



Mental Health Task Force of Northwest Florida

Community Alignment and
Strategic Planning Project

Strategic Plan and Roadmap Report

Prepared by: Ernst & Young LLP

June 22, 2023

Table of contents

1	Introduction	03
	Project overview and process	03
	About the report	04
2	Future state vision and strategic plan	06
	Optimizing the continuum of care	09
	Building capacity	39
3	Implementation roadmap	53
4	Conclusion	70
5	Appendix: Summary of background research and discovery	71

Our report may be relied upon by UWF Foundation, Inc. for the purpose set out in the scope section only, pursuant to the terms of our engagement letter dated November 21, 2022. We disclaim all responsibility to any other party for any loss or liability that the other party may suffer or incur arising from or relating to or in any way connected with the contents of our report, the provision of our report to the other party or the reliance upon our report by the other party.

Introduction

Photo credit:
University of West Florida

Project overview

In November 2022, Ernst & Young LLP (EY US) was engaged to conduct background research, engage stakeholders, and develop a future state strategic plan and roadmap focused on the alignment and delivery of behavioral health (BH) services in Escambia County and Santa Rosa County, Florida – also referred to as the EscaRosa region and the greater Pensacola community. This project is intended to support the efforts of the Mental Health Task Force of Northwest Florida (the Task Force), a volunteer group convened to bring greater focus to the topic and identify opportunities to improve behavioral health services for individuals and families in the region.

Process

The project consisted of two phases – research and strategy – and two primary deliverables.

CLIENT COLLABORATION AND STAKEHOLDER ENGAGEMENT



Background research
and discovery



Visioning and
strategic plan



Deliverables
(reports)

- ▶ **Phase 1. Background research and discovery:** consisted of researching leading practices from Florida and other states; reviewing more than 30 reports, studies and other publicly available data sources; and conversations with more than 110 stakeholders via interviews, focus groups, and workshops
 - ▶ **Deliverable:** Background Research and Discovery report that summarizes quantitative and qualitative findings
- ▶ **Phase 2. Visioning and strategic plan development:** involved the formulation of a future state vision for the behavioral health continuum of care and a strategic framework with priorities, goals and services, initiatives, and enhancements that can help foster greater alignment within the BH ecosystem
 - ▶ **Deliverable:** Strategic Plan and Roadmap report that will provide a comprehensive description of the envisioned BH continuum of care, strategic framework and initiatives, and implementation guidance to advance priorities and realize goals

About the report

This report is composed of two primary sections and an appendix that includes a summary of research provided in the Background Research and Discovery Summary report.

The first section includes a **future state vision and strategic plan** with a framework for BH alignment opportunities that coincide with the BH continuum of care and key capacity-building considerations. A range of programs, services and initiatives has been identified for enhancement or implementation with the potential to elevate the continuum as well as the quality and delivery of BH care in the EscaRosa region.

The second section includes an **implementation roadmap** summarizing considerations around specific actions referenced in the strategic plan that BH providers and partners in the community can advance to achieve the strategic opportunities that have been outlined. The roadmap includes general timeframes for initiating and implementing certain activities; delineations between organizations that are in a leading or supporting role pertaining to the services, programs and initiatives; and possible performance metrics.

The following sources contributed to the understanding of the BH landscape and considerations for the vision and strategic plan:

- ▶ A review of key reports, studies and other publicly available data sources
- ▶ Conversations with stakeholders, including providers, hospitals, and local and state partners via interviews, focus groups and workshops
- ▶ Future state visioning sessions with members of the Mental Health Task Force of Northwest Florida and other BH leaders and partners

National models, which are integrated into the strategic plan and explained in more detail in the appendix, include the following:

- ▶ Certified Community Behavioral Health Clinic (CCBHC)
- ▶ Behavioral Health and Homelessness
- ▶ Peer Support
- ▶ Integrated Behavioral Health and Primary Care
- ▶ Interagency Data Reporting

Along with examples provided throughout the main body of the report, the appendix contains leading practices from the following communities:

