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# **Triennial Master Plan Annual Update Delivery of Substance Abuse and Mental Health Services**

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

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## Introduction

### **The Florida Department of Children and Families**

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

- [Operate as One Department of Children and Families.](#)
- [Improve the Customer Experience and Outcomes.](#)
- [Advance Accountability Throughout the System of Care.](#)

### **The Office of Substance Abuse and Mental Health**

The Department's Office of Substance Abuse and Mental Health (SAMH) is recognized as the single state authority for substance abuse and mental health services and State Opioid Treatment. The Office of Substance Abuse and Mental Health is statutorily responsible for the planning and administration of all publicly funded substance abuse and mental health services, and for licensing substance abuse providers.

SAMH lays the foundation for Florida's behavioral health system of care by developing policies and serving as the state's behavioral health strategist and think tank. Working with behavioral health providers, SAMH administers the statewide system of care that provides services to individuals contending with mental health and substance use disorders. The Department accomplishes this by contracting with seven Managing Entities, across six regions that work with inpatient facilities, community behavioral health centers, and numerous other providers to ensure access and deliver coordinated care across multiple levels.

Section 394.75, Florida Statutes (F.S.), requires the Department to prepare a state master plan every three years on the behavioral health system of care. The Department's master plan was submitted in Fiscal Year (FY) 2022 – 2023. Annually, the Department is required to submit a plan update to the President of the Senate and the Speaker of the House of Representatives by January 1 of each year. This report submission serves as the Department's annual update to the master plan.

## Improving Access to Behavioral Health Services

In FY 2023 – 2024, the Department served 48,714 children and over 213,000 adults. Approximately 82% of the population served by the Department were adults. Most individuals are served by the Department within the community substance abuse and mental health service setting (generally uninsured or underinsured adults), followed by state psychiatric hospitals, and residential treatment facilities. Funding to support the behavioral health services for these populations is derived from:

- State general revenue.
- Community Mental Health Services (CMHS) and Substance Abuse Prevention and Treatment (SAPT) Block Grants.
- The Opioid Settlement Trust Fund.
- Discretionary grants.

### Prevention Programs

The Department continues to prioritize prevention throughout the system of care by promoting intervention at the earliest possible moment, focusing on resiliency and wellbeing, and reducing behavioral health crises. In addition to school based primary substance use prevention programs, the Department has a specific focus on suicide prevention and overdose prevention as follows.

#### Suicide Prevention

In 2022, 3,445 individuals were lost to suicide statewide with an age adjusted suicide rate of 14.1 per 100,000 individuals. During 2022, Florida suicide deaths declined in the following age ranges: 10–14-year-olds, 20–24-year-olds, and 65–74-year-olds. To increase collaboration between state agencies and stakeholders, the Department's Statewide Office of Suicide Prevention facilitates the Suicide Prevention Coordinating Council to oversee the Florida Suicide Prevention Strategic Plan. The Strategic Plan guides suicide prevention efforts throughout the state, with a focus on the priority areas of awareness, prevention, intervention, and caring follow-up and support, incorporating 11 strategies that can be replicated and implemented by communities and organizations across Florida.

#### 988 Florida Lifeline

The 988 Florida Lifeline connects individuals experiencing suicidal, substance use, mental health crises, or any other kind of emotional distress to a crisis counselor in their immediate area. The 988 Florida Lifeline provides a single point-of-entry to a robust crisis care continuum that serves individuals with a variety of crisis care needs through three essential elements: someone to talk to, someone to respond, and somewhere to go. The framework for this modernized crisis continuum of care begins when an individual

experiencing emotional distress dials 988 and has their call answered by a local crisis counselor at one of Florida's thirteen 988 call centers (someone to talk to).

In FY 2023 – 2024, the 988 Florida Lifeline:

- Answered 120,318 calls from individuals experiencing suicidal, substance use, and/or emotional distress.
- Reported a 96% diversion rate or crisis calls that did not require an in-person response after telephonic support.
- Facilitated a warm hand-off to Mobile Response Teams in cases where a call cannot be de-escalated over the phone, which occurred for 2.8% of calls.
- Experienced a call volume increase by 38%, rising from 11,215 in July 2023 to 15,491 in June 2024.
- Answered 1,452 calls that included a suicide attempt in progress, with zero resulting in a death by suicide while on the phone with a 988 crisis counselor. Meaning, that every individual that reached out to 988 with an active suicide reached the next phase of care alive.

