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Assessment of Behavioral Health Services

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

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Introduction

The Florida Department of Children and Families (Department), Office of Substance Abuse and Mental Health (SAMH) serves as the single legislatively designated mental health and substance abuse authority for the state. 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 (MEs) that work with inpatient facilities, community behavioral health centers, and numerous other providers to ensure access to and delivery of coordinated care across multiple levels depending on severity.

In accordance with section 394.4573, Florida Statutes (F.S.), the Department must submit an annual assessment to the Governor, President of the Senate, and Speaker of the House of Representatives that provides an Assessment of Behavioral Health Services in the state to include:

- Extent to which designated receiving systems function as no-wrong door models.
- Availability of treatment and recovery services that use recovery-oriented and peer-involved approaches.
- Availability of less-restrictive services.
- Use of evidence-informed practices.
- Availability of and access to coordinated specialty care programs.
- Identified gaps in the availability of access to behavioral health programs in the state.

The annual needs assessments submitted to SAMH by the MEs, identifies top behavioral health priorities for each region, proposed strategies to implement, and resources required. As required by section 394.4573, F.S., all documentation submitted by MEs to the Department are included in the Appendix.

Florida Managing Entities

The Department contracts with seven organizations referred to as the MEs for community based behavioral health services. The purpose of the MEs is to plan, coordinate, and subcontract for the delivery of community mental health and substance use services, improve access to care, promote service continuity, purchase services, and support efficient and effective delivery of services.

Behavioral health services coordinated by the MEs include assessment, mental health and substance use outpatient therapy, case management, residential services, peer support, crisis stabilization services, Mobile Response Teams (MRTs) and other social supports such as, supported housing, supported employment, and vouchers for incidentals which may include transportation, clothing or education. Individuals contending with serious mental illness and/or substance use disorder are among the most vulnerable in the state.

To promote better access to behavioral health services and care coordination across providers and levels of services, the Florida Legislature implemented requirements for the Department to contract with non-profit, community-based organizations to work with providers on the local level to ensure that these individuals receive prompt services and avoids gaps in care.

In accordance with section 394.9082, F.S., SAMH oversees the performance of MEs, collects and collates data, and identifies successes and areas for improvement.

The MEs provide oversight for the delivery of behavioral health services in each of the Department's six regions. The MEs are responsible for the following statutorily requirements:

- Establish a comprehensive network of qualified behavioral health providers that is sufficient to meet the needs of a region's population.
- Implement a coordinated system of care that allows for the prompt sharing of information across providers, having referral agreements, and sharing protocols to ensure better health outcomes.
- Collaborate with public receiving facilities and housing providers to support individuals and prevent inpatient readmissions.
- Create strategies to divert youth and adults contending with mental illness and/or substance use disorders from the criminal justice or juvenile justice systems, in addition to integrating behavioral health services with the Department's child welfare system.
- Promote care coordination activities across the network and monitor provider performance to ensure compliance with state, federal, and any grant requirements.
- Establish and maintain relationships with local stakeholders such as governmental bodies (e.g., county or city commissions), community organizations, and the families of individuals served.
- Managing funds and exploring additional third-party payment sources, such as grants and local matching amounts.

The following summary identifies each ME and the counties they serve:

- **Northwest Florida Behavioral Health Network (NWF Health Network):** NWF Health Network oversees and coordinates behavioral health services covering 18 counties, starting in Madison and Taylor Counties, and throughout the panhandle.
- **Broward Behavioral Health Coalition (BBHC):** BBHC oversees and coordinates behavioral health services across Broward County.
- **Central Florida Cares Health System (CFCHS):** CFCHS oversees and coordinates behavioral health services for Brevard, Orange, Osceola, and Seminole Counties, with providers throughout Central Florida.
- **Central Florida Behavioral Health Network (CFBHN):** CFBHN oversees and

coordinates behavioral health services across 14 counties from the Tampa Bay area to Fort Myers and Naples, with providers throughout Southwest Florida.

- **Lutheran Services of Florida Health Systems (LSF Health Systems):** LSF Health Systems oversees and coordinates behavioral health services in 23 counties located in Northeast Florida, including Alachua, Citrus, Duval, and Volusia Counties.
- **Southeast Florida Behavioral Health Network (SEFBHN):** SEFBHN oversees and coordinates behavioral health services across five counties in South Florida from Indian River to Palm Beach.
- **Thriving Mind South Florida Behavioral Health Network (Thriving Mind):** Thriving Mind oversees and coordinates the delivery of community behavioral health services for the state's largest metropolitan area which includes Miami-Dade and Monroe Counties.

Florida is a diverse state with a growing population. MEs face unique challenges, including disaster response initiatives, and each approaches the coordination and delivery of behavioral health services uniquely to meet community needs.

The Department's Priority Areas

For Fiscal Year (FY) 2023-2024, SAMH will focus on expanding community-based services to better support the vulnerable populations served. Such services include various teaming models Community Action Treatment (CAT) teams, Family Intensive Treatment (FIT) teams, Florida Assertive Community Treatment (FACT) teams, and MRTs. All services have seen an increase in demand with some teams maintaining wait lists. A SAMH goal for FY 2023-2024 year is to use appropriations to increase services to reduce wait times and improve access. By aiding individuals at the community level, the Department can reduce inpatient admissions, out-of-home placements for youth, and involvement with the criminal justice system.

SAMH is focusing resources to improve substance use disorder services, increasing access to residential and outpatient treatment, detoxification services, housing support, childcare, and case management. The Department is working to ensure access to FIT teams for families where one or both parents contend with substance use disorder. Through early intervention, implementing services can further improve outcomes, improve parental protective capacity, reduce out-of-home placements, and accelerate reuniting families while helping to establish stable home environments for youth as they grow and develop.

Given that Florida's population continues to rise at a rapid rate, a challenge that exists is the need for more affordable housing for individuals contending with mental health or substance use disorders. The Department's priority is aiding individuals who are experiencing homelessness or are at-risk of homelessness, to not only provide sustainable living conditions but to prevent readmissions to acute care services or criminal justice systems. Such aid can start individuals on the path to economic self-sufficiency, which is a goal pertaining to Hope Florida—A Pathway to Prosperity.

In addition to increasing access and expanding community-based services, SAMH remains committed to addressing mental health and substance use disorder across the state. This includes working to treat individuals before reaching a point that involves inpatient admissions or criminal justice involvement. Providing access to individuals at the community and outpatient levels can prevent more intensive and costly services. The Department's objective is for individuals who are experiencing a mental health or substance use disorder for the first time, not to have their first encounter with behavioral health providers at an inpatient setting. This is achievable through improved integration of primary care and behavioral health services, better care coordination, and reducing gaps in treatment.

The Department collaborates with MEs on priority area initiatives. To aid this process, each ME has identified its top priorities and strategies for the coming year. This assessment highlights and explains where the MEs have the greatest need and specifies which needs are more regionally based or statewide. The following provides the annual assessment of behavioral health service needs as statutorily required.

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Extent to Which Designated Receiving Systems Function as a No-Wrong-Door Model

Section 394.4573(1)(d), F.S., defines the no-wrong-door model as "a model for the delivery of acute care services to persons who have mental health or substance use disorders, or both, which optimizes access to care, regardless of the entry point to the behavioral health care system." The Central Receiving Systems (CRSs) implement the no-wrong-door model when individuals access behavioral health services and coordinate services among various providers.

To support the no-wrong-door model, the Department provides policy guidance and allocates resources to maintain CRSs. A CRS serves as a single-entry point for individuals needing evaluation or stabilization under Chapters 394 or 397, F.S., or crisis services. The CRSs conduct initial assessments, triage, case management, provide opportunities for jail diversion offering a more suitable and less costly alternative to incarceration, reduce the use of emergency departments, and increase the quality and quantity of services through care coordination and recovery support services.

The target populations for CRSs are:

- Individuals needing evaluation or stabilization under section 394.463, F.S. (Baker Act).
- Individuals needing evaluation or stabilization under section 397.675, F.S. (Marchman Act).
- Individuals needing crisis services as defined in section 394.67(17) and (18), F.S.

The CRS program will serve 30 counties (details are included in Table 1) when several new programs funded in 2023 are fully operational. While the majority are funded solely under the dedicated "Central Receiving Facility" appropriation in the annual General Appropriations Act, two systems are funded with a combination of recurring category and nonrecurring proviso project appropriations, and two systems are funded solely with nonrecurring proviso project appropriations.

Table 1: Central Receiving Systems

Managing Entity	Provider	Location(s)
NWF Health Network	Apalachee Center	Leon, Franklin, Gadsden, Jefferson, Liberty, Madison, Taylor, and Wakulla
	Lakeview Center	Escambia
	Baptist Health Care	Escambia, Santa Rosa

BBHC	Henderson Behavioral Health	Broward
CFBHN	Gracepoint	Hillsborough
	Centerstone	Manatee
	First Step of Sarasota	Sarasota
	David Lawrence Center	Collier
	Charlotte Behavioral Health Care	Charlotte, Desoto
CFCHS	Aspire Health System	Orange, Seminole
	Park Place Behavioral Health	Osceola
	Circle of Care	Brevard
LSF Health Systems	LifeStream Behavioral Center	Lake, Sumter, Citrus
	Mental Health Resource Center	Duval
	Meridian Behavioral Healthcare	Alachua
	SMA Healthcare	Volusia
	Flagler Hospital	Flagler
SEFBHN	NeuroBehavioral Hospitals	Palm Beach
Thriving Mind	Banyan Health Systems	Miami-Dade

Since implementation, CRSs have demonstrated the following outcomes:

- Reductions in drop-off processing times by law enforcement officers for admission to receiving facilities for examination and treatment.
- Increased participant access to community-based behavioral health services following referrals.
- Reductions in the number of individuals admitted to a state mental health treatment facility (SMHTF).
- Increased coordination with stakeholders, such as law enforcement, specialty courts, hospitals, counties, substance use treatment providers, Continuums of Care for the homeless, housing providers, etc.
- Increased service coordination to include resources such as care coordination, information and referrals, peer support, housing, employment, medical care, food, clothing, transportation, etc.
- Diversion from acute care and SMHTFs (civil/forensic), as well as forensic involvement.

The Availability of Less Restrictive Services

The current behavioral health services for youth and families include community-based prevention programs, outpatient care, in-home services, crisis stabilization, and residential treatment. In addition, teaming models such as FACT, MRT, FIT, CAT, and Coordinated Specialty Care for Early Psychosis Teams are available. Below is a high-level review of SAMH strategies that increase access to less restrictive services through collaboration efforts across behavioral health providers.

Short-term Residential Treatment (SRT): SRT provides care for individuals who are no longer experiencing a psychiatric emergency but need additional stabilization services prior to community placement and are a less restrictive alternative to a SMHTF for adults or a statewide inpatient psychiatric program for youth. SRT services allow adequate time to complete discharge planning after the examination period, including arranging continued treatment in the community, and addressing treatment barriers, such as housing and transportation. These planning activities are critical to preventing rapid readmission to crisis stabilization services and can be an alternative option from longer term residential treatment.

The Department planned for additional SRT bed capacity for youth through expanded funding and adopting rule changes to eliminate certain regulatory barriers.

Community Action Treatment (CAT) Teams: CAT teams are an in-home intensive treatment model that works with a family but focuses on the youth. Working together, these providers deliver community-based services to youth ages 11-21 with a mental health or co-occurring substance use disorder diagnosis, with any accompanying characteristics such as being at-risk for out-of-home placement. In FY 2022-2023, the Department expanded the capacity of CAT teams by funding 28 new teams and developing three new models: teams to focus on the youth population between zero to 10 years old; an in-home family treatment team approach; and a family crisis care coordination model. CAT teams have shown improved outcomes, including keeping youth at home and in the community, providing individualized treatment services and supports, assisting with successful transition to adulthood, and building natural supports within the community to help sustain gains made in treatment. This model is a safe and effective alternative to out-of-home placement for youth with serious behavioral health conditions. Upon successful completion, youth and families have the skills and natural support system needed to maintain improvements.

During FY 2022-2023, CAT teams served 3,576 families representing a five percent increase from 2021-2022. At the time of discharge 86 percent of youth reported improved family functioning and 90 percent demonstrated an improvement in the individual functioning. The average cost per youth and family served is approximately $11,620 (total allocation of $41,555,000 / number of families served). As a comparison, the rate for

Medicaid-funded statewide inpatient psychiatric programs is $513.31 per day (average length of stay 6-months, totaling over $92,396 per youth) demonstrating a cost saving over residential services. In addition to cost savings, CAT teams focus on keeping young individuals at home with their families and connected to their communities.

Transitional Vouchers: Targeted for individuals who frequent inpatient settings, transitional vouchers serve to reduce inpatient readmissions and homelessness. These efforts include a thorough assessment of needs, as well as connections with community services and supports. Throughout FY 2022-2023, the MEs reported utilizing 5,721 transitional vouchers, primarily for housing assistance and subsidies.

The Department increased funding resources for non-24-hour-care services and supports. Table 2 and Table 3 below outline the estimated FY 2023-2024 allocations from the MEs for less restrictive services.

Table 2: Managing Entity Allocations	
Managing Entity	**Estimated Total Contracted for Less Restrictive Services**
NWF Health Network	$50,306,910
BBHC	$138,545,164
CFBHN	$54,995,830
CFCHS	$124,004,831
LSF Health Systems	$55,442,625
Thriving Mind	$60,351,612
SEFBHN	$61,980,831
Non-ME Contracts	$36,054,325
Total	**$581,682,128**

Table 3: Managing Entity Allocations by Program	
Targeted Program	**Estimated Total Contracted for Less Restrictive Services**
Adult Mental Health	$259,176,233
Adult Substance Abuse	$150,007,204
Children's Mental Health	$107,552,531
Children's Substance Abuse	$64,946,160
Total	**$581,682,128**

The Use of Evidence-Informed Practices

The Department requires the use of evidence-informed practices or evidence-based practices throughout the continuum of the behavioral health system of care to ensure the populations served receive quality services and access programs that yield positive outcomes. Evidence-based practices are those having demonstrated effectiveness with established generalizability replicated in different settings and populations through peer-reviewed research. The MEs incorporate monitoring procedures into the provider network contracts to assess the feasibility and effectiveness of the programs in place. Evidence-based practices that are currently utilized include medication-assisted treatment, motivational interviewing, assertive community treatment, cognitive behavioral therapy, and trauma informed care.

The Department has focused on assessing the needs of the family unit. During previous needs assessments, the Department identified evidence-based programs and gaps in the appropriate levels of care for families. Research demonstrates that only addressing the needs and emotional issues of the child without further discussion with other members of the family fails to ensure the most optimal outcomes. The Department allocated funds to establish seven new teams to provide evidence-based, intensive in-home behavioral health services focusing on the entire family. In addition, the Department designed a new model to ensure this treatment focus becomes part of Florida's system of care. The model provides for family-centered services aligned with the goals of the Family First Prevention Services Act (FFPSA). Teams have adopted one of the following evidence-based practices:

- *Functional Family Therapy (FFT)* is a family-based prevention and intervention program. Evaluations show that, compared to controls, FFT participants show greater improvements in family, school, and vocational functioning. The FFT youth participants show lower levels of impulsivity, depression, substance use disorder, anxiety, and are less likely to engage in suicidal ideation, self-mutilation, aggression, delinquency, and running away.
- *Multisystemic Therapy (MST)* is a family and community-based treatment program for adolescents with problem behaviors. Evaluations show that, compared to controls, youth in MST have lower recidivism, rearrest, incarceration, delinquency, and peer aggression. Youth also have improved family cohesion, social skills, functioning at home, school/work, and in the community. Mood and emotions also showed greater improvement, relative to the control group.
- *Homebuilders* provides intensive, in-home counseling, skills building, and support services for families with children at risk of out-of-home placement or in need of reunification. The Title IV-E Prevention Services Clearinghouse rates Homebuilders as a "well-supported" practice because "at least two studies with non-overlapping samples carried out in usual care or practice settings achieved a rating of moderate or high on design and execution and demonstrated favorable effects in a target outcome domain." An evaluation documented favorable effects on child permanency

(planned permanent exits).

- *Parent-Child Interaction Therapy (PCIT)* utilizes trained therapists to coach parents on behavior management and skills such as communication, problem-solving, and child-centered play. PCIT is superior to controls for reducing child externalizing behaviors, parent-related stress, and child-related stress. Children in PCIT present to be more compliant with parent requests.

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Needs Identified by the Managing Entities

The following sections provide descriptions of the priority needs identified by the MEs. In their needs assessments, the organizations reported areas requiring additional funding varying from expanding services. In addition, the quantity of identified needs varied between MEs. The MEs continue to cite housing and housing coordination as a greatest need, as well as Care Coordination and case management, jail and forensic facility diversion, and the expansion of behavioral health services. Depending on the region, each ME faces unique challenges and proposes specific solutions to overcoming them.

Table 4: Managing Entity Priority Needs

Managing Entity	Priority Needs	Associated Budget
Northwest Florida Health Network (NWF Health Network)	Jail and Forensic Facility Diversion: Central Receiving System	$ 2,500,000
	Expanding Behavioral Health Services: Family Support Programs – Multi-Systemic Therapy Program	$ 1,000,000
	Care Coordination: Early Childhood Care Coordination	$ 860,000
	Jail and Forensic Facility Diversion: Increase Forensic Services	$ 1,300,000
	NWF Health Network Total	**$ 5,660,000**
Lutheran Services of Florida Health Systems (LSF Health Systems)	Workforce Recruitment, Retention, and Sustainability Plan***	$ 4,591,586
	Housing: Care Coordination/Housing Coordination	$ 3,601,400
	Jail and Forensic Facility Diversion: Behavioral Health/Law Enforcement Co-Responder Teams	$ 2,198,144
	LSF Health Systems Total	**$ 10,391,130**
Central Florida Behavioral Health Network (CFBHN)	Expanding Behavioral Health Services: Mental Health and Substance Abuse Budget	$ 4,925,000
	Expanding Behavioral Health Services: School-Based Prevention Programs	$ 808,162
	Housing: Supported Housing Options	$ 750,000
	Funding ME Operations***	$ 1,181,659
	CFBHN Total	**$ 7,664,821**
Central Florida Cares Health System (CFCHS)	Expanding Behavioral Health Services: Family Functional Therapy-Child Welfare Focus	$ 565,000
	Expanding Behavioral Health Services: Wraparound Services-Brevard County	$ 155,098
	Housing: Adult Mental Health Residential Treatment	$ 1,069,450
	Housing: Transitional Housing	$ 1,551,651
	Expanding Behavioral Health Services: Adult Mobile Response Team-Brevard County	$ 380,276
	CFCHS Total	**$ 3,721,475**
Southeast Florida Behavioral Health Network (SEFBHN)	Expanding Behavioral Health Services: Provider Stabilization for Core Outpatient Mental Health Services	$ 2,000,000
	Housing: Expansion of Supported and Transitional Housing	$ 1,000,000

	Increased Administrative Funding***	$ 500,000
	Expanding Behavioral Health Services: Expansion of Community Action Teams	$ 500,000
	Expanding Behavioral Health Services: Primary Care / Behavioral Health Care Clinic	$ 100,000
	SEFBHN Total	**$ 4,100,000**
Broward Behavioral Health Coalition (BBHC)	Jail and Forensic Facility Diversion: Broward Forensic Alternative Center	$ 3,358,000
	Jail and Forensic Facility Diversion: Fund Priority of Effort for SRT Services for Jail Diversion Individuals Served	$ 3,358,000
	Jail and Forensic Facility Diversion: Fund Priority of Effort for Stepping-Up Initiative for Jail Diversion	$ 510,400
	Housing: Housing and Care Coordination Teams, and Family/Peer Navigator	$ 2,050,000
	Expanding Behavioral Health Services: Multi-Disciplinary Treatment Teams	$ 1,750,000
	Ensure Recurrent funding for the Operational Integrity of the Managing Entity***	$ 1,027,267
	Zero Suicide Initiative	$ 500,000
	BBHC Total	**$ 12,553,667**
South Florida Behavioral Health Network dba Thriving Mind South Florida (Thriving Mind)	Housing	$ 1,400,000
	Care Coordination: System Level Care-Coordination	$750,000
	Care Coordination: Enhanced Case Management	$ 1,438,992
	Expanding Behavioral Health Services: Youth Respite Program	$ 582,400
	Expanding Behavioral Health Services: Peer-Led Adult Respite Program	$ 1,000,000
	Thriving Mind Total	**$ 5,171,392**

*** Notes a direct administrative ME budget priority.

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Housing

The Department recognizes housing as a cornerstone for recovery from mental health and substance use disorders and aims to provide continuity of care and stability for individuals with serious mental illness with co-occurring substance use disorder to achieve recovery goals, while also reducing the utilization of shelters, hospitalizations, and involvement with the criminal justice system. Six of the seven MEs identified housing as a priority area for additional resources. Considering that Broward and Miami-Dade Counties have some of the most expensive home and rental costs, in addition to shortages, the MEs serving those areas see housing as one of the greatest needs for the individuals they serve.

Thriving Mind proposes strategies to improve collaboration with community partners and strengthen relationships with housing providers, developers, and the Florida Housing Finance Corporation. The goal is for these new community partnerships, with local homeless coalitions and other non-traditional partners, to help access supportive housing services and find affordable residences. Thriving Mind aims to serve 210 adults with a request for $1,400,000.

SEFBHN proposes to provide supportive housing services to assist with access to transitional housing, applying for public benefits. The program will help participants access other resources such as transportation and supportive employment, and eventual transition to independent living. The ME will focus on assistance to certified Recovery Residences for individuals with substance use disorders beginning medication-assisted treatment. The SEFBHN aims to serve 150 individuals, with a request for $1,000,000.

To address the limited affordable housing options, CFCHS, proposes to provide counseling and psychoeducational training in a safe and stable environment with nutritional meals provided and medication monitoring. Staff will be on-site 24 hours a day to monitor residents and maintain safety. Individuals will have access to a full continuum of services on-site. Additional support will include assistance to work towards independence such as employment skills, utilizing public transportation, and building a support system. The goal of the program will be to provide all necessary supports for individuals to live independently and transition into permanent housing. CFCHS aims to serve 60 individuals with a request for $1,551,651 to contract with Aspire Health Partners.

BBHN currently addresses homelessness through improved care/housing coordination, but the ME identified a need for sustainable funding to continue teams that consist of care coordination managers, peer support specialists, and a housing/benefits coordinator. These teams aid individuals who are homeless or at-risk of homelessness with navigating levels of care and addressing any barriers to sustainable housing. The BBHN aims to serve 140 adults with a request for an additional $2,050,000.

LSF Health Systems proposes to expand care/housing coordination. This strategy aims to prevent homelessness by serving high risk, high service utilizing individuals. To implement,

LSF Health Systems proposes to add three housing coordinators (each oversees multiple circuits) and two housing resource development specialists. These staff, along with a data manager, will identify individuals that can benefit from housing coordination services that will include assessing needs, linkage to appropriate supports, shared decision making, and providing vouchers to aid with initial expenses. For its entire care coordination plan, LSF Health Systems aims to assist 500 individuals in Northeast Florida and requests $3,601,400.

CFBHN operates in an area that has an increased number of individuals contending with mental illness and substance use who face challenges in securing sustainable housing. Considering that this ME oversees the region affected by Hurricane Ian in 2022, sustainable housing for this vulnerable population continues to be a challenge as much of the housing supply was destroyed and rebuilding efforts have been slow. The CFBHN aims to serve 272 individuals with a request for $750,000 to increase housing vouchers.

These identified priorities directly correspond to the Department's goal of addressing the affordable housing crisis and preventing intensive behavioral health services, as well as recidivism. By providing eligible individuals who are homeless or at-risk of homelessness with sustainable housing, the Department can better aid them in a stable setting that will promote improved outcomes and potentially lead to stable employment.