- ▶ Alabama (Madison County)
- ▶ Maryland (Howard County)
- ▶ Florida (Manatee County)
- ▶ Minnesota (Anoka County)
- ▶ Georgia (Chatham County)

Insights on the behavioral health landscape are organized along the continuum of care and include the following service areas (also described in the strategic plan):

- ▶ Prevention
- ▶ Recovery
- ▶ Intervention
- ▶ Wraparound Support
- ▶ Crisis

Other sources that contributed to the understanding of the BH landscape and considerations for the vision and strategic plan include the following:

- ▶ A review of more than 30 reports, studies and other publicly available data sources
- ▶ Conversations with more than 110 stakeholders via interviews, focus groups and workshops
- ▶ Future state visioning sessions with members of the Mental Health Task Force of Northwest Florida and other BH leaders and partners

Research shows the EscaRosa region has made progress in recent years to create a more complete BH continuum of care, but opportunities for improvement and innovation remain. A clear vision and strategic plan, with shared priorities among local partners, can help elevate behavioral health in the greater Pensacola community.



Future state vision and strategic plan

Envisioning the future of behavioral health care

In visioning workshops with the Task Force and other stakeholders, input was gathered to formulate a vision that describes the desired future state of behavioral health care in the EscaRosa region. The strategic framework is constructed to assist the BH community in realizing the vision by investing in, and enhancing, key services, programs and initiatives that hospitals, providers and other partners can organize around to advance behavioral health care in the community.

Future state vision

The EscaRosa region is a leading community in the nation for the provision of comprehensive behavioral health care and improved patient outcomes.

Strategic framework

Based on background research and input from an array of stakeholders, the strategic plan includes a two-tiered framework designed to elevate comprehensive behavioral health care and foster greater alignment among providers and partners in the greater Pensacola community. Achieving an enhanced level of BH quality involves **two foundational opportunities**.

First, **optimizing the continuum of care** by improving and expanding patient options in key delivery areas is essential. The BH continuum includes prevention and intervention programs and services, crisis and recovery-based offerings, and wraparound supports to contribute to positive mental health and wellbeing.

Second, **building capacity** across the EscaRosa region is vital for developing a continuum of care that meets individuals' needs. Capacity can be strengthened by growing the behavioral health workforce, improving infrastructure and data systems, and expanding access and awareness. Having the capacity to achieve the complete continuum of care will also require sustained funding and collaboration among local, state and federal partners.

The following pages explore both goals of the strategic framework and key services and initiatives that could help actualize the opportunities. Leading practices are shared for each item, with budgetary information if publicly available.

Vision

The EscaRosa region is a leading community in the nation for the provision of comprehensive behavioral health care and improved patient outcomes.

Tiers	Goals	Considerations
Optimizing the continuum of care	An optimized continuum of care will include a full spectrum of services and supports that are easily accessible, seamlessly coordinated and highly responsive.	<ul style="list-style-type: none"> ▶ Prevention ▶ Intervention ▶ Crisis ▶ Recovery ▶ Wraparound support
Building capacity	The EscaRosa region has robust capacity to support a full continuum of care, including a skilled workforce, modernized data systems and impactful communications.	<ul style="list-style-type: none"> ▶ Enhancing workforce availability ▶ Strengthening technology and systems ▶ Expanding access and awareness

The following pages go in depth on each of the tiers and expand on their proposed considerations, possible sources of funding and leading national practices.

About NWF Health Network

NWF Health Network (NWFHN) serves as the behavioral health managing entity (BHME) for 18 counties in Northwest Florida, including Escambia County and Santa Rosa County. According to the State of Florida Legislature (F.S. 394.9082) it is recognized that:

- a) Local communities have made substantial investments.
- b) BHME is a regional management structure to facilitate a comprehensive and cohesive system of coordinated care.
- c) BHME's purpose is to plan, coordinate and contract for the delivery of community mental health and substance abuse services; to improve access to care; to promote service continuity; to purchase services; and to support efficient and effective delivery of services.

