



***Substance Abuse and Mental Health  
Services Plan 2014-2016  
2015 Annual Plan Update***

**Submitted pursuant to s. 394.75, F.S.**

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

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*Secretary*

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# I. Introduction

## I.A. PLAN PURPOSE

Pursuant to s. 394.75, F.S., the Department of Children and Families (Department) is required to develop a triennial master plan for the delivery and financing of publicly funded community-based behavioral health services in Florida.<sup>1</sup> In interim years, the Department submits an annual plan update that provides revised program priorities and progress towards previous goals.

## I.B. ORGANIZATIONAL PROFILE

Since the submission of the 2014 Annual Plan Update, there have been no changes to the organizational profile of the Office of Substance Abuse and Mental Health (SAMH) within the Department. Appendix 1 outlines the organizational structure and responsibilities of the Office of SAMH in detail.

# II. Programmatic Priorities and Goals for SAMH

## II.A. PROGRESS ON 2014 PRIORITIES

For the 2014 update to the 2014-16 Master Plan, the Department refocused goals related to the managing entities (MEs) to resolve several implementation issues. Table 1 outlines the three priorities that were established and subsequent activities to address these priorities.

**Table 1: 2014 Priorities and Related Activities**

2014 Annual Plan Update Priorities	Related Activities
Re-develop and implement oversight and management control processes to ensure accountability and transparency.	<ul style="list-style-type: none"><li>• New performance measures have been developed for the MEs through contract.</li><li>• Monthly progress reports have been added in the revised ME contract.</li><li>• Reporting mandates have been revised to support greater transparency.</li><li>• The Department established a ME fiscal accountability unit responsible for quarterly reconciliations, analyses, and ongoing technical support.</li></ul>
Re-develop the administrative framework of the Department to support the ME, rather than the prior model, which supported direct provider contracts.	<ul style="list-style-type: none"><li>• The Department holds quarterly meetings with the MEs to address system challenges, share best practices, and plan future activities.</li><li>• A ME planning unit has been implemented within SAMH Headquarters.</li><li>• Workgroups, including the Department and ME staff, have been established in the areas of prevention, data, and consumer integration.</li></ul>

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

2014 Annual Plan Update Priorities	Related Activities
Resolve ME contract deficiencies to refocus the mission to developing community centered systems of care responsive to regional need.	<ul style="list-style-type: none"> <li>• ME contracts were fully revised for FY14-15.</li> <li>• All MEs are currently operating under the revised contract.</li> </ul>

In addition to implementation issues, the Department identified a number of deficiencies in the ME contracts as they relate to the federal funding sources. In the 2014 Annual Plan Update, the Department outlined goals to ensure federal assurances could be met. Table 2 outlines these goals and the progress accomplished to date.

**Table 2: Block Grant Goals and Related Activities**

2014 Block Grant Goals	Related Activities
<p><i>Substance Abuse Prevention and Treatment Services to Individuals with Communicable Diseases (Tuberculosis and HIV/AIDS):</i> To meet the federal requirements of the substance abuse block grant, the Department will develop and implement a methodology to capture and report early intervention services to SAMHSA.</p>	<ul style="list-style-type: none"> <li>• The Department created a reporting structure through the ME invoicing process to capture expenditures for early intervention services.</li> <li>• The Department added detailed reporting requirements to ME contracts capturing services funded by the Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant.</li> <li>• The Substance Abuse and Mental Health Services Administration (SAMHSA) approved a new methodology to capture the portion of assessments that address communicable diseases, but are not reported as expenditures for early intervention services.</li> </ul>
<p><i>Substance Abuse Prevention and Treatment Services for Intravenous Drug users (IVDU):</i> Pursuant to the block grant, the Department is required to ensure the provision of services to IVDU, and to manage access with a waiting list and interim services for those on the list.</p>	<ul style="list-style-type: none"> <li>• The Department provided training to the MEs and providers on the block grants, including management of waitlists and interim services for those on the list.</li> <li>• The Department developed manuals on block grant requirements for MEs and network providers.</li> </ul>
<p><i>Substance Abuse Prevention and Treatment Services for Pregnant Women and Women with Dependent Children:</i> The Department will identify best practices for prevention and treatment services for Pregnant Women and Women with Dependent Children. In addition to this, as a condition of the block grant, the Department must manage access to services with a waiting list, and interim services for those on the list. The Department will develop and implement a policy to ensure that families can remain together in treatment.</p>	<ul style="list-style-type: none"> <li>• The Department maintains a list of best practices implemented by providers serving pregnant women and women with dependent children.</li> <li>• The Department provided training to the MEs and providers on the block grants, including management of waitlists and interim services for those on the list.</li> <li>• The Department developed manuals on block grant requirements for MEs and network providers.</li> <li>• The Department developed <i>Policy Bulletin One: Substance Abuse Treatment for Families</i> to provide guidance of treating families as a unit.</li> </ul>