Table 5: Managing Entities' Proposed Housing Strategies

Managing Entity	Housing Strategy	Number Served	Requested Amount
BBHC	Housing and Care Coordination Teams	140	$ 2,050,000
CFCHS	Transitional Housing	60	$ 1,551,651
LSF Health Systems	Housing Coordination and Care Coordination	500	$ 3,601,400
CFBHN	Increase Supportive Housing Options	272	$ 750,000
SEFBHN	Supportive Housing Services and Transitional Housing	150	$ 1,000,000
Thriving Mind	Community Partnerships Housing Collaborative	210	$ 1,400,000

Care Coordination and Case Management

For individuals contending with mental illness and substance use disorders, a lapse in care can have negative consequences, such as an admission to an emergency department, inpatient facility, or crisis stabilization unit. In some cases, not receiving the right care at the right moment can result in arrest or suicide attempts. Due to the need for individuals to receive prompt and appropriate services, care coordination, and case management are priority areas for the MEs. Defined in statute as having "planned organizational relationships" to "ensure service linkage," care coordination involves communication across providers, health insurers, and facilities to prevent gaps in care and promote the best behavioral health outcomes.

Six of the MEs identify care coordination and case management as a priority and are already overseeing delivery across their regions. What they report is the need for recurring funds in addition to further appropriations to meet the demands of a growing population. BBHC identified the need to sustain recurrent funding for existing care coordination teams and increased funding to implement an expansion of functions at the provider network level. Given that housing is this ME's highest priority, recurrent funding for care coordination will continue benefiting individuals who are homeless or at-risk of homelessness. BBHC notes that approximately 140 additional youth and adults would benefit from an expansion of care coordination at the provider network level. In Northeast Florida, LSF Health Systems reports that it lacks capacity to provide care coordination and requests an expansion to serve approximately 500 additional youth and adults. Working in alignment with housing coordinators, the six additional full-time employees (one care coordinator per circuit and one dedicated to the state hospital) will work with the highest utilizers and link them to services that will serve to prevent inpatient admissions or commitments to a state mental hospital.

Thriving Mind, which serves Miami-Dade and Monroe counties, identifies both care coordination and case management as two of its five priority areas. Seeking to serve 250 youth and adults with additional funds, this ME intends to reduce gaps in care and prevent readmissions. Thriving Mind proposes to expand enhanced case management services to an additional 150 individuals. The ME reports that for those individuals who require long-term services and more intensive assistance than care coordination can provide, assigning them to a case manager can prevent future readmissions.

Considering that increasing or maintaining care coordination and case management lacks specific performance data, the MEs propose measuring success by evaluating whether individuals receiving the services have decreased rates of admissions to acute care settings (e.g., hospitals, crisis stabilization units). This is in addition to comparing lengths of time between admissions and whether increased services reduce wait times and improve accessibility.

Care coordination and case management are not the only services available to advance the Department's goal of preventing intensive treatment. Wraparound services can benefit families and individuals by offering care planning and support. In Orlando and its surrounding

counties, CFCHS reported there are waitlists for existing CAT teams and another resource for families that require assistance is necessary. The CFCHS request funding to increase wraparound services to meet this demand. This expansion will serve approximately 30 families with minors contending with serious emotional disturbance.

Ensuring care coordination, case management, and wraparound services for eligible individuals can have a drastic effect on improving behavioral health outcomes. Following discharge from an inpatient facility, an individual will need follow-up evaluations, as well as less intensive services such as outpatient therapy or psychosocial rehabilitation. Connecting individuals to providers is critical to preventing and reducing further admissions. By working to eliminate gaps in care, the MEs can relieve pressure on inpatient facilities and improve outcomes for individuals that receive community-based care. This contributes to the Department's priorities of initiating treatment before a crisis begins and relying more on community behavioral health providers.

Table 6: Managing Entities' Proposed Care Coordination and Case Management Strategies

Managing Entity	Proposed Strategy	Number Served	Amount Requested
BBHC	Housing and Care Coordination Teams and Family/Peer Navigator	140	$ 2,050,000
LSF Health Systems	Expanding Care Coordination and Care Coordination/Housing Coordination	500	$ 3,601,400
Thriving Mind	ME Level Care Coordination and Additional Funding for Enhanced Case Management	400	$ 2,188,992
CFCHS	Increase Wraparound Services	30 Families	$ 155,098
CFBHN	Expanding Care Coordination	600	$ 1,000,000
NWF Health Network	Early Childhood Care Coordination	200	$ 860,000

Jail and Forensic Facility Diversion

When individuals with serious mental illness and/or substance use disorder experience a crisis, law enforcement often responds to the situation. This can result in someone being arrested, taken to jail, or placed in a forensic facility, which detract from the Department's goals of preventing higher rates of incarceration and inpatient admissions for this population. Florida desires to prevent crisis situations, the MEs have identified actions necessary to divert individuals from local jails and state forensic facilities. These actions include a variety of innovative strategies, as well as measures to address critical shortages.

Three of the MEs have identified measures that can aid in achieving this goal.

1. In Northeast Florida, LSF Health Systems seeks to expand a co-responder model that pairs behavioral health providers with law enforcement to address crises on the scene and de-escalate situations. First introduced in the Gainesville Police Department as a pilot in FY 2018-2019, the model consists of a team of two—one law enforcement officer and one master's level behavioral health professional. The team travels in a marked police car and devotes their time responding to calls involving individuals contending with mental illness or substance use. When not in the field, the team attends high utilizer staffing meetings. The purpose of the co-responder teams is to reduce arrests and crisis stabilization unit admissions. In FY 2019-2020, the team continued to be funded and funds were added to expand the pilot with a team housed with Alachua County Sheriff's Department. In FY 2020-2021, a team was funded with Mental Health Resource Center to partner with Jacksonville Sheriff's Office.

2. BBHC reports a different need in this category. Noting that Broward County has among the highest number of commitments to state mental health hospitals, particularly for individuals facing felony charges and found incompetent to proceed (ITP). BBHC proposes to identify a secure facility, that would be a cost-efficient community-based residential treatment alternative, referred to as the Broward Forensic Alternative Center (B-FAC), specifically designed to treat those involved in the criminal justice system who have a mental health disorder. This will serve as a diversionary alternative to forensic state treatment facilities. The B-FAC will consist of 39 SRT beds, and will focus on restoring competency, teaching life skills, and preparing residents for community re-integration following release. BBHC estimates that the B-FAC will serve up to 70 individuals each year that will be beneficial to the individual receiving care and reduce the strain on state mental health hospitals for those individuals deemed mentally incompetent to stand trial.

3. NWF Health Network seeks to employ a different strategy for reducing forensic facility admissions. Rather than establish an alternative center, this ME proposes establishing one additional FACT team. This new team will serve adults who have

been forensically committed to a SMHTF and adults involved in the criminal justice system who can be diverted from SMHTF including misdemeanants. Because NWF Health Network administers behavioral health services across mostly rural areas where accessing providers is challenging, it plans to implement this new FACT team in Gadsden, Wakulla, and Leon Counties. The goal is to divert up to 120 individuals from forensic admissions.

Another high priority is NWF Health Network's need to establish a CRS in Circuit 14, which encompasses Bay, Gulf, Jackson, Calhoun, Holmes, and Washington Counties. Emerald Coast Behavioral Health's administration was considering relinquishing their Baker Act receiving facility designation due to indigent individuals bypassing ME funded beds. To ameliorate this issue, NWF Health Network proposes to develop a CRS in Circuit 14 that will deliver inpatient services to approximately 1,326 individuals in a six-month period.

Table 7: Managing Entities' Proposed Jail and Forensic Facility Diversion Strategies

Managing Entity	Proposed Strategy	Number Served	Amount Requested
BBHC	Establish a Forensic Alternative Center	70	$ 3,358,000
BBHC	SRT Services for Jail Diversion Individuals Served	70	$ 3,358,000
BBHC	Stepping-Up Initiative for Jail Diversion	200	$ 510,000
LSF Health Systems	Expanding Co-Responder Teams	3,200	$ 2,198,144
NWF Health Network	Establishing One Additional FACT Team	120	$ 1,300,000
NWF Health Network	Central Receiving System for Circuit 14	1,326	$ 2,500,000

Expanding Behavioral Health Services

In 2022 the Florida Legislature appropriated over $126 million in additional funds to expand access to behavioral health services throughout the state and reduce waitlists for services. These expanded services primarily support adults and families with complex needs through community-based teaming approaches, treatment, residential services, and recovery supports.

In conducting needs assessments for FY 2023-2024, the MEs identified services needed in their regions of the state. Generally, these expanded services consist of:

- Multidisciplinary Teams.
- MRTs and Co-Responder Teams.
- Early Childhood Care Coordination.
- Additional SRTs.
- Respite Programs.

Multidisciplinary Teams

According to CFCHS, the top three barriers in accessing behavioral health services for all counties were:

(1) Availability of needed services.
(2) Limited funding/capacity.
(3) Cost of treatment.

Among the four counties served by CFCHS, “In-home Treatment” was identified in the top five needs for youth and families. Priority is given to youth with anti-social behavior, aggressive conduct disorder, drug use, school behavior referrals, truant and drop-out, and family conflict. CFCHS’s proposed strategy of implementing a program providing Functional Family Therapy (FFT) would address this identified gap within the child welfare system of care. FFT is a strength-based model built on a foundation of acceptance and respect. At its core FFT focuses on assessment and intervention to address risk and protective factors within and outside of the family that impact the adolescent and his or her adaptive development. FFT has been vetted by the Title IV-E Prevention Clearinghouse and has been rated as Well-Supported.

CFCHS proposed to implement a program providing Wraparound Services for youth up to 17 years of age with serious emotional disturbance, emotional disturbance or at risk of emotional disturbance. Wraparound Services are intensive, individualized care planning and management processes which aims to achieve positive outcomes by providing a structured, creative, and individualized team planning process. This ME stated that additional Wraparound services would expand the team approach model serving youth and families within CFCHS’ network.

SEFBHN proposes to add an additional CAT team for young children from ages zero to five to serve 35 to 45 children and families and a new MRT to serve 450 individuals of all ages in Broward County.

Early Childhood Care Coordination

NWF Health Network proposed an expansion of Early Childhood Care Coordination (ECCC) to add four teams to cover Circuit One. Outreach will be provided to Early Learning Coalitions, Childcare providers, pediatricians, and the Department's Child Protective Investigators. The program intends to identify and serve 50 youth who are displaying behavioral challenges and families will be provided with information and referral to the Early Childhood Care Coordination program. Those providing services will be trained in an evidence-based program (i.e., conscious discipline) to assist with parenting guidance and care coordinators will receive clinical supervision.

Additional Short-Term Residential Beds

BBHC proposes adding SRT beds as Broward County has the highest number of civil and forensic commitments to SMHTF in the state. BBHCs sees additional SRT beds as a safe and cost-efficient community-based residential treatment alternative to serve individuals at risk of or committed to both civil and forensic state hospitals.

CFBHN proposed to increase SRT bed capacity as well. They report this increase will ease the SMHTF waitlist. CFBHN will work with contracted providers to obtain funding for construction to build the SRT and continue discussions on monitoring the admission/discharges of the SMHTF, FACT, and other relevant services.

Mobile Response Teams and Co-Responder Teams

CFCHS proposes adding an adult MRT in Brevard County to serve 220 adults experiencing a mental health or emotional crisis. The Brevard County MRT is a partnership between Melbourne Police Department and Brevard Family Partnership (BFP). A mobile psychiatric emergency unit team will provide 24 hours a day, 7 days a week, 365 days a year on-demand crisis intervention services in the community to individuals experiencing a serious emotional or mental health crisis. The MRT will travel to the physical location within the city of Melbourne in Brevard County. The MRT will de-escalate the crisis, assess the individual's treatment needs, and coordinate treatment. A Crisis Intervention Team (CIT) trained law enforcement officer and MRT will co-respond when 9-1-1 receives a call for categories that include mentally ill (non-violent) and attempted suicide (no threat) or individuals expressing suicidal intent.

LSF Health Systems proposes adding services based on the co-responder model depending on community law enforcement structure and needs. The model includes master's level mental health staff who are available to ride along with officers responding to calls that involve behavioral health issues, or in some cases for the clinician to be

available by phone. Teams conduct outreach, follow up visits, provide training, and lead and facilitate high utilizer case staffing meetings. The team includes numerous multi-disciplinary community providers who have agreed to collaborate on solutions for individuals who are high utilizers of the criminal justice and behavioral health systems. The program intends to serve 3,200 individuals.

Respite Programs

Finally, Thriving Mind plans to fund a respite program for youth and one for adults serving up to 300 individuals. A respite program is a voluntary, short-term, overnight program. Respite provides community-based, non-clinical crisis support to help youth and families, by providing temporary relief, improve family stability and reduce the risk of abuse and neglect.

This ME plans to fund a peer-led respite center that operates 24 hours per day in a homelike environment. Peer respites are staffed and operated by persons with lived experience of mental health and/or substance use issues.

Table 8: Managing Entities' Proposed Strategies for Expanding Behavioral Health Services

Managing Entity	Proposed Strategy	Number Served	Amount Requested
CFBHN	Expand SRT Access	20	$ 1,200,000
BBHC	Expand SRT Access	48	$ 1,889,225
BBHC	Implement Additional Multi-Disciplinary Teams	595	$ 2,600,000
CFCHS	FFT and Wraparound Services	55	$ 211,598
CFCHS	Expand SRT Access	120	$ 1,069,450
CFCHS	Adult MRT	220	$ 380,276
LSF Health Systems	Co-Responder Program	3,200	$ 2,198,144
SEFBHN	CAT team for young children and MRT	495	$ 1,750,000
NWF Health Network	Early Childhood Care Coordination	50	$ 860,000
Thriving Mind	Respite	50-150	$ 1,582,400

Appendix A

LSF Health Systems

Fiscal Year 2023-2024 Enhancement Plan

Local Funding Request 1: Workforce Recruitment, Retention, and Sustainability Plan

Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.

As required by section 394.4573, F.S., in 2022 LSF Health Systems conducted a triennial needs assessment for submission to the Department. LSF Health Systems employed the services of the Health Planning Council of Northeast Florida and WellFlorida Council to facilitate the design, implementation, and analysis of the behavioral health needs assessment. The health needs assessment was facilitated in three phases over the course of six months and included planning, secondary and primary data collection and analysis, and final reporting. To the extent possible, data was collected and analyzed for three geographic categories that included circuits (individual circuits: 3, 4, 5, 7, and 8), the LSF Health Systems 23-county service area, and Florida (for comparative purposes when appropriate). The needs assessment examined secondary data on demographics, health status and behaviors, healthcare service utilization, and LSF Health Systems utilization data. The perspectives of clients, community members, healthcare providers, and community partners and stakeholders on mental health and substance abuse services and needs in the LSF Health Systems service area were collected through surveys and focus group discussions.

Additionally, we conducted a salary study of more than 5,000 substance abuse and mental health (SAMH) related positions among 95 percent (61/64) of our providers in August 2022. In August 2023 we conducted a follow-up study of the same 5,000+ positions among 100 percent (64/64) of our providers. To determine position types and local salaries, we utilized the Exhibit C-D of LSF Health Systems subcontracts with providers. Exhibit C- D included organizational financial data including personnel data of position title, full time equivalent (FTE), salary, percent paid by SAMH subcontract, and percent paid by other sources. We categorized by position title into position types (e.g., peer specialist). We identified the corresponding market rate by comparing multiple sources such as the Occupational Outlook Handbook (U.S. Bureau Of Labor Statistics, 2022). If multiple sources were available, we calculated the average market rate salary. Finally, we created a salary dashboard summarizing the data. (Please refer to the file: *LSF SAMH Provider Salary Study FY 2023-2024* for details).

Please describe:

a. The problem or unmet need that this funding will address.

In the aftermath of the COVID-19 pandemic, the behavioral health field saw major

changes including increase in the use of technology to provide telehealth services and an increase in providers who specialize in remote work, creating significant competition for behavioral health professionals, especially licensed clinicians, nurses, nurse practitioners, etc. Additionally, increased focus nationally on behavioral health, reduction of stigma, and focus on the opioid crisis have increased demand for services. This increased demand, and opportunity for more flexible work, along with inflation have put pressure on wages and contributed to continued workforce challenges. To a lesser-known extent, providers believe part of their workforce challenge is related to a new phenomenon recognized nationwide as *the great resignation*. A final theme emerging from the qualitative interviews was that providers often did not have established a written succession plan if key personnel vacated positions.

Providers continue to cite workforce recruitment and retention as a top need and by extension a top barrier to providing some services as expected. The quantitative salary survey helped illustrate the existence of insufficient compensation for positions throughout the providers' organizations. We calculated the difference and percentage difference between the service providers' average starting salaries and the average market salaries for each position. The definition of "market" for the purpose of this analysis includes those entities that compete for limited staffing with the safety net behavioral health providers in LSF Health Systems' network including but not limited to private for-profit providers, hospital systems, insurance companies, and school systems. For the FY 2021-2022, across all positions, the average starting salaries were found to be 12 – 22 percent below the market rate**.** To ensure sufficient workforce to meet the need for service provision, providers implemented salary increases for key positions. LSF Health Systems provided three rate increases in the last two years, based on available resources and review of agency capacity reports and budgets. Despite these efforts, which have helped reduce the time to fill vacancies and increased employee retention, several positions continue to remain under market. We illustrate the salary compensation challenge in Table 1.

Table 1. Comparison of LSF Health Systems providers' average starting salary and market starting salary across 10 positions.

Position	Average Local Salary	Average Market Salary	Difference in Average Local and Market Salaries	Percent Difference in Average Local and Market Salaries
Advanced Registered Nurse Practitioner	$124,625.83	$109,010.00	$ 15,615.83	14%
Behavioral Health Technicians	$38,083.48	$41,216.00	$ (3,132.52)	-8%

Case Managers bachelor's Level	$43,434.90	$40,963.40	$ 2,471.50	6%
Licensed Clinician	$52,470.91	$62,116.50	$ (9,645.59)	-16%
Licensed Physicians	$196,046.45	$194,494.50	$ 1,551.95	1%
Licensed Practical Nurses	$49,764.13	$57,112.40	$ (7,348.27)	-13%
Master's Level Clinicians	$45,438.07	$41,592.50	$ 3,845.57	9%
Peers	$34,767.65	$43,334.00	$ (8,566.35)	-20%
Registered Nurses	$71,056.95	$78,398.50	$ (7,341.55)	-9%
Support Staff	$33,806.73	$43,4 95.50	$ (9,688.77)	-22%

b. The proposed strategy and specific services to be provided.
In this section, we discuss two strategies and related implementation steps.

LSF Health Systems engaged behavioral health consultants, MTM Services, to assist the network with organizational assessments and consultation to identify strategies and practices to increase staff efficiency, and training, tools, and processes to streamline workload, especially in the areas of documentation and reporting which are most often the drivers of staff dissatisfaction and low morale. These efforts, combined with rate increases to support more competitive compensation have started to show impact on staff retention. Additionally, MTM helped providers identify key strategies to reduce time for recruitment, retain key staff and address staffing needs of key programs.

Strategy 1: Compensation Support
In FY 2023-2024, we propose providers increase funding to remaining below market positions to at least meet market rates. As we do not have the funding to support this proposal, we request the Department provide additional recurring funding to begin in FY 2023-2024. We will use the additional recurring funding to decrease the gap between current salaries and market rates per positions outlined in this enhancement plan. Nearly all providers operate from various funding sources. As such, SAMH funding accounts for a varying percentage of each providers' budget, and, by extension, salaries. If the

Department awards additional recurring funding, we will calculate, by provider, the percentage of SAMH funding that supports salaries to determine each provider's allocation.

Strategy 2: Recruitment, Retention, and Sustainability of Programs
In FY 2023-2024, we propose to evaluate providers use of allotted funds and its impact on increasing and retaining staff capacity to address three priorities:

Priority 1. Decrease length of Recruitment Process.
Priority 2. Retain key staff.
Priority 3. Sustain key child, family, and adult programs (FACT, CAT, EBP Teaming Models) through staff retention.

To address these priorities, LSF Health Systems will provide guidance to providers on how the additional funds may be used to fulfill the individualized key performance indicators related to recruitment and retention developed in collaboration with MTM. Ongoing reviews will be conducted to identify best practices for workforce development to ensure successful retainment of staffing capacity.

c. Target Population to be served:

Table 2. Target populations to be served.

Data Point	Description
Target Population	Direct: Individuals within LSF Health Systems providers in the NER who currently fill (or will potentially fill) the 10 positions outlined in this plan Indirect: Persons served in SAMH programs
Counties served	23-county catchment area of Northeast Region
Individuals Served	Direct: Individuals within LSF Health Systems providers in the NER who currently fill (or will potentially fill) the 10 positions outlined in this plan Indirect: Persons served in SAMH programs (by extension of retaining qualified individuals, we hypothesize that the count of persons served will remain stable or increase)

d. Counties to be served:
Alachua, Levy, Dixie, Gilchrist, Suwannee, Hamilton, Lafayette, Columbia, Baker, Bradford, Putnam, Union, Volusia, Flagler, St Johns, Nassau, Duval, Clay, Marion, Lake, Sumter, Hernando, Citrus

e. Number of individuals to be served:

500 staff who deliver behavioral health services to thousands of individuals annually. Retaining staff and filling vacant positions is critical to maintaining system service capacity and impacts census-based team models and access to traditional services for thousands of consumers.

Please describe in detail the action steps to implement the strategy:
See attached excel workbook-action plan tab.

Identify State funds requested to address the unmet need.
Proposed State Funds (FY 2023-2024): $4,591,585. This is based on the salary analysis in Table 3 which indicates it will take $3,702,891 to bring the remaining below market positions to a compensation level commensurate with the market. That amount is calculated on the percentage of salary attributed to the Department funded portion of the aggregate provider salaries. A fringe calculation of 24 percent was added to reach the requested amount of $4,591,585.

Table 3. LSF Health Systems Provider Salary Study

LSF Health Systems Provider Salary Study FY 2023-2024 | Data Dashboard	
Total Providers Funded FY22-23 Count*	64
Total Providers Studied FY22-23 Count*	64
Total Providers Studied FY22-23 Percent*	100%
Total Positions (in FTEs)	5,023
Total Salary (All Sources)	$238,860,445.32
Total Salary (Department)	$145,704,234.85
Total Salary Percent (Department)	61%
Market-Local Salary Difference Amount	($6,070,339.26)
Market-Local Salary Difference Percent	-5%
Total LSF Health Systems Request for Salary Corrections (Studied Providers Only)	$3,702,890.77
Total LSF Health Systems Request for Salary Corrections (Extrapolated to All Providers)	**$3,702,890.77**
Average LSF Health Systems Request for Salary Correction per Provider	**$57,857.67**

Identify expected beneficial results with and outcomes associated with addressing this unmet need.
For the past two years, system capacity issues have been exacerbated by workforce shortages. Reduced time to hire and increased staff retention will result in increased system capacity and consistency of services for individuals, resulting in improved access to services and consistent quality of care.

What specific measures will be used to document performance data for the project?

In Table 4, we show the expected beneficial results as performance outcome measures. We explain the documented performance via evidence methodology and LSF Health Systems POM Lead. As this is our baseline year for such an evaluation, our measures of success are dichotomous (e.g., increased or decreased). In future years, we will set measures based on predicted percentages.

Table 4. FY 2022-2023 Enhancement Plan Performance Outcome Measure

Performance Outcome Measure	Evidence Methodology	LSF POM Lead
Increased salary	Comparison of FY 2022-2023 and FY 2023-2024 salaries per position via the annual salary survey	LSF Health Systems Director of Data Analytics
Decreased hiring time	Comparison of post-to-fill rate of time between FY2021-2022 and FY 2022-2023	LSF Health Systems Director of Data Analytics
Increased retention time	Comparison of retention rate of FY 2022-2023 and FY 2023-2024 between dates of hire and pre- determined time periods	LSF Health Systems Director of Data Analytics

Local Funding Request 2: Care Coordination/Housing Coordination

Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.
As required by Section 394.4573, F.S., in 2022 LSF Health Systems conducted a triennial needs assessment for submission to the Department. LSF Health Systems employed the services of the Health Planning Council of Northeast Florida and WellFlorida Council to facilitate the design, implementation, and analysis of the behavioral health needs assessment. The health needs assessment was facilitated in three phases over the course of six months and included planning, secondary and primary data collection and analysis, and final reporting. To the extent possible, data was collected and analyzed for three geographic categories that included circuits (individual circuits: 3, 4, 5, 7, and 8), the LSF Health Systems 23-county service area, and Florida (for comparative purposes when appropriate). The needs assessment examined secondary data on demographics, health status and behaviors, healthcare service utilization, and LSF Health Systems utilization data. The perspectives of clients, community members, healthcare providers, and community partners and stakeholders on mental health and substance abuse services and needs in the LSF Health Systems service area were collected through surveys and focus group discussions.

