in many community collaborations with stakeholders throughout the human services spectrum. The stakeholders who meet with and collaborate with the Region and Managing Entity include: Community Based Care organizations, County Governments, Circuit Courts, Public Defenders, State Attorneys, Law Enforcement, Homeless Coalitions, the Agency for Persons with Disabilities, the Department of Juvenile Justice, the Agency for Healthcare Administration, local school systems and the National Alliance for Mental Illness. Many of these stakeholders participate in locally based Substance Abuse and Mental Health meetings. These regularly scheduled meetings are chaired by a person who is not a staff member of CFBHN or the Region or a CFBHN network provider. These meetings provide the Region and the Managing Entity with local system feedback concerning service delivery and service needs.

2. Initiatives

a. System Initiatives

i. Child Welfare Integration

Regional SAMH and CFBHN are working with the Child Welfare system to serve families involved with or at risk of involvement with the Child Welfare system. The goal of this work is to get services to families in a more timely and effective manner. The Family Intervention Specialist (FIS) Program is a key intercept point where the SAMH system and the Child Welfare system can, by working together, decrease the number of children going into out-of-home care and decrease the length of time children are in out-of-home care for children.

The Region and CFBHN have been working toward decreasing the length of time between referral to FIS and the actual provision of treatment and/or intervention services. One strategy for accomplishing this has been to have the Child Protective Investigator perform the initial FIS screening. Another possible strategy would be to utilize technology to perform substance abuse assessments remotely.

ii. Utilization Management

CFBHN has implemented a Utilization Management system that is designed to get the right service to the right person at the right time and intensity. This system utilizes CFBHN's Integrated Human Services Information System (IHSIS) and the Milliman Guidelines to increase the number of people served while decreasing the per person cost of services while improving service outcomes.

iii. Prescription Drug Initiative

The Pasco County Prescription Drug Initiative is a collaborative effort between the Pasco County Sheriff, Baycare Behavioral Health and the Pasco County Prevention Coalition (ASAP). The Initiative is a member project that funds public awareness, education for prescribers, prevention activities and treatment.

b. Local Initiatives

- Forensic Diversion

A forensic diversion program is planned to begin operations January 2013. This program will divert persons who have been adjudicated under Chapter 916, F.S., from admission to a forensic state hospital. This member project is a residential program that will have 20 beds and will be located in Tampa. This Program is expected to decrease the use of forensic state hospital beds for residents of the Tampa area.

- **Peer Support**
There is a peer-supported crisis respite program in Tampa that houses and serves people who have been in a local Crisis Stabilization Unit (CSU). The people served in this program no longer meet Baker Act criteria but they do not yet have the day-to-day supports to live in the community. This program has shown to be effective in reducing CSU recidivism.
- **Clubhouses**
A new clubhouse has opened in Ft. Myers. The Hope Clubhouse has been a privately supported grass-roots program that has been funded by CFBHN due to the success it has had in improving people’s lives and assisting in keeping its members in the community.
- **Reduction of Recidivism**
Two programs designed to reduce Baker Act recidivism have shown some early success. One of these programs is in Pinellas County working in conjunction with the Public Defender’s Office. This program utilizes the public defenders as the in-reach staff into Baker Act facilities to identify people who are recidivistic (served in the crisis unit repeatedly). The other program in Tampa utilizes the mobile crisis team as the in-reach and outreach and initial service component for this program.

3. Budget

| Substance Abuse | Total |
|--|--------------------------|
| Adult Detox | \$ 7,142,344.00 |
| Adult Prevention | \$ 1,243,046.00 |
| Adult Treatment & Aftercare | \$ 18,083,214.00 |
| Subtotal Adult Substance Abuse | \$ 26,468,604.00 |
| Children’s Detox | \$ 1,997,797.00 |
| Children’s Prevention | \$ 4,394,836.00 |
| Children’s Treatment & Aftercare | \$ 9,789,699.00 |
| Subtotal Children’s Substance Abuse | \$ 16,182,332.00 |
| Executive Leadership & Support | \$ 603,954.00 |
| Total Substance Abuse | \$ 43,254,890.00 |
| Mental Health | Total |
| Adult Emergency Stabilization | \$ 26,017,324.00 |
| Adult Recovery & Resiliency | \$ 56,523,672.20 |
| Subtotal Adult Mental Health | \$ 82,540,996.20 |
| Children’s Emergency Stabilization | \$ 5,273,957.00 |
| Children’s Recovery & Resiliency | \$ 6,817,165.00 |
| Subtotal Children’s Mental Health | \$ 12,091,122.00 |
| Executive Leadership & Support | \$ 685,984.00 |
| Total Mental Health | \$ 95,328,102.20 |
| Total Substance Abuse & Mental Health Funding | \$ 138,582,992.20 |

4. Conclusion

Accomplishments:

- Four residential treatment facilities throughout the Region were converted from high cost levels of care to supported housing models and outpatient services. The repurposing of these funds has increased access to care and created greater capacity to serve individuals with mental illnesses.
- The State of Florida was awarded SAMHSA's Jail Diversion Trauma Recovery Grant with Priority to Veterans, with initial local pilot site implementation in Hillsborough County; Pinellas County was recently chosen as the second pilot site. This grant has allowed the system increased ability to serve veterans with trauma who are in the criminal justice system, and strengthened relationships with Veterans Administration and VA Medical Centers, leveraging the ability to link veterans to VA services. The grant has also provided the system of care training opportunities to increase awareness of trauma, and implement trauma-specific treatment services that are evidence based.
- The SunCoast Region has embraced Trauma-Informed Care as a best practice, and has established Trauma-Informed Care Workgroups in each of its four circuits. The Managing Entity has funded additional evidence-based trainings throughout the Region, including Self-Care in the Face of Vicarious Trauma and Skills for Psychological Recovery. Over 100 participants attended these training sessions from multiple agencies including Department of Children & Families, behavioral health providers, Community-Based Care organizations, law enforcement, Department of Juvenile Justice, Veterans Administration, and the National Alliance on Mental Illness.
- A low demand inebriate shelter was created in Hillsborough County in response to community need for increased access to substance abuse services. The Amethyst Recovery Center serves as a diversion to the Adult Addictions Receiving Facility, and provides law enforcement with an alternative to arrest for crimes such as public intoxication.
- Central Florida Behavioral Health Network, as the Managing Entity, has achieved administrative cost savings throughout its network of behavioral health providers. Approximately \$400,000 in savings has been achieved over the past two years, which has been reinvested into the system of care. These savings have resulted in increased access to services and increased numbers of individuals served.

**Northeast Region
Substance Abuse and Mental Health program**

1. Organizational Profile/Program Description

a. Location & Counties Served

The Northeast Regions service area includes twenty (20) counties in the northeast corner of Florida. The Region includes Circuits 3, 4, 7 and 8. The Region includes both urban and rural counties of Nassau, Duval, Clay, St. Johns, Putnam, Flagler Volusia, Baker, Union, Bradford, Alachua, Levy, Gilchrist, Dixie, Lafayette, Suwannee, Hamilton, Taylor and Madison with a population of over 2.5 million. In Fiscal Year 2011-2012, the Region served 14,954 adults and 4,817 children in substance abuse and 28,873 adults and 13,468 children in community mental health.

The region signed a contract with Lutheran Services of Florida who began serving as the Managing Entity to administer \$88 million in funds and services in the Region effective July 1, 2012. The Northeast Region Managing Entity does not serve Madison and Taylor counties as those counties will be served by the Northwest Managing Entity. Circuit 5 in the Central Region is also served by Lutheran Services of Florida.

The SAMH Program Office reflects a regional model and a majority of staff are housed in Jacksonville Florida with Substance Abuse Licensing staff in Daytona Beach and Gainesville. All staff travel as necessary to all 20 counties.

b. Staffing (OPS & FTEs)

The Northeast Region SAMH Program Office currently has four (4) Mental Health FTEs and four (4) Substance Abuse FTEs with one (1) full time and two (2) part-time OPS positions.

c. Types of Services Provided and Numbers Served

Currently, all substance abuse and mental health funds are contracted through our Managing Entity with the exception of the providers in Madison and Taylor counties, which will be contracted, with the Managing Entity in the Northwest Region. The Northeast Region served 19,771 adults and children with substance abuse issues ranging from Detoxification and various levels of Treatment to Intervention and Prevention. The Northeast Region served 42,341 adults and children in mental health with needs ranging from Crisis Stabilization to Case Management.

d. Budget

| Substance Abuse | Total |
|-------------------------------------|---------------------|
| Adult Detox | \$3,723,955 |
| Adult Prevention | \$937,602 |
| Adult Treatment and Aftercare | \$12,932,067 |
| Subtotal Adult Substance Abuse | \$17,593,624 |
| Children’s Detox | \$859,523 |
| Children’s Prevention | \$2,614,446 |
| Children’s Treatment and Aftercare | \$6,894,655 |
| Subtotal Children’s Substance Abuse | \$10,368,624 |
| Total Substance Abuse | \$27,962,248 |
| Mental Health | |
| Adult Community Mental health | \$33,869,932 |
| Children’s Mental Health | \$7,000,841 |
| Total Mental Health | \$40,870,773 |

2. Managing Entity Implementation and Transition

The Northeast Region contracted with a Managing Entity on July 1, 2012, to administer substance abuse and mental health funds and services. The managing entity structure is expected to increase access to care, improve coordination and continuity of care, and redirect service dollars from restrictive care settings to more community-based recovery services.

a. Procurement

The Managing Entity will develop and implement a plan for competitive procurement of all substance abuse and mental health services; this will bring anticipated cost savings and improved quality of care. Competitive procurement will be completed within the first two (2) years of the Managing Entity contract implementation.

b. Service Provision/Scope of Service

The following are the ten core functions of the Managing Entity in the Northeast Region:

Function 1. System of Care Development and Maintenance: The Managing Entity shall develop and manage substance abuse and mental health services into an integrated network of services that are accessible and responsive to individuals in need of such services, along with their families and community Stakeholders.

Function 2. Utilization Management: Utilization Management plan must include methods to reduce, manage, and eliminate waitlists, promote co-occurring services, and ensure appropriate access to substance abuse and mental health crisis intervention, support and stabilization across the life-span.

Function 3. Network/Subcontract Management: The Managing Entity shall manage the Subcontractor network, at a minimum, through the following means: enforcement and monitoring of access standards and management of the system of care, web registration, subcontractor performance monitoring, background screening verification, onsite annual audits and evaluation of all new subcontractors prior to service delivery.

Function 4. Continuous Quality Improvement: The Managing Entity shall maintain a Continuous Quality Improvement (CQI) program which shall include use of outcomes for Individuals Served, Stakeholder satisfaction data, complaint tracking and resolution, as well as the level of staff commitment for this function. This program shall follow a systems approach to reporting, analyzing, and tracking critical incidents related to Individuals Served, community Stakeholder, employees, and family and consumer groups.