2014 Block Grant Goals	Related Activities
<p><i>Evidence-based Prevention and Treatment Services for Adults with Serious Mental Illness (SMI) and Children with Serious Emotional Disturbance (SED):</i> The Department will ensure that providers are trained and receive technical assistance using written Standards of Care for evidence-based practices.</p>	<ul style="list-style-type: none"> <li>• The Department published policy guidance and ME Contract incorporated documents on evidence-based practices. <a href="http://www.myffamilies.com/service-programs/substance-abuse/information-for-providers/guidance">http://www.myffamilies.com/service-programs/substance-abuse/information-for-providers/guidance</a> <a href="http://www.myffamilies.com/service-programs/substance-abuse/managing-entities/2014-contracts-docs">http://www.myffamilies.com/service-programs/substance-abuse/managing-entities/2014-contracts-docs</a></li> <li>• Statewide training is provided on best practices through contract with the Florida Alcohol and Drug Abuse Association and the Florida Certification Board.</li> </ul>
<p><i>Substance Abuse and Mental Health Prevention and Treatment Services for Youth with SED</i> The Department will continue to implement Community Action Teams (CATs) to increase access to intensive, community based services for children and youth delivered in a team approach.</p>	<ul style="list-style-type: none"> <li>• In FY14-15, the Department initiated six new county-based CAT programs. 16 programs are now fully operational.</li> <li>• The Department holds monthly telephone conferences with all providers and the Florida Council for Community Mental Health to address implementation and ongoing technical assistance.</li> </ul>
<p><i>Services for Adults with SMI and Children with SED</i> The Department will increase access to behavioral health services so that adults, children, and families are active and self-sufficient participants in their communities.</p>	<ul style="list-style-type: none"> <li>• In FY13-14, services were provided to 165,831 individuals with severe and persistent mental illness or a severe emotional disturbance, a 2.1% increase over the prior fiscal year.</li> </ul>

## II.B. FY15-16 PRIORITIES

The Department priorities for service provision improvement over the next year focus on reducing duplicative administrative burdens for providers and improving the coordination of behavioral health services throughout the entire continuum of care. These priorities include:

- Services and supports for adults with serious mental illness.
  - The Department with the MEs, will redesign the delivery of services to minimize the use of emergency behavioral health services as primary care through care coordination, to ensure that people get the services they need and choose. A review of persons receiving behavioral health emergency services<sup>2</sup> demonstrates a disconnect between emergency and primary behavioral health care services. Care coordination efforts will also focus on adults re-integrating into community settings from institutional placements, such as state mental health treatment facilities and prisons.
  - SAMH will solicit additional consumer input into and participation in system planning and evaluation through ME consumer relation staff, consumer organizations, and family organizations.
- Services and supports for children and families with mental, behavioral or emotional disorders.
  - Based on recent legislative initiatives, the Department will pursue expansion of family driven, team-based community interventions such as Community Action Teams (CAT) and Family Intervention Teams (FIT), to focus on the entire family and prevent out of home placements in

<sup>2</sup> Emergency services are inpatient crisis stabilization and detoxification. Based on provider data reported into SAMHIS on persons admitted to crisis stabilization units and detoxification units in FY11-12 and FY12-13.

- the child welfare, behavioral health, and justice systems. This focus includes families with parents that have behavioral health needs and come into contact with the child welfare system. The goal is to:
- Provide immediate access to parental assessments as requested by protective investigators;
  - Improve communication between behavioral health and child welfare providers; and
  - Provide services that are effective and treat the family unit as a whole.
- The Office of Child Welfare, SAMH and community stakeholders will develop a coordinated cooperation plan to ensure timely access to the “right” services for child welfare involved families suspected of having behavioral health challenges.
- State Mental Health Treatment Facility clinical care improvements.
    - The Department will implement the Level of Care Utilization System (LOCUS) to standardize discharge recommendations for community levels of care.
    - The Department will reduce the length of stay for individuals in civil state mental health treatment facilities with lengths of stay over five years.
  - Data collection and analysis.
    - The Department will pursue migration of service reporting to standardized healthcare reporting systems, using Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Technology (CPT) reporting codes.
    - The Department will conduct a feasibility study to identify a suitable electronic medical record that can improve communication across all seven state mental health treatment facilities. The feasibility study will include a return on investment analysis.
    - The Department will develop a web based data entry and reporting system to support forensic services, and a web based community placement system. The forensic application will improve tracking of persons receiving facility based services as well as persons receiving community based services. The community placement system will improve communication between the mental health treatment facilities and MEs by advising community providers when an individual is approaching discharge to a community setting.
  - Workforce development
    - The Department will train and provide technical assistance to service providers, using evidence-based standards of care which focus on recovery and community integration.
    - The Department will solicit additional consumer input into clinical guideline development.