Additionally, stakeholder feedback is obtained on an ongoing basis through regular participation in a wide variety of community meetings across the 23-county service area

including but not limited to Behavioral Health Consortium meetings, Community Alliance meetings, Housing Continuum of Care meetings and collaborative meetings with the Department, Community Based Care (CBC) lead agencies and the ME. The needs assessment was also informed by the Prevention needs assessment conducted by our partner Community Coalition Alliance.

Though the System of Care has seen an increase in its service capacity over the past 12 months, continued challenges such as staffing shortages impact the ability to fully staff programs, particularly in the categories of licensed professional and certified peer specialists. With increased interest rates, increased rents and high unemployment, safe, affordable housing has been in short supply. Community based care coordination, as well as safe, affordable housing are crucial to preventing deep end acute services.

Please describe:

a. The problem or unmet need that this funding will address.

For our system to function effectively and efficiently, a coordinated effort to connect high risk, high need individuals to appropriate services are critical. Absent this coordination, individuals with a serious mental illness, substance use disorder or co- occurring disorders are prone to cycle in and out of acute care settings, including crisis stabilization unit (CSU) and inpatient detox, jails, emergency departments, and homeless facilities. A collaborative coordinated system to connect high risk, high need individuals to the right services at the right time can improve overall health, well-being, and quality of life for individuals experiencing serious mental illness, substance use disorder or co- occurring conditions. Data shows that a robust care coordination and/or housing coordination program significantly reduces recidivism to acute care or criminal justice facilities. In addition, reducing reliance on more costly acute care services or the criminal justice system to address ongoing behavioral health needs will ensure efficient use of public funds.

Data for CSU admissions and readmissions within 30 days show that enrollment in Care Coordination at either the system or provider level reduces admissions and readmissions. As investments in care coordination have increased, high utilizers who have CSU admissions or readmissions have decreased both in number and percentage. See Table 5 for data from FYs 2017-2018 through 2022-2023.

Table 5. FY 2017-2018 through 2022-2023 CSU admissions and readmissions for high utilizers. Fiscal Year	Individuals receiving Care Coordination (count)	Individuals defined as High Utilizers (count)	Individuals defined as High Utilizers (percent)	Individuals enrolled in Care Coordination admitted to CSU (count)	Individuals enrolled in Care Coordination admitted to CSU (percent)	Individuals enrolled in Care Coordination readmitted to CSU in 30 days (count)	Individuals enrolled in Care Coordination readmitted to CSU in 30 days (percent)
2017 - 2018 (Actual)	5,800	3,204	55%	1,897	33%	76	4.01%
2018 - 2019 (Actual)	3,034	1,574	52%	1,746	58%	62	3.55%
2019 - 2020 (Actual)	5,669	2,701	48%	2,468	44%	103	4.17%
2020 - 2021 (Actual)	4,837	2,298	48%	2,043	42%	36	1.76%
2021 - 2022 (Actual)	5,554	2,982	54%	1,645	30%	12	0.73%
2022 - 2023 (Actual)	5,112	2,868	56%	1,532	30%	19	1.24%
2017 - 2023	**30,006**	**15,627**	**52%**	**11,331**	**38%**	**308**	**2.72%**

Safe, stable housing is a critical piece of an integrated service coordination effort in a Recovery Oriented System of Care. Permanent Supportive Housing is defined as “an evidence-based housing intervention that combines non-time limited affordable housing assistance with wraparound supportive services for people experiencing homelessness, as well as other people with disabilities” (United States Interagency Council on Homelessness, 2016.). The Department POE data indicates insufficient community

housing options as the most significant barrier to discharge from a SMHTF within 30 days. Stakeholder survey input also ranks inadequate housing options as a significant community resource gap. High risk, high need individuals with serious mental illness, substance use disorder or co-occurring conditions are more likely to be disproportionately represented in acute care and criminal justice settings when they do not have stable housing. Data from FY 2018-2019 indicates annual service costs can be as much as 50 percent less for housed vs unhoused individuals.

b. The proposed strategy and specific services to be provided.

LSF Health Systems has implemented the care coordination initiative in accordance with the Department program guidance to the extent possible with existing resources. To obtain full benefit from this effort it is critical to ensure adequate resources to fully implement a robust care coordination effort at both the systemic (ME) level and the service (Provider) level. To promote community collaboration and ownership of responsibility for high risk, high need individuals, LSF Health Systems has adopted a community-based model. The model requires a care coordinator at the ME level for each Judicial Circuit and a single Care Coordinator for the State Hospital population. The LSF Health Systems 23 catchment area requires 5 care coordinators, one each for Circuit 4, Circuit 5, Circuit 7, Circuits 3/8, and the State Hospital care coordinator. The current funding for Care Coordination and Housing Coordination at the ME level is non-recurring, putting in jeopardy the ability of the ME to continue to manage this critical process.

At the provider level there are 10 providers who serve the majority of consumers who meet the criteria for high risk, high need:

- Adults with three or more acute care admissions within 180 days or acute care admissions that last 16 days or longer, or

- Adults with a serious mental illness awaiting placement in a SMHTF or awaiting discharge from a SMHTF to the community.

The appropriation of Care Coordination funding in FY 2018-2019 enabled LSF Health Systems to invest in a number of innovative provider pilot programs to reduce acute care and SMHTF admissions and readmissions. For example, wraparound services including supportive housing, case management and therapeutic services, comprehensive, individualized services to provide options for individuals ready for discharge from the SMHTF, collaborations with law enforcement to reduce arrests related to behavioral health issues, and pairing care coordinators with children's CSU facilities to identify children with multiple Baker Act admissions and engage families in community services.

These innovations continued in FY 2019-2020, 2020-2021, 2021-2022 and 2022-2023, and are an important part of the system of care. Availability of resources has required enrolling the most needy, highest priority consumers in care coordination services. There continues to be a large number of individuals who are high need/high utilizers or are one admission away from meeting the definition as such who would benefit

from care coordination if resources were available.

Investing additional resources in care coordinators at the provider level can help improve outcomes for consumers and reduce costs to the system by meeting the needs of individuals in the community rather than in acute care settings.

Assuming an appropriate case load for a provider level care coordinator of 10 people, with an average length of service of three months, one care coordinator can serve 40 individuals in a 12-month period.

Data for the LSF Health Systems service area identifies 455 (see chart below) individuals in FY 2022-2023 that meet the criteria, considering areas with significant geography, the need for care coordinators at the provider level is 12 FTEs.

Provider Name	**Circuit**	**Eligible CSU HUs**	**Eligible Detox HUs**	**Total Eligible HUs**	**Total Enrolled HUs**
Baycare Behavioral Health	7	23	37	58	0
Epic Community Services	7	n/a	12	12	1
Flagler Hospital	7	15	n/a	15	3
Gateway Community Services	4	n/a	32	32	3
Halifax Hospital Medical Center	7	0	n/a	0	0
Lifestream Behavioral Center	5	52	5	55	7
Mental Health Resource Center	4	103	n/a	103	21
Meridian Behavioral Healthcare	3 & 8	58	18	71	4
Park Place Beh. Health	5	n/a	13	13	0
SMA Healthcare – Volusia County	7	41	55	84	19
SMA Healthcare – Marion County	5	50	19	60	8
Total		***326***	***176***	***455***	***61***

LSF Health Systems has implemented a robust housing coordination initiative. The FY 2022-2023 goals included:

- Increase the number of SAMH clients housed, with an emphasis on the highest cost high utilizers and individuals transitioning out of SMHTF and jail/prison systems.

- Strengthen the Continuum of Care and Housing Provider Network The following charts summarize outcomes related to these goals. **Individuals Housed**

Housing Care Coordinator, SOR and Mental Health Court Outcomes	FY 2022-2023
# of people assisted – LSF Health Systems Admin Housing Care Coordinators	952
# of people assisted - Hernando County Drug Court	123
# of people assisted - SOR	328
# of total assistance instances	1137
Individuals Housed	231
Path Consumers Housed	117
# Property Manager/Rental owner/RE agent contacts/Housing Located	66

Strengthen the Continuum of Care and Housing Provider Network

Meetings Attended	FY 2022-2023	FY 2021-2022	FY 2020-2021	FY 2019-2020	FY 2018-2019	FY 2017-2018
Number of CoC meetings attended	482	366	311	241	255	315
Number Meetings with PATH staff	143	195	115	76	25	35
Number Meetings with Community Agencies and Housing Providers	684	678	798	339	200	186

Number Meetings with DCF and LSFHS contracted providers	719	397	245	312	118	118
Number Meetings with Landlords/Property Managers	66	342	286	277	18	0
Number Meetings related to SOAR	86	53	62	53	25	54
Number of New Housing Contacts Mapped	N/A	62	170	170	29	N/A
State Hospital Consumers staffed	92					

Trainings Provided	FY 2022-2023	FY 2021-2022	FY 2020-2021	FY 2019-2020	FY 2018-2019	FY 2017-2018
Number of people trained in **SOAR/ SSI/SSDI Simple 6**	57	89	24	9	14	74
Number of people trained in **Motivational Interviewing**	N/A	128	N/A	N/A	194	359
Number of people trained in **SPDAT/VI-SPDAT**	N/A	N/A	24	8	40	14
Number of people trained **LMH/ALF**	N/A	27	27	35	N/A	N/A
Number of people training in **Case Management**	N/A	39	N/A	N/A	N/A	N/A
Number of people trained in Housing TA	55	N/A	N/A	N/A	N/A	N/A

SOAR Outcomes	FY 2022-2023	FY 2021-2022	FY 2020-2021	FY 2019-2020	FY 2018-2019

Number of approvals for SSI/SSDI (Initial and Recon)	52	73	85	91	107
Total Applications Submitted	74	113	170	140	163
Percent approval rate for SSI/SSDI	75%	65%	54%	65%	65%
Average Days to Decision (Initial)	331	166	143	100	72
Total Collected in Retroactive Payments	$127,078	$186,362	$183,354	$153,830	$155,767

The proposed model to meet needs is community based following judicial circuits and includes Three Housing Care Coordinators; one Housing Care Coordinator for Circuits 3, 8 and 5, and one each for Circuits 4 and 7. Housing Coordinators assist providers in a variety of ways, helping connect behavioral health providers to the notion of housing as healthcare, the housing provider community, housing-related services, and other supportive services. They ensure that network service providers prioritize housing and related services to individuals who are homeless or at immediate risk of homelessness. They assist providers in ensuring that individuals with behavioral health challenges receive the necessary housing and support services to be successful in the community-based housing of their choice to the extent possible. Housing Care Coordinators follow the provider's actions from referral until the consumer is housed. Housing Care Coordinators further provide annual training to case managers, discharge planners, care coordinators and other community partners to address safe, affordable, and stable housing opportunities, training in Housing Focused Case Management, Diversion, the Substance Abuse and Mental Health Services Administration's Permanent Supportive Housing Kit and Housing First. Housing Care Coordinators are also versed in Supportive Employment practices and community inclusion best practices.

The model also includes two Housing Resource Development Specialists to identify the availability of housing and resource options across the service area, focusing on areas with a dearth of options for a wide spectrum of consumers who are in need of independent housing to those with special needs such as skilled nursing care along with insight into transportation and employment in that area. Housing Resource Development Specialists assist providers in building rapport with ALFs, Nursing Homes, Adult Family Care Homes, Recovery Homes, (including identifying or recruiting accessible homes for individuals with disabilities, and independent landlords while keeping detailed and up to date records of their own. The Housing Resource Development Specialist assists providers in mobilizing and effectively coordinating existing services and informal supports; they do not create additional housing, income, treatment, or other resources on its own but seek to maximize

access to and the impact of existing resources surrounding the housing through data, mapping and best practice. As an example, discharge planners at the provider level and SMHTF will be greatly assisted by the Housing Resource Development Specialists as collaborative efforts between providers and the LSF Health Systems specialists will reduce the number of individuals waiting to discharge from a SMHTF and fill the gaps in placement options for the specific populations that are more difficult to house.

Additionally, the model includes a SOAR Subject Matter Expert/Manager to provide training and technical assistance as well as programmatic oversight to SOAR processors in the provider network. A well trained and proficient corps of SOAR processors will ensure benefit eligible individuals are assisted in applying for and receiving entitlement benefits in a timely manner, improving their ability to be self-sufficient and reducing their reliance on other public funding.

Services provided include:
Care Coordination

- Identification of eligible individuals through data surveillance, information sharing, developing and facilitating partnerships, purchase of services and supports (ME).

- Assessment of needs including level of care determination, active engagement with consumer and natural supports, shared decision-making, linking with appropriate services and supports, monitoring progress and planning for transition to less intensive case management services when consumers are appropriately stable (Provider).

- Transitional Vouchers allow for individuals to have flexibility in addressing their behavioral health needs in the least restrictive, community-based setting and allow for the opportunity to implement service delivery in alignment with the principles of ROSC.

Housing Coordination

- Identification of eligible individuals through data surveillance, information sharing, developing and facilitating partnerships, identifying ways to increase housing resources, oversight of housing providers, training, and technical assistance for SOAR processors to increase the number of individuals with benefits, purchase of services and supports through voucher system (ME)

- Assessment of needs, active engagement with consumer and natural supports, shared decision- making, linking with appropriate services and supports, facilitate successful application for benefits through the SOAR model, monitoring progress and planning for transition to less intensive case management services when consumers are appropriately stable (Provider).

- Housing Vouchers: By utilizing flexible vouchers similar to the Community Transition Voucher program underway in the LSF Health Systems Region, providers would have the capacity to offer housing subsidies and support for related housing expenses to place individuals with serious SA and/or MH disorders in stable housing

as quickly as possible. The vouchers may also be used to cover incidental expenses such as medications not covered by third party payers. Priority for the vouchers will be given to those individuals who are being discharged from state hospitals, jails or prisons. Any remaining funds will be made available to SAMH consumers in the region in need of support to maintain housing stability and avoid repeat hospitalizations. Increased availability of flexible resources through transitional vouchers will enable the system to expand the reach of care coordination and housing coordination to be more proactive, reaching high risk, high need individuals sooner to reduce recidivism rates and improve quality of life outcomes.

Target population to be served:

- Adults with 3 or more acute care admissions within 180 days or acute care admissions that last 16 days or longer, or
- Adults with a serious mental illness awaiting placement in a SMHTF or awaiting discharge from a SMHTF to the community.
- High risk, high service utilizers with serious mental illness, substance use disorder or co- occurring conditions who are homeless or at risk of homelessness.

County(ies) to be served (County is defined as county of residence of service recipients)

Duval, Nassau, St Johns, Clay, Baker, Volusia, Flagler, Putnam, Baker, Union, Levy, Dixie, Gilchrist, Suwannee, Hamilton, Lafayette, Columbia, Alachua, Lake, Marion, Sumter, Citrus, Hernando.

Number of individuals to be served.

500

Please describe in detail the action steps to implement the strategy.

See attached excel workbook- action plan tab.

Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

See attached excel workbook- budget tab.

Identify expected beneficial results and outcomes associated with addressing this unmet need.

- Properly resourced, care coordination has the potential to reduce the reliance on acute care and criminal justice systems to address ongoing behavioral health needs, saving public dollars as these interventions come with significantly higher cost than community-based services.
- Improved overall health, well-being, and quality of life for individuals with serious mental illness, substance use disorder or co-occurring conditions through improved engagement, coordination of assessment, and linking to needed services and

supports.
- Individuals with stable supportive housing are less likely to cycle in and out of acute care and criminal justice systems resulting in more efficient use of public funds.
- Improved overall health, well-being, and quality of life for individuals with serious mental illness, substance use disorder, or co-occurring conditions through a Housing First focus.

What specific measures will be used to document performance data for the project?
- Percent of readmissions to CSU within 30 days.
- Percent of detox readmissions within 30 days.
- Length of time between admissions.
- Percent of discharge from a civil facility within 30 days.
- Number of individuals housed.
- Length of time on Seeking Placement List for discharge from SMHTF.
- Time from referral to housed.
- New housing resources identified.
- System cost for individual pre and post housing.
- Increase in individuals receiving benefits.

Local Funding Request 3. Behavioral Health/Law Enforcement Co-Responder Teams

Please complete the following form for each of the five priorities identified in your Managing Entities' Needs Assessment.

Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.
As required by section 394.4573, F.S., in 2022 LSF Health Systems conducted a triennial needs assessment for submission to the Department. LSF Health Systems employed the services of the Health Planning Council of Northeast Florida and WellFlorida Council to facilitate the design, implementation, and analysis of the behavioral health needs assessment. The health needs assessment was facilitated in three phases over the course of six months and included planning, secondary and primary data collection and analysis, and final reporting. To the extent possible, data was collected and analyzed for three geographic categories that included circuits (individual circuits: 3, 4, 5, 7, and 8), the LSF Health Systems 23-county service area, and Florida (for comparative purposes when appropriate). The needs assessment examined secondary data on demographics, health status and behaviors, healthcare service utilization, and LSF Health Systems utilization data. The perspectives of clients, community members, healthcare providers, and community partners and stakeholders on mental health and substance abuse services and needs in the LSF Health Systems service area were collected through surveys and focus group discussions.

Stakeholder feedback is obtained on an ongoing basis through regular participation in a wide variety of community meetings across the 23-county service area including but not limited to

Behavioral Health Consortium meetings, Community Alliance meetings, Housing Continuum of Care meetings and collaborative meetings with the Department, CBC lead agencies and the ME. The needs assessment was also informed by the Prevention needs assessment conducted by our partner Community Coalition Alliance.
Please describe:

The problem or unmet need that this funding will address.
A call to law enforcement is often the community response to Individuals experiencing a behavioral health crisis due to mental health, substance abuse or co-occurring conditions. These calls frequently result in involuntary admission to the Crisis Unit or jail when there are no other suitable community responses available. Beginning in November 2016 Gainesville Police Department and Meridian piloted a small-scale co- responder team that worked up to 4 hours per week in the Grace and Dignity Village homeless shelter, specifically in the area known locally as “tent city”. The team utilized a community engagement model, interviewing residents and developing rapport, using a questionnaire to help gather information to inform expansion of the pilot. The team interviewed 77 individuals of whom 33.7 percent stated they suffered from mental illness or had been diagnosed with a mental illness. This information was volunteered and not expressly asked in the questionnaire. Of the individuals interviewed, 35 percent had been arrested by the Gainesville Police Department in the last five years. An additional 41.6 percent had other contact with the Gainesville Police Department.

In FY 2018-2019, through funding by a Gainesville Police Department and LSF Health Systems/Department, a pilot was funded consisting of a team of a CIT trained officer and master’s level mental health clinician to partner as a team to respond to calls for service involving persons with mental illness, a mental health crisis and emotionally charged situations. The team will address issues at the Intercept 0 and Intercept 1 points in the Sequential Intercept Model, focusing on individuals identified as high utilizers of crisis stabilization units, emergency departments, and the Alachua County Jail, intervening in a proactive and preventive manner either before a situation becomes a crisis or at the earliest stage of system involvement, thereby increasing jail diversion and crisis unit admissions. The team freed up other law enforcement officers to focus on more traditional police concerns. In FY 2019-2020 the team continued to be funded and funds were added to expand the pilot with a team housed with Alachua County Sheriff’s Department. In FY 2020-2021 a team was funded with Mental Health Resource Center to partner with Jacksonville Sheriff’s Office. Funding to support the program comes from LSF Health Systems, a SAMHSA grant that is time limited and a COPS grant. The program has been expanded to cover all patrol zones and outcomes have been well received by the City of Jacksonville and the community. Additional funds will allow for the continuation of these valuable programs and/or expand availability by adding additional teams.

The attached infographic provided by Meridian highlights the most recent outcomes. Several communities have expressed interest in implementing a co-responder program and Alachua County would like to expand their program to build on their success.

The proposed strategy and specific services to be provided.
The Co-Responder model varies depending on community law enforcement structure and needs. The model includes master's level mental health staff who are available to ride along with officers responding to a call that involves behavioral health issues, or in some cases for the clinician to be available by phone. In addition to responding to calls in the community, teams conduct outreach and follow up visits, provide training and leading and facilitate high utilizer case staffings, which include numerous multi-disciplinary community providers who have agreed to collaborate on solutions for individuals who are high utilizers of the criminal justice and behavioral health systems.

Target population to be served:
Individuals involved in law enforcement calls for service related to mental health and/or substance use.

County(ies) to be served (County is defined as county of residence of service recipients):
Alachua, Clay, Duval, Volusia/Flagler.

Number of individuals to be served:
3,200.

Please describe in detail the action steps to implement the strategy.
See attached excel workbook- action plan tab.

Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.
See attached excel workbook- budget tab.

Identify expected beneficial results and outcomes associated with addressing this unmet need.
Better coordination of care for individuals who have frequent interactions with law enforcement due to behavioral health conditions, resulting in fewer repeat calls, earlier engagement in services, reduced expense for jail days and crisis unit admissions.

What specific measures will be used to document performance data for the project?
- Number of diversions from acute care and criminal justice systems.
- Percent of individuals engaged in services.
- System cost savings.

Appendix B

Central Florida Behavioral Health Network, Inc. (CFBHN)
Fiscal Year 2023-2024 Enhancement Plan
Local Funding Request

Introduction
The attached enhancement plan outlines the priorities for Central Florida Behavioral Health Network (CFBHN). The specific elements contained in the plan are a result of the needs assessment and ongoing input from stakeholders including family members and persons served, community-based care lead agencies, local governments, law enforcement, and Network Service Providers (NSP). The plan has four priority sections: Mental Health and Substance Abuse, Prevention, Housing and ME Operations. Each priority has a list of specific elements including the program, payment, covered service, projected rate, number to be served, proposed service units, projected costs, benefits, and strategies. Each priority list has an accompanying action plan that outlines the steps the ME will take to implement the specific elements should funding be available.

After careful review of the current budget and the needs of the SunCoast Region, CFBHN has submitted this plan outlining the use of an additional $7,664,821 to be allocated within the region. The plan includes a summary of the collaborative projects in the plan, and a description of how the funding from the most recent legislative session was allocated. The plan outlines the enhancements by priority and the action steps for implementation are included in Appendix A.

Enhancements and funding changes in the System of Care during the most recent 2022-2023 Fiscal Year.

The following is a list of some of the changes within the system of care, operational successes, and changes in operations at CFBHN.

- Data sharing with counties.
- Collaborative projects completed/in development this year to supporting communities and the system of care.
    - Improved and updated the website to provide additional resources to the community.
    - Housing – Projects continue throughout the region, including the approval of a new relationship with the Florida Housing Corporation.
    - Increased visibility of the SunCoast Region through various appearances on media outlets
    - Orient Road project to support individuals released from the Hillsborough County jail is on track to be opened Summer 2023.
    - Clubhouse – Recovery Through Work Programs – developed in Hillsborough and Manatee Counties.

- Items from the 2022-2023 Enhancement Plan that were funded by the Florida Legislature for FY 2023-2024.
    - Block grant funding to support the system of care through 2025.
    - Care coordination funding.
    - Additional CAT and Baby CAT teams.
    - Deeper integration with the Office of Child and Family Well-Being.
    - Therapeutic group homes in Hillsborough County.