Function 5. Technical Assistance/Training: The Managing Entity shall develop and implement a plan for technical assistance and training, including using the relationship between emerging trends in the behavioral health field, monitoring finding, training, clinical supervision, and the CQI program.

Function 6. Data Collection, Reporting and Analysis: The Managing Entity shall implement the performance measure and data collection improvement plans developed by the Managing Entity and approved by the Department. These plans describe improvements for performance measurement and the data collection system based on state performance and outcome measures and the federally-mandated National Outcome Measures and describe approaches to future integration of appropriate data among SAMHIS, Safe Family Network, and Automated Community Connection to Economic Self- Sufficiency data systems operated by the Department.

Function 7. Financial Management: The Managing Entity shall ensure sound fiscal stability of its Subcontractors and ensure revenues and expenditures are budgeted and accounted for in state-designated cost centers for substance abuse and mental health services.

Function 8. Planning: The Managing Entity shall work with the Department to provide performance, utilization, assessment of the System of Care, and other network information for the Department's Substance Abuse and Mental Health Services Plan, and annual update thereof, and to provide appropriate information for the Department's Long Range Program Plan and its Annual Business plan.

Function 9. Board Development and Governance: The Managing Entity shall maintain a strong organization and governance structure, with clear lines of authority across all levels of the service network to the county level.

Function 10. Disaster Planning and Responsiveness: The Managing Entity shall work collaboratively with the Department for disaster planning and preparation to

develop a regional disaster plan that reflects the Managing Entity's planned involvement with community based disaster plans.

c. Integration of Substance Abuse and Mental Health and Child Welfare

The Managing Entity will work with the Community Based Care Agencies and the Departments Child Welfare staff to ensure a prompt and family center scope of substance abuse and mental health service to families involved in the child welfare system. These families should be served with minimal waiting, with evidence based programs and in a trauma informed system of care.

3. Conclusion

The Northeast Region SAMH Program Office will continue to work with the Managing Entity to ensure a successful and seamless transition for the behavioral health clients served in our area. Cost savings, due to decreased administrative rates through utilization management, will be used to continually improve and expand services in our area. This, along with continuous quality improvement, will increase the capacity for our system of care and improve outcomes for clients and their families.

**Southeast Region
Substance Abuse and Mental Health Program**

1. Organizational Profile/Program Description

a. Location & Counties Served

Until February 1, 2013, the Southeast Region's (SER) service area includes two (2) counties in southeast Florida. The Region includes Circuits 15 and 17, comprised by the urban and rural counties of Broward and Palm Beach, with a population of approximately 2.8 million. (As of February 1, 2013, the Southeast Region will also include Circuit 19, comprised of St. Lucie, Martin, Okeechobee and Indian River.) In Fiscal Year 2012-13, the Region served over 50,000 individuals in Adult Mental Health, Children's Mental Health and Adult and Children's Substance Abuse.

The Region recently entered into negotiations for two (2) Managing to administer approximately \$92 million in funds and services in the Region. Preparing for implementation, the Region has worked diligently with both groups and their Boards. At the same time, the Region has lost many of its staff.

This narrative reflects a Regional, rather than Circuit-based, approach to services in the Southeast. Most staff are housed in the Regional office in Fort Lauderdale, but travel to both counties and effective February 1, to all six (6) counties. We are the only Region to have two separate Managing Entity contracts, with full responsibility for both.

b. Staffing (OPS & FTEs)

The chart below reflects staffing as of February, 2013, and indicates positions vacant pending hiring.

| Number of Employees | | | |
|----------------------------|-----|-----|-------|
| Program | FTE | OPS | TOTAL |
| Substance Abuse | 5 | 3 | 8 |
| Mental Health | 3 | 2.5 | 5.5 |
| Total | 8 | 5.5 | 13.5 |

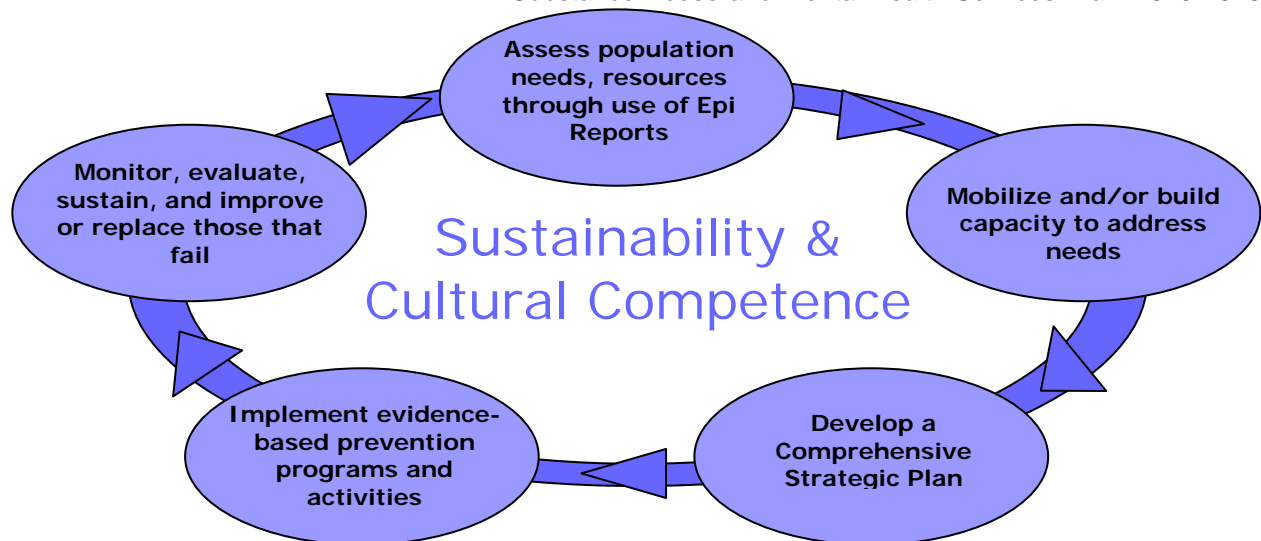
c. Types of Services Provided and Number Served