## II.C. SUICIDE PREVENTION

The Department houses the Statewide Office of Suicide Prevention and hosts the Suicide Prevention Coordinating Council<sup>3</sup> with thirteen appointed organizational representatives. Goals of the Statewide Office of Suicide Prevention are to implement the *Florida Suicide Prevention Strategy*,<sup>4</sup> provide oversight, build capacity, create policy, and mobilize communities to reduce the number of suicides and improve quality of life for all Floridians. The Council proposed the following revised goals and objectives as part of the statewide plan:

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<sup>3</sup> S. 14.20195, F.S.

<sup>4</sup> The Suicide Prevention Coordinating Council updated the Florida Suicide Prevention Strategy in May 2014 to align with the National Strategy for Suicide Prevention' a report of the U.S. Surgeon General and the National Alliance for Suicide prevention.

**Table 3: Office of Suicide Prevention Goals and Objectives – FY's 11-15**

Goals	Objectives
<b>I. Strategic Direction: Healthy and Empowered Individuals, Families, and Communities</b>	
Goal 1: Promote awareness that suicide is a preventable public health problem and reduce stigma associated with being a consumer of mental health, substance abuse and suicide prevention services	Objective 1.1: By June 30, 2015, the SPCC will identify and utilize at least three strategies for disseminating information to agencies and key stakeholders to increase awareness of the risk and protective factors and intervention skills related to suicide prevention.
	Objective 1.2: By September 30, 2015, the SPCC will identify and utilize at least three strategies to promote public understanding of mental health and substance abuse disorders, to include; positive responses to treatment, biological factors, and environmental factors such as discrimination and limited understanding of living with mental illness.
<b>II. Strategic Direction: Clinical and Community Preventive Services</b>	
Goal 2: Create collaborations and networks that support common goals in suicide prevention	Objective 2.1: By June 30, 2015, the SPCC will identify and utilize at least three strategies to strengthen suicide prevention efforts among agencies and key stakeholders, to include the dissemination of evidenced based and best practice related information and resources.
	Objective 2.2: By December 30, 2014, the SPCC will identify available resources to support the implementation of the revised statewide plan and develop strategies to utilize them, to include public and private agencies, coalitions and other key stakeholders.
Goal 3: Promote the development and implementation of effective practices and evidence-based suicide prevention, intervention and postvention programs	Objective 3.1: By September 30, 2015, the SPCC will identify and utilize at least three strategies to promote the implementation of suicide prevention programs in organizations and institutions that serve individuals and families, to include training that addresses the recognition of at-risk behaviors and interventions skills.
	Objective 3.2: By December 30, 2015, the SPCC will identify and utilize at least three strategies to promote the development and implementation of clinical and professional practices for delivery of effective treatment.
<b>III. Strategic Direction: Treatment and Support Services</b>	
Goal 4: Improve community access to mental health and substance abuse services	Objective 4.1: By September 30, 2015, the SPCC will identify at least three strategies to increase continuity of care for at-risk individuals through sustainable service linkages at the local, regional and state levels with all relevant providers and disseminate that information to relevant key stakeholders.
<b>IV. Strategic Direction: Surveillance, Research, and Evaluation</b>	
Goal 5: Increase the usefulness of national and state level surveillance data to inform suicide prevention and intervention efforts	Objective 5.1: By March 30, 2015, the SPCC will identify available data and strategies on how to use these data to guide suicide prevention efforts in Florida, which includes the identification of and circumstances related to high risk populations

## II.D. BILLS

The following 2014 legislative bills impacted substance abuse and mental health services.

- **HB 7141 - Human Trafficking**

The bill requires that residential treatment centers licensed under s. 394.875, F.S., and hospitals licensed under chapter 395 that provide residential mental health treatment, provide specialized treatment for sexually exploited children in the custody of the Department who are placed in these facilities.

- **HB 5003 – Implementing Bill**

Section 10 provides that, notwithstanding any other law, behavioral health managing entities may not conduct provider network procurements during the 2014-2015 fiscal year.