Mental Health and Substance Abuse

Priority 1 - MH and SA	Mental Health and Substance Abuse Budget						Total Amount All Priorities		$7,664,821
Budget									
							Amount Priority 1		$4,925,000
Number	Program	Payment	Covered Services	Proposed Rate	Number Served	Proposed Service Level (Units)	Projected Costs	Benefits	Strategies
1	MH/SA	Various	Various	N/A	$7,500	N/A	$1,500,000	Meet the need of growing census in the SunCoast Region in MH00	Develop additional re-curring funding and programs.
2	Mental Health	Availability	$337.76	TBD	20	TBD	$1,200,000	Increase SRT beds in SunCoast Region and C10	Work with C20 to increase SRT bed capacity. This will ease the State Hospital waitlist.
3	Mental Health	Fee for Service	Recovery through Work Program Pasco County	$44.27	400	15,812	$700,000	Expands the recovery through work program to Hillsborough and Manatee counties. This is a model with proven success and promotes recovery through work.	CFBHN believes in the clubhouse / recovery through work model and have a history of providing operation dollars for these projects. Funding to provide operational dollars for the clubhouse in Hillsborough and Manatee Counties. The funding will promote Supported Employment and clubhouse services. These projects involve public, private and county stakeholders working together to expand this model of recovery. CFBHN, working with community stakeholders has developed a legislative budget request to present for consideration to the local legislative delegation.
4	MH/SA	Fee for Service	Community based services, this is an average of case management, supported housing and supported employment	$63.02	341	8,331	$525,000	Provides treatment and housing to prevent recidivism into the jail and improved community outcomes	This request is to fund the community based services once discharge from Orient Road Jail Project. Funding breakdown, $425,000 for community based services and $100,000 for incidentals services. The strategy is to reduce the number of individuals released from jail returning to jail by providing treatment and temporary housing. This is a community stakeholder driven project including the Hillsborough County Health Plan, Sherriff's Department, NSP and CFBHN.
5	MH/SA	Fee for Service	Care Coordination	$55.91	TBD	17,528	$1,000,000	Improves services through care coordination for the high need/high utilization (HN/HU) program population and reduced readmissions and incarcerations.	This is to provide expanded care coordination services throughout the network. CFBHN staff strategy is to provide additional services for those who are not in FACT teams or in other intensive services to stabilize the individuals identified as HN/HU program participants within the communities.

Prevention

Priority 2 - Prevention	Increase the number of school based prevention programs								
Budget									
							Amount Priority 2		$ 808,162.00
Number	Program	Payment	Covered Services	Proposed Rate	Number Served	Proposed Service Level (Units)	Projected Costs	Benefits	Strategies
1	Substance Abuse	Capital Rate	50 Universal Direct Prevention	TBD	TBD	TBD	$ 20,049.00	Increased Prevention Services	ACTS, Hillsborough County - Will increase services for specific populations in Hillsborough County programs with the new allocation.
2	Substance Abuse	Capital Rate	50 Universal Direct Prevention	TBD	TBD	TBD	$ 12,995.00	Increased Prevention Services	BayCare, Pasco County. This funding will provide prevention services in Pasco County for school based programs.
3	Substance Abuse	Capital Rate	50 Universal Direct Prevention	TBD	TBD	TBD	$ 30,778.00	Increased Prevention Services	C.E. Mendez Foundation, Hillsborough County - this will increase staff for the Hillsborough County for the Too Good for Drugs curriculum being administered to middle school students.
4	Substance Abuse	Capital Rate	50 Universal Direct Prevention	TBD	TBD	TBD	$ 28,825.00	Increased Prevention Services	Centerstone of Florida, Manatee County - These funds will be used to increase prevention services in Manatee County with a focus on reducing the impact of Opioid use.
5	Substance Abuse	Capital Rate	50 Universal Direct Prevention	TBD	TBD	TBD	$ 76,301.00	Increased Prevention Services	David Lawrence, Collier County - These funds will be used to increase prevention services in Collier County with a focus on reducing the impact of Opioid use
6	Substance Abuse	Capital Rate	50 Universal Direct Prevention	TBD	TBD	TBD	$ 248,736.00	Increased Prevention Services	COVE, Hillsborough County - These will provide funding for school based prevention programs and some environmental strategies. In addition it will provide substance abuse educational programming for senior and college age populations. Additional Opiate school technology based program added, administered through tablets during 9th grade health classes to address the opioid crisis in Florida.
7	Substance Abuse	Capital Rate	50 Universal Direct Prevention	TBD	TBD	TBD	$ 17,134.00	Increased Prevention Services	Drug Free Charlotte, charlotte County - increase for the Life Skills program and environmental strategies throughout the community including school based programs.
8	Substance Abuse	Capital Rate	50 Universal Direct Prevention	TBD	TBD	TBD	$ 172,334.00	Increased Prevention Services	First Step, Sarasota County - Provide funding for school based programs and overall numbers for youth programs in high schools in Sarasota County.
9	Substance Abuse	Capital Rate	50 Universal Direct Prevention	TBD	TBD	TBD	$ 66,172.00	Increased Prevention Services	Hanley Center Foundation - These funds will be used to increase prevention services with a focus on reducing the impact of Opioid use.

Prevention (cont'd)

Priority 2 - Prevention	Increase the number of school based prevention programs								
Budget									
							Amount Priority 2		$ 808,162.00
Number	Program	Payment	Covered Services	Proposed Rate	Number Served	Proposed Service Level (Units)	Projected Costs	Benefits	Strategies
10	Substance Abuse	Capital Rate	50 Universal Direct Prevention	TBD	TBD	TBD	$37,971	Increased Prevention Services	Inner Act Alliance - These funds will be used to increase prevention services with a focus on reducing the impact of Opioid use.
11	Substance Abuse	Capital Rate	50 Universal Direct Prevention	TBD	TBD	TBD	$ 58,886.00	Increased Prevention Services	Operation PAR, Pinellas County - These funds will be used to increase prevention services with a focus on reducing the impact of Opioid use.
12	Substance Abuse	Capital Rate	50 Universal Direct Prevention	TBD	TBD	TBD	$ 37,981.00	Increased Prevention Services	Tri-County, Polk, Highlands and Hardee counties - funding to provide school and community based prevention programs for Polk, Highlands and Hardee counties with a focus on reducing the impact of Opioid use.
13	Substance Abuse	Capital Rate	50 Universal Direct Prevention	TBD	TBD	TBD	$41, 601	Increased Prevention Services	Youth and Family Alternatives, Pasco County - These funds will be used to increase prevention services in Pasco County with a focus on reducing the impact of Opioid use.

Housing

Priority 3 - Housing	Increase Housing and Supported Housing Options						Amount Priority 3		$750,000
Budget									
Number	Program	Payment	Covered Services	Proposed Rate	Number Served	Proposed Service Level (Units)	Projected Costs	Benefits	Strategies
1	MH and SA	Fee for Service	28 Incidental Expenses	$50.00	$272	15,000	$750,00	Improved coordination of housing services for individuals with BH issues.	This strategy is to increase housing opportunities for individuals with behavioral health issues to improve quality of life and outcomes. This is to expand housing vouchers for consumers identified as HN/HU for SA and MH. CFBHN plans to use the vouchering system for these services.

ME Operations

Priority 4 - ME Operations	Funding ME Operations						Amount Priority 4		$1,181,659
Budget									
Number	Program	Payment	Covered Services	Proposed Rate	Number Served	Proposed Service Level (Units)	Projected Costs	Benefits	Strategies
1	MH and SA	N/A	N/A	N/A	N/A	N/A	$831,659	CFBHN Staff and Subcontractor Staff	CFBHN provides contract oversight, training and technical assistance to our network service providers and ensures the funding is spent in the most effective manner to support and improve the system, of care. To ensure this quality of service, administrative dollars should be attached to all contracted services. 3.5% admin rate of CFBHN would ensure quality of services.

CFBHN 2021-2022
Specific Priorities with Action Steps

Mental Health and Substance Abuse

Priority 1 - MH and SA		Mental Health and Substance Abuse Services				
Action Plan						
Tasks		Target Completion Date	Service	Resource People	Other Resources	Success Indicator
1	Recovery through Work Program Pasco County	ongoing	Clubhouse in Hillsborough and Manatee Counties	COO, CFO, and Director of Contracts	CFBHN Staff and Subcontractor Staff	Ammended Contracts incorporating the new funding
2	Ensure funding is available through LBR	ongoing	Adult Orient Road Project Hillsborough County	COO, CFO, and Director of Contracts	CFBHN Staff and Subcontractor Staff	Ammended Contracts incorporating the new funding
3	Ensure Funding available through LBR	ongoing	Care Coordination	CEO, COO, CFO	CFBHN Staff and Hillsborough County Staff	Ammended Contracts incorporating the new funding or procure as needed.

Prevention

Priority 2 - Prevention		Increase the number of school and community based prevention programs			
Action Plan					
Tasks		Target Completion Date	Resource People	Other Resources	Success Indicator
1	Ensure funding available through LBR, additional grant dollars or, where possible, internal budget shift	ongoing	CEO, CFO and COO	DCF, Grant Source, Prevention Program Staff	Contract amendment, grant notification

Housing

Priority 3 - Housing		Increase Housing and Supported Housing Positions			
Action Plan					
Tasks		Target Completion Date	Resource People	Other Resources	Success Indicator
1	Ensure funding available through LBR, additional grant dollars or, where possible, internal budget shift	ongoing	CEO, CFO and COO	DCF, Grant Source	Contract amendment, grant notification
2	Ensure funding available through LBR, additional grant dollars or, where possible, internal budget shift	ongoing	CEO, CFO and COO	DCF, Grant Source	Contract amendment, grant notification

ME Operations

Priority 3 - Housing		Funding ME Operations			
Action Plan					
Tasks		Target Completion Date	Resource People	Other Resources	Success Indicator
1	Ensure funding is available through budget increase	Ongoing	CEO, CFO and COO	CFBHN Management Staff	Amended contracts incorporating the new funding
2	Ensure funding is available through LBR	Ongoing	CEO, CFO and COO	CFBHN Management Staff	Amended contracts incorporating the new funding

Appendix C

Southeast Florida Behavioral Health Network's (SEFBHN)
Fiscal Year 2023-2024 Enhancement Plan
Local Funding Request

Introduction

As a result of Senate Bill 12 passed in 2016, section 394, F.S., related to ME duties were amended to include the development of annual Enhancement Plans. These plans are to identify 3-5 priority needs in the network service area and strategies for implementation of said needs. The following serves as Southeast Florida Behavioral Health Network's (SEFBHN) Enhancement Plan for FY 2023-2024. As in our previously submitted Enhancement Plans, the current plan supports our philosophy for a seamless, accessible, recovery-oriented system of behavioral health care. This is accomplished by ensuring that a full array of prevention and treatment practices are available within our five-county network that includes Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie Counties. SEFBHN's contracted network of service providers includes 63 private and non-profit service agencies that offer a wide variety of science and evidence-based mental health and substance abuse services. These include Aftercare, Assessment, Behavioral Health Network (Title XXI, B-NET), Case Management, Crisis Stabilization, Substance Abuse Detoxification, Drop-in, FACT, FIT, CAT teams, In-Home On-site, Medical Services, Outpatient, Prevention, Residential (or Room and Board with Supervision), Supported Housing and Employment, Opioid Treatment services including medication-assisted treatment, support for Mental Health and Drug Courts and development of Children's Mental Health Systems of Care within the regional network.

The priorities identified in the Enhancement Plans have been informed by the Triennial Needs Assessment that MEs are also required to submit. SEFBHN contracted with the Health Council of Southeast Florida, as well as partnered with the other MEs, to conduct the most recent Triennial Needs Assessment, the first part of which was submitted in June 2022 and a final report was submitted in October 2022. The Needs Assessment for Southeast Florida Behavioral Health Network represents the results of qualitative and quantitative data collected across the five-county regional area from a variety of sources, providers, systems, and stakeholders. The 2022 Triennial Needs Assessment included focus groups, key stakeholder interviews, provider and consumer surveys, and the analysis of key data points. Additionally, a Cultural Health Disparities Survey was completed in June 2022. The Cultural Health Disparities Survey examined socially vulnerable areas of the region, as pre-identified by the Centers for Disease Control utilizing the CDC/ATSDR Social Vulnerability Index (SVI). Areas of the region with socially vulnerable populations were extensively surveyed and twenty-two (22) focus groups were held to identify opportunities, areas of strength and community feedback regarding the behavioral health system. The synthesis of all this information helped to identify the priority areas of focus that will be described below. While some are enduring priorities that serve to maintain individuals within the community such as

supportive employment and expansion of medication management, there are also some emerging priorities that have been highlighted since the Covid Pandemic began in 2020, including workforce stabilization, and increased administrative funding for the ME budget.

The priorities identified for the SEFBHN Enhancement Plan for FY 23/24 include the following:

1. Provider stabilization for core outpatient mental health services.
2. Expansion of supported and transitional housing.
3. Increased administrative funding for the ME budget.
4. Expansion of CAT team.
5. Primary care and behavioral health care clinic.

It is expected through the approval and funding of the Enhancement Plan that these priorities will be successfully addressed by SEFBHN and their collaborative partners.

Priority 1 – Provider Stabilization for Core Outpatient Mental Health Services

Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.

As noted in the introduction to the Enhancement Plan, SEFBHN was able to conduct a comprehensive Behavioral Health Needs Assessment and Cultural Health Disparities Survey of our five-county network in 2022 in partnership with the other MEs of Florida, as well as the Health Council of Southeast Florida. During this needs assessment process, by utilizing stakeholder and provider surveys, as well as targeted focus groups, it was determined that a critical need for SEFBHN's provider agencies is **an increase in funding to support workforce stabilization** to maintain the current operational capacity of core outpatient mental health services for adults and children.

Please describe the problem or unmet need that this funding will address.

Beginning with the Covid 19 pandemic, provider agencies in Circuit 15 and Circuit 19 reported a sustained shortage throughout the behavioral health workforce. While hiring has increased across providers in the circuits, it is not sufficient to meet the demands. Despite increases in salaries, they are insufficient to support the sharp rise in the cost of living for region. To be able to recruit and retain an engaged, educated workforce of behavioral health professionals who can deliver efficient and quality services, it is imperative for providers to increase salaries and wages, benefits (fringe and otherwise) and support recruitment efforts through a "behavioral health employment pipeline" in partnership with local businesses and schools. Additionally, the costs of operating have increased over time, specifically for residential and pharmaceutical services. Increased support for both staff employment and rising operating costs will allow SEFBHN provider agencies to continue to provide needed and beneficial behavioral health care services throughout the region.

The proposed strategy and specific services to be provided.

To help providers maintain current operations and enhance their behavioral health workforce, SEFBHN will provide funding to specifically support provider stabilization and

maintain the current operational capacity of core outpatient mental health services for adults and children. This funding will be braided into existing resources to equitably address increased operating costs associated with staff recruitment and retention, minimum wage increases, and increases in pharmaceutical and other related operating costs associated with outpatient client care.

Target population to be served.

- Highly trained and skilled behavioral health professionals at SEFBHN Provider agencies.
- Children and Adult Mental Health.

County(ies) to be served (County is defined as county of residence of service recipients).
Indian River, Martin, Palm Beach, Okeechobee, and St Lucie.

Please describe in detail the action steps to implement the strategy.
Plans for provider stabilization for core mental health services for children and adults include:

- Helping providers to identify and implement appropriate wage and salary increases across the behavioral health workforce.
- Providing assistance and guidance to providers regarding staff recruitment efforts.
- Requiring provider agency efforts to implement staff retention and employee assistance programs within their staff through Service Delivery Narratives.
- Establishment of a regional “behavioral health pipeline” of employment by partnering with local high schools, colleges, and businesses to ensure sustainability of staff and to attract individuals to the field.
- Supporting provider agencies in identifying increases in operating costs.
- Working in collaboration with the Palm Healthcare Foundation in supporting behavioral health technicians obtaining certification and educational scholarships.

Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative.
Please identify any other sources of state and county funding that will contribute to the proposal.
$2,000,000.00 – This funding is based on a projected average 15 percent increase over individual providers’ currently documented operating costs.

Identify expected beneficial results and outcomes associated with addressing this unmet need.
Greater funding for workforce and provider stabilization will provide higher engagement by individuals served, which then will lead to a reduction in acute care services and shorter lengths of crisis stabilization stays. It will also lead to less turnover in provider agencies, which will increase the quality of care being provided by mental health professionals of all levels.

What specific measures will be used to document performance data for the project?
The following performance measures will be used:

- Reduction in number of individuals served in Crisis Stabilization Units and/or Acute Care.
- Increase in Persons Served Satisfaction.

Priority 2 – Expansion of Supported and Transitional Housing.

Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.

As noted in the introduction to the Enhancement Plan, SEFBHN was able to conduct a comprehensive Behavioral Health Needs Assessment and Cultural Health Disparities Survey of our five-county network in 2022. **Supportive and Transitional Housing** was identified as an ongoing need which has also been highlighted by the challenges brought by the COVID-19 Pandemic, which include job loss and shortages, as well the increased costs of living for the region.

What problem or unmet need will this funding address?
One of the most significant challenges faced by individuals with mental illness is the lack of available housing. Mental illness can have a domino effect, leading to precarious housing situations or even homelessness. However, having a safe and secure place to live is crucial for their recovery, as it enables them to access necessary services and live independently to the best of their abilities. Stable housing is also vital for individuals with substance use disorders, especially in the context of SEFBHN's efforts to address the Opioid Crisis through medication-assisted treatment. For individuals who can receive outpatient treatment, stable housing is essential for maintaining contact with the consumer during the early stages of medication-assisted treatment. The lack of affordable housing options contributes to individuals resorting to more restrictive placements as a default, such as jails, crisis stabilization units, and residential mental health and substance abuse treatment facilities. It can also hinder the transition of individuals with severe mental illness out of SMHTFs. Finding and maintaining housing can be particularly challenging for individuals with mental health conditions or substance use disorders, especially for those who are economically disadvantaged. Renting an apartment may be financially out of reach for many. To highlight the need for stable housing, SEFBHN receives a significant number of requests each month for transitional vouchers specifically for housing assistance. This demonstrates the urgent need for affordable housing options to support individuals with mental illness and substance use disorders on their path to recovery.

The proposed strategy and specific services to be provided.
SEFBHN proposes to contract for the delivery of Supportive Housing Services for individuals with serious mental illness and co-occurring disorders. The services provided would include:

1) Transitional housing beds. The individuals would be living independently, paying their own room and board but have access to a supportive living coach and be offered life skill and independent living training. The provider will also assist the residents of the home/apartment in applying for SOAR benefits, and food stamps and in identifying other resources in the community such as public transportation or supportive employment services. They also tend to have access to 24-hour crisis support services, although these services may not be available onsite. This level of supportive housing is intended to be transitional – allowing individuals a safe stable setting while they learn needed skills to eventually live in community-based housing.
2) An additional component is for these same Supportive Housing Services as noted in item (1), but for individuals who are already living on their own or looking to transition to a more independent setting (i.e., the adult who has been living with family but who want to or needs to find their own living arrangement).
3) An increase in funding for transitional housing vouchers for individuals with substance use disorder – used primarily for 1-3 months' rent in a FARR certified Recovery Residence for individuals beginning MAT.

Target population to be served.

- Adults with serious mental illness, and Co-occurring disorders
- Adults with substance disorders

County(ies) to be served (County is defined as county of residence of service recipients).

One initial lead program within the 5-county network of Indian River, Martin, Palm Beach, Okeechobee, and St. Lucie.

Number of individuals to be served:

- 100 for transitional housing
- 50 for transitional housing vouchers

To address the need for supportive and transitional housing, SEFBHN would work with existing providers of residential services, and the provider network in general, to fund and enhance supportive and transitional housing programs.

Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative.

Please identify any other sources of state and county funding that will contribute to the proposal.

$1,000,000- Additional funding to enhance Supportive Housing Services for C15/C19.

Identify expected beneficial results and outcomes associated with addressing this unmet need.

- Supportive Housing is consistent with the principles of the Recovery Oriented System of Care in that it can result in:
    - Reduction in the use of more restrictive placements (i.e. jail, CSUs and SMHTFs)

- Sustained Recovery for consumers receiving these services.
- Increase in the consumers receiving these services living independently.

What specific measures will be used to document performance data for the project?
The standard contract measures will be utilized to include.

- Adults with serious mental illness living in stable housing.
- Reduction in number of adults arrested.
- Adults with Co-Occurring disorders who live in stable housing.
- Adults who successfully complete Substance Use Treatment

Priority 3 – Increased Administrative Funding for the ME Budget

Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.
As noted in the introduction to the Enhancement Plan, SEFBHN was able to conduct a comprehensive Behavioral Health Needs Assessment and Cultural Health Disparities Survey of our five-county network in 2022. **An increased ME administrative budget** was identified as an emerging need which has also been highlighted by the challenges brought on by the COVID-19 Pandemic, which include additional responsibilities assigned to the MEs and a need for more staff to effectively oversee these new responsibilities.

Please describe the problem or unmet need that this funding will address:
As stated above, additional responsibilities continue to be assigned to the ME without the corresponding administrative budget needed to affectively implement and administer these programs.
<u>Additional responsibilities and initiatives include:</u>

- Statewide SOR funding to address the statewide Opioid Crisis.
- Increased in General Revenue funding.
- Increase in Mental Health Block Grant funding.
- Additional Family Intensive Treatment Teams funding.
- Additional CAT funding, as well as an additional CAT Team for youth ages 5-11.
- The Recovery Oriented System of Care (ROSC) Initiative – an ongoing major paradigm shift that requires training and additional consultation with providers to implement.
- Additional Suicide Prevention funding and initiatives.
- Addition of new Multidisciplinary Forensic Teams to C19 and C15.
- Addition of a new MRT funding, as well as program enhancements and expansion.
- Addition of ME-level Care Coordination positions and responsibilities.
- Increase in proviso project funding.
- Increase in state opioid settlement dollars.

Currently, staff are serving multiple roles and have limited time to devote to local community initiatives designed to increase resources. These same staff are also working to instill the

principles of ROSC, Zero Suicide and other initiatives, and will require additional time during on-site contract validation reviews and completing chart reviews. The assignment of new contracts, including proviso agreements and addition of new programs impact all staff with additional training for providers, contracting responsibilities, data surveillance, and on-site contract validation reviews. Additionally, more staff is needed to assist with contracting, compliance, and general oversight.

The proposed strategy and specific services to be provided:
An increased ME administrative budget would help to eliminate barriers to effectively administering programs receiving both state and federal financial funding, as an assist with ME-level compliance and contractual oversight.

Target population to be served:
- Children and Adult Mental Health (CMH, AMH).
- Children and Adult Substance Abuse (CSA, ASA).

County(ies) to be served (County is defined as county of residence of service recipients):
All five counties in the network – Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie.

Number of individuals to be served:
The addition of ME Administrative funding will help to ensure that SEFBHN is able to effectively oversee all required initiatives and provide quality contractual oversight.
Please describe in detail the action steps to implement the strategy:
Plans for an increased ME administrative budget include:
- Submit enhancement plan identifying increase in administrative budget as a priority for FY 23-24.
- Hiring of additional SEFBHN staff to provide support to network providers and manage new contracts and initiatives.
- Arrange for trainings and coordination for ME and Network Provider staff on Evidenced Based Practices for Behavioral Health Care.

Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative.
Please identify any other sources of state and county funding that will contribute to the proposal.
$500,000.00: ME Operational Integrity to manage increased program responsibilities.

Identify expected beneficial results and outcomes associated with addressing this unmet need.
Beneficial results and outcomes associated with additional administrative funding for SEFBHN include:

- Ability to maintain and preferably increase service numbers from FY 22-23 levels.
- Increased ability to assist providers in meeting the Coordination of Care and Housing needs of our Priority Populations.
- Increased support at the ME-level for contracting, compliance, and general oversight.
- Increased ability to provide support and technical assistance to subcontracted providers.

What specific measures will be used to document performance data for the project:
All standard outcome measures within SEFBHN's contract with the Department would apply to this priority.