i. Substance Abuse

SA Initiatives

PREVENTION

- Circuit 17 developed a Comprehensive Community Prevention System to coordinate and enhance prevention services in the Circuit. The Circuit contracted with the Broward County Commission on Substance Abuse as the Lead Agency to accomplish the five (5) steps of the Center for Substance Abuse Prevention's Strategic Prevention Framework:



- Circuit 17 Prevention Budget
Adult Substance Abuse - \$621,699
Children's Substance Abuse - \$1,147,309
- Number of Providers
13 subcontracted providers, 6 provide prevention ONLY
- Role of the Broward County Commission on Substance Abuse
 1. Innovative use of the SAMHSA "Strategic Prevention Framework" to design and develop the Comprehensive Prevention System: needs analysis, capacity building, implementation and evaluation.
 2. Application of the "Communities That Care" model by Hawkins and Catalano with the core components of "Risk and Protective Factors" to assist in organizing local prevention initiatives into a systems approach that, as research supports, is a key to effective outcomes. Other prevention models will also be considered for inclusion in the Circuit's strategic planning process.
 3. Promotion of "Evidence-Based" programs that are supported by applied research as being effective with target populations of the community.
 4. Pursue the development and designation of new evidence-based programs appropriate for Southeast Florida's rich cultural diversity.
 5. Develop partnerships across the diverse disciplines and sectors of the Region with hopes of leveraging resources and funding.
 6. Develop training on the Comprehensive Community Prevention System; training to include prevention management, the strategic framework for prevention, Hawkins and Catalano's Communities That Care Model, evidence-based prevention programs, and the evaluation processes being incorporated.

7. Incorporate additional strategies (environmental strategies), previously unfunded by the Department, for global community impact. Provide necessary training and resources.
8. Monitor and evaluate components to help prevention providers maximize the effectiveness of their program's impact on their target populations and coordinate their progress within the Comprehensive Community Prevention System. Data will reflect system needs to help direct the system.
9. Provide technical assistance to prevention providers, community coalitions, faith-based organizations, and other community partners. The services will enable prevention organizations to improve and increase their agency's capacity to better serve the community. Lead Agency will offer workshops, on-site coaching and technical assistance as well as prepare a hands-on resource guide and reference manual for prevention providers. The purposes of the Prevention Technical Assistance program are to: (1) assist providers in delivering quality substance abuse prevention services; (2) promote compliance with Federal and State regulations; and (3) increase linkages between agencies and coalitions in further developing comprehensive approaches for substance abuse prevention.

Screening, Brief Intervention and Referral to Treatment (SBIRT)

The SBIRT Project is contracted through the Broward County Elderly and Veterans Services. In 2011, the SBIRT model was expanded to deliver services at the Federally Qualified Health Clinics in Broward County. This provider targets older adults aged 55 years and older. The SBIRT counselor conducts screenings using a standardized screening/assessment tool designed to screen for alcohol abuse, medication misuse, illicit drugs use and depression. If an elder screens positive, brief intervention and/or treatment is provided based on the elder's needs. Brief interventions are conducted as follow-ups for older adults aged 55 years and older who screened positive. Brief intervention is a combination of motivational education and awareness training that includes the development of healthy behaviors and responses. SBIRT staff uses the Brief Intervention and Treatment for Elders Workbook, a standardized tool to provide feedback and information related to consumer education, assessment, goal setting and behavior modification. The staff conducts on (1) to five (5) or more in-home/on-site individual counseling sessions as needed by the consumer.

Brief Treatment is a series of twelve (7) therapy sessions which are motivational and educational in nature, designed to develop and/or improve coping skills using "The Substance Abuse Relapse Prevention for Older Adults," manual and mental health materials.

Should additional services or a higher level or specialty care be needed, SBIRT staff rely on a proactive process that initiates, facilitates and documents access to appropriate care for adults who are assessed to have a substance use, mental health issue or co-occurring condition requiring higher level or specialty care.

Family Intervention Services (FIS)

The Substance Abuse and Mental Health Program Office continues efforts to integrate with Child Welfare through the Family Intervention Specialist (FIS) Program. The FIS is fully incorporated into the Dependency Drug Court which now serves up to 60 clients per month. In addition, the FIS is co-located with Child Protective Investigation Services (CPIS) to prevent and remediate the consequences of substance abuse on at-risk families. The FIS are also available to consult on or case manage families who are already involved with the Child Welfare system (connected with the Community-Based Care provider).

Comprehensive Community Services Team (CCST)

The use of CCST was expanded for provision of more community-based services as the focus shifted from Residential Substance Abuse services to Community-Based care, and the Circuit lost additional Residential beds after an adolescent residential program voluntarily closed.