## II.E. PROVISO

As directed by the FY14-15 General Appropriations Act (GAA), the Department implemented the following proviso projects:

- **Community Action Treatment (CAT) Teams**

Specific Appropriation 349 allocates \$12,000,000 to continue funding ten (10) existing CAT Teams and implement six (6) new CAT Teams. These programs provide intensive, community-based services to families with children ages 11 to 21 with a mental health diagnosis or co-occurring substance abuse diagnosis who are considered high risk for out-of-home care.

- **BayCare**

Specific Appropriation 350 allocates \$150,000 to BayCare Behavioral Health for the provision of behavioral health services to children and their families. Specific Appropriation 351 allocates another \$150,000 to BayCare Behavioral Health for the provision of behavioral health services to veterans.

- **Citrus Health Network**

Specific Appropriation 351 allocates \$455,000 to Citrus Health Network for mental health services.

- **Mental Health Transitional Beds**

Specific Appropriation 351 allocates \$3,000,000 to three community mental health treatment providers to transition eligible individuals in state mental health treatment facilities to community-type settings as an alternative to more costly institutional placement.

The facilities must be qualified to provide integrated healthcare, offer a full continuum of care including emergency, residential, and outpatient psychiatric services, and have immediate capacity for placement.

- **Gracepoint**

Specific Appropriation 351 allocates \$848,000 to Gracepoint for additional mental health crisis stabilization beds in Hillsborough County.

- **Lake and Sumter Counties**

Specific Appropriation 351 allocates \$547,500 for Baker Act receiving facility services in Lake and Sumter counties.

- **Clay Behavioral Health Center**  
Specific Appropriation 351 allocates \$300,000 to Clay Behavioral Health Center for mental health services.
- **Palm Beach County**  
Specific Appropriation 351 allocates \$200,000 to Palm Beach County for residential mental health and substance abuse treatment services.
- **Camillus House**  
Specific Appropriation 351 allocates \$25,000 to Camillus House for mental health and substance abuse services for the homeless.
- **Guidance Care Center**  
Specific Appropriation 351 allocates \$100,000 to Guidance Care Center for mental health and substance abuse treatment services.
- **Northside Mental Health Center**  
Specific Appropriation 351 allocates \$150,000 to Northside Mental Health Center for residential treatment services.
- **Orange County Central Receiving Center**  
Specific Appropriation 351 allocates \$3,000,000 to Orange County for a jail diversion program for individuals with mental health or substance use issues.
- **Beaver Street Enterprises**  
Specific Appropriation 354 allocates \$900,000 to Beaver Street Enterprises for services that will increase the number of businesses, jobs, and employers in Jacksonville.
- **Privatized Treatment Facility Cost of Living Increases**  
From the funds in Specific Appropriation 355 and 356, the recurring sum of \$2,500,000 from the General Revenue Fund is provided for cost of living increases for South Florida State Hospital, Florida Civil Commitment Center, Treasure Coast, and South Florida Evaluation and Treatment Center.
- **Renaissance Manor**  
Specific Appropriation 355 allocates \$500,000 to Renaissance Manor to provide assisted living services to individuals receiving mental health services.
- **Rural Integrated Wellness Care Program**  
Specific Appropriation 355 allocates \$100,000 to the Chautauqua Offices of Psychotherapy and Evaluation to implement a rural wellness program.
- **Circles of Care**  
Specific Appropriation 355 allocates \$485,000 to Circles of Care for mental health and co-occurring substance use services.
- **Capital Outlay Projects**  
From the funds in Specific Appropriations 366A, 366B, and 366C the nonrecurring sum of \$5,087,500 is provided to six providers for various capital outlay projects.
- **Informed Families**  
Specific Appropriation 371 allocates \$750,000 to Informed Families of Florida for a statewide program for the prevention of child and adolescent substance abuse.
- **Drug Abuse Comprehensive Coordinating Office (DACCO)**  
Specific Appropriation 371 allocates \$250,000 to DACCO for the provision of substance use services.

- **Services to Pregnant Women**  
Specific Appropriation 372 allocates \$10,000,000 for the expansion of substance abuse services for pregnant women and their affected families. These services include residential treatment, outpatient treatment with housing support, outreach, detoxification, child care, and post-partum case management supporting both the mother and child.
- **Family Intensive Treatment (FIT) Teams**  
Specific Appropriation 372 allocates \$5,000,000 to implement the Family Intensive Treatment (FIT) team model, designed to provide intensive team-based, family-focused, comprehensive services to families in the child welfare system with parental substance abuse.
- **Strengthen Our Communities Substance Abuse Prevention Program**  
Specific Appropriation 372 allocates \$300,000 for the Strengthen Our Communities Substance Abuse Prevention Program.