Priority 4 – Expansion of Community Action Teams

Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.
As noted in the introduction to the Enhancement Plan, SEFBHN was able to conduct a comprehensive Behavioral Health Needs Assessment and Cultural Health Disparities Survey of our five-county network in 2022. An expansion of CAT services was conducted for FY 22/23 with an increase in staff. This included a mental health therapist, wraparound case manager and family support mentor. They increased their target of persons served from 35 per month to 50 per month. This team is still experiencing extensive waitlists for high-risk youth in the community. **The need to increase an expansion of the CAT team's** ability to service those youth timely has been identified. The previous expansion decreased the waitlist for the first quarter of the previous FY and has since increased again. Having two operating CAT teams will allow the provider to serve more individuals across the four counties.

What problem or unmet need will this funding address?
CAT teams use effective evidence-based services that provide multidisciplinary services to youth with serious mental illness. The intense level of services enables youth to live in the community and receive necessary treatment without placement disruptions. Expansion of the CAT team will reduce the number of consumers who qualify for residential treatment programs, crisis stabilization units, DJJ commitment programs, and entering Department care.

The proposed strategy and specific services to be provided:
CAT services will be provided to youth meeting the level of care determination to prevent out of home placement in residential treatment programs or youth stepping down from a residential treatment program. SEFBHN will work with the existing agency to implement an expansion of the CAT program by working with providers to hire and retain staff to reduce the extensive waitlist.

County(ies) to be served (County is defined as county of residence of service

recipients):
Indian River, Martin, Okeechobee, and St. Lucie.

Number of individuals to be served:
Proposed number to be served in the community with two full teams is 70 per month.

Please describe in detail the action steps to implement the strategy.
An expansion of CAT services would be a huge benefit to the community. This service would be expanded in Circuit 19. The current director of the CAT team within NHTC has begun developing an expansion plan for her team. This includes hiring additional mental health therapists, an ARNP or increasing the current psychiatrists' responsibilities, certified wraparound case managers, mentors, and an assistant director.

Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative.
Please identify any other sources of state and county funding that will contribute to the proposal.

$500,000 - increased access (expansion) to CAT services.

Identify expected beneficial results and outcomes associated with addressing this unmet need.
More prevalent access to medication management services will allow the individual more time to communicate their symptoms to the psychiatrist who in turn will also have more time to accurately diagnose the individual and prescribe the most appropriate medicines at the lowest doses. The Team approach that is the cornerstone of CAT services will allow the psychiatrist to staff individuals with all professionals involved with the youth and family at regularly scheduled weekly staffing's. The individual's ability to become and remain stabilized is increased, thereby reducing the need for interim appointments, inpatient crisis stabilization placements, and long-term respite.

What specific measures will be used to document performance data for the project?
The standard contract measures will be utilized:

- Percent of children with emotional disturbances who improve their level of functioning.
- Percent of children with serious emotional disturbances who improve their level of functioning.
- Percent of children with emotional disturbance who live in a stable housing environment.
- Percent of children with serious emotional disturbance who live in a stable housing environment.
- Percent of children at risk of emotional disturbance who live in a stable housing environment.

SEFBHN will also be monitoring these consumers to determine if there is a decrease in

admissions to the CSU and/or other longer term residential treatment programs.

Priority 5 –Primary Care / Behavioral Health Care Clinic

Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.
House Bill 945 was passed into law on June 30, 2020. Shortly after, the House Bill 945 Steering Committee was created and was convened for Circuits 15 and 19 by SEFBHN and met monthly throughout 2021. The goal of the Steering Committee was to develop the plan for meeting House Bill 945 requirements, as well as the Coordinated System of Care Plan. SEFBHN's final plan was submitted to the Department on January 1, 2022. SEFBHN has now implemented HB 945 resulting in major and ongoing impacts related to service delivery into FY 23/24, and because of this process, a **Primary Care/Behavioral Health Integration Clinic** was identified as a need for the community.

What problem or unmet need will this funding address?
One of the barriers to long-term treatment and the ongoing well-being of youth and families, as identified in the House Bill 945 Steering Committee, is the lack of integration between primary care and behavioral health services. As stated in SEFBHN's final House Bill 945 Implementation Plan, many children and youth who receive services through publicly funded providers are often faced with other challenges such as little or no income, minimal access to transportation, food insecurity and limited familial or other social supports. These challenges then contribute to their ability to access a full continuum of health care services and ultimately their ability to maintain a state of wellness.

Failure to recognize and appropriately treat behavioral health conditions has a significant impact on health outcomes and costs: youth with these diagnoses use more medical resources, are more likely to be hospitalized for medical conditions, and are readmitted to the hospital more frequently. Some of these patterns are reflected in an analysis commissioned by the American Psychiatric Association (APA) that found spending for patients with comorbid mental health or substance abuse problems is 2.5 to 3.5 times higher than for those without such problems—with most of the spending going to general medical services, not behavioral health.

Integrated primary/behavioral health care has the potential to improve health outcomes for children and families and health care delivery within practices. "Behavioral Health integration is the care that results from a practice team of primary care and behavioral health clinicians, working together with children and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population." This care may address mental health and substance abuse conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, and ineffective patterns of health care utilization.

The proposed strategy and specific services to be provided:
The proposed strategy for this priority is to implement a fully integrated Primary/Behavioral Health Care Clinic.

Understanding that this is a process that will not happen overnight and in turn will require a great deal of planning and collaborating with community stakeholders and providers, SEFBHN is proposing to hire a consultant with expertise in this area. The consultant would be responsible for bringing the key stakeholders together to develop a plan and the strategies needed to open a truly integrated Primary/Behavioral Health Care Clinic. This will include identification of a community within the network to locate the clinic and the budget needed to run it. While state funding would be used to support the clinic, other sources of funding such as Medicaid and local funding will be required also. As noted in previous submittals of SEFBHN's enhancement plans, the funding request for this FY is for the consultant's fees.

Target population to be served:
- Children Mental Health (CMH)
- Children Substance Abuse (CSA)

County(ies) to be served (County is defined as county of residence of service recipients):
One (1) initial lead program within the 5-county network of Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie.

Number of individuals to be served:
When implemented, 800 children served annually as a result of implementing the Primary/Behavioral Health Care Clinic.

Please describe in detail the action steps to implement the strategy.
To operationalize the implementation and planning for a Primary/Behavioral Health Clinic using a consultant:
1. Ensure funding is available through LBR or internal budget shift.
2. Hire consultant to start planning process.
3. Determine most appropriate location within the network to pilot a fully integrated Primary Care/Behavioral Health Care Site. Actions to accomplish this include Data review, board, and network providers input via a Survey Monkey.
4. Conduct meetings with providers, community stakeholders, local health dept representatives to start planning process for implementation of pilot.
5. Develop budget needed to operationalize an integrated primary care/behavioral health clinic and identify funding.
6. Apply for additional funding based on consultant.
7. Pilot program is operationalized.

Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative.
Please identify any other sources of state and county funding that will contribute to the proposal.

$100,000 – cost of a consultant to assist with the planning process and to create a program and budget for the Primary/Behavioral Health Care Clinic.

Identify expected beneficial results and outcomes associated with addressing this unmet need.
A truly integrated primary/behavioral health care clinic will lead to improved care and reduced costs as health problems will be identified at earlier stages when they are less expensive to treat, and the integrated care will increase the health care provider's ability to identify the root cause of the illness.

What specific measures will be used to document performance data for the project?
The standard contract measures will be utilized:

- School days seriously emotionally disturbed children attended.
- Children with Emotional Disturbance who live in a stable housing environment.
- Children with emotional disturbances who improve their level of functioning.

SEFBHN will also be monitoring these youth to determine if there is a decrease in admissions to the CSU and/or other longer term residential treatment programs.

Appendix D

Broward Behavioral Health Coalition, Inc. (BBHC)
Fiscal Year 2023-2024 Enhancement Plan
Local Funding Request

Introduction

In 2016 the Florida Legislature passed Senate Bill 12, which amended section 394, F.S., related to MEs duties to include the development of annual Enhancement Plans. These Plans include priority needs for the MEs. In 2021 the legislator passed a bill requiring the MEs to conduct a Statewide Cultural Health Disparities and Needs Assessment. Florida Association of MEs and all the MEs agreed to conduct a Statewide Cultural Health Disparities and Needs Assessment. These were submitted to the Department in June of 2022. Broward Behavioral Health Coalition, Inc. (BBHC) completed the Triennial Needs Assessment, as per Senate Bill 12, to identify service needs and gaps in the community that is incorporated in Broward's portion of the Statewide Cultural Health Disparities and Needs Assessment conducted by the Health Planning Councils and MEs.

In this process, BBHC and Broward Regional Health Planning Council gathered program data and held a series of surveys and focus groups and from January through March 2022, involving providers, stakeholders, and individuals receiving behavioral health services in Broward County. During FY 2021-2022 priorities for funding were identified via BBHC's System of Care Committee, Provider Advisory Council and Consumer Advisory Council, and various community partnership meetings such as the Department's Forensic System meeting, Baker Act and Marchman Act meetings to address gaps in the implementation, meetings with the Judiciary, State Attorney and Public Defenders, BBHC's Quarterly Provider Network Meeting, among others.

The BBHC solicited feedback from its network of providers regarding the services provided by the BBHC network via BBHC's Provider Advisory Council, the Clinical Quality Improvement (CQI) Committee, BBHC's Quarterly Provider Network Meeting, the Department's Forensic System Meeting, and Baker Act and Marchman Act meetings. Additionally, BBHC solicited feedback from the network's Recovery Oriented System of Care Committee, and through meetings with the Judiciary, State Attorney and Public Defenders offices. All stakeholders were asked to complete an online survey to assess their knowledge of the availability of services within the community, their awareness and use of the 2-1-1 resource, and to identify barriers consumers have encountered when accessing services.

Broward County Jails have been under a consent decree for a few years. All the items on this consent decree have been resolved, except for the number of individuals with mental health illnesses lingering and deteriorating in the jails. This large number of individuals with mental illnesses and/or substance use disorders are overrepresented within the jail population. There is a need for the implementation of the Stepping Up Initiative, a robust jail

diversion program. These services will enhance BBHC's system of care to expeditiously identify, screen, engage, stabilize, and discharge these individuals from the jail to the community, with appropriate level of care and supports.

Overall, the COVID-19 pandemic has severely impacted the way of life and the provision of behavioral health services. This crisis has resulted in financial uncertainty, job loss, anxiety and depression caused by the isolation and the loss of lives due to COVID-19, which has increased the need for additional services. Workforce issues, post pandemic, has impacted the capacity of providers to hire staff. Higher cost of living, including lack of housing affordability, has impacted discharges from crisis and residential treatment facilities of persons served. Our network has experienced: a lack of access to Civil State Hospital beds due to forensic stepdown; criminal justice discharges from crisis stabilization units being withheld due to lack of appropriate levels of care in the community and lack of appropriate residential levels of care and multidisciplinary treatment to support for young children and parents in the community.

Priority 1: Broward Forensic Alternative Center
Funding Request: $3,358,000.00

Broward County has the highest number of commitments to SMHTF in the state. Our criminal justice partners are committed to diverting eligible individuals from forensic facilities, but there needs to be a locked and secure facility available. The Broward Forensic Alternative Center (B-FAC) will provide services by diverting eligible individuals from forensic facilities to a locked and secure residential facility as an alternative to a forensic state treatment facility. The B-FAC will be a cost-efficient community-based residential treatment alternative to serve 70 Incompetent to Proceed individuals charged with third degree or non-violent second-degree felony charges, who do not pose significant safety risks. Individuals will be treated in locked inpatient setting where they will receive crisis stabilization, short-term residential treatment, competency restoration training, and living skills for community reintegration.

When ready to step-down to a less restrictive placement in the community, participants will be provided with assistance to re-entry and ongoing service engagement.

Number of individuals to be served: 70 individuals.

Priority 2: Fund Priority of Effort for Short-term Residential Treatment Services for Jail Diversion Persons Served
Funding request: $ $3,358,000.00

Broward County has the highest number of civil and forensic commitments to SMHTF, in Florida.

Our criminal justice partners are committed to diverting eligible individuals from forensic

facilities, that meet criteria under the Baker Act and need longer stabilization period. Additional Short-term Residential Treatment beds will be a safe and cost-efficient community-based residential treatment alternative to serve individuals at risk of or committed to both civil and forensic state hospitals.

Number of individuals to be served: 20 Short-term Residential Treatment Beds to serve 70 individuals.

Priority 3. Fund Priority of Effort for Stepping-Up Initiative for Jail Diversion
Funding Request: $510,400

Broward County is experiencing an over-representation of people with mental illness and/or substance use disorders in the Criminal Justice system. This problem includes difficulties in identifying inmates who could be diverted into community mental health/substance use disorder programs and linking behavioral health professionals and providers to work in collaboration with judges, state attorneys, and public defenders.

The proposed strategy is to employ Stepping-Up collaboration and strategies to avoid incarceration. The goal is to employ of the national Stepping-Up Initiative is to identify inmates who may be diverted into community mental health or substance use disorder programs using standard assessment tools in the jails and linking behavioral health professionals and providers to work with judges, state attorneys, and public defenders.

Number of individuals to be served: Approximately 200 individuals are expected.

Priority 4: Housing and Care Coordination Teams, and Family/Peer Navigator
Funding request: $2,050,000.00

The Legislature restored funding for the Housing and Care Coordination at the ME and providers level with the $126 million appropriation. The BBHC has identified a need to sustain recurrent funding for the Housing and Care Coordination oversight at the ME level and increase funding for the implementation functions at the provider network level. This will support the Care Coordination/Housing Initiative implemented since the beginning of 2016.

The BBHC will expand specialized Care Coordination Teams at the provider level, comprised of two Care Coordination Managers, two Peer Support Specialists, and one Housing/Benefits Coordinator. The BBHC will need to maintain these Care Coordination initiatives. Individuals will receive time-limited, intensive case management and peer support services to overcome complex barriers through navigation and linkage throughout multiple systems of care. Family/Peer Navigators will be funded to facilitate access to services. This initiative will serve **approximately 140 individuals**.
The need for funding in Broward County is as followed:

- Care Coordination/Housing Teams (CCHT) at the provider level - **$700,000**, (Two teams will serve 140 high utilizer individuals per year @ $350,000/per team).

- Voucher Funding for 140 individuals participating in CCHT- **$750,000.**
- Family Peer Navigators will be able to serve 300 families depending on support needed - **$600,000.**

Priority 5: Multi-Disciplinary Treatment (MDT) Teams
Funding Request: $1,750,000.00

Specific services to be provided will increase immediate access to substance use and mental health services, crisis stabilization, detoxification services, relapse prevention, skill development, parenting, education, transportation assistance, and peer support. Funding will also assist with expenses such as security deposits for housing, and expenses related to obtaining employment. This will assist individuals in addressing their complex needs, achieving their identified goals on a long-term basis, and lead to self-sufficiency.

Number of individuals to be served:

The multi-disciplinary teams are as follows:

- Additional Baby CAT Team to serve 35-45 children and their families per team- $750,000 (Children).
- Additional MRT Team to serve 450 individuals - $1,000,000.

Priority 6: Ensure Recurrent funding for the Operational Integrity of the ME
Funding request: $1,027,267.00

The 2022 Florida Legislature appropriated $126 million of recurrent funds for behavioral health services including care coordination at the ME level and the provider level.

Funds are needed to maintain the sustainability of the MEs recurring funds. Currently, there is a shortage of funding in our ME recurring operational budget.

Priority 7: Continue to Implement the Zero Suicide Initiative
Funding request: $500,000.00

Broward County has been experiencing elevated levels of suicide during the past years. The BBHC identified this as an issue through a review of the Broward County Medical Examiner's Data on death by suicide. The BBHC will continue to use the Zero Suicide framework as a guide for implementation.

A multiagency group representing Broward County community stakeholders attended the American Suicidology Conference in Denver, Colorado to bring back best practice knowledge for suicide prevention, intervention, and postvention/treatment. This learning experience led to the creation of the Broward Suicide Prevention Coalition. The coalition developed an action plan with various workgroups that meet regularly to continue progressing their goals.

The goals will be:

1. Continue implementation of the County-wide Suicide Prevention Action Plan.
2. Continue to provide system wide capacity building.
3. Continue implementation and sustainability of services and 988 initiatives.
4. Continue continuous quality improvement to ensure fidelity to the EBP selected.

Number of individuals to be served:

- At the community level: 750,000-1,000,000 individuals.
- At the provider level: 60 providers.
- At the individual/family level: 60 individuals.

The number of individuals served will be determined by the recommendations in the County-wide Suicide Prevention Plan.

Appendix E

South Florida Behavioral Health Network, Inc., d.b.a., Thriving Mind South Florida

Fiscal Year 2023-2024 Enhancement Plan
Local Funding Request

Process of determining unmet need.
South Florida Behavioral Health Network, Inc., d.b.a., Thriving Mind South Florida (ME), completed its 2022-2023 triannual needs assessment on October 1, 2022. The ME participated in a statewide needs assessment exercise and engaged the Health Council of South Florida (HCSF), a private, non-profit 501I3 organization serving as the state-designated local health planning agency for Miami-Dade and Monroe Counties, to conduct its portion of the comprehensive behavioral needs assessment and cultural health disparity report. Consequently, the HCSF set out to collect qualitative and quantitative data to aid in the analysis and recommendation for prioritization of services. The results of the needs assessment were driven by the collection of information obtained through a combination of data analysis, feedback from community forums, surveys, and interviews.

Processes to complete the behavioral health community needs assessment included partnership with a combination of various key Thriving Mind South Florida groups, including board and advisory members, leadership, staff, and/or volunteers, as well as engagement with service providers, individual served, family members, and caregivers. The resulting report is based on the latest data, focus group results, assessment outcomes, community forums, surveys (consumer, per recovery support, no wrong door, and stakeholder), and the integration of the ME-specific data sets. Also, integral to determining unmet needs is the ongoing engagement between the ME, network service providers, individuals served, and other community stakeholders.

For FY 2022-2023, Governor Ron DeSantis approved a $126 million increase in behavioral health funding. The allocation to our region addressed many of the previously reported enhancement needs. In addition to significant expansion of residential capacity and other new initiatives in the Southern region, Thriving Mind used these funds to transform the region's crisis response system (who to call, who responds, where to go). In addition to support for 988 and increased children's crisis beds, the network now offers a robust MRT network that manages many of the calls previously leading to law enforcement response and Baker Act. Most of these individuals, including children engaged by MRTs because of calls from the schools, are now diverted into treatment within the Department funded system of care.

This current plan addresses additional needs that were not addressed by the increased funding allocation.

Unmet need #1: Additional funding for housing.

The problem or unmet need that this funding will address.

There is still a great need for affordable housing in the Southern Region which is comprised of Miami Dade and Monroe Counties. For FY 2021-2022, a total of 1,807 individuals served were homeless at the time of admission into our services. The ME has continually advocated that housing measures are difficult to meet due to our region's higher cost of living in comparison to other parts of the State. In July 2022, the median cost of a home in Miami-Dade County was $564.9 thousand which has trended up 25.6 percent year-over-year. In Monroe County, affordable housing is at a crisis level with the median price of a home being $945 thousand, up 25.9 percent since last year.

Additionally, each of our counties has unique needs: Monroe County is rural, and Miami-Dade County is urban. The ME continues to advocate for lowering the target in the housing measure. Despite our success in implementing the use of transitional vouchers to assist with housing needs, the lack of affordable housing units continues to be a huge barrier in both counties. Therefore, more funding is needed to sustain and increase the number of individuals Thriving Mind serves through use of transitional vouchers.

The proposed strategy and specific services to be provided.

The ME will continue to implement its Housing Collaborative to address the housing needs in our community. The ME will continue to:

- Provide agencies with technical assistance in coding and meeting the State targets.
- Track agency progress towards meeting State Housing targets.
- Partner with Homeless Trust on innovative and new ways to offer housing to individual served who are in both the behavioral health and homeless systems.
- Outreach to other system partners such as Veteran's Administration, LINK, and housing developers.
- Strengthen relationships with local housing providers such as CARFOUR.
- Follow-up on Housing recommendations based on SFBHN's Community Needs Assessment.
- Engage with Florida Housing and Finance for updates, funding availability, and resources.
- Continue to partner with Homeless Trust to assess the unduplicated count of homeless persons served across the network continuum, prioritizing services for persons identified as High Need/High Utilization (HNHU) program participants.
- Research best practices to support increased utilization of non-traditional services, increased involvement from community providers, increased feedback from affected individual served and their families, decreased homelessness, and increased treatment compliance.
- Collaborate with the professional trade organizations as well as other organizations that are addressing Housing and Homelessness issues including but not limited to: Florida Behavioral Health Association, the National Housing Council, the Florida Housing Council, the Florida Coalition for the Homeless, the Florida Supportive

Housing Coalition, the Florida Council on Homelessness, and the Florida Assisted Living Association.
- Consultation and training to be offered to provider network to cross train clinical staff to complete SPDAT assessments (Service Prioritization Decision Assistance Prescreen Tool) for housing resource access.

Target population to be served.
- AMH adults who are in need of housing or are at-risk of becoming homeless.
- ASA adults who are in need of housing or are at-risk of becoming homeless.

County(ies) to be served.
- Miami-Dade.
- Monroe.

Number of individuals to be served.
- 150 MH adults.
- 60 SA adults.

Please describe in detail the action steps to implement the strategy.
- See attached excel workbook- action plan tab.

Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.
- $1,400,000 - See attached excel workbook- budget tab.

Identify expected beneficial results and outcomes associated with addressing this unmet need.
It is the goal of the ME to develop nontraditional partnerships with community housing providers, organizations, and agencies to facilitate access to supportive housing resources for individuals who are challenged with a mental health diagnosis and/or substance use diagnosis. This Housing Collaborative is geared towards 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.

What specific measures will be used to document performance data for the project?
- Thriving Mind will measure success by improvements in State Housing Targets by the network.
- Decrease the number of individuals that are homeless in the system.

Unmet need #2: Managing Entity system level care-coordination.
The problem or unmet need that this funding will address.

Care Coordination is the systematic management of the system of care to ensure that individuals with the highest level of need are linked to community-based care and provided the appropriate support to address their treatment needs. Care Coordination requires enhanced access to data about a person's social determinants of health in addition to their clinical status to achieve safer and more effective care. As such, ME Level Care Coordinators review, analyze, trend and report utilization data of individuals receiving behavioral health service to identify, recommend and assist in implementing programmatic and system changes designed to further develop and improve system -create an enduring coordinated system.

Poorly managed care transitions for high-risk, high need individuals from acute services to lower levels of care negatively affect a person's health and well-being, potentially causing additional utilization of acute, crisis services, avoidable re-hospitalization, or re-arrest. The ME system level care coordination links individuals to provider level care coordination and oversees coordinated care transitions to ensure warm handoff between levels of care. It also ensures that a person's needs and preferences are known and communicated at the right time to the right people, and that this information is used to guide the delivery of safe, appropriate, and effective care.

Thriving Mind is committed to sustaining the value added to the system, and lives of many of those that require our services, by the ME level Care Coordination team. The ME system level Care Coordinators has proven effective in ensuring that the system of care is accessible, effective, efficient, and appropriate for individuals and families seeking services.

The proposed strategy and specific services to be provided.

The ME will continue to implement Care Coordination throughout our system of care. Since its inception, the care coordination process has changed to meet the needs of those identified to meet criteria and in congruence with Guidance Document 4. Based on the needs of the Southern Region the ME adjusts its target populations, adding new ones to best serve the needs of our community. The ME rolled out the implementation of Critical Time Intervention (CTI), an intensive nine-month care coordination model designed to assist adults aged 18 years and older with mental illness who are going through critical transitions, and who have functional impairments which preclude them from managing their transitional need adequately. CTI promotes a focus on recovery, psychiatric rehabilitation, and bridges the gap between institutional living and community services.