#### Overdose Prevention Program

This statewide program is designed to support the reduction of opioid overdose deaths and increased access to naloxone, a medication for opioid overdose reversal.

During FY 2023 – 2024, 138 new entities enrolled in the program bringing the statewide total of distributors to 560 organizations. Entities engaging with the program include substance use disorder and mental health treatment providers, opioid treatment programs, recovery community organizations, emergency departments, federally qualified health centers, homeless shelters, and other community-based organizations that provide easy access to naloxone.

For FY 2023 – 2024, the naloxone distribution program distributed 549,029 kits, resulting in a reported 18,112 overdose reversals; however, as many reversals are unreported the true impact is likely greater. The Department increased training opportunities on overdose recognition and response which resulted in 24,322 individuals attending statewide.

#### Opioid Overdose Prevention Awareness Campaign

The I SAVE FL program is focused on increasing awareness and availability of naloxone and provides information about accessing the medication across the state. The targeted audience includes individuals at risk of opioid overdose, inclusive of friends and family. The Department broadened material content to include language focused on increasing the awareness of the risks of opioid misuse and primary prevention education among young adults, parents, and caregivers. The ISAVEFL website, [www.isavefl.com](http://www.isavefl.com), has a naloxone locator to assist individuals in finding providers and local resources.

## **Community-Based Program Implementations and Expansions**

During FY 2023 – 2024, the Department received over \$126 million to expand access to behavioral health services throughout the state and reduce waitlists for services which support children and families with complex needs through teaming approaches, treatment, and recovery supports. The additional funds increased capacity for the behavioral health system of care in Florida and improved access to needed assessment and treatment for youth and adults. Below is a summary of program implementations and expansions of existing programs.

### Community Action Treatment Teams

The Community Action Treatment (CAT) teams' services<sup>1</sup> are one of the most intensive and uniquely designed community-based services available to families in Florida. The CAT teams under contract with behavioral health Managing Entities conduct any combination of services and supports including case management, crisis intervention, counseling, psychiatric services, tutoring, and parental supports.

In FY 2023 – 2024, a total of sixty-nine CAT teams served 3,444 individuals, resulting in 86% of providers meeting targets for improved family functioning.

### Family First Prevention Services Act Teams

Through the expansion of the Department's traditional CAT team model, a new strategy was developed. The Family First Prevention Services Act (FFPSA) teams use evidence-based practices that are supported by the FFPSA clearinghouse and tailor programs to meet the needs of the family. The program is a strengths-based approach to provide the foundation for all interventions utilized by the clinical team.

During FY 2022 – 2023, funding was dedicated to creating seven new FFPSA teams using the new in-home family therapy program. Of the seven, three were fully implemented in the previous year. The Department continues to monitor progress toward implementation of the remaining four teams. These in-home family therapy programs utilize one of the following evidence-based practices.

- Homebuilders.
- Family Functional Therapy.
- Multisystemic Therapy
- Parent Child Interaction Therapy.

### Mobile Response Teams

The Mobile Response Teams (MRTs) provide services statewide to individuals of all ages to help diffuse crisis situations and avoid the need for crisis services such as involuntary Baker Act examinations. Access to teams is available 24 hours a day, 365 days per year.

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<sup>1</sup> Status update on Specialty Teams as of June 30, 2023.

During FY 2023 – 2024, MRTs received more than 31,500 calls to support individuals and maintained an 80% diversion rate from involuntary Baker Act examination.

#### Family Intensive Treatment Teams

The Family Intensive Treatment (FIT) teams' services are designed to provide intensive community-based services to families with parental/caregiver substance misuse involved with the child welfare system. An important component of the model is the cross-system collaboration between the child welfare, judicial, and behavioral health systems.

For FY 2023 – 2024, there were a total of 28 FIT teams statewide that served 1,692 individuals.

#### Family Well-being Treatment Teams

Family Well-being Treatment teams provide community-based services and support to families with child welfare involvement and concerns of parental mental health, substance use, or co-occurring disorders that are unmanaged or undiagnosed. Family Well-being Treatment teams provide early identification and coordination of timely access to services and enhances support coordination to families through navigation of the child welfare and treatment processes.

For FY 2023 – 2024, there were a total of six Family Well-being Treatment teams that served 411 individuals.

#### First Episode Psychosis Care

First Episode Psychosis Care services are utilized for adolescents and young adults experiencing the first symptoms of serious mental illness including psychosis, by serving them through a team-based model. In FY 2023 – 2024, there were 15 teams statewide covering twenty counties. The teams showed 79% success rate of improved functioning for individuals experiencing the first symptoms of a psychotic disorder. The evidence-based approach builds connections to services that are important to helping youth and families navigate difficult experiences and provides education on how to manage symptoms.