### III. Approved Operating Budget<sup>5</sup>

**Table 4: Approved Operating Budget – Mental Health Services – FY 14-15**

Mental Health Services							
Regions	Adult Community Mental Health	Children's Community Mental Health	Executive Leadership and Support Services	Civil Commitment Program	Forensic Commitment Program	Sexual Predator Program	Total
Headquarters	\$11,872,587	\$23,969,761	\$5,722,536	\$40,630,100	\$54,995,927	\$30,174,259	<b>\$167,365,170</b>
Northwest	\$27,963,532	\$6,314,573	\$464,318	\$0	\$0	\$0	<b>\$34,742,423</b>
Northeast	\$43,161,703	\$11,657,296	\$1,328,862	\$0	\$0	\$0	<b>\$56,147,861</b>
Suncoast	\$96,514,259	\$20,656,072	\$441,575	\$0	\$0	\$0	<b>\$117,611,906</b>
Central	\$31,209,072	\$11,932,853	\$335,117	\$0	\$0	\$0	<b>\$43,477,042</b>
Southeast	\$50,205,612	\$13,581,584	\$490,123	\$0	\$0	\$0	<b>\$64,277,319</b>
Southern	\$37,105,645	\$13,004,620	\$524,780	\$0	\$0	\$0	<b>\$50,635,045</b>
West Florida Community Care Center	\$0	\$0	\$0	\$5,823,881	\$0	\$0	<b>\$5,823,881</b>
Florida State Hospital	\$6,130,215	\$0	\$0	\$56,379,966	\$57,929,532	\$0	<b>\$120,439,713</b>
Northeast Florida State Hospital	\$0	\$0	\$0	\$66,341,499	\$0	\$0	<b>\$66,341,499</b>
North Florida Evaluation and Treatment Center	\$0	\$0	\$0	\$0	\$22,936,076	\$0	<b>\$22,936,076</b>
Control <sup>6</sup>	\$980,928	\$693,882	\$0	\$0	\$129,709	\$0	<b>\$1,804,519</b>
Reserve <sup>7</sup>	\$0	\$0	\$83,791	\$347,430	\$247,951	\$27,463	<b>\$706,635</b>
Unfunded Budget <sup>8</sup>	\$9,570	\$3,155,675	\$266,803	\$0	\$0	\$0	<b>\$3,432,048</b>
<b>Total</b>	<b>\$305,153,123</b>	<b>\$104,966,316</b>	<b>\$9,657,905</b>	<b>\$169,522,876</b>	<b>\$136,239,195</b>	<b>\$30,201,722</b>	<b>\$755,741,137</b>

<sup>5</sup> Sources: FY 2014-2015 Conference Report HB 5001 was downloaded from LAS/PBS, column C30. This column includes vetoes, which were removed manually. The data from LAS/PBS, post-vetoes, was compared to and aligns with IDS/Budget Ledger, authority code APPOBD. IDS/Budget Ledger was then used to calculate the data in the above tables. Reference "SAMH 2014 Annual Plan-Supporting Document".

<sup>6</sup> "Control", Org L2-00, identifies budget authority for Department initiatives that are pending allocation. This budget authority is released once project plans, or in some cases, Executive Office of the Governor (EOG) and Legislative Actions are approved.

<sup>7</sup> "Reserve", Org L2-97, identifies budget authority earmarked for the Department's email software transition from Lotus Notes to Microsoft Outlook.

<sup>8</sup> "Unfunded Budget", Org L2-99, identifies budget authority that does not have a revenue source to support it. For example, recurring budget authority is appropriated for multi-year grants. When the grant ends the budget authority remains in the Department. Since the grant ended, the budget authority no longer has a revenue source and it will be coded to unfunded budget. The Department deletes unfunded budget authority from its base budget during the Legislative Budget Request process. This balances the Department's budget authority with revenues.

**Table 5: Approved Operating Budget – Substance Abuse Services FY 14-15**

<b>Substance Abuse Services</b>				
<b>Regions</b>	<b>Adult Substance Abuse</b>	<b>Children's Substance Abuse</b>	<b>Executive Leadership and Support Services</b>	<b>Total</b>
Headquarters	\$3,048,490	\$2,774,103	\$5,454,690	<b>\$11,277,283</b>
Northwest	\$10,265,992	\$6,380,075	\$315,181	<b>\$16,961,248</b>
Northeast	\$25,389,610	\$12,730,178	\$295,038	<b>\$38,414,826</b>
Suncoast	\$33,748,148	\$19,305,322	\$456,299	<b>\$53,509,769</b>
Central	\$15,702,331	\$8,106,794	\$381,057	<b>\$24,190,182</b>
Southeast	\$23,426,725	\$12,306,287	\$310,793	<b>\$36,043,805</b>
Southern	\$18,040,856	\$10,404,992	\$237,383	<b>\$28,683,231</b>
Control <sup>9</sup>	\$5,583,026	\$85,845	\$547	<b>\$5,669,418</b>
Reserve <sup>7</sup>	\$0	\$0	\$39,893	<b>\$39,893</b>
Unfunded Budget <sup>8</sup>	\$0	\$0	\$15,000	<b>\$15,000</b>
<b>Total</b>	<b>\$135,205,178</b>	<b>\$72,093,596</b>	<b>\$7,505,881</b>	<b>\$214,804,655</b>