The ME is responsible for the following activities:

1. Identify, through data surveillance, individuals eligible for Care Coordination based on the priority populations identified.
2. Subcontract with Network Service Providers for the provision of Care Coordination using the allowable services. Network Service Providers must demonstrate a successful history of:
    a. Collaboration and referral mechanisms with other Network Service Providers and community resources, including, but not limited to, behavioral health, primary care, housing, and social supports;

b. Benefits acquisition;
c. Consumer and family involvement; and
d. Availability of 24/7 intervention and support.

3. Track individuals served through Care Coordination to ensure linkage to services and to monitor outcome metrics.
4. Manage Care Coordination funds and purchase services based on identified needs.
5. Track service needs and gaps and redirect resources as needed, within available resources.
6. Assess and address quality of care issues.
7. Ensure provider network adequacy and effectively manage resources.
8. Develop diversion strategies to prevent individuals who can be effectively treated in the community from entering SMHTFs or a Statewide Inpatient Psychiatric Program (SIPP).
9. Develop partnerships and agreements with community partners (i.e., managed care organizations, criminal and juvenile justice systems, community-based care organizations, housing providers, federally qualified health centers, etc.) to leverage resources and share data.
10. Provide technical assistance to Network Service Providers and assist in eliminating system barriers.
11. Work collaboratively with the Department to refine practice and to develop meaningful outcome measures.
12. Implement a quality improvement process to establish a root cause analysis when care coordination fails.

Target population to be served.

The ME will be focusing on the following target populations:

1. Adults with a serious mental illness, substance use disorde, or co-occurring disorders who demonstrate high utilization of acute care services, including crisis stabilization, inpatient, and inpatient detoxification services. For the purposes of this document, high utilization is defined as: a. Adults with three or more acute care admissions within 180 days.
2. Adults with acute care admissions that last 16 days or longer.
3. Adults with three or more evaluations at an acute care facility within 180 days, regardless of admission.
4. Adults with a serious mental illness awaiting placement in a SMHTF or awaiting discharge from a SMHTF back to the community.
5. Adults involved with Jail Diversion Program and law enforcement.
6. Children and parents or caretakers in the child welfare system with behavioral health needs, including adolescents, as defined in section 394.492, F.S., who require assistance in transitioning to services provided in 4 the adult system of care.
7. Children with a serious emotional disturbance, substance use disorder, or co-occurring disorders who demonstrate high utilization of acute care services, including crisis stabilization, inpatient, and inpatient detoxification services. For the purposes of

this document, high utilization is defined as: children/adolescents with three or more acute care admissions or assessments within 180 days.

8. Children with acute care admissions that last 16 days or longer.
9. Children with three or more evaluations at an acute care facility within 180 days, regardless of admission.
10. Children being discharged from Baker Act Receiving Facilities, emergency departments, jails, or juvenile justice facilities at least one time, who are at risk of re-entry into these institutions or of high utilization for crisis stabilization.
11. Children waiting admission or to be discharged from a SIPP.
12. Children and adolescents who have recently resided in, or are currently awaiting admission to or discharge from, a treatment facility for children and adolescents as defined in s. 394.455, which includes facilities (hospital, community facility, public or private facility, or receiving or treatment facility) and residential facilities for mental health, or co-occurring disorders.
13. Children involved with Law Enforcement. Families with infants experiencing or at risk for Neonatal Abstinence Syndrome or Substance Exposed Newborn.
14. Individuals referred, and enrolled in the Jail Diversion Program (JDP)
15. Individuals (youth and adults) referred by, or to, a law enforcement agency, and followed by that law enforcement agency.
16. Populations identified to potentially benefit from Care Coordination that may be served in addition to the two required groups include:
17. Persons with a serious mental illness, substance use disorder, or co-occurring disorders who have a history of multiple arrests, involuntary placements, or violations of parole leading to institutionalization or incarceration.
18. Caretakers and parents with a serious mental illness, substance use disorder, or co-occurring disorders involved with child welfare.
19. Individuals identified by the Department, MEs, or network providers as potentially high risk due to concerns that warrant Care Coordination, as approved by the Department.

County(ies) to be served.

- Miami-Dade.
- Monroe.

Number of individuals to be served.

- 210 adults.
- 40 children.

Please describe in detail the action steps to implement the strategy.

- See attached excel workbook- action plan tab.

Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

- $750,000 - See attached excel workbook, budget tab.

Identify expected beneficial results and outcomes associated with addressing this unmet need.
The long-term goal of care coordination in the Southern Region, when fully implemented, is to be able to utilize the data collected through this process to develop behavioral health treatment protocols like those that are currently used in the medical field. The development of these protocols will enable the system to better identify crisis indicators and improve early intervention services. The ME is also seeking to provide care coordination to all target populations.

What specific measures will be used to document performance data for the project?
- Readmission rates for individuals served in acute care settings.
- Length of time between acute care admissions.
- Length of time an individual waits for admission into a SMHTF or SIPP.
- Length of time an individual waits for discharge from a SMHTF.
- Length of time from acute care setting and SMHTF discharge to linkage to services in the community.

Unmet need #3: Additional funding for enhanced Case Management.
The problem or unmet need that this funding will address.
Care Coordination is a time-limited service that assists individuals with behavioral health conditions who are not effectively engaged with case management or other behavioral health services and supports. Care Coordination also supports individuals' need to transition successfully from higher levels of care to effective community-based care. Care Coordination is not intended to replace case management. Based on the individual's needs and wishes, case management may be a service identified in the individual's care plan for which they will be referred. Case management may be ongoing for those determined eligible for this service.

Case management collaborative process of assessment, planning, facilitation, care coordination, evaluation and advocacy for options and services to meet an individual's and family comprehensive health needs beyond care transition supporting stability and service linkage effectively preventing higher utilization. Individuals being discharged or diverted from admission into SMHTFs often present long-term need for case management services to support and sustain successful community reintegration beyond the time limited support of care coordination. In addition, young adults who are transitioning from services within the children's system of care to the adult system of care would need and benefit from case management services.

Enhanced access to case management services would also allow us to serve individuals who do not meet the criteria for Care Coordination per Guidance 4 Document. There are a significant number of individuals that without the assessment, planning, facilitation, and service coordination provided by case management will continue to deteriorate to become

high utilizers of acute care services.

- Adults and children who are not eligible for Medicaid funded case management who also have:
  - Three or more acute care admissions within 180 days; or
  - Acute care admissions that last 16 days or longer.
  - Three or more evaluations at an acute care facility within 180 days, regardless of admission.
  - Awaiting placement in a SMHTF or awaiting discharge from a SMHTF back to the community.
  - Individuals who have at least two crisis admission or assessments (Integrated language with CM and CC…additional populations…)

The proposed strategy and specific services to be provided.

- The ME will empower care coordination teams to assess the need for ongoing case management services for those individuals as they approach the end of their involvement in their care in congruence with Guidance Document 4.
- The ME will enhance education and cross training between Care Coordination and Case Management teams to make sure that eligible individuals, based on individualized needs, are referred to ongoing support through case management.
- The ME will ensure that individuals who are being discharged from Care Coordination will continue to benefit from on-going assessment, planning, facilitation, advocacy, monitoring, and evaluation are prioritized to access case management services to ensure continued community integration. The ME will educate the community to identify individuals who have at least two crisis admissions to be referred to case management.

Target population to be served.

- Adults and children who are not eligible for Medicaid funded case management who also have:
  - Two or more acute care admissions within 180 days; or
  - Two or more evaluations at an acute care facility within 180 days, regardless of admission.
  - Diverted from admission in a SMHTF with Care Coordination support but continue to need targeted services to maintain/remain successfully in the community.
  - Discharged from a SMHTF back to the community with Care Coordination but continue to need targeted services to remain successfully in the community.
  - Transitioning out of Care Coordination services who remain in need of services to maintain established services and stability.

County(ies) to be served.

- Miami-Dade.
- Monroe County.

Number of individuals to be served.

- 150 individuals.

Please describe in detail the action steps to implement the strategy.

- See attached excel workbook action plan.

Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

- $1,438,992 - See attached excel workbook- budget tab.

Identify expected beneficial results and outcomes associated with addressing this unmet need.

Case management services will continue to provide customized services, according to the individuals' setbacks or persistent challenges and aid them to sustain their community reintegration and recovery. On-going case management services will divert individuals from returning to a cycle of readmissions and potential return to a SMHTF.

What specific measures will be used to document performance data for the project?

- Readmission rates for individuals served in acute care settings.
- Length of time between acute care admissions.
- Length of time an individual waits for admission into a SMHTF or SIPP.
- Length of time an individual waits for discharge from a SMHTF.
- Length of time from acute care setting and SMHTF discharge to linkage to services in the community.
- Decrease the number of individuals that are homeless in the system.

Unmet need #4: Funding for Children Respite Program.

The problem or unmet need that this funding will address.

The responsibilities of caregiving can increase a family's risk for developing physical, mental, and financial problems. Requesting respite care for youth can help families maintain the caregivers' well-being and the family intact. It is not selfish or neglectful to take a break. Respite care offers the caregiver(s), and families, time to self-care, bring a sense of normalcy back into the home. It also offers the child an opportunity to learn new skills and participate in planned activities which increases socialization and independence. Families have identified respite as a major service delivery gap in our community. Unfortunately, there are no respite programs that adequately serve this population.

The proposed strategy and specific services to be provided.

The ME would like to fund a respite program for youth. A respite program is a voluntary, short-term, overnight program. Respite provides community-based, non-clinical crisis support to help youth and families, by providing temporary relief, improve family stability and reduce the risk of abuse and neglect.

Although respite can be offered 24 hours per day in a homelike environment for support during time of crisis; The ME proposes to start a program that offers planned respite, Friday evening through Sunday afternoon/evening. The ME would like to staff and operate the respite program with caregivers with lived experience caring for, or recovering from, mental health and/or substance use disorder.

Target population to be served.
Youth (14 – 17 years old) with a Mental Health disorder who are at risk of out of home placement who are receiving services from wrap around programs such as CAT, CCRT teams, etc.

County(ies) to be served.

- Miami-Dade.

Number of individuals to be served.

- 50-150 per FY.

Please describe in detail the action steps to implement the strategy.

- See attached excel workbook- action plan.

Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

- $582,400 **-** See attached excel workbook- budget tab.

Identify expected beneficial results and outcomes associated with addressing this unmet need.
A study of Vermont's 10-year-old respite care program for families with children or adolescents with serious emotional disturbance found that participating families experience fewer out-of-home placements than non-users and were more optimistic about their future capabilities to take care of their children (Bruns, Eric, November 15, 1999). A more recent study on Return on Investment in Systems of Care for Children with Behavioral Health Challenges found that communities in which a broad array of home and community-based evidence-informed services are available decreases inpatient psychiatric hospitalizations and out of home placements. (Stroul, B., Pires, S., Boyce, S., Krivelyova, A., and Walrath, C. (2014). Piloting an evidence-informed respite care program, which includes data on performance measures and return on investment, will reduce overall cost to the system of care by preventing out of home placements.

What specific measures will be used to document performance data for the project?

- Decrease out of home placement.
- Decrease child welfare involvement.

- Improve productivity of the home.
- Improve school attendance.

Unmet Need #5: Peer-Led Adult Respite Program.
The problem or unmet need that this funding will address.
To improve the quality of care provided to individuals in need of non-clinical crisis behavioral health support while reducing overall expenditures through reductions in hospitalizations and emergency department visits.

Behavioral health disorders contribute to about one in eight emergency department visits in the United States annually, and about 40 percent of emergency department visits associated with behavioral health disorders lead to an inpatient admission (1). Peer-staffed crisis respite centers offer a potential alternative to the use of emergency department and inpatient services for psychiatric crises. The environment and services offered in peer-staffed crisis respites are distinct from emergency department and hospital care. Unlike locked units of hospitals, crisis respites offer a voluntary, safe, and homelike environment where trained peer staff provide 24-hour support to individuals experiencing psychiatric crises (2). Four recent studies have reviewed the research comparing performance of conventional mental health treatment roles by peer and nonpeer staff. Three of these reviews included only randomized controlled trials and concluded that there was little evidence of significant differences between peer and professional staff in the performance of conventional roles.

The proposed strategy and specific services to be provided.
The ME would like to fund a peer-led respite center. A peer respite center is a voluntary, short-term, overnight program that provides community-based, non-clinical crisis support to help people find new understanding and ways to move forward. It operates 24 hours per day in a homelike environment. Peer respites are staffed and operated by people with lived experience of mental health and/or substance use issues.

Peer respites must meet three criteria in order to be deemed a peer respite: (1) the respite must be 100 percent staffed by people with lived experience of extreme states and/or the behavioral health system; (2) all leaders in the peer respite must have lived experience; and (3) the program must be operated by either (a) a peer-run organization or (b) an advisory group where at least 51 percent of the members have lived experience.

Peer respites are sometimes referred to as “hospital diversion programs” and serve as an alternative to hospitalization. They provide a homelike environment where individuals who are struggling with a mental health issue – whether emotional or psychological – can receive support from their peers. Guests can stay at a peer respite between 0 to 30 days (about 4 and a half weeks), with most guests staying an average of between five to eight days.

Peer respites are a vital component of a complete crisis service system of care that will support individuals referred by 988 and MRTs effectively reducing psychiatric crisis admissions.

Target population to be served.

- Adult Mental Health who are at risk for crisis.
- Adult Substance Use who are at risk for crisis.

County to be served.

- Miami-Dade.

Number of individuals to be served.

- 70-100 adults per FY – Mental Health.
- 30-50 adults per FY – Substance Abuse.

Please describe in detail the action steps to implement the strategy.
See attached excel workbook- action plan.

Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

- $1,000,000 - See attached excel workbook budget tab.

Identify expected beneficial results and outcomes associated with addressing this unmet need.
Reducing overall expenditure through reductions in hospitalizations and emergency department visits. Behavioral health disorders contribute to about one in eight emergency department visits in the United States annually, and about 40 percent of emergency department visits associated with behavioral health disorders lead to an inpatient admission (1). Peer-staffed crisis respite centers offer a potential alternative to the use of emergency department and inpatient services for psychiatric crises. The environment and services offered in peer-staffed crisis respites are distinct from an emergency department and hospital care. Unlike locked units of hospitals, crisis respites offer a voluntary, safe, and homelike environment where trained peer staff provide 24-hour support to individuals experiencing psychiatric crises (2). Four recent studies have reviewed the research comparing performance of conventional mental health treatment roles by peer and nonpeer staff. Three of these reviews included only randomized controlled trials and concluded that there was little evidence of significant differences between peer and professional staff in the performance of conventional roles.

What specific measures will be used to document performance data for the project?

- Total number served.
- Reduce the number of crisis units.

Appendix F

Central Florida Cares Health System
Fiscal Year 2023-2024 Enhancement Plan

Enhancement Plan Summary

Priority of Needs for Services	
Family Functional Therapy- Child Welfare Focus	**$565,000**
Wraparound Services - Brevard County	**$155,098**
Adult Mental Health Residential Treatment	**$1,069,450**
Transitional Housing	**$1,551,651**
Adult Mobile Response Team - Brevard County	**$380,276**

Priority Needs for Services

Functional Family Therapy

Please describe the process by which the area of priority was determined. What activities were conducted, who participated, etc.

As required in House Bill 945 (2020), Central Florida Cares Health System (CFCHS) collaborated with key community partners to identify gaps in children services and areas for improvement by developing a behavioral health needs questionnaire. The top mental health and substance use needs by county were identified based on 159 responses received.

The problem or unmet need that this funding will address.
CFCHS led the development of a plan promoting integration of a coordinated system of care for children, adolescents, and young adults (up to 25 years old) that facilitates parents and caregivers obtaining behavioral health services and support. The planning process included key community partners within the state's child-serving systems to help identify gaps in the arrays of services for children and adolescents. Community partners represented included:

• Department of Children and Families • Behavioral Health Service Providers • School Districts/SEDNET • Law Enforcement Agencies • Community-Based Care lead agencies	• Juvenile Justice Systems • Early Learning Coalitions • Medicaid Managed Medical Assistance Plans • Agency for Persons with Disabilities (APD) • Children Day Cares • Parent/Caregivers

• Child Welfare Case Management Organizations	

Within the process, a behavioral health needs questionnaire was distributed throughout the community which was completed by 159 respondents. Among all of CFCHS' four covered counties, In-home Treatment was identified in the top five needs for youth and families. The top three barriers in accessing behavioral health services for all counties were (1) Availability of needed services, (2) Limited funding/capacity, and (3) Cost of treatment. CFCHS's proposed strategy of implementing a program providing Functional Family Therapy would address this identified gap within the children's system of care as well as the top 3 barriers to accessing services.

The proposed strategy and specific services to be provided.
The funding will be allocated to implement a partnership between BAYS Family Connections and Brevard Family Partnership to serve youth and their caregivers. BAYS provides Functional Family Therapy (FFT), a short-term, high quality intervention program with an average of 12 to 14 sessions over three to five months. FFT works primarily with 11- to 18-year-old youth who have been referred for behavioral or emotional problems by the juvenile justice, mental health, school, or child welfare systems. Services are conducted in both clinical and home settings, and can also be provided in schools, child welfare facilities, probation and parole offices/aftercare systems, and mental health facilities.

FFT is a strength-based model built on a foundation of acceptance and respect. At its core is a focus on assessment and intervention to address risk and protective factors within and outside of the family that impact the adolescent and his or her adaptive development. FFT has also been vetted by the Title IV-E Prevention Clearinghouse and has been rated as well-supported.

FFT consists of five major components: engagement, motivation, relational assessment, behavior change and generalization. Each of these components has its own goals, focus and intervention strategies, and techniques.

Provision of Services

- Targets at-risk youth ages 11-18 and their families (must have caretaker).
- Focuses on family relations and communication; builds on strengths as motivation for change.
- Home based intervention.
- Length of treatment: average 12 -14 sessions for most cases.
- Maximum 10 cases per therapist.
- Phases of Treatment: Engagement and Motivation; Behavior Change and Generalization.

- Weekly Team Supervision Model Exclusionary Criteria FFT.
- Youth in foster care.

Target population to be served.
Youth involved ages 11-18 with substance use/mental health disorders who are at risk of:

- Entering the child welfare or juvenile justice system.
- Out-of-home placement with youth of family member substance use identified by referring entity as a factor affecting the youth's safety and placement status.

Priority Services Provided to:

- Youth with anti-social behavior
- Aggressive, conduct disorder
- Drug Use, school behavior referrals
- Truant and drop-out
- Family Conflict

Please list the counties where the services will be provided.
Brevard

Number of individuals to be served.
Approximately 25 families

Please describe in detail the action steps to implement the strategy.

	Tasks	Target Completion Date	Resource People	Other Resources	Success Indicator
1	Ensure funding is available through LBR or internal budget shift.	1/1/2024	Chief Executive Officer, Chief Financial Officer	Department of Children and Families	Contract Amendment
2	Work with current providers to expand treatment capacity.	3/31/2024	Chief Operations Officer	Contract Manager, Chief Integration Officer	Action Plan in Place
3	Amend contracts as needed.	5/1/2024	Contract Manager	Chief Operations Officer, Chief Executive Officer	Contract Amendment
4	Begin providing services.	7/1/2024	Provider	Managing Entity	Services Being Provided

Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

Priority:	**Family Function Therapy**		**Total Budget:**		**$565,000**
Budget					
Program	**Payment Methodology**	**Covered Services**	**Proposed Rate**	**Operating Budget Allocation**	**Comments**
Mental Health	Cost Reimbursement	Bundled	n/a	$ 565,000	

Identify expected beneficial results and outcomes associated with addressing this unmet need.

Studies show that youth who participated in FFT treatment[1]:

- 77 percent have no new offenses 18-month post referral.
- 89 percent have no drug charges 18 months post-referral.
- 95 percent attend school/work at treatment close.

Evidence-based programs have been shown to successfully treat delinquent youth in the community and decrease out-of-home placement costs between $1,300 and $5,000 per family per year, while incarcerating just one youth will cost over $50,000 per year with the likelihood of poorer outcomes for both the youth and their family.

Specific measures that will be used to document performance data for the project.

- 66 percent of FFT therapists will achieve a score of 3.0 or higher for adherence and competency six months after training is complete.
- 80 percent of client families served will be discharged as successfully completing FFT services as specified.
- 90 percent of all successfully discharged client families will indicate a positive change in family functioning.
- 90 percent of all successfully discharged youth will report positive changes in youth functioning.
- 94 percent of families successfully discharged will live in a stable housing environment at the time of discharge.

Wraparound Services

Please describe the process by which the area of priority was determined. What activities were conducted, who participated, etc.?

In 2022, CFCHS contracted with The Health Council of East Central Florida, Inc. to conduct a behavioral health needs assessment. This assessment included individuals served and

[1] https://www.fftllc.com/evidence-based-research

community stakeholder survey to determine the strengths and gaps in services provided to individuals in mental health and substance abuse programs. A total of 388 individuals served and community stakeholders surveys were collected and analyzed.

The problem or unmet need that this funding will address.
CFCHS led the development of a plan promoting integration of a coordinated system of care for children, adolescents, and young adults (up to 25 years old) that facilitates parents and caregivers obtaining behavioral health services and support. The planning process included key community partners within the state's child-serving systems to help identify gaps in the arrays of services for children and adolescents. Community partners represented included:

• Department of Children and Families • Behavioral Health Service Providers • School Districts/SEDNET • Law Enforcement Agencies • Community-Based Care Lead Agency • Child Welfare Case Management Organizations	• Juvenile Justice Systems • Early Learning Coalitions • Medicaid Managed Medical Assistance Plans • Agency for Persons with Disabilities (APD) • Children Day Cares • Parent/Caregivers

Within the process, a behavioral health needs questionnaire was distributed throughout the community which was completed by 159 respondents. Among all of CFCHS' four covered counties, In-home Treatment was identified in the top five needs for youth and families. In addition, Wraproud Services was also identified in the top five in Orange and Brevard Counties. The top three barriers in accessing behavioral health services for all counties were (1) Availability of needed services, (2) Limited funding/capacity, and (3) Cost of treatment.

CFCHS' proposed strategy of implementing a program providing Wraparound Services would address this identified gap within the children's system of care as well as the top three barriers to accessing services. Additional Wraparound services would expand the team approach model serving youth and families within CFCHS' network. Currently, CFCHS funds CAT Teams which is the only team approach program serving youth. The waitlist for Brevard County ranged from 7 to 22 families throughout the year. Wraproud Services may serve as another resource for families, avoiding being added to waitlist for the CAT program.

The proposed strategy and specific services to be provided.
Wraparound Services are an intensive, individualized care planning and management process which aims to achieve positive outcomes by providing a structured, creative, and individualized team planning process. The Wraparound team includes the Wraparound Specialist, who provides the Intensive Care Coordination and Case Management, and the Family Partner, who provides Intervention through peer support. Services are provided to children and families under an evidenced-based behavioral health service structure called High Fidelity Wraparound. The wraparound service structure works within system of care

values, including youth-guided, family-driven, and culturally and linguistically competent.

The Wraparound Specialist and Family Partner maintain a caseload of 10-12 families, meeting with families at least once every other week. The Wraparound Specialist and Family Partner establish initial contact with the family within two business days of the referral being assigned to meet with the youth and family for an initial visit within seven days of the referral, documenting exceptions in progress notes. A team is assembled within 30 days to develop the Strength and Needs Assessment and the Youth and Family Care Plan. The Youth and Family Care Plan includes a Family Vision and a Team Mission, which drives the planning process. This care plan is reviewed every 30 days in Family Team Meetings, during which needs are reassessed, tasks and outcomes are reviewed, and changes are made based on family and team input. The team also develops a Crisis Plan with the youth and family within 30 days of enrollment.

There are four phases of the wraparound process, Engagement and Team Preparation, Initial Plan Development, Implementation, and Transition.

Engagement and Team Preparation involves the initial meeting with the youth and family to orient them to wraparound, and to listen to their story. With the help of the Wraparound Specialist and Family Partner, the family creates a vision of the future, and identifies natural supports. The family then decides who to invite to the initial Family Team Meeting. During this phase it is also a goal to stabilize crisis. A crisis plan is developed with the youth and family to provide immediate intervention or stabilization.