The service delivery model for CCST is a family-centered and strength-based model that incorporates motivational interviewing, motivational incentives, trauma informed and specific care (e.g., seeking-safety intervention and Eye Movement Desensitization and Reprocessing - EMDR), solution focused case management and therapy, aggression replacement training, parent education and counseling, and peer support.

The two (2) Agencies delivering CCST for adolescents use the model as an Alternative to Residential Services. Clients are seen in this intensive level of care at the front and back end of Residential treatment. Adolescents who cannot be maintained in the home with the comprehensive services and support for the family, receive an assessment, the Global Assessment of Individual Needs (GAIN) and if recommended, the adolescent is approved for a DCF-funded bed.

Subsequently, once a client who was placed in a DCF-funded bed is slated for discharge, the CCST liaison will begin (or continue) engagement with the adolescent and family to help with the step down and transition back to the community. The CCST will then continue individualized treatment with the family as appropriate.

ii. Mental Health

Adult Services:

The Adult Mental Health service system provides an array of recovery-focused services that include one FACT team, four (4) Comprehensive Community Service Teams (CCST) and two (2) dedicated to serve individuals who are homeless and suffer from a mental illness and or have substance abuse problems, multiple Residential Treatment Facilities, Supported Housing, Crisis Stabilization, and one (1) Walk-In Center, one (1) Clubhouse model, three (3) Drop In Centers and Consumer Run programs and Psychiatric Services. To date, Circuit 17 receives approximately \$24 million for funding Adult Mental Health Services and program in Broward County. Palm Beach County receives approximately \$5 million dollars for their adult mental health services.

Children's Services:

The Children's Mental Health service array consists of community-based and residential services including Information and Referral, Assessment, Case Management, Intensive In-Home Services, Clinical Intervention (individual, family therapy) Medication Management, Crisis Stabilization, Therapeutic Group Homes, and the Statewide Inpatient Psychiatric Program (SIPP). All of these services are for indigent children and their families. Children's Mental Health staff also coordinates and collaborates with the Agency for Health Care Administration (AHCA) to assure Medicaid services are delivered to those who are Medicaid eligible.

d. Local Partnerships and Stakeholder Input

Regional staff participates in various community collaborations which include stakeholders such as county governments, school systems, provider agencies, law enforcement, public defenders and state attorneys, hospitals, the Agency for Health Care Administration, Agency for Persons with Disabilities, Vocational Rehabilitation, the Department of Juvenile Justice, and consumers of services and local advocates. There is an active Mental Health Taskforce as there is an extensive forensic and misdemeanor mental health court system in Broward County. Broward County has an active Adult Mental Health Planning Council which has been in existence since 1997. This is a group of consumers who have functioned as an advisory group to the Department over the years.

2. Initiatives

a. Systemic/Statewide Initiatives

i. Co-occurring

Providers in the Region have been trained in the Minkoff/Kiein Co-Occurring model. The Region has also expanded the role of Family Intervention Specialists (FIS) to meet substance abuse and mental health needs and expertise, as well as Protective Services clients and those in selected Child Protective Investigation Units.

ii. Integration

SAMH staff partner with Family Safety and the Community-Based Care Agency in the Region. Adult and Children's Mental Health staff also partner with the AHCA area offices by assisting in SIPP monitoring and performance improvement plans.

Mental Health staff also integrates with Medicaid services as stated above, within the Department with Adult Services, and with the Department of Corrections regarding prisoners with serious mental illnesses returning to the community. The Regional SAMH Director has supported the implementation of the SOAR initiative and several providers are trained and have been successful in accomplishing the goal of timely benefit acquisition for the individuals we serve. This year there will be an emphasis on the collection of data to demonstrate success. There has also been a major initiative to develop a partnership between the FQHCs and the mental health providers to strengthen and seamlessly deliver medical services and mental health and substance abuse services to individuals in need.

The Regional SAMH staff also works in collaboration with ACHA to ensure the all actions regarding Assisted Living Facilities (ALFs) are managing timely and sensitively with the community mental health centers in the best interest for those individuals with a mental health and substance abuse diagnosis. Over the past year, the SAMH Office negotiated and developed a Crisis Stabilization Unit in the Southwest end of the county since that was a commitment and a need in the community. At this point, Broward County has accessibility to crisis services for individuals located throughout the county.

iii. Managing Entities

The Southeast Region has contracted with two Managing Entities since November, 2012, to administer substance abuse and mental health funds and services. The new Managing Entity structure is expected to increase access to care, improve coordination and continuity of care, and redirect service dollars from restrictive care settings to more community-based recovery services.

b. Local Initiatives

- Strengthen and redesign the acute care system in order to facilitate the changes in the funding of CSSUs which is anticipated.
- Realign current funding on Forensic services to ensure that services are provided to individuals based on need and appropriateness.
- Review CIT Program to ensure capacity to strengthen training efforts and supports for schools.
- Strengthen consumer-directed services in the region.

3. Finance/Budget

**Substance Abuse and Mental Health Regional Budgets FY 2012-2013
Southeast Region (Circuits 15 and 17)**

| Substance Abuse | Total |
|--|----------------------|
| Subtotal Adult Substance Abuse | \$ 18,357,284 |
| Subtotal Children's Substance Abuse | \$ 10,540,649 |
| Total Substance Abuse | \$ 28,897,933 |
| Mental Health | Total |
| Adult Community Mental Health | \$ 39,693,299 |
| Children's Mental Health | \$ 6,878,605 |
| Total Mental Health | \$ 46,571,904 |
| Total Substance Abuse & Mental Health | \$ 75,469,837 |

Budget priorities include the continuation of funding for core services and further expansion of recovery and resiliency services.