## IV. Performance Measurement

MEs submit client-level data electronically into the state database system, the Substance Abuse and Mental Health Information System (SAMHIS). The data include the socio-demographic and clinical characteristics of the persons served, the types and amounts of services provided, and the outcome of services.

As recipients of federal Community Mental Health Block Grant and Substance Abuse Treatment and Prevention Block Grant funding, the Department, MEs and Network Service Providers must adhere to established assurances and priorities governing these funds. These federal priorities are included in the General Appropriations Act (GAA) performance measures. The following tables indicate the FY13-14 GAA measures, program performance, and clients served for the SAMH programs.

It is important to note, the numbers served are representative of individuals in SAMHIS with both an admission record and a service record. Individuals with only an admission record or only a service record are not included in the total numbers served. As a result of these omissions, the numbers served may not accurately reflect the total number of individuals served. The Office of SAMH hosts monthly data workgroups to work through data reporting issues in collaboration with the MEs.

<sup>9</sup> "Control", Org L2-00, identifies budget authority for Department initiatives that are pending allocation. This budget authority is released once project plans, or in some cases, Executive Office of the Governor (EOG) and Legislative Actions are approved. Of the amount in "Control" on July 1, \$5,000,000 was appropriated for the Family Intensive Treatment (FIT) Teams. This budget authority was transferred to operating Org L2s on July 11, 2014 to allow for project implementation.

**Table 6: GAA Measures and Clients Served – Adult Community Mental Health Services – FY 13-14**

Population	MCode	Measure	Target	FY 2013-2014 Performance	Target Met
Forensic Involvement	M0018	Number of adults with forensic involvement served	3,328	3,025	NO
	M0743	Percent of adults in forensic involvement who live in stable housing environment.	67	90	YES
Mental Health Crisis	M0017	Number of adults in mental health crisis served	30,404	19,386	NO
	M0744	Percent of adults in mental health crisis who live in stable housing environment.	86	100	YES
Serious Mental Illness	M0703	Percent of adults with serious mental illness who are competitively employed.	24	34	YES
	M0709	Percent of adults with serious mental illness readmitted to a civil state hospital within 180 days of discharge	8	4	YES
	M0777	Percent of adults with serious mental illness readmitted to a forensic state treatment facility within 180 days of discharge	8	2	YES
Severe And Persistent Mental Illness	M0003	Average annual days worked for pay for adults with severe and persistent mental illness	40	23	NO
	M0016	Number of adults with a serious and persistent mental illness in the community served	136,480	144,437	YES
	M0742	Percent of adults with severe and persistent mental illnesses who live in stable housing environment.	90	96	YES

**Table 7: GAA Measures and Clients Served – Children’s Mental Health Services – FY 13-14**

Population	MCode	Measure	Target	FY 2013-2014 Performance	Target Met
At Risk of Emotional Disturbance	M0033	Number of at-risk children to be served	4,330	1,330	NO
	M0780	Percent of children at risk of emotional disturbance who live in stable housing environment	96	99	YES
Emotionally Disturbed	M0032	Number of ED children to be served	27,000	13,911	NO
	M0377	Percent of children with emotional disturbances who improve their level of functioning	64	55	NO
	M0778	Percent of children with emotional disturbance (ED) who live in stable housing environment	95	99	YES

Population	MCode	Measure	Target	FY 2013-2014 Performance	Target Met
Juvenile Incompetent to Proceed	M0019	Percent of children with mental illness restored to competency and recommended to proceed with a judicial hearing	75	99	YES
	M0020	Percent of children with mental retardation or autism restored to competency and recommended to proceed with a judicial hearing	50	81	YES
	M0030	Number of children served who are incompetent to proceed	340	418	YES
Seriously Emotionally Disturbed	M0012	Percent of school days seriously emotionally disturbed (SED) children attended.	86	89	YES
	M0031	Number of SED children to be served	46,000	21,394	NO
	M0378	Percent of children with serious emotional disturbances who improve their level of functioning.	65	60	NO
	M0779	Percent of children with serious emotional disturbance (SED) who live in stable housing environment	93	99	YES