Initial Plan Development starts with the first Family Team Meeting and includes those supports identified during engagement. During this phase, the team comes up with a Mission Statement about what the team will work on together. The team identifies the strengths of each member of the family and identifies and prioritizes their needs. The team develops strategies to meet those needs (action steps) that match with the family strengths. Team members are assigned different tasks that are agreed on during the meeting, to help reach the family goals. Each team member receives a copy of the plan of care within one week of the meeting.

Implementation is the phase in which the team works on the steps identified in the plan of care. The team meets once every 30 days to review accomplishments, assess whether the plan has been working to achieve the goals, adjust things that are not working in the plan, and assign new tasks to team members as needed. No changes or decisions are made without bringing issues back to the team, reassessing, and adjusting the plan as needed.

Transition is the phase in which it is decided regular team meetings are no longer needed. The entire team is invited to a final Family Team Meeting to celebrate the family's successes. During this meeting, the team records what steps worked in helping to reach the family's goals, and develops a plan for the future, including who to call if the team needs to be re-convened at any time.

Target population to be served.

Children up to age 17 with serious emotional disturbance, emotional disturbance or is at risk of emotional disturbance.

Please list the counties where the services will be provided.
Brevard County.

Number of individuals to be served.
Approximately 30 individuals.

Please describe in detail the action steps to implement the strategy.

	Tasks	Target Completion Date	Resource People	Other Resources	Success Indicator
1	Ensure funding is available through LBR or internal budget shift	1/1/2023	Chief Executive Officer, Chief Financial Officer	Department of Children and Families	Contract Amendment
2	Work with current providers to expand treatment capacity	3/31/2023	Chief Operations Officer	Contract Manager, Chief Integration Officer	Action Plan in Place
3	Amend contracts as needed	5/1/2023	Contract Manager	Chief Operations Officer, Chief Executive Officer	Contract Amendment
4	Begin providing services	7/1/2023	Provider	ME	Services Being Provided

Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

Priority:	**Wraparound Services**			**Total Budget:**	**$ 155,098**
Budget					
Program	**Payment Methodology**	**Covered Services**	**Proposed Rate**	**Operating Budget Allocation**	**Comments**
Mental Health	Cost Reimbursement	Bundled	n/a	**$ 155,098**	

Identify expected beneficial results and outcomes associated with addressing this unmet need.

- Empower families and youth to make informed decisions on services that best meet their needs.
- Increase the families' natural support system.
- Reduce psychiatric hospitalization.
- Reduce out-of-home placement.

Specific measures that will be used to document performance data for the project.

- Percent of school days seriously emotionally disturbed (SED) children attended.
- Percent of children with emotional disturbances who improve their level of functioning.
- Percent of children with serious emotional disturbances improve their level of functioning.
- Percent of children with emotional disturbance who live in a stable housing environment.
- Percent of children with serious emotional disturbance live in a stable housing environment.
- Percent of children at risk of emotional disturbance who live in a stable housing environment.

Adult Residential Treatment Level 1

Please describe the process by which the area of priority was determined. What activities were conducted, who participated, etc.

In 2022, CFCHS contracted with The Health Council of East Central Florida, Inc. to conduct a behavioral health needs assessment. This assessment included individuals served and community stakeholder survey to determine the strengths and gaps in services provided to individuals in mental health and substance abuse programs. A total of 388 individuals served and community stakeholders surveys were collected and analyzed.

The problem or unmet need that this funding will address.

An adult mental health residential treatment provides a safe and structured setting to individuals with significant deficits in independent living skills and need extensive support and supervision due to a mental illness. The need to expand capacity of residential treatment beds was determined by reviewing current available services within CFCHS' network, SMHTF discharge data and results of the needs assessment questionnaire.

The limited capacity of residential beds also affects discharges from civil SMHTFs. This past year, due to long waits for a residential bed (which would have delayed the discharge for a few months) CFCHS had to work with the SMHTF recovery team to determine other intensive community-based services (i.e., FACT) that would meet the needs of individuals on the SPL originally recommended for residential treatment. Out of 11 individuals specifically recommended residential treatment, 7 were placed in the recommended level. An additional

22 individuals had multiple recommended discharge options listed in their transition plan. Out of these clients, 10 were transitioned to residential treatment. Additionally, out of all the clients discharged to residential 20 percent were placed in facilities outside of CFCHS covered service area.

The proposed strategy and specific services to be provided.

Level I Residential Facility provides a structured group treatment setting with 24 hours per day, 7 days per week supervision for residents who have major skill deficits in activities of daily living and independent living, and are in need of intensive staff supervision, support, and assistance. Nursing services are provided on this level and include medication administration, monitoring vital signs, first aid, and individual assistance with ambulation, bathing, dressing, eating, and grooming. Residential treatment facilities focus provide a wide range of therapeutic and psycho-education activities. Upon admission, the individual is assessed by a multidisciplinary treatment team of psychiatrists, nurses, master level therapists and discharge planners to identify needs, establish objectives and plan for discharge. Assessments/evaluations completed include psychiatric, nursing assessment, physical assessment, and bio-psychosocial assessment. Throughout the duration of care, the individual will receive individual, group, psychosocial rehabilitation skills training, and family counseling, as appropriate. The goal of all interventions is to empower the individual and prepare them to transition to a less restrictive environment.

Target population to be served.
Adults with severe and persistent mental illness

Please list the counties where the services will be provided.
Orange, Osceola, Seminole and Brevard counties.

Number of individuals to be served.
Minimum of 120 individuals.

Please describe in detail the action steps to implement the strategy.

	Tasks	Target Completion Date	Resource People	Other Resources	Success Indicator
1	Ensure funding is available through LBR or internal budget shift	1/1/2024	Chief Executive Officer, Chief Financial Officer	Department of Children and Families	Contract Amendment
2	Work with current providers to expand treatment capacity	3/31/2024	Chief Operations Officer	Contract Manager, Chief Integration Officer	Action Plan in Place

3	Amend contracts as needed	5/1/2024	Contract Manager	Chief Operations Officer, Chief Executive Officer	Contract Amendment
4	Begin providing services	7/1/2024	Provider	Managing Entity	Services being provided

Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

Priority:	**Mental Health Residential Treatment**			**Total Budget:**	**$1,069,450**
Budget					
Program	**Payment Methodology**	**Covered Services**	**Proposed Rate**	**Operating Budget Allocation**	**Comments**
Mental Health	Cost Reimbursement	Bundled	n/a	$1,069,450	10 beds

Identify expected beneficial results and outcomes associated with addressing this unmet need.

- Divert individuals from admission to SMHTF.
- Provide a safe environment for individuals needing more time in a structured program to stabilize before returning to the community.

Specific measures that will be used to document performance data for the project.

- Number of adults with a serious and persistent mental illness served.
- Number of individuals stepped down to less restrictive environment.
- Number diverted from admission to SMHTF.

Safe Haven Program

Please describe the process by which the area of priority was determined. What activities were conducted, who participated, etc.

In 2022, CFCHS contracted with The Health Council of East Central Florida, Inc. to conduct a behavioral health needs assessment. This assessment included individuals served and community stakeholder survey to determine the strengths and gaps in services provided to individuals in mental health and substance abuse programs. A total of 388 individuals served and community stakeholders surveys were collected and analyzed.

The problem or unmet need that this funding will address.

According to the 2023 report from the National Low-Income Coalition, the Orlando-

Kissimmee-Sanford area now ranks second among the largest 50 metropolitan areas for the most severe affordable housing shortage in the country. Only three percent of the rental housing stock in Orlando metropolitan area have Housing and Urban Development (HUD) assisted housing.

The Homeless Services Network of Central Florida published the Point-In-Time Count 2023 report reflecting a 75 percent increase in the number of people experiencing unsheltered homelessness since 2019. Some factors leading to growth in unsheltered homelessness include the lack of affordable housing, rising rent costs, and increased evictions in Central Florida.

Individuals with mental health or co-occurring disorder served within CFCHS's network live well below the poverty level and their Social Security benefits are not sufficient to fully pay for their housing. This limits their options for stable housing. The inability to maintain stable housing places them at higher risk for re-hospitalization and homelessness which affects their potential to maintain their recovery and well-being.

The proposed strategy and specific services to be provided.
To address the limited affordable housing options for these individuals, CFCHS will contract with Aspire Health Partners, who owns a vacant property in Orange County. The facility will be licensed as a Residential Level IV to provide a structured and supervised live-in environment to up to 30 individuals with mental health overlay services. Services provided include at least two hours of counseling per week and psychoeducational training. Residents will be housed in a safe and stable environment with nutritional meals provided, medications will be held for them with observation of adherence to prescription directions. Staff will be on-site 24 hours a day to monitor residents and maintain safety. Individuals will have access to Aspire's full continuum of services on-site. Additional support will include assistance to work towards independence such as employment skills, utilizing public transportation, and building a support system. The goal of the program will be to provide all necessary supports for persons to live more independently and hopefully into permanent housing.

Target population to be served.
Adults with a substance use disorder or co-occurring disorders experiencing homelessness.

Please list the counties where the services will be provided.
The center will be in Orange County and open to serve residents from Orange, Osceola, Seminole and Brevard County.

Number of individuals to be served.
A minimum of 60 individuals per year.

Please describe in detail the action steps to implement the strategy.

Tasks		Target Completion Date	Resource People	Other Resources	Success Indicator
1	Ensure funding is available through LBR or internal budget shift	1/1/2024	Chief Executive Officer, Chief Financial Officer	Department of Children and Families	Contract Amendment
2	Work with current providers to expand treatment capacity	3/31/2024	Chief Operations Officer	Contract Manager, Chief Integration Officer	Action Plan in Place
3	Amend contracts as needed	5/1/2024	Contract Manager	Chief Operations Officer, Chief Executive Officer	Contract Amendment
4	Begin providing services	7/1/2024	Provider	ME	Services Being Provided

Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

Priority:	**Safe Haven Program**			**Total Budget:**	**$ 1,551,651**
Budget					
Program	**Payment Methodology**	**Covered Services**	**Proposed Rate**	**Operating Budget Allocation**	**Comments**
Substance Abuse/Mental Health	Cost Reimbursement	Bundled	n/a	$ 1,551,651	Rate per Bed Day- $166.71

Identify expected beneficial results and outcomes associated with addressing this unmet need.

- Increase affordable housing options for individuals who are not yet able to live independently.
- Reduce the number of individuals experiencing unsheltered homelessness.

- Decrease the recidivism to acute care settings.

Specific measures that will be used to document performance data for the project.

- Percentage change in clients who are employed from admission to discharge.
- Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge.
- Percent of adults who successfully complete substance abuse treatment services.
- Percent of adults with substance abuse live in a stable housing environment at the time of discharge.

Adult Mobile Response Team

Please describe the process by which the area of priority was determined. What activities were conducted, who participated, etc.

In 2022, CFCHS contracted with The Health Council of East Central Florida, Inc. to conduct a behavioral health needs assessment. This assessment included individuals served and community stakeholder survey to determine the strengths and gaps in services provided to individuals in mental health and substance abuse programs. A total of 388 individuals served and community stakeholders surveys were collected and analyzed.

The problem or unmet need that this funding will address.

In the last 3 years, CFCHS's outcomes have shown a trending increase in adults enrolled in mental health services.

Number for Adult Served- Mental Health	
2021	3345
2022	3719
2023	4478

In 2018, Brevard County was awarded a Criminal Justice, Mental Health, and Substance Abuse (CJMHSA) Planning Grant to facilitate a collaborative strategic assessment of intercept points for adults at-risk of becoming or involved in the criminal justice, mental health, and substance abuse systems. The Sequential Intercept Mapping (SIM) was facilitated by the University of South Florida's CJMHSA TAC. The two-day SIM was an excellent public-private community collaboration that enable community leaders to conduct an in-depth assessment and develop a strategic plan for Brevard County that identified diversion opportunities and gaps/needs of services for the target the population. The final strategic report from the SIM workshop identified mobile crisis as the number two priority recommendation.

The FY 2021-2022 Baker Act report reflects that 3,664 adults were admitted to a hospital for involuntary examination. Law enforcement-initiated 54.90 percent of total involuntary

examinations in the county. The report outlines a 12.65 percent statewide decrease of involuntary examination from FY 2020-2021 to FY 2021-2022 in all age groups. One of the factors attributable to the decrease is the increase in the use of Department funded services such as Care Coordination and MRTs.

The proposed strategy and specific services to be provided.
The Brevard County MRT is a partnership between Melbourne Police Department and Brevard Family Partnership (BFP). The team, a mobile psychiatric emergency unit, will provide 24 hours a day, 7 days a week, 365 days a year on-demand crisis intervention services in any setting where an individual is experiencing a severe emotional or mental health crisis. The team consists of a Crisis Intervention Team (CIT) trained law enforcement officer (LEO), MRT Therapists, Case Managers, Housing Specialist, and a Peer Recovery Support Specialist. The MRT will travel to the physical location within the city of Melbourne in Brevard County. Mobile crisis services will be provided by a team of professionals and paraprofessionals, who are trained in crisis intervention skills to ensure timely access to supports and services. The MRT will de-escalate the crisis, assess the individual's treatment needs, and coordinate the treatment.

A Crisis Intervention Team (CIT) trained law enforcement officer (LEO) and MRT will co-respond when 911 receives a call for categories that include mentally ill (non-violent) and attempted suicide (no threat) or suicide ideations. The LEO will secure the scene and evaluate whether the licensed mental health professional is safe to proceed with assessing and de-escalating the situation. From that point the mental health professional can assess and determine the level of care needed with the goal of avoiding any of the costly jail, hospital, or inpatient psychiatric stays. For those individuals who are stabilized in the community, the care coordinator and the peer support specialist will follow up with the individual and ensure they are engaged in services and compliant with their psychiatric medication regimen.

The following services will be provided as part of the co-responder model:

- On-site evaluation and assessment.
- Crisis intervention, counseling, and facilitation of stabilization services.
- Supportive crisis counseling.
- Education and development of coping skills.
- Linkage and referral.
- Follow-up as needed to promote crisis resolution.
- Case management until linked to community services, not to exceed 45 days.
- Peer Support services.

Adults experiencing a mental health or emotional crisis.

Please list the counties where the services will be provided.
Brevard County.

Number of individuals to be served.
Minimum of 220 individuals.

Please describe in detail the action steps to implement the strategy.

	Tasks	Target Completion Date	Resource People	Other Resources	Success Indicator
1	Ensure funding is available through LBR or internal budget shift	1/1/2024	Chief Executive Officer, Chief Financial Officer	Department of Children and Families	Contract Amendment
2	Work with current providers to expand treatment capacity	3/31/2024	Chief Operations Officer	Contract Manager, Chief Integration Officer	Action Plan in Place
3	Amend contracts as needed	5/1/2024	Contract Manager	Chief Operations Officer, Chief Executive Officer	Contract Amendment
4	Begin providing services	7/1/2024	Provider	Managing Entity	Services being provided

Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

Priority:	**Adult Mobile Response Team**			**Total Budget:**	**$380,276**
Budget					
Program	**Payment Methodology**	**Covered Services**	**Proposed Rate**	**Operating Budget Allocation**	**Comments**
Mental Health	Cost Reimbursement	Bundled	n/a	$ 380,276	

Identify expected beneficial results and outcomes associated with addressing this unmet need.

When implemented correctly, communities who have had the opportunity to implement a co-responder model have found many benefits, some of which include:

- A system that ***allows for a more immediate response*** to an individual in a behavioral health crisis to gain access to less costly community behavioral health services.

- ***Fewer use of force*** can lead to LEO and/or consumers injuries. LEOs are able to better understand and interpret crisis behavior and respond appropriately; thereby, reducing the risk of violence that may lead to hospitalization, internal investigation, and media involvement.
- ***A decrease in costly arrests and jail admissions*** for individuals in behavioral health crisis. In the Central Florida region, the average daily costs for an individual in jail with a mental health and/or substance use disorder costs $196.88/day with an average length of stay of 40.56 days for a total cost of $7,985 per person. The American Psychological Association released a report *Incarceration Nation* stating that mental illness among inmates is pervasive with 65 percent of jail inmates reporting mental health concerns. These numbers are staggering when you think of the number of individuals these co-responder teams could divert from being incarcerated by assessing and treating their condition(s), allowing for greater availability of beds in the jails.
- ***A reduction in costly emergency department visits*** due to harmful encounters with law enforcement officers when the individual is in crisis. In a study conducted by Healthcare Cost and Utilization Project (HCUP), they found the average cost for individuals experiencing a mental health or substance use diagnosis admitted to the emergency department was $520 per day. Of the various diagnoses, suicidal ideations/attempt/intention self-harm, schizophrenia spectrum and other psychotic disorders are among the five most costly mental health and substance use diagnoses treated. This also accounts for 70 percent of the total mental health and substance use visit costs. In 2017, these costs totaled more than $5.6 billion nationally.

Further, Healthcare Business Today reported, one in eight patients visiting the an emergency department have a mental health or substance abuse issue. When those patients arrive, they wait longer because the hospitals often lack psychiatric resources to process their needs; on average, mental health patients wait three times as long as non-psychiatric patients. Those wait times cost money. The average boarding time for a psychiatric patient ranges between 8 and 34 hours, with an average cost of $2,264. Moreover, that money might never be realized by the organization. Reimbursement for mental health is among the lowest in health care, with more than 75 percent of respondents in one national survey reporting net losses that continue to worsen from a three-year average of $481,000 in 2013 to more than $550,000 in losses in 2017.

- ***Reduction of inpatient psychiatric hospitalization*** due to the co-responder team being able to immediately and more accurately identify the individual's mental health condition then effectively engage the individuals in the appropriate treatment and medication services. The average daily rate for the Central Florida region's community mental health providers inpatient psychiatric bed day rate is $372.48 and the average length of stay is five days. That is a total of $1,862 per person for one crisis unit visit. Historically, these individuals who are not engaged in services cycle through the psychiatric units without hope. In a study conducted by University of

Florida Health Researchers and Health Services Advisory Group, they found that of the 700,000 admissions reviewed 21 percent were readmissions. That equates to 147,000 re-admissions costing $273,714,000. If the co-responder teams could engage even a small percentage of these individuals it would make a significant impact on those individuals' lives as well as funding.

- Through the co-responder team, the individual, their family, and caregivers are provided the ***opportunity after a crisis to have a better understanding of their mental health condition***, how to treat and how to respond. This helps in decreasing future crisis situations.

Specific measures will be used to document performance data for the project.

- Number of calls that were received.
- Number of adult individuals who received an on-site assessment.
- Average response time, in minutes for acute response
- Percent of adult individuals diverted from hospitalization or arrest.

Appendix G

NWF Health Network
Fiscal Year 2023-2024 Enhancement Plan
Local Funding Request
Central Receiving Facility

Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.

This area of priority was identified by recent events through communications from various community stakeholders in the Circuit 14 area.

Please describe:

The problem or unmet need that this funding will address:
During informal discussions with Emerald Coast Behavioral Hospital (ECBH) administration, Life Management Center (LMC) administration and various Sheriff departments the need for a Central Receiving Facility was identified. There were concerns mentioned of indigent persons bypassing ME funded beds and therefore there was consideration among ECBH administration to relinquish the Baker Act receiving facility designation. This action would ultimately reduce the number of Baker Act receiving beds in the area from 84 to 16. ECBH reports 68 available beds and LMC reports 16 available beds.

i. Background: The Baker Act
The Baker Act, section 394, F.S., also known as the Florida Mental Health Act, is Florida's law which governs the emergency treatment of mental illness in the state of Florida. Section 394.463, F.S., and Chapter 65E-5 of the Florida Administrative Code allow for a person to be taken to a receiving facility for an involuntary examination if there is reason to believe that he or she has a mental illness, as defined in statute, and because of his or her mental illness:
    1. The person has refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination; or the person is unable to determine if the examination is necessary; and
    2. Without care or treatment, the person is likely to suffer from neglect or refuse to care for himself or herself; such neglect or refusal poses a real
    3. and present threat of substantial harm to his or her well-being; and it is apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services; or
    4. There is a substantial likelihood that without care or treatment the person will cause serious bodily harm to self or others in the near future, as evidenced by recent behavior.

An individual can be placed on a “Baker Act” in several different ways. The first is through a judge entering an “Ex Parte Order for Involuntary Examination”, also referenced as BA-1. Others include the execution of a certificate for involuntary examination by a law enforcement officer, or by the execution of a certificate by an authorized professional, also referenced as, BA-52. An authorized professional includes a physician, clinical psychologist, clinical social worker, mental health counselor, marriage and family therapist or psychiatric nurse. In all cases, section 394.462, F.S., mandates that a law enforcement agency take the individual who has been placed on a “Baker Act” into custody, and then transport that person to the nearest receiving facility for examination.

Receiving Facilities

A receiving facility is allowed to receive and hold involuntary patients under emergency conditions for psychiatric evaluation and to provide short term treatment. The Department designates facilities as Baker Act Receiving Facilities prior to the facility being licensed by the Agency for Health Care Administration. Receiving facilities may be designated as “public” or “private”. Public receiving facilities have a contract with the Department to provide mental health services to all persons ***regardless*** of the ability to pay. A private receiving facility does not receive funds from the Department but receives reimbursement for services from other sources such as Medicaid, Medicare, or other third-party payers. There are two receiving facilities in Bay County, one public receiving facility, Life Management Center, and one private receiving facility, Emerald Coast Behavioral Hospital which cover admissions of involuntary clients under the Baker Act for the six-county service area Bay, Gulf, Washington, Holmes, Jackson, and Calhoun.

Transportation

Once an involuntary examination has been initiated, law enforcement is responsible for taking custody of the person and delivering him or her to the *nearest* receiving facility for the mandated involuntary examination.

Current

Emerald Coast Behavioral Hospital and Life Management Center are the nearest receiving facilities for all the Circuit 14 counties. Both facilities receive adults and children.

The proposed strategy and specific services to be provided:

A Centralized Receiving Facility is needed for the residents of Circuit 14 counties. The facility would serve as the screening and assessment hub for all individuals detained under the Baker Act. Implementation of this facility will provide clinical and other advantages for the client, assist law enforcement, and decrease use of hospital emergency departments. See more details under question number four.

Target population to be served:

Youth and adults from Bay, Gulf, Washington, Holmes, Jackson, and Calhoun counties being transported by law enforcement under involuntary Baker Act.

Counties to be served:

Bay County: Bay County is located on the Emerald Coast and based on the 2021 census; the population was 179,168. Its county seat and largest city is Panama City. The county is 1,467 square miles.

Calhoun County: Calhoun County is bounded on the east by the Apalachicola River and bisected by the Chipola River. In the 2021 census, the population was 13,641. Its county seat is the city of Blountstown. The county is 574 square miles.

Gulf County: Gulf County, as of 2021, has a census of 14,363. Its county seat is the city of Port Saint Joe. The county is 562 miles of land and consists of 25.4 percent water.

Holmes County: Holmes County, as of the 2021 census, has a population of 19,784. The county seat is the city of Bonifay. The county is 489 square miles.

Jackson County: Jackson County is the only northern county that borders Georgia and Alabama. Based on the 2021 census, the population is 47,694. Its county seat is the city of Marianna. The county is 955 square miles.

Washington County: Washington County, as of 2021, has a census of 25,436. Its county seat is the city of Chipley. The county is 616 square miles.

Number of individuals to be served:
Total Life Management Center and Department/ME funded beds utilized in a six-month period (1/1/23 - 6/30/23): 1,326.

Please describe in detail the action steps to implement the strategy:
See attached Action Plan.

Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.
See attached Budget.

Identify expected beneficial results and outcomes associated with addressing this unmet need.
Clinical Advantages
It is often difficult to determine what issue is driving an individual's symptom presentation. A system with a centralized intake process is a far more efficient and effective model for handling the transport of all individuals in need of an involuntary examination. It provides an increased opportunity for diversion of those who do not need an inpatient setting, creating an opportunity for improved utilization of limited beds. Those with potential of diversion can be linked to appropriate community resources. Since the Central Receiving Facility will be staffed with nurses, medications ordered by physicians could be initiated immediately, if needed to alleviate any medical or behavioral health symptoms, instead of the client having

to wait to be admitted to one of the receiving facilities. Baker Act hearings could be held on-site at the Central Receiving Facility which would provide enhanced confidentiality and minimize disruption to client care.