#### Florida Assertive Community Treatment Teams

The Florida Assertive Community Treatment (FACT) teams serve adult individuals with serious mental illness with the goal of preventing recurrent hospitalization and incarceration, as well as improving community involvement and quality of life for individuals. FACT teams serve as a step-down from inpatient settings, including State Mental Health Treatment Facilities. FACT teams primarily provide services to individuals where they live, work, or in other preferred settings, and are available 24 hours a day, seven days a week.

For FY 2023 – 2024, there was a total of 39 FACT teams statewide that served 3,922 individuals. A total of 98% of individuals served maintained stable housing, with 46% of individuals continuing to live independently.

#### Intermediate Level FACT

Intermediate Level FACT (FACT-IL) is a clinical case management model that offers psychiatric services, wellness management, and recovery support for adults diagnosed with serious mental illness. FACT-IL promotes continuity of care and ease of service access for individuals discharged from crisis stabilization units until a full transition to community-based care can safely occur. FACT-IL services are a multidisciplinary approach to mental health intervention necessary to assist participants achieve and maintain rehabilitative, resiliency, and recovery goals.

For FY 2023 – 2024, there were a total of four FACT-IL teams statewide that served 283 individuals.

#### Forensic Multidisciplinary Teams

Forensic Multidisciplinary Teams (FMTs) are a comprehensive approach to diverting individuals from commitment to Forensic State Mental Health Treatment Facilities (SMHTFs) and other residential forensic programs by providing community-based services and supports. The FMTs will serve individuals in the pre- and post-adjudicatory phases, and are available 24 hours a day, 7 days a week.

For FY 2023 – 2024, there were a total of 15 FMTs statewide that served 878 individuals.

#### Care Coordination

Care Coordination provides additional assistance to adults or youth with accessing available services and resources within communities. Care Coordination connects systems including behavioral health, primary care, peer and natural supports, housing, education, vocation, and the justice systems.

For FY 2023 – 2024, Care Coordination served 5,281 individuals including 199 families involved in the child welfare system with behavioral health needs, and 861 youth who are at risk of re-entry to crisis stabilization services, demonstrate repeated readmissions to crisis stabilization services, or are on the waitlist for services by a CAT team.

#### State Opioid Response Programs

The State Opioid Response (SOR) Grant has traditionally been a two-year grant. However, for the SOR-IV project period, an additional third year has been incorporated. The SOR-IV project period began on September 30, 2024. The SOR grants provide funding for prevention, treatment, and recovery support services to individuals identified as misusing opioids or stimulants or having an opioid or stimulant use disorder. Funds cover services such as medication-assisted treatment, therapy, evidence-based



prevention programs, and recovery supports such as housing, employment support, transportation, and peer support.

Individuals Served FY 2023 – 2024		
Treatment and Recovery Support Services	Prevention	Media Impressions
27,038	40,041	2,698,645

### Bridge Programs

A Bridge Program is a partnership between a hospital emergency department or jail and a Managing Entity provider to ensure access to buprenorphine for treatment of opioid use disorders. In FY 2023 – 2024, there were 16,034 individuals screened in an emergency department with 12,570 referred to local providers for continued care. There were 1,358 individuals screened in a jail setting, with 1,104 connected to a local provider for continued care. There are 52 hospitals and 14 jails participating in a bridge program statewide.

### Behavioral Health Consultants

These licensed clinicians are co-located with child welfare staff and provide support to the investigative staff and dependency case managers in understanding the effects of the parent or caregivers' behavioral health issue, assist in understanding the signs and symptoms of opioid use disorders, and the best practices to engage and treat. In FY 2023 – 2024, there were 25,092 child protective investigation cases supported by Behavioral Health Consultants with 15,702 of those cases involving a child five years old or younger.

### Recovery Community Organizations

Through a collaboration with Faces and Voices of Recovery and the Managing Entities, the State Opioid Response grant funds the expansion of Recovery Community Organizations. Faces and Voices of Recovery provides technical assistance, consulting, and education to existing and emerging Recovery Community Organizations. Managing Entities contract with local Recovery Community Organizations to provide direct recovery support services within communities. There are currently 19 funded Recovery Community Organizations in six Managing Entity service areas.