**Table 8: GAA Measures and Clients Served – Adult Mental Health Treatment Facilities – FY 13-14**

Population	MCode	Measure	Target	FY 2013-2014 Performance	Target Met
Civil	M0372	Number of people in civil commitment, per Ch. 394, F.S., served	1,606	1,848	YES
	M05050	Percent of adults in civil commitment, per Ch. 394, F.S., who show an improvement in functional level.	67	87	YES
Forensic	M0361	Number of people on forensic admission waiting list over 15 days.	0	0	YES
	M0373	Number of adults in forensic commitment, per Ch. 916, F.S., served	2,320	2,390	YES
Incompetent To Proceed	M0015	Average number of days to restore competency for adults in forensic commitment.	125	94	YES
Not Guilty By Reason Of Insanity	M05051	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.	40	88	YES

**Table 9: GAA Measures and Clients Served – Sexually Violent Predator Program FY 13-14**

Population	MCode	Measure	Target	FY 2013-2014 Performance	Target Met
Sexually Violent Predators	M0283	Number of sexual predators assessed	2,879	3,470	YES
	M0379	Number of sexual predators served (detention and treatment).	480	702	YES
	M0380	Annual number of harmful events per 100 residents in sexually violent predator commitment.	3	0	YES
	M05305*	Percent of assessments completed by the SVP program within 180 days of receipt of referral.	85	93	YES
	M06001	Number of residents receiving Mental Health treatment	169	349	YES

\*GAA Measure M05305 has been made obsolete by statutory changes. The statute now requires referrals be processed and prioritized by the inmate's date of release and completed within 30 days of release unless the release date is sooner in which case processing will be completed as soon as practicable.

**Table 10: GAA Measures and Clients Served – Substance Abuse – Adult Treatment – FY 13-14**

Population	MCode	Measure	Target	FY 2013-2014 Performance	Target Met
Adult Treatment	SA0063	Number of adults served	115,000	47,124	NO
	SA0753	Percentage change in clients who are employed from admission to discharge.	10	36	YES
	SA0754	Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge.	15	-58	YES
	SA0755	Percent of adults who successfully complete substance abuse treatment services.	51	55	YES
	SA0756	Percent of adults with substance abuse who live in a stable housing environment at the time of discharge.	94	100	YES

**Table 11: GAA Measures and Clients Served – Substance Abuse – Children’s Treatment – FY 13-14**

Population	MCode	Measure	Target	FY 2013-2014 Performance	Target Met
Children's Treatment	M0052	Number of children with substance-abuse problems served	50,000	28,036	NO
	M0055	Number of at-risk children served in targeted prevention	4,500	3,588	NO
	M0382	Number of at risk children served in prevention services.	150,000	1,962,969	YES
	M05092a	Alcohol usage rate per 1,000 in grades 6-12.	295	227	YES
	M05092m	Marijuana usage rate per 1,000 in grades 6-12.	110	122	YES
	SA0725	Percent of children who successfully complete substance abuse treatment services.	48	50	YES
	SA0751	Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge.	19.6	-86	YES
	SA0752	Percent of children with substance abuse who live in a stable housing environment at the time of discharge.	93	100	YES

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## Appendix 1

### I. Office of Substance Abuse and Mental Health

#### I.A. ORGANIZATIONAL STRUCTURE

The Office of Substance Abuse and Mental Health (SAMH) is housed within the Florida Department of Children and Families (Department) and serves as the single state authority for the provision of mental health,<sup>10</sup> and substance abuse<sup>11</sup> treatment.

The Department is led by the Secretary who is appointed by the Governor.<sup>12</sup> The Secretary appoints an Assistant Secretary for SAMH, who provides leadership and direction for the SAMH Headquarters in Tallahassee, and reports directly to the Secretary. The Assistant Secretary is supported by a:

- Director for Substance Abuse and Mental Health,
- Director of State Mental Health Treatment Facilities,
- Director for the Sexually Violent Predator Program, and
- Child Welfare Integration Director.

The Department's community-based functions are implemented and overseen by a Regional SAMH Director in each of the Department's six regions. Each Regional SAMH Director reports to a Regional Managing Director, who in turn reports to the Deputy Secretary.

#### I.B. RESPONSIBILITIES

At the state level, SAMH Headquarters develops the standards for quality care in prevention, treatment, and recovery. The Department is the state licensing authority for substance abuse treatment facilities, and designates public mental health emergency receiving facilities and addiction receiving facilities.