Other Advantages for Clients

By using a Central Receiving Facility, law enforcement officers are able to divert individuals in mental health crisis, who might have otherwise been arrested, to a clinically appropriate setting.

Transfer of clients from an emergency department to a Baker Act Receiving facility are notorious for taking a long time. A Central Receiving Facility will have staffing and protocols in place to ensure timely transfer of clients.

If more than one hospital is a partner with the Central Receiving Facility, the Central Receiving Facility can ensure the client is offered a choice of which hospital will serve that client.

Advantages for Law Enforcement

Most Central Receiving Facility models have reduced officer wait time to less than four minutes. Under the centralized model, all law enforcement agencies across the six-county service area would bring the individuals to the same location.

Advantages for Ascension Sacred Heart Bay and HCA - Gulf Coast Hospital: The current system is inefficient, uses costly hospital emergency department resources, places the burden of arranging for transportation on hospital, and requires many clients who are already in emotional distress to spend hours waiting to be sent to the appropriate facility for admission. The Central Receiving Facility will reduce the use of more expensive emergency department resources and free medical facilities from the burden of having to secure transportation for clients to the receiving facility.

Specific measures that will be used to document performance on this project:

a. Number of clients served.
b. Law enforcement wait time.
c. Number of individuals diverted from arrest.
d. Number of diversions from SMHTFs.

NWF Health Network	NWF Health Network Enhancement Plan FY 23-24						
Priority 1	Central Receiving Facility for Circuit 14					Total Budget:	$2,500,000.00
Budget							
Program	**Payment Methodology**	**Covered Services** *(add rows to each Payment Methodology as necessary)*	**Proposed Rate**	**Available Service Capacity (Units)**	**Minimum Required Service Level (Units)**	**Operating Budget Allocation**	**Comments**
Mental Health	Availability - monthly fixed price	Project Code = A3 Central Receiving System				$2,500,000	Budget amount based on current budget from similar program within the network.

NWF Health Network	NWF Health Network Enhancement Plan FY 23-24
Priority 1	Central Receiving Facility for Circuit 14

Action Plan

	Tasks	Target Completion Date	Resource People	Other Resources	Success Indicator
1	Ensure funding is available through appropriation or internal budget shift	1/1/2024	CEO, CFO	DCF, Grant Source	Contract amendment, grant notification
2	Procure service provider(s) via ITN or RFP	3/31/2024	Contract Manager	Director of Contract Administration, CFO, Programs	Service provider(s) selected
3	Negotiate and contract with provider(s) a. Ensure an adequate location is identified. b. Ensure appropriate staffing. c. Ensure appropriate procedures are in place.	5/1/2024	Circuit Administrator	Director of Contract Administration, Contract Manager	Executed contract
4	Update Circuit 14 Transportation Plans	7/1/2024	Behavioral Health Network Supervisor, County Officials, community stakeholders		Updated Transportation Plan accepted by the county
5	Begin providing services	7/1/2023	Provider	ME	Services being provided

Fiscal Year 2023-2024 Enhancement Plan Local Funding Request
Expand Family Support Programs

Please complete the following form for each of the three - five priorities identified in your Managing Entities' Needs Assessment.

Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.
Northwest Florida Health Network (NWFHN) completed its 2019 Triennial Needs Assessment in October 2019. It was completed in three main phases: 1) planning, 2) primary data gathering and analysis, and 3) completion of a Community Needs Assessments surveys. The surveys responses included those from a) Individuals and Family Members who were served; b) Providers of Behavioral Health services; c) Community Stakeholders. In addition, NWFHN analyzed waitlist and service data. The top needs identified were: 1. Outpatient services for substance abuse and mental health; 2. Residential and Detox services; 3. Housing and supported housing options; 4. Psychiatric Services; and 5. Transportation.

NWFHN continuously assesses service needs through regular communication with service providers, community leaders, law enforcement, school officials, child welfare professionals, and various data sources. The information provided by these sources is assessed and prioritized by NWFHN leadership in collaboration with the stakeholders listed above.

The need for expanded family support services is consistent with current Department initiatives. It is also consistent with informal information collected by NWFHN staff during community meetings, interactions with stakeholders and child welfare professionals, client staffings, and budget discussions. Continuing the ongoing efforts to enhance family support services, with a specific focus on implementing Multi-Systemic Therapy (MST) within Circuit 14 is one of the strategic approaches that would effectively address the goal of providing comprehensive support to families in need.

Please describe:

The problem or unmet need that this funding will address.
Increased in-home child welfare cases - While the number of out-of-home child welfare cases in the region has decreased recently. The number of in-home cases has increased. This presents a great opportunity to preserve the families and prevent child removals by providing family support programs that address individual/family trauma and teach new ways to function as a family.

Circuit 14 Children Receiving In-Home Child Welfare Services														
Month/Year	Jul-23	Jun-23	May-23	Apr-23	Mar-23	Feb-23	Jan-23	Dec-22	Nov-22	Oct-22	Sep-22	Aug-22	Jul-22	Jun-22
Circuit 14	309	297	310	298	375	345	334	343	324	317	340	299	290	238

The proposed strategy and specific services to be provided.
NWFHN will increase Family Support Programs across the circuit. These programs will be proven, evidence-based practices and will focus on preventing removals and helping families function in a more productive way. The premise is to help support families so that children are able to mature and grow in safe, stable, and secure families. NWFHN has seen great success in the Circuit 14 area with Hurricane Michael grant funded Parent Child Interactive Therapy (PCIT) and Wraparound programs as well as a Functional Family Therapy (FFT) program. NWFHN has not deployed Multi-systemic Therapy (MST) services.

Multi-systemic Therapy (MST) is an evidence-based program that provides intensive community-based services to children and families involved in the justice system. The program goal is to reduce unhealthy behaviors and increase the efficiency of the parent's ability to parent. MST does require ongoing coaching throughout the duration of the program to ensure the program maintains fidelity, this does add additional cost.

Establishing two MST teams, to cover the six counties– the programs will need to be coordinated in order to ensure they are not overlapping each other and that the entire area has some form of coverage.

Target population to be served.
Children and families at risk of being involved in the child welfare or identified as having special service needs.

County(ies) to be served.
All 6 counties in the NWFHN Circuit 14 (Bay, Calhoun, Gulf, Holmes, Jackson, Washington) catchment area.

Number of individuals to be served.
Multi-systemic Therapy (MST) – Each team will serve 50 families at any given time and enroll 75 families in the course of a year. 2 teams x 75 families = 150 families served during a year.

Please describe in detail the action steps to implement the strategy.
See attached action plan.

Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

See attached budget.

Identify expected beneficial results and outcomes associated with addressing this unmet need.

MST is community based, specific to the needs of the family, evidence based, and time limited. Its primary objective is to foster pro-social behavior while reducing criminal activity, mental health issues, out-of-home placements, and illicit substance use in adolescents aged 12-17. MST addresses the underlying causes of delinquency and antisocial behaviors by conducting an ecological assessment of the youth, their family, and the school and community environments.

The program typically spans three to five months, offering round-the-clock availability for crisis management and providing families the flexibility to choose meeting times.

It is expected that families enrolled in these services will have a lower rate of re- abuse, fewer child removals, less involvement with the justice system, and overall increased functioning as a family unit.

Specific measures that will be used to document performance data for the project.

- Percentage of families who stay out of child welfare or justice system.
- Percentage of families which show functioning improvement based on the program's assessment tools.
- Percentage of families who successfully complete the program.
- Reduced rate of placement in out of home care
- Increased rate of reunification
- Reduced rate of use of crisis services
- Improved school attendance

NWF Health Network	NWF Health Network Enhancement Plan FY 22-23						
Priority 2	Multi-systemic Therapy (MST) Program					Total Budget:	$1,000,000.00
Budget							
Program	**Payment Methodology**	**Covered Services** *(add rows to each Payment Methodology as necessary)*	**Proposed Rate**	**Available Service Capacity (Units)**	**Minimum Required Service Level (Units)**	**Operating Budget Allocation**	**Comments**
Multi-systemic Therapy (MST)	Fix rate, monthly	Project code - C0 Other Bundled Projects				$ 1,000,000.00	2 teams at $500,000 per team. The cost per team is estimated based on similar teams in the state.

NWF Health Network	NWF Health Network Enhancement Plan FY 22-23				
Priority 2	Multi-systemic Therapy (MST) Program				
Action Plan					
	Tasks	Target Completion Date	Resource People	Other Resources	Success Indicator
1	Ensure funding is available	3/30/2024	Circuit Administrator	DCF, Grant Source	Contract amendment, grant notification
2	Procure service provider(s) via RFP	5/30/2024	Contract Manager	Director of Contract Administration, CFO, Programs	Service provider(s) selected
3	Negotiate and contract with provider(s)	6/15/2024	Circuit Administrator	Director of Contract Administration, Contract Manager	Executed contract
4	Begin providing services	7/1/2024	Provider	ME	Services being provided

Fiscal Year (FY) 2023-2024 Enhancement Plan Local Funding Request
Early Childhood Care Coordination

Please complete the following form for each of the three - five priorities identified in your Managing Entities' Needs Assessment.

Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.

This area of priority was identified by challenges faced with severe behaviors that lead to children going into dependency, decreasing ages for youth identified with significant behavioral disruption and realization of need for more early intervention services to address behavioral health and developmental disabilities. Young children have the most developmental plasticity and are the most likely to benefit from modest investments in protective and enriched environments, good relationships, and early intervention and prevention.

Please describe:
The problem or unmet need that this funding will address:

Early Child Care Coordination (ECCC) will assist in identifying needs and linking families to community services and the parenting coaches will work with the families and childcare agencies to identify strategies and provide interventions to promote age-appropriate behaviors.

i. Background:
When mental health concerns are not addressed early, they can lead to more severe and complex conditions that require more extensive treatment and care. This can result in higher healthcare costs, as well as indirect costs related to decreased productivity and quality of life.

Half of all mental disorders start by 14 years and are usually preceded by non-specific psychosocial disturbances potentially evolving in any major mental disorder and accounting for 45 percent of the global burden of disease across the 0–25 age span. While some action has been taken to promote the implementation of services dedicated to young people, mental health needs during this critical period are still largely unmet. These urges redesigning preventive strategies in a youth-focused multidisciplinary and trans- diagnostic framework which might early modify possible psychopathological trajectories. [1a]

Promotion, prevention and early intervention strategies may produce the greatest impact on people's health and well-being [1]. Screening strategies and early detection interventions may allow for more effective healthcare pathways, by taking action long before health problems worsen or by preventing their onset [2]. They also allow for a more personalized care in terms of tailoring health interventions to the specific sociodemographic and health-related

risk factors as well as activating interventions specific to illness stage [3]. In this regard, the application of clinical staging models has been suggested to improve health benefits, by addressing the needs of people presenting at different stages along the continuum between health and disease [4]. Despite challenging, reformulating health services in this perspective may increase prevention and early intervention effectiveness, disease control and overall care, positively impacting on the health and well-being outcomes of a broader population [5]. Not to be overlooked, it may potentially reduce disease burden and healthcare system costs [6].

Theoretical considerations about the opportunity to intervene in this specific age window in terms of mental health follow a number of evidence-based considerations. *First*, mental health is a key component of the person's ability to function well in their personal and social life as well as adopt strategies to cope with life events [12]. In this regard, early childhood years are highly important, in light of the greater sensitivity and vulnerability of early brain development, which may have long-lasting effects on academic, social, emotional, and behavioral achievements in adulthood [13].

In addition to long term benefits, adding behavioral health coordination to the 0 through 5 population will increase family stability and decrease the childcare disruptions or out of home placements for the most challenging children.

The proposed strategy and specific services to be provided:
Expansion of Early Childhood Care Coordination (which exists currently in Okaloosa County) to add four teams to cover Circuit One. (Based on the population, Escambia and Santa Rosa would have three teams and Okaloosa Walton would have two teams.)

Outreach will be provided to Early Learning Coalition, Childcare providers, pediatricians and the Department's Child Protective Investigations. Youth who are displaying behavioral challenges will be identified, families will be provided with information about ECCC and referred to the Early Childhood Care Coordination. Those providing the services should be trained in an evidence-based program (i.e., Conscious discipline) to assist with parenting guidance and care coordinators will receive clinical supervision.

Within 24 hours of receiving a referral, the care coordinator will make an attempt to reach the family. There will be frequent contact within the first 30 days (three times a week) during which time information will be gathered using a wraparound approach. The Early Childhood Care Coordinator (ECCC) may also facilitate community integration and continuity of care through multi-disciplinary staffing and by ensuring individuals have linkages to their community and support systems. The ECCC will provide guidance on goal setting and appropriate resources to support a youth's/families ongoing stability. The parent support coaches will work directly with the families and childcare settings to reduce behavioral challenges. This program will establish new strategic partnerships with other agencies and community groups to enhance the pipeline of stability services, work with a variety of community partners to establish connections, and participate in partner and community

meetings to communicate about the ECCC program. Agencies and specialists that may be included: primary care, childcare, Head Start, Early Intervention, developmental (occupational, speech, physical) therapists, and child welfare workers. Services should:

- Focus on biological, cognitive, and socio-emotional development of the child.
- Strive to strengthen and preserve the child's primary attachment and relationships.
- Emphasize prevention and early intervention through timely screening, identification and delivery of services to maximize the child's opportunities for normative development.
- Support the stability of the child's family (whether adoptive, biological, or foster)
- Empower families by making them full partners in the planning and delivery of services.
- Be culturally competent and respect the family's unique social and cultural values and beliefs.
- Support the early identification of infants, young children and families at risk and provide individualized service plan based on a comprehensive biopsychosocial assessment.
- Be integrated and coordinated between all involved agencies.

The ECCC will engage with clients using a trauma-informed, participant-centered, and recovery-oriented approach, facilitating the connection of families to appropriate resources that will support stability.

This is intended to be a time limited service (90 days) to assess the youth and family, utilize wraparound philosophies, meet with involved individuals, and agencies, individually and via team staffings, provide support and coaching in the home, provide recommendations for interventions in the home setting and link to community services as appropriate.

Target population to be served:
Families with youth ages 0-5 with behavioral problems who come to the attention of Childcare providers, pediatricians, or Children's Protective Investigators.

Counties to be served:
Escambia County: Escambia County is the westernmost and oldest county in the state of Florida. It is in the state's northwestern corner. At the 2020 census, the population was 316,691. Its county seat and largest city is Pensacola. The county is 875 Square miles.

Okaloosa County: Okaloosa County is located in the northwestern portion of the U.S. state of Florida, extending from the Gulf of Mexico to the Alabama state line. As of 2021 census, the population was 213,255. Its county seat is Crestview. Other major communities within Okaloosa County are Fort Walton Beach, Destin, Niceville, Shalimar, and Valparaiso. The county is 1,082 square miles.

Santa Rosa County: Santa Rosa County is a county located in the northwestern portion of the state of Florida. As of 2020, the population is 188,000. The county seat is Milton, which lies in the geographic center of the county. Other major communities within Santa Rosa County are Navarre, Pace, and Gulf Breeze. The county is 1,174 Square miles.

Walton County: Walton County is located on the Emerald Coast in the northwestern part of the U.S. state of Florida, with its southern border on the Gulf of Mexico. The population (as of 2021) is 80,069. The county seat is DeFuniak Springs. Other major communities within Walton County are Santa Rosa Beach, Freeport, Miramar Beach, and Paxton. The county is 1,240 square miles.

Number of individuals to be served:
50 children annually by each team.

Please describe in detail the action steps to implement the strategy:
See attached Action Plan.

Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.
See attached Budget.

Identify expected beneficial results and outcomes associated with addressing this unmet need.

- Families are connected to needed services and supports to address challenges.
- Parents report less frustration with their child's challenging behavior, reduced CPI involvement.
- Reduced changes in environments. (Suspensions / expulsions from childcare / dependency)
- Parent caregiver capacities are increased.
- Children have improved success in formal schooling.
- Decrease of significant challenges related to Behavioral Health and/or developmental disabilities later in youth due to early intervention.

Specific measures that will be used to document performance on this project:
Number of referrals accepted/denied/waitlisted - monthly and FY to date.
Number of cases - monthly and FY to date.
Number of active cases as of the end of the month.
Number of new cases – monthly and FY to date.
Number of discharged cases by reason - monthly and FY to date. List of outreach activities/community contacts.
List of barriers (for example: to engagement, resources, administrative, community partner, etc.).

Priority 3	Early Childhood Care Coordination					Total Budget:	$860,000
Budget							
Program	Payment Methodology	Covered Services (add rows to each Payment Methodology as necessary)	Proposed Rate	Available Service Capacity (Units)	Minimum Required Service Level (Units)	Operating Budget Allocation	Comments
Escambia ECCC (2 Teams)	1/12th	Project Code A4 Care Coordination B7 Wraparound Projects				$430,000	Budget amount based on current budget from similar program within the network.
Walton ECCC (1 Team)	1/12th	Project Code A4 Care Coordination B7 Wraparound Projects				$215,000	Budget amount based on current budget from similar program within the network.
Santa Rosa ECCC (1 Team)	1/12th	Project Code A4 Care Coordination B7 Wraparound Projects				$215,000	Budget amount based on current budget from similar program within the network.

NWF Health Network Enhancement Plan FY 23-24

Priority 3	Early Childhood Care Coordination				
Action Plan					
Tasks		Target Completion Date	Resource People	Other Resources	Success Indicator
1	Ensure funding is available through appropriation or internal budget shift.	1/1/2024	CEO, CFO	DCF, Grant Source	Contract amendment, grant notification
2	Procure service provider(s) via ITN or RFP.	3/31/2024	Contract Manager	Director of Contract Administration, CFO, Programs	Service provider(s) selected
3	Negotiate and contract with provider(s). Ensure appropriate staffing / Training. Ensure appropriate procedures are in place.	5/1/2024	Operations Manager	Director of Contract Administration, Contract Manager	Executed contract
4	Provide community outreach to DCF/CPI, childcare organization, ELC and pediatricians.	6/30/2024	Operations Manager	Provider, Operations Manager	Community awareness; knowledge of referral processes.
5	Begin providing services.	7/1/2024	Provider	ME	Services being provided

Fiscal Year 2023-2024 Enhancement Plan Local Funding Request
Increase Forensic Services

Please complete the following form for each of the three - five priorities identified in your Managing Entities' Needs Assessment.

Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.
Northwest Florida Health Network (NWFHN) completed its 2022 Triennial Needs Assessment in October 2019. It was completed in three main phases: 1) planning, 2) primary data gathering and analysis, and 3) completion of a Community Needs Assessments surveys. The surveys responses included those from a) Individuals and Family Members who were served. b) Providers of Behavioral Health services; c) Community Stakeholders. In addition, NWFHN analyzed waitlist and service data. The top needs identified were: 1**.** Outpatient services for substance abuse and mental health**;** 2. Residential and Detox services; 3. Housing and supported housing options; 4. Psychiatric Services; and 5. Transportation.

NWFHN continuously assesses service needs through regular communication with service providers, community leaders, law enforcement, school officials, child welfare professionals, and various data sources. The information provided by these sources is assessed and prioritized by NWFHN leadership in collaboration with the stakeholders listed above.

Reducing the number of forensic commitments to SMHTFs remains a top priority for the Department. Not only is a community setting a less restrictive environment for the individual, the cost of caring for an individual in a community setting is far less than at a SMHTF. The Department tracks forensic commitment reduction efforts each month through regional forensic action plans and monthly conference calls. The desire is to use outpatient and community resources to divert individuals from being committed and serve more individuals through conditional release.

Please describe:

The problem or unmet need that this funding will address.
For several years, the number of Forensic commitments from the Northwest Region to SMHTF has stayed the same or increased, despite efforts at diversion. The data for 22-23 was not available at the time of this writing.

Sum of Commitments by County*					
Northwest Region					
	FY17-18	FY18-19	FY19-20	FY20-21	FY21-22
Gadsden	15	15	10	11	14
Leon	87	80	95	78	83
Wakulla	3	5	2	6	3
Jefferson	4	2	5	1	2
Liberty	2	4	2	0	1
Franklin	0	1	1	2	1
	109	107	115	98	104

*Source – Department of Children and Families 2021-2022 Forensic Commitments.

The number of female commitments continue to trend upwards.

Region/County	FY17-18	FY18-19	FY19-20	FY20-21	FY21-22
Northwest	263	272	268	234	270
Females	59	64	66	52	70

The proposed strategy and specific services to be provided.
NWFHN will develop a specialty FACT program. It would be based on the evidence based the Assertive Community Team (ACT) model and focus on two populations of people with mental illness involved with the criminal justice system. 1. Diversions, people with non-violent felonies or misdemeanors who can be diverted from commitment; and 2. Recidivism prevention of those who have discharged from a forensic commitment.

Because of the specialized population, the design of admission and discharge criteria would differ some from the current FACT standards while the array of services would be the same. There would be a particular focus on developing housing options with a designated allocation of funds for these individuals for whom finding housing is often very difficult. The team would be deployed to the areas of greatest need.

Adults who have been forensically committed to a SMHTF.

Adults involved in the criminal justice system who can be diverted from SMHTF including misdemeanants.

County(ies) to be served.
Leon, Gadsden, Wakulla.

Number of individuals to be served.
100 people per Forensic ACT team monthly; 120 people per team total annually.

Please describe in detail the action steps to implement the strategy.
See attached excel workbook- action plan tab.

Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.
See attached excel workbook- budget tab.

Forensic ACT teams – 1 at $1,000,000 each = $1,000,000 total
Providing housing support for 50 people / month at $500 per month = 50*$500*12 months = $300,000 per team = $300,000 total

Identify expected beneficial results and outcomes associated with addressing this unmet need.

- Individuals in this population would receive 24-hour treatment and support services that are delivered at least 75 percent of the time within homes, courts, jails, and community settings.
- The number of people committed forensically to SMHTF would decrease.
- The number of psychiatric hospitalizations for this population would decrease.
- The number of arrests and rearrests for this population would decrease.
- The number of days this population spends in jail would decrease.
- The number of people on conditional releases would increase.
- Coordination of treatment services between the County and Circuit Courts and local law enforcement would increase.
- The amount of vocational training, safe and independent living, and number of days worked would increase.

Specific measures that will be used to document performance data for the project.

- Average annual days worked for Forensic ACT participants.
- Percent of adults who live in a stable housing environment.
- Number of participants who have a psychiatric admission during the month.
- Percent of participants who have a psychiatric admission within three months of enrollment.
- Percent of participants who are readmitted to a SMHTF within three and six months of enrollment.
- Number of participants arrested during the month.

Priority 4	Forensic ACT Services Leon County					Total Budget:	$1,300,000
Budget							
Program	Payment Methodology	Covered Services (add rows to each Payment Methodology as necessary)	Proposed Rate	Available Service Capacity (Units)	Minimum Required Service Level (Units)	Operating Budget Allocation	Comments
Forensic FACT - Mental Health	Case Rate	N/A				$1,000,000	1 team at $1,000,000
Forensic FACT Housing support - Mental Health	Cost Reimbursement	N/A				$300,000	Rent support for 50 people per month at $500 per month

NWF Health Network	NWF Health Network Enhancement Plan FY 23-24
Priority 4	Forensic ACT Services Leon County

Action Plan

	Tasks	Target Completion Date	Resource People	Other Resources	Success Indicator
1	Ensure funding is available	3/30/2024	Operations Manager	DCF, Grant Source	Contract amendment, grant notification
2	Procure service provider(s) via RFP	5/30/2024	Contract Manager	Director of Contract Administration, CFO, Programs	Service provider(s) selected
3	Negotiate and contract with provider(s)	6/15/2024	Operations Manager	Director of Contract Administration, Contract Manager	Executed contract
4	Begin providing services	7/1/2024	Provider	ME	Services being provided

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