NWFHN is the BHME for the EscaRosa region, which includes local governance through its board of directors including Representative Michelle Salzman and Dr. Mark Stavros, M.D.

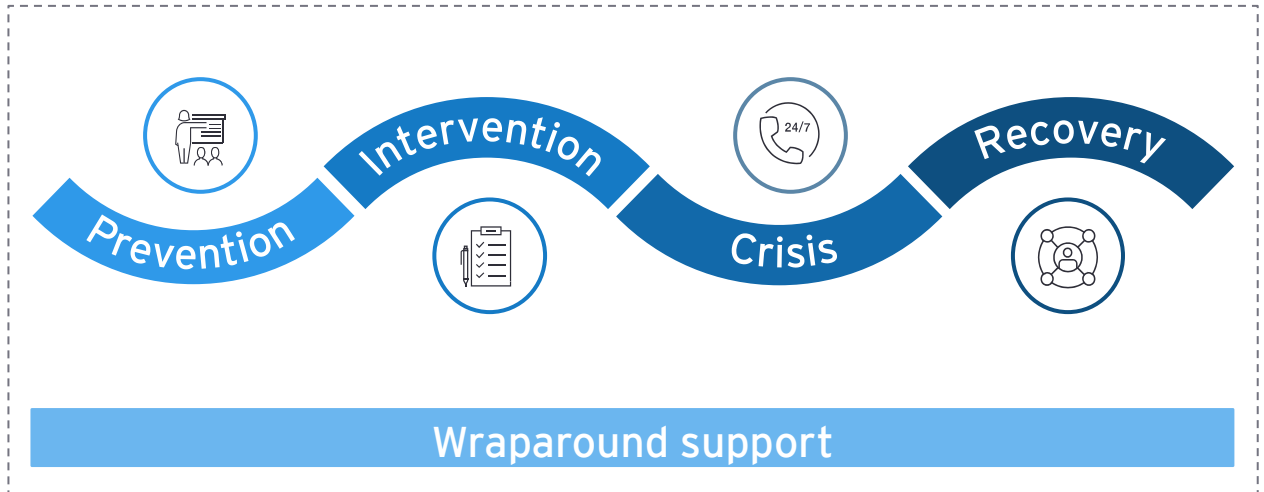
F.S. 394.9082 also states that behavioral health managing entities have the following intent and purpose:

- a) The Legislature finds that untreated behavioral health disorders constitute major health problems for residents of this state, are a major economic burden to the citizens of this state, and substantially increase demands on the state's juvenile and adult criminal justice systems, the child welfare system, and health care systems. The Legislature finds that behavioral health disorders respond to appropriate treatment, rehabilitation, and supportive intervention. The Legislature finds that local communities have also made substantial investments in behavioral health services, contracting with safety net providers who by mandate and mission provide specialized services to vulnerable and hard-to-serve populations and have strong ties to local public health and public safety agencies. The Legislature finds that a regional management structure that facilitates a comprehensive and cohesive system of coordinated care for behavioral health treatment and prevention services will improve access to care, promote service continuity, and provide for more efficient and effective delivery of substance abuse and mental health services. It is the intent of the Legislature that managing entities work to create linkages among various services and systems, including juvenile justice and adult criminal justice, child welfare, housing services, homeless systems of care, and health care.
- b) The purpose of the behavioral health managing entities is to plan, coordinate, and contract for the delivery of community mental health and substance abuse services; to improve access to care; to promote service continuity; to purchase services; and to support efficient and effective delivery of services.

As the designated BH managing entity for the EscaRosa region, NWFHN is positioned to play a vital role in the advancement of services and initiatives described in this strategic plan.

Optimizing the continuum of care

Goal: An optimized continuum of care will include a full spectrum of services and supports that are easily accessible, seamlessly coordinated and highly responsive.