### Oxford House

Oxford Houses are shared residences where people in recovery from substance use disorder can live together and support each other in a drug and alcohol-free environment. The Oxford House Model is a recognized evidence-based practice and encourages the development of leadership skills and self-efficacy. There are currently 198 Oxford Houses throughout 31 counties in Florida providing 1,772 beds for men and women, including both individually and with children. During FY 2023 – 2024 there were 3,999 individuals served through Oxford House.

### Peer-to-Peer for First Responders

In partnership with First Lady Casey DeSantis, the Department invested over \$22 million to support Florida's First Responders and families. In FY 2022 – 2023, the Department expanded peer-to-peer mental health services available for First Responders to bolster existing prevention and intervention services. Services connect First Responders and families with peers trained in offering information and supportive counseling. During FY 2023 – 2024 there were over 31,000 served, over 27,000 first responder staff hours dedicated to providing peer support, and over 89 million views of public awareness messaging.

The Department has agreements and partners with the following providers:

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

The Florida Agricultural and Mechanical University's 2<sup>nd</sup> Alarm Project developed the First Responder Behavioral Health Access Program Toolkit to provide First Responder agencies with comprehensive education and training to improve the promotion of mental wellness within first responder communities. The Department's First Responder Resiliency resource page provides available mental health resources and access to the toolkit (<https://myflfamilies.com/first-responder-resiliency>).

## Florida's Opioid Settlement Abatement Initiatives

### Prevention

#### Primary Prevention and Media Campaigns

In FY 2023 – 2024, the Florida Legislature allocated \$25.4 million for primary prevention services and media campaigns. Primary prevention strategy investments under this category are aimed at using evidence based strategies to educate and raise awareness leading to the mitigation of high-risk behaviors related to the use of prescription or illicit opioid use or the use of other illicit substances for targeted populations in schools and communities; encourage efforts within communities and with community partners to promote healthy lifestyles; and positively influence attitudes, norms, and values by empowering individuals and families.

The Department contracted with a Florida-based communications and marketing firm, to further develop and implement First Lady Casey DeSantis' educational and behavioral change opioid use prevention initiative – *The Facts. Your Future*. This program engages

youth, parents, and communities to raise awareness and reduce opioid and other substance use by promoting healthy decision-making among young people.

#### Overdose Prevention Through Naloxone Saturation

Naloxone saturation refers to the distribution of a sufficient volume of naloxone to prevent overdose deaths. Expanding access to naloxone for drug reversal is an effective tool to strengthen communities' response to overdose. The goal of the statewide naloxone distribution program is to provide easy access to free naloxone to communities in Florida through partnerships with hospitals, county health departments, and community behavioral health settings. This investment provides naloxone kits, educational materials, and training to prevent, recognize, and respond appropriately to an opioid overdose.

In FY 2023 – 2024, the Legislature allocated \$9.75 million for naloxone saturation through the Department's Overdose Prevention Program, which fully expended its funds by purchasing 207,467 kits. Additionally, the FY 2023 – 2024 General Appropriations Act specified that \$250,000 be used to provide the Florida College System and State University System with a supply of emergency opioid antagonists with an auto-injection or intranasal application delivery system for a person believed to be experiencing an opioid overdose. The intent is for an opioid antagonist delivery system to be in each residence hall or dormitory residence. The Department has executed a Memorandum of Understanding with the Department of Education and Board of Governors to equip resident halls and dormitories throughout the Florida College System and State University System with emergency opioid antagonists.

### **Treatment**

#### Treatment and Recovery Support Services

For FY 2023 – 2024, the Department allocated \$20 million to the Managing Entities to distribute to providers throughout Florida for treatment and recovery support services. A comprehensive array of treatment and support services are necessary to assist adults and children with achieving the highest possible level of independent functioning and stability to facilitate recovery. Treatment should include both ancillary health and social services due to the specific detrimental drug effects on both the physical and mental health of individuals that use substances. Through this investment, treatment and recovery support services are being provided to increase access to care, engagement, and retention and to build capacity and enhance outcomes.

#### Court Diversion Programs

The Legislature appropriated \$4 million in FY 2023 – 2024 for court diversion programs. Florida works to partner with court systems and court diversion programs in each circuit throughout Florida to treat individuals with opioid use disorder and co-occurring disorders to divert from jail or prison. Court diversion programs provide access to treatment and wrap around services for individuals with an opioid use disorder (OUD) and identified as

at risk of being sentenced to jail or prison. The goal is to provide evidence-based treatment services in lieu of sentencing and incarceration. The programs can consist of a Screener/Transition Specialist, Clinician, Care Coordinator, and Peer Support Specialist. The awardees include Seminole County Adult Drug Court, Meridian Behavioral, Westcare Foundation, the 4<sup>th</sup> Judicial Circuit of Clay County, Central Florida Cares, and the Martin County Board of County Commissioners.