The core functions of behavioral health are managed through the various programs within the Office of SAMH and include:

##### 1. Community Substance Abuse and Mental Health

- Operations
  - Contract procurement and management.
  - Discretionary grant management and implementation.
- Program Information
  - Development of clinical guidance, based on industry standards and research.
  - Data collection and analysis, related to Department funded services.
    - Manage Substance Abuse and Mental Health Information System (SAMHIS).
    - Collect and analyze seclusion and restraint event data.
    - Review and disseminate incident report data.
  - Policy and rule development.
  - Coordinated cooperation with child welfare.
  - Training and technical assistance development.
  - Implementation of the Office of Suicide Prevention.
  - Disaster management.
- Planning
  - Oversight and monitoring of Community Mental Health Block Grant (MHBG).<sup>13</sup>

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<sup>10</sup> See, s. 394.457(1), F.S.

<sup>11</sup> See, ch.65D-30.002(57), F.A.C.

<sup>12</sup> S. 20.19, F.S.

<sup>13</sup> 42 U.S.C. s. 300x.

- Oversight and monitoring of Substance Abuse Prevention and Treatment Block Grant (SABG).<sup>14</sup>
- Florida Statutorily required reports.
- Long range program planning.
- Legislative budget request development.
- Licensing and Designation
  - Implementation of Florida statutory requirements for substance abuse providers.
  - Management of Substance Abuse Licensing Information System (SALIS).
  - Designation of receiving facilities – for Baker Act facilities.
  - State Opiate Treatment Authority.

## 2. State Mental Health Treatment Facility

- Programmatic and supervisory oversight of state operated treatment facilities:
  - Florida State Hospital;
  - Northeast Florida State Hospital; and
  - North Florida Evaluation and Treatment Center.
- Contract management and programmatic oversight for privately operated treatment facilities:
  - South Florida Evaluation and Treatment Center;
  - South Florida State Hospital;
  - Treasure Coast Forensic Treatment Center; and
  - West Florida Community Care Center.<sup>15</sup>
- Statutory responsibility for the Juvenile Incompetent to Proceed (JITP) program.
- Coordination of forensic admissions.
- Policy and rule development and compliance monitoring.
- Long range program planning.
- Legislative budget request development.
- Data collection and analysis.

## 3. Sexually Violent Predator Program

- Commitment recommendations for referrals.
- Control, care and treatment to persons subject to the Involuntary Commitment of Sexually Violent Predators Act.<sup>16</sup>
- Contract monitoring for operation of the Florida Civil Commitment Center.

As noted previously, community based contracts, services and planning functions are overseen by regional staff. The behavioral health safety net is built on a foundation of community involvement, and coordination, both internally and with external service provider partners. Substance abuse and mental health services are also available through other state agencies including the Departments of Education, Health, Juvenile Justice, Corrections, Elder Affairs and the Agency for Health Care Administration. Local partners include consumers of substance abuse and mental health services, family members of consumers, Community-Based Care providers, local government, judiciary, law enforcement, advocacy groups, and providers of substance abuse and mental health services.

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<sup>14</sup> 42 U.S.C. s. 300x-21.

<sup>15</sup> The contract for West Florida Community Care Center is managed by the Department's Northwest Region SAMH Office.

<sup>16</sup> See, ch. 394, Part V, F.S.

## II. Managing Entities

The Department contracts for the delivery of the majority of community based behavioral health services with seven managing entities (ME).<sup>17</sup> MEs were legislatively authorized to create “a management structure that places the responsibility for publicly financed behavioral health treatment and prevention services within a single private, nonprofit entity at the local level will promote improved access to care, promote service continuity, and provide for more efficient and effective delivery of substance abuse and mental health services.”<sup>18</sup> Additionally, the Legislature noted that “streamlining administrative processes will create cost efficiencies and provide flexibility to better match available services to consumers’ identified needs.”<sup>19</sup>

Operationally, the ME contracts are executed, implemented and managed by the Regional Managing Director. In consultation with SAMH Headquarters, the Regional SAMH Director ensures that each ME meets the statewide goals and is responsive to the unique conditions in each community. Each ME is contractually responsible for the development, planning, administration, implementation, monitoring and management of behavioral health care in a designated geographical area. Services are provided by a subcontracted local Network Service Providers. The map below shows the MEs under contract with the Department.

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<sup>17</sup> The 2001 Florida Legislature enacted Senate Bill 1258 authorizing the Department to implement Behavioral Health Managing Entities. “The managing entity may be a network of existing providers with an administrative-services organization that can function independently, may be an administrative-services organization that is independent of local provider agencies, or may be an entity of state or local government.”

<sup>18</sup> S. 394.9082(1), F.S.

<sup>19</sup> *Ibid.*