**Central Region
Substance Abuse and Mental Health Program**

1. Organizational Profile/Program Description

a. Location & Counties Served

The Mission of the Substance Abuse and Mental Health (SAMH) Central Region Office is to provide a system of care, in partnership with families and the community, that enables children and adults with mental health and/or substance abuse problems to live successfully in the community, to be self sufficient or to attain self-sufficiency at adulthood, and to realize their full potential. This office provides policy direction, technical assistance, resource development, oversight, and administrative support to a 16 county service area which includes satellite offices in Circuits 5, 9, 10, 18, and 19.

The SAMH Central Region Office secures services for children and adults with alcohol and drug-related dependencies, emotional problems, and mental illness and is responsible for planning, coordination, evaluation, and contract management. The Office is also authorized to regulate and license substance abuse facilities as required by Florida Statutes. Currently there are 158 Substance Abuse providers and 552 Substance Abuse licenses issued in the Central Region.

The service area for the Central Region includes sixteen (16) counties in Central Florida. The Region includes Circuits 5, 9, 10, 18, and 19 encompassing both urban and rural counties. In State fiscal year 2011-2012, the Region served 51,132 in adult mental health, 21,496 in children's mental health, 24,469 in adult substance abuse and 13,127 in children's substance abuse. Most staff is housed in the Regional office in Orlando, but travel to all sixteen counties (16) counties.

The SAMH Central Region Office recently entered into negotiations with four (4) providers for the development of a managing entity to administer \$123 million in funds and services in the Central Region. The Central Region will continue to operate on a Regional basis with the managing entity contracts.

Staffing (OPS/ FTEs)

The chart below reflects staffing as of December 1, 2012, and indicates seven (7) Career Service and three (3) OPS positions.

| Number of Employees | | | |
|----------------------------|------------|-------------------|-------------------|
| Program | FTE | Vacant FTE | Vacant OPS |
| Substance Abuse | 5 | 0 | 0 |
| Mental Health | 5 | 0 | 0 |
| Total | 10 | 0 | 0 |

b. Types of Services Provided and Number Served

| Florida Department Children & Families Substance Abuse & Mental Health Central Region Clients Served FY 11/12 | |
|--|----------------|
| Adult Mental Health | 52,132 |
| Children Mental Health | 21,496 |
| Adult Substance Abuse | 24,469 |
| Children Substance abuse | 13,127 |
| Total Served | 111,224 |

| <u>Types of Contracted Services</u> | |
|--|----------------------|
| <u>Mental Health</u> | <u>SA</u> |
| Emergency Stabilization | Prevention |
| Residential Care | Outreach |
| Case Management | Outpatient |
| Outpatient Services | Intensive Outpatient |
| Community Support | IHOS |
| Medication Mgt. | Case Mgt |
| Adult Foster Homes | Residential |
| JITP | Detoxification |
| Competency Restoration | ARC |

FUNDING

- State General Revenue
- Block Grant
- Medicaid
- Other funding sources

2. Finance/Budget

Budget priorities include the continuation of funding for core services and further expansion of recovery and resiliency services.

Substance Abuse and Mental Health Regional Budgets - FY2011-2012

| Substance Abuse | Total |
|---|----------------------|
| Adult Substance Abuse | \$26,068,986 |
| Children's Substance Abuse | \$16,454,433 |
| Executive Leadership & Support | \$454,377 |
| Total Substance Abuse | \$42,977,796 |
| Mental Health | Total |
| Adult Community Mental Health | \$63,122,159 |
| Children's Mental Health | \$17,144,783 |
| Executive Leadership & Support | \$411,393 |
| Total Mental Health | \$80,678,335 |
| Total Central Region SAMH Budget | \$123,656,131 |

3. Programs

Mental Health

Adult Services:

The Adult Mental Health service system provides an array of recovery-focused services that include FACT teams, multiple residential treatment facilities, supported housing, crisis stabilization, Adult Foster Homes, the Clubhouse model, and psychiatric services. In FY 2011-2012 - 52,132 adults received publicly funded services in the Central Region. The SAMH Central Region Office has noticed an increase in the admission of first timers for crisis services. This may be due to the effect of the state of the national economy.

Children's Services:

The Children's Mental Health service array consists of community-based and residential services which includes information and referral, assessment, case management, intensive in home services, clinical intervention (individual and family therapy) medication management, crisis stabilization, therapeutic group homes, and the Statewide Inpatient Psychiatric Program (SIPP). In fiscal year 2011-2012, 21,496 children were served. All of these services are for indigent children and their families. The SAMH Central Region staff also coordinates and collaborates with the Agency for Health Care Administration (AHCA) to assure Medicaid services are delivered to those who are eligible. The Office has also taken the lead with DCF CDDA's to revitalize the Local Review Teams (LRT) process as well as update the Interagency Agreements with Agency for Health Care Administration (AHCA), Agency for Persons with Disabilities (APD), Vocational Rehabilitation (VR), the Department of Juvenile Justice (DJJ), and SAMH.