#### Mobile and On-Demand Medication-Assisted Treatment

The Legislature appropriated \$6 million in FY 2023 – 2024 for on-demand, mobile buprenorphine projects. Mobile medication-assisted treatment (MAT) models provide rapid access to individuals with OUD through a mobile outreach unit capable of on-demand buprenorphine induction and telemedicine. Individuals that receive this service are often homeless or in hard-to-reach areas such as rural counties. Goals of this investment are to expand the reach of MAT to individuals in hard-to-reach areas, increase access to care for underserved individuals, increase induction rates in hard-to-reach areas, and assist individuals in entering and sustaining recovery. The awardees are the Agency for Community Treatment Services (ACTS), Aspire Health Partners, Nassau County Mental Health, Alcoholism and Drug Abuse Council (MHAPAC), Pathways to Wellness, and Westcare Gulfcoast – Florida.

#### Jail-Based Medication-Assisted Treatment

The purpose of Jail-based MAT projects is to deliver evidence-based medications that treat OUD to individuals within jails. Services will be trauma-informed, driven by individual choice, and able to address co-occurring conditions. Wraparound services, Certified Recovery Peer Specialists, and psychiatrists are to be included in the service array. Sustainability plans are required. The awardees are Operation PAR, Meridian Behavioral Healthcare, Inc., and Guidance Care Center, Inc.

#### Hospital Bridge Programs

This investment supports building a network of hospitals who are trained to specifically serve individuals contending with an opioid or other substance use disorder, that have overdosed or experienced other medical problems due to substance use/misuse. Hospital bridge programs utilize Certified Recovery Peer Specialists for engagement, navigation, and warm handoffs. The goal of the hospital bridge program is to enable individuals to engage in treatment and sustain recovery, as opposed to discharging from a hospital without being connected to treatment. For FY 2023 – 2024, 1,124 individuals have been inducted at the hospital and 5,766 individuals have been successfully linked to and continued with community-based treatment. Without a hospital bridge program these individuals would have been discharged from the hospital and may never have sought treatment.

#### Coordinated Opioid Recovery (CORE) Network

CORE Networks expand existing state-supported coordinated systems of addiction care for individuals suffering from substance use disorder, focusing on individuals with an OUD. CORE Networks are comprised of a multi-tiered approach that includes rescue response (EMS), stabilization (emergency departments), and long-term treatment (receiving clinics). CORE Networks disrupt the revolving door of addiction and overdose by providing primary care and peer navigators within the emergency department and immediately connecting individuals to sustainable overall health care. As of FY 2023 – 2024, CORE Networks are now active in 30 counties, covering nearly 88% of the state's population. An additional 17 counties are set to implement CORE Networks in FY 2024 – 2025 and the remaining 20 counties in FY 2025 – 2026. In FY 2023 – 2024, CORE receiving clinics or treatment centers served 63,857 individuals with an SUD, of which 28,194 had an OUD. Of the 28,194 individuals served with an OUD, 18,050 have received MAT.

## **Recovery**

### Peer Supports and Recovery Community Organizations

In FY 2023 – 2024 the Legislature appropriated \$13 million for peer workforce development by hiring more Certified Recovery Peer Specialists and onboarding new Recovery Community Organizations (RCOs) or expanding the footprint of existing RCOs. RCOs are independent, non-profit organizations led and governed by representatives of local communities of recovery who have direct lived experience with substance use and recovery. RCOs provide certified peer recovery support services, in addition to recovery-focused community education and outreach. RCOs work closely with community treatment providers and other stakeholders to provide outreach, information and referrals, wellness recovery centers, and other recovery support services. Peers and RCOs will work closely with hospitals and long-term community-based providers participating in the CORE Network model and Hospital Bridge programs. Both programs utilize the peer workforce to provide care coordination to improve engagement and retention in on-going treatment and recovery support. In FY 2023 – 2024, Opioid Settlement funds helped the Department establish five new RCOs and increase the number of Peer Specialists in the workforce by 106. Additionally, 14 existing RCOs expanded their services or sites.