Local Partnerships and Stakeholder Input

Regional staff participates in various community collaborations with stakeholders who include county governments, school systems, provider agencies, law enforcement, public defenders, state attorneys, hospitals, the Agency for Health Care Administration (AHCA), the Agency for Persons with Disabilities (APD), Vocational Rehabilitation (VR), the Department of Juvenile Justice (DJJ), and consumers of services and local advocates. Additionally, the SAMH Central Region Office facilitates meetings, which are attended by both private and public providers and stakeholders.

SAMH Region Office staff partner with Family Safety and the five community-based care agencies in the Region to assist with provider monitoring and responding to complaints related to the child welfare population. SAMH Region Office staff also partner with AHCA area offices by assisting in SIPP monitoring and performance improvement plans. A partnership also exists with the Department's Adult Services office and the Department of Corrections to address prisoners with serious mental illnesses returning to the community.

The Substance Abuse staff integrates with Child Welfare through the Family Intervention Specialist (FIS) program. Family Intervention Specialists are now co-located with Child Welfare or Child Protection Investigators. These staff identifies families needing screening and referral to treatment. In an effort to decrease the number of out-of-home placements due to family Substance Abuse issues there has been a focus on the FIS program. Through the development of a region wide planning group, which includes Child Welfare, SAMH, Community Based Care Organizations, and the Managing Entity, there has been a marked improvement in service delivery.

4. Systemic/Statewide Initiatives

Access to Recovery (ATR)

The Florida Department of Children and Families' Central Region received a 3-year, \$9.7 million grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) under the ATR program. If funding permits, the Department may be eligible for a fourth year of funding in the amount of \$3.2 million. The ATR program emphasizes client choice, allowing individuals to choose where they receive clinical treatment and recovery support services in the community among a network of community-based and faith-based providers.

The Department began enrolling providers into the ATR network in December 2010 and will continue to enroll providers in the target counties until an appropriate array of services is available that affords clients choice. Over the life of the grant, the program will serve more than 6,500 veterans and their families, individuals involved with the criminal justice system, adults with prescription drug abuse, and persons with co-occurring substance use and mental health disorders in a five-county area that includes: Hillsborough, Orange, Palm Beach, Pasco, and Pinellas counties.

5. Managing Entities (MEs)

The Central Region released an invitation to negotiate in 2012, to identify prospective vendors to manage substance abuse and mental health services. Four (4) Managing Entities were selected and contracted with in Fiscal Year 2012-2013. The new managing entity structure is expected to increase access to care, improve coordination and continuity of care, and redirect service dollars from restrictive care settings to more community-based recovery services.

The Florida Department of Children and Families' Substance Abuse and Mental Health Program Office has implemented MEs in all of the Regions across the state. In an effort to reduce administrative costs of service and improve efficiencies an Invitation to Negotiate (ITN) has been issued. Responses have been received and contracts have been executed in the Central Region. With the implementation of the MEs the SAMH Regional offices will have one contract to manage for each ME and the ME will sub-contract with providers for services. It is the intention that this will create a system of care that is cost efficient. This new ME model will streamline administrative functions

and as a result free-up more funding for critical front line services for the most vulnerable within our communities that need addiction and behavioral health treatments.

Through the ME contract, the Department is purchasing the administration, management, support, and oversight (including the funding thereof) of Department-funded behavioral health services in the circuits. The Managing Entity now subcontracts with qualified, direct service, community-based organizations to provide behavioral health services to children, adolescents, adults, and elders. The selection of subcontracted providers shall be accomplished in a manner to maximize competition among qualified providers. The Managing Entity shall provide administrative and programmatic oversight to ensure that subcontractors comply with all services and other requirements of this contract. The Managing Entity shall ensure a seamless transition of management and oversight for the contracts being transferred from the Department.

In addition, the SAMH Programs within the Department are initiating a system-wide initiative to implement a Comprehensive, Continuous and Integrated System of Care (CCISC) throughout Florida for persons with co-occurring substance use and mental disorders. The ME shall ensure that all subcontractors recognize the needs of individuals and families with co-occurring disorders and engage in a quality improvement process to achieve co-occurring disorder capability.

CENTRAL REGION MANAGING ENTITIES (MEs)

The Northeast Region/Circuit 5

The \$90 million contract was signed and executed on Friday, June 29, 2012, with Lutheran Services, in partnership with Value Options.

Circuit 9 and 18

The approximately \$57 million contract was signed and executed on June 29, 2012, with Central Florida Cares Behavioral Health Systems (CFCHS) who, partnered with Value Options, is doing data/billing.

Circuit 10 and SunCoast ME

Circuit 10 will now be part of the SunCoast Region ME. The approximately \$24 million contract is with Central Florida Behavioral Health Network (CFBHN).

Circuit 19

Southeast Florida Behavioral Health Network (SFBHN) signed a contract in the fall of 2012. They are partnered with Concordia to do data/billing functions. Circuit 19 and Circuit 15 comprise the Southeast Region ME.

6. Local Initiatives

TRAUMA INFORMED COMMUNITY

According to "Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol", human service systems become trauma-informed by thoroughly

incorporating, in all aspects of service delivery, an understanding of the prevalence and impact of trauma and the complex paths to healing and recovery. Trauma-informed services are designed specifically to avoid re-traumatizing those who seek assistance, as well as staff working in service settings. These services seek “safety first” and commit themselves to “do no harm.” The SAMHSA-funded Women, Co-Occurring Disorders, and Violence Study (1998-2003) has provided evidence that trauma-informed approaches can enhance the effectiveness of mental health and substance abuse services. By contrast, trauma-specific services have a more focused primary task to directly address trauma and its impact and to facilitate trauma recovery. An increasing number of promising and evidence-based practices address PTSD and other consequences of trauma, especially for people who often bring other complicating vulnerability's (e.g., substance use, severe mental health problems, homelessness, and contact with the criminal justice system) to the service setting.

To ensure that families and individuals have ready access to effective trauma services and interventions the goals focus on:

- Increasing knowledge/awareness about trauma within systems and across systems;
- Increasing skills for identifying and triaging traumatized persons by increasing access to trainings for professionals; and
- Promoting strong collaborations across systems and disciplines through the use of social media sites, i.e. Facebook and webinar access.

The mission of the TIC Task Force is to continue to implement a shared community vision that embraces a system of care that views individuals in a way that honors their complicated and traumatic histories by responding with sensitivity and understanding. To accomplish this task, System of Care Communities’ consumers have to be involved in the initiative by providing training and education (to include awareness training) to provider staff and to anyone else who touches consumers in any way. They must also complete a self-assessment to determine where each provider is currently, continuously self-assess to determine the effect of the implementation plan, provide Continuum of Care a list of resources that currently provides Trauma Specific Services.

SAMHSA Grants

Orange County Public Schools was awarded the Safe Schools, Healthy Students grant. The grant is involved in several initiatives including Community Character Development, providing Too Good for Violence lessons to all 4th and 5th grade students at targeted schools, and collaborating with Community Mental Health providers to offer a series of trainings on topics that will enhance and strengthen services to the students. Trauma Informed Care is one of the topics.

Through various collaborations and discussions, it was discovered that both SEDNET and Wraparound Orange also have initiatives for Trauma Informed Care within their grants. At the same time, the Department of Children Families’ SAMH Central Region office created a Trauma Informed Care Taskforce for the purposes of creating awareness as well as providing support and information for not only community providers, but the community at large.

All of these entities came together to organize this training and are committed to championing the cause and spreading the word about trauma throughout various community settings.

The Region also has SAMHSA System of Care Grants that have enhanced the delivery of services to children by having child/family focused program with our Wraparound approach to families.

7. Conclusion

Accomplishments

- SAMH Regional/Circuit staff years of service average are 10 years.
- Strong Community investment.
- Provider network - true collaborative effort with all providers, stakeholders, and community partners to improve the system of care.
- Involvement of consumers and families in program planning and implementation.
- Willingness of the community and providers to seek alternative funding sources.
- Managing Entity (ME) to improve utilization and coordination of services and reduce administrative costs.
- The ME will allow SAMH Central Region staff the ability to focus on performance and outcomes.
- Two (2) SAMHSA System of Care Grants which enhance Children's Mental Health Services, and consumer and family enhanced access to services.

National Center for Child Traumatic Stress - Using Trauma-Informed Child Welfare Practice to Improve Placement Stability BSC - Learning Session 4 – June 12-13, 2012; Providence, RI

SAMH Regional staff were part of the workshop. Circuit 5 is working on a plan to develop a steering committee for the Central Region to maximize resources for training, share ideas and success, and best practice with all circuits in the region.

Learning Session/Roundtable:

- Share successful strategies (both practice and implementation) with colleagues;
- Learn about successful strategies (both practice and implementation) used in other states and jurisdictions;
- Understand spread and sustainability of trauma-informed practices from a variety of organizational and individual perspectives;
- Have clarity about what constitutes 'successful implementation' of trauma-informed child welfare practices; and
- Develop an action plan to continue implementing, spreading, and sustaining trauma-informed practices that will improve placement stability.

Florida Collegiate Success Initiative Statewide

In July 2011, the Department's Substance Abuse and Mental Health Program Office was awarded a two-year grant from the U.S. Department of Education to establish the Florida Collegiate Success Initiative or "CSI" with the goal of preventing and reducing

underage college drinking (ages 18-20) on and off campus. The SAHM Program Office contracted with the collaborative in four counties where major state universities are located: University of Florida in Alachua County, University of South Florida in Hillsborough County, Florida State University in Leon County, and the University of Central Florida in Orange County. The collaborative also included representatives from Florida A&M University (in the Leon County collaborative) as well as from community colleges (e.g., Santa Fe Community College in Alachua), private universities (e.g., University of Tampa), community coalitions, behavioral healthcare organizations, law enforcement, and other state and local agencies. The activities of the collaborative contracted to conduct Florida CSI activities are implementation of needs assessments and Core surveys of drinking behavior of USF, UCF, UF, and FSU students, and development of appropriate environmental prevention strategies to be implemented by the collaborative. The major goals of the Florida CSI are:

- Mobilizing campuses and communities to change the environment to reduce underage use of alcohol;
- Strengthening the partnerships of campuses and community prevention initiative; and
- Supporting effective environmental management practices as the tool for building a long-term sustainable approach to substance abuse prevention on and off college campuses.

In December 2012, the statewide Advisory Council was recruited for the “Florida Collegiate Success Initiative (CSI). The Central Region SAMH Regional staff was invited to serve on the Council.

TRAUMA INFORMED CARE TRAINING/TASK FORCE

Central Region SAMH staff continues to provide training for DCF staff, UCF/DCF Case Management Academy, and Crisis Intervention Team Police Officers in all counties on Trauma Informed Care.

GOALS for FUTURE

To continue to support and embrace all the changes in a positive way and assist staff in also embracing and developing new ways to be a part of all transformations of the Department and communities.