### Recovery Housing

The FY 2023 – 2024 General Appropriations Act allocated \$8.7 million to the Department for Recovery Housing. This investment is used to expand recovery housing for individuals with or in remission from OUD. This funding is intended to bolster access to housing to help individuals achieve recovery, reduce overdoses and other adverse health outcomes. Use of funds range from acquisition of real property, new construction of housing, rental assistance, and renovations for the purpose of providing stable housing for individuals in recovery from an OUD. Of the funding allocated in FY 2023 – 2024, \$1.3 million was committed to expanding the number of Oxford Houses in Florida. Oxford Houses are recovery residences, that feature self-supported homes allowing residents on

medication-assisted treatment, and feature access to 24-hour support from peers in recovery. Oxford House residents experience improvements in abstinence, earnings from employment, and reductions in incarceration. Funds from the Opioid Settlement will be used to secure rental properties and defray initial operational startup costs for at least six new Oxford House charters per quarter. As of July 2024, 20 new houses with 175 beds have been established so far using settlement funds. A Request for Applications is under development to deploy the remaining funds. The intent is to support flexible rental assistance programs that house individuals with OUDs in ways that support entry into care if needed, prevent relapses, and bolster recovery.

## **Administration & Oversight**

### Office of Opioid Recovery

Florida is assembling experts consisting of research analysts, epidemiologists, outreach specialists, consultants, and clinical evaluators. These experts create a real-time analysis environment to improve, control, define, and measure. The Office of Opioid Recovery actively works with community partners to identify problems, design best practice data-driven solutions, and track outcomes. These experts focus on improving coordination and raising clinical care to national best practice levels to aid patients, communities, and families on the road to recovery.

## **Workforce Development**

### Specialized Training in Graduate Medical Education

In FY 2023 – 2024, the Legislature allocated \$4,036,031 to support specialized Graduate Medical Education (GME) programs to enhance the training of medical professionals specializing in psychiatry, pain medicine, addiction medicine, and other fields related to the treatment of individuals with OUD, co-occurring substance use disorder SUD, and other mental health conditions. The Department released a Request for Applications and anticipates posting awards at the end of 2024.

## **Data Collection & Research**

### Applied Research through Florida Universities

The nature of the opioid epidemic underscores the need for sophisticated modeling and ongoing evaluation of the different facets of the situation and the effectiveness of the applied solutions. To achieve this, the Department is partnering with Florida State University and their Florida Center for Prevention Research, under the Institute of Science and Public Affairs, on applied research projects related to opioid abatement activities. Experts will develop the most accurate estimates of opioid misuse, OUDs, and opioid-related harms. Researchers will obtain and develop a variety of relevant public and proprietary Florida-specific datasets and incorporate them into sophisticated models that evaluate and predict the impacts of investments in evidence-based services, as well as

various data depiction dashboards and repositories. Secret shopper calls will be used to identify system gaps, including barriers to 24/7 access to MAT among other topics, which will evolve over time.

#### Statewide Integrated Data System

In FY 2023 – 2024 the Legislature allocated \$5 million for the development of a Statewide Integrated Data System. These funds were used for staff augmentation, incorporating roles such as a Project Manager, Business Analyst, Application Developers, Database Architect, Webmaster, Data Integrators, Dashboard Developers, and Data Scientists. In addition to staffing, the Department invested in essential technological infrastructure and tools, including Electronic Data Interchange (EDI) health claim processing software, Azure Cloud infrastructure, Azure databases, a Data Warehouse, a Master Data Management solution, a Data Integration tool, and artificial intelligence software. The Statewide Integrated Data System, termed the Opioid Data Management System (ODMS) allows for providers and recipients of settlement funds to submit data for patient-level service claims, such as those for treatment for OUD. It also allows recipients to submit reports of expenditures by quarter in effort to collect data on where and how money is being spent and the approved use and core strategy categories determined as appropriate by the funds' recipients. Users may also upload implementation plans.

#### Online Bed Availability System

A bed availability system improves access to available services aimed at aiding individuals recovering from OUDs.. This investment supports the development of a platform that will be available to the public at no cost, with near real time residential capacity. The platform will provide information about providers to the public and bed availability information to authorized users. After publishing a Request for Quotes, Bamboo was selected as the vendor for the Bed Availability System. Bamboo will establish processes for collecting data on bed type and availability and presenting it via web access.

#### State Mental Health Treatment Facilities

Since 1876, the State of Florida has been delivering intensive inpatient behavioral health care to individuals with an array of chronic behavioral health conditions. These conditions have included schizophrenia, personality disorder, bipolar, severe depression, substance use disorder, dual diagnosis, suicidal behavior, ideations, or threats of suicide. The State Mental Health Treatment Facility system is comprised of six inpatient behavioral health facilities representing 3,185 inpatient beds. Although these six facilities operate as one cohesive system, three are operated by the Department, representing 73% of total inpatient beds. The remaining three are managed through a contracted vendor and represent 27% of total inpatient beds.

Individuals enter State Mental Health Treatment Facilities through one of the two following processes; A referral by one of Florida's 20 circuit courts through the 67 county sheriff

offices under Chapter 916, F.S., referenced as forensic patients, or are referred from one of the 120 designated receiving facilities under Chapter 394, F.S., Baker Act, referenced as civil patients. On average, staff review forensic and civil patient packets within 48 to 72 hours of submission and provide feedback. If the packet is complete, the individual is placed on the respective waitlist and admissions are scheduled based on facility bed availability.

During FY 2023 – 2024, the State Mental Health Treatment Facilities expanded overall inpatient behavioral health capacity from 2,384 to 3,185 beds, an addition of 801 beds, an increase of 34%. These additional beds have resulted in a decrease in the number of individuals in local jails waiting for admissions greater than 15 days by 55% and the number of individuals waiting in Baker Act receiving facilities by 83%. Commitments received by circuits for state mental health facility placement continue to rise from pre-pandemic levels of 1,618 to 2,599 during FY 2023 – 2024. This represents an approximate 60% rise in patients needing services in the most secure setting.

Timing of discharge and discharge planning is critical to ensuring that individuals are clinically prepared and connected to resources within their local communities. This preparation ensures the reduction of readmission or recidivism, which is the classification of individuals that are discharged from a facility and then return for inpatient care. Florida's forensic and civil readmissions or recidivism rates continue to perform well below national rates. During FY 2023 – 2024, the state's 30-day forensic readmission rate was 0.18% (under the national rate of 3.3%), the 180-day forensic readmission rate was 2.20% (under the national rate of 10.8%), the 30-day civil readmission rate was 0% (versus the national rate of 7.8%), and the 180-day civil readmission rate was 4.57% (under the national rate of 17.9%).

#### Service Gaps and Needs

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

Safe and affordable housing continues to be a top need identified by the Managing Entities, and the Department remains focused on expanding supported housing for individuals experiencing homelessness or those who are at-risk of becoming homeless and contending with serious mental illness and substance use disorders. Managing Entities maintain housing support as a high priority, and this is integral to the Department's goals of prevention and expanding access. The Department recognizes supportive housing as a cornerstone for recovery and aims to provide continuity of care and stability



for Floridians living with serious mental illness and co-occurring substance use disorders to achieve recovery goals while also reducing the utilization of shelters, hospitalizations, and involvement with the criminal justice system. Evidenced-based pillars for effective supportive housing for this population include treatment and recovery supports; housing access and management; and community connections and partnerships. The Department in collaboration with the Managing Entities continues to explore new partnerships with local housing providers, homeless coalitions, and hiring care coordinators who work exclusively with supporting housing.

## Improving Data Collection

The changing nature of the opioid epidemic underscores the need for fundamental changes in the collection and use of data so that individuals are linked to the implementation of effective service, treatment, and prevention approaches. With the modernization of data systems, SAMH will be able to identify trends to anticipate needs, redirect resources, and evaluate the effectiveness of interventions, including policy changes and reallocation of resources. Monitoring and modeling of geographic hotspots will be useful for understanding trends and patterns of opioid use and opioid use disorder.

The Department prioritizes analyzing data in ways that provide a deeper understanding of system challenges to improve outcomes for the individuals served and acknowledges the importance of access to near real-time data in informing practice.

While Baker Act data is robust and provides insightful information, the Department continues to identify areas to improve efficiency and strengthen critical services to Floridians. As a result, the Department developed and launched a web-based Baker Act Data Collection System to streamline data collection while enhancing data quality, accessibility, timeliness, and reporting through a public facing dashboard.

These enhancements will enable the Department to better meet priorities as the state's mental health and substance use authority, while allowing partners and stakeholders to make community-level decisions regarding crisis care using near real-time data.

## Interagency Collaboration

The Department engages in several strategic initiatives to involve stakeholders and Floridians in improving the behavioral health system of care, increasing knowledge of how to access services and supporting and obtaining important feedback about successes, potential barriers and gaps. Updates regarding these initiatives are highlighted below.

### The Commission on Mental Health and Substance Use Disorder

Established in 2021 as defined in section 394.9086, F.S., and ratified in 2023 by the Legislature, the tasks of the Commission on Mental Health and Substance Use Disorder

(Commission) are to review and evaluate the current effectiveness of behavioral health services, identify barriers to care, and make recommendations regarding policy and legislative action to implement improvements. In addition, the Commission is responsible for assessing priority population groups that could benefit from publicly funded care and proposing recommendations to manage the delivery of services. The Commission must identify gaps in behavioral health care and assess current staffing levels and availability of services across Florida.

The Commission's Annual Interim Report is submitted to the President of the Senate, the Speaker of the House of Representatives, and the Governor annually through January 1, 2025, until the submission of the final report by September 1, 2026.

#### Behavioral Health Regional Collaboratives

To strengthen community networks and cross agency collaboration, the Commission recommended establishing regional collaboratives, led by the Department and the Agency for Health Care Administration (AHCA). House Bill 7021 requires the Department and AHCA to jointly establish regional behavioral health interagency collaboratives throughout the state. The Department has the sole responsibility of defining the region to be served by each collaborative and facilitating meetings. To accomplish this, the Department has developed positions, referred to as Regional Collaborative Coordinator's, with one position for each of the six regions throughout the state.

The regional collaborative membership shall, at a minimum, be composed of representatives from the following groups serving each region: the Department, AHCA, Agency for Persons with Disabilities, Department of Elder Affairs, Department of Health, Department of Education, school districts, Area Agencies on Aging, community-based care lead agencies, Managing Entities, providers, hospitals, Medicaid Managed Medical Assistance Plans, police departments, and Sheriffs' offices.

The goal of the collaboratives is to identify and address ongoing challenges at the local level and create opportunities to improve the accessibility, availability, and quality of behavioral health services in the state.

#### The Suicide Prevention Coordinating Council

The Department's Statewide Office for Suicide Prevention works to develop initiatives and coordinate the state's suicide prevention efforts. The Statewide Office for Suicide Prevention's tasks include chairing the Suicide Prevention Coordinating Council, drafting and publishing the council's annual report, and developing the state plan for suicide prevention. The Statewide Office for Suicide Prevention maintains the Department's suicide prevention webpage, <https://www.myflfamilies.com/suicideprevention>, and provides educational materials and resources to individuals and agencies on suicide prevention best-practices.

Social media posts during the month of September extended support to Florida's observance of Suicide Prevention Awareness Month, risk and warning signs for suicide, common myths about suicide, and help-seeking information, including the promotion of the suicide prevention website. The posts accumulated more than 35,000 impressions. Educational materials with the suicide prevention website were distributed across the state during various meetings and community events held in August and September, to include attendees of the Florida Behavioral Health Associations Behavioral Health Conference and the Annual Florida Children and Families Summit.

The Suicide Prevention Coordinating Council has 31 voting members and one non-voting member representing a diverse suite of state agencies, organizations, and suicide prevention stakeholders. The Suicide Prevention Coordinating Council advises on the development of the statewide strategic plan; makes findings and recommendations regarding evidence-based suicide prevention programs and activities; and prepares the annual report on the status of suicide prevention efforts within the state and recommendations for further improvement. The Florida Suicide Prevention Strategic Plan demonstrated success across each of the four focus areas of awareness, prevention, intervention and caring follow-up and support.

#### The Statewide Council on Opioid Abatement

The Statewide Council on Opioid Abatement (Council) is responsible for enhancing the development and coordination of state and local efforts to abate the opioid epidemic and to support the victims and families of the crisis. The Council also analyzes how settlement funds are being expended and the investment outcomes; collaborating with the Statewide Drug Policy Advisory Council to ensure alignment of efforts; reviewing local, state, and national data on a regional and statewide basis to advise on the stage of the opioid epidemic; reviewing data from local governments, other states, and national agencies pertaining to how funds are spent and the effectiveness of programs and metrics.

The Council is composed of 10 members, including the Florida Attorney General, Ashley Moody, who serves as chair, and the Secretary of the Florida Department of Children and Families, Shevaun L. Harris, who serves as vice chair. In December 2023, Attorney General Moody appointed Sheriff Dennis Lemma of the Seminole County Sheriff's Office to serve as her designee on the Council. The Council meets quarterly or upon the call of the chair via teleconference or in-person.

Beginning on December 1 of each year, the Council presents an annual report on how the Opioid Settlement funds were spent during the previous year by the state, Managing Entities, counties, and municipalities. The report must also contain recommendations to the Governor, the Legislature, and local governments on how Opioid Settlement funds should be prioritized and spent in the coming fiscal year.