The behavioral health continuum of care in Florida can be described as a private marketplace comprising for-profit and not-for-profit providers. A comprehensive BH continuum is characterized by its ability to provide individuals and families with services and supports that meet myriad behavioral health needs and help participants lead fulfilling lives. Providers and partners in Escambia County and Santa Rosa County are steadily working toward the realization of the full spectrum of BH services and supports, but additional investment is needed. The strategic plan outlines key service and program areas in the continuum of care, including those related to prevention, intervention, crisis, recovery and wraparound support. Through enhanced and expanded service offerings in these and other areas, a more optimal continuum of care in the region can be fostered.

While there are other vital services in the continuum, including wellness and maintenance treatment services, as well as those related to outpatient services, medication management and case management, the service areas outlined in the illustration above emerged most prominently in the background research and discovery phase of the project, including the input shared by stakeholders. The considerations put forth are informed by stakeholders and national leading-practices research.

Possible actions and next steps, as well as funding sources, are included to assist with advancing the opportunities discussed. Task Force members, including providers, partners and other stakeholders, are encouraged to continuously evaluate programs, services, and target populations and resources to make any necessary adjustments to the prioritization of the following opportunities. It is essential that BH professionals responsible for delivering services across the continuum of care are consulted and included in the collective efforts.

1. Prevention

According to the Florida Administrative Code (FAC, flrules.org), prevention services are provided to at-risk individuals who are identified as having minimal but detectable signs or symptoms indicating possible mental health or substance use disorders. Target participants for prevention services are at-risk individuals who do not meet clinical criteria for mental health or substance use disorders. Such services are intended to preclude, forestall or impede the development of mental health or substance use disorders. Services can be related to education, problem identification, referral and other services.

Below are considerations and possible funding sources to help support prevention efforts in the EscaRosa region:

Considerations:

- ▶ Expand school-based and community-based prevention services and programs
- ▶ Establish a regionwide, substance use disorder (SUD) prevention initiative

Possible funding sources:

- ▶ Substance Abuse and Mental Health Services Administration (SAMHSA) (samhsa.gov) provides regularly available grant funding in support of a range of prevention services and supports for which behavioral health providers can apply. One of many currently available funding opportunities is the National Strategy for Suicide Prevention. The purpose of this program is to implement suicide prevention and intervention programs by enhancing collaboration with key community stakeholders. The EscaRosa region's community-based primary care and/or BH care providers, along with the Florida Department of Health, may be eligible to apply. The anticipated award is up to \$400,000 per year.
- ▶ The Florida Department of Children and Families (DCF, myflfamilies.com) contracts with NWF Health Network as the behavioral health managing entity and can provide grant funding that can help contribute to and sustain prevention programs and services.

The following pages provide more details on the proposed considerations, including additional actions to take along with leading national practices for reference.

1.1 Expand school-based and community-based prevention services and programs

According to stakeholders, there is a need to increase prevention services for students in K-12 grade levels, as well as college-age adults and others in the broader community. Educational prevention programs can be customized based on grade and/or age level to target early identification and proactively alleviate mental health and substance use problems before they develop. While school-based and community-based prevention services and programs may be led by different entities, coordination between these efforts could help enhance overall impact for youth and adults.

Actions and next steps to consider:

- ▶ Host interagency mental health and wellness events in schools and throughout the community to provide accessible information and resources to youth and adults to support enhanced behavioral health.
- ▶ Facilitate programs and activities during Red Ribbon Week (redribbon.org), an annual nationally recognized substance use prevention awareness campaign. The campaign focuses on community collaboration and highlights programs and activities in support of a drug-free lifestyle. Resources and support with programming are available via the organization.
- ▶ Community BH providers can deliver educational webinars that encourage positive behavioral health in terms of self-care, stress management and resource awareness. Webinars can be short, recorded 15- to 20-minute informational sessions that are posted on the websites of providers and partners, along with links to relevant resources.
- ▶ Increasing translations for residents who have a primary language other than English could be helpful for reaching specific demographics.
- ▶ Align prevention efforts with community public information campaign (described on page 51).
- ▶ SAMHSA has resources as well as funding available to providers targeting development and expansion of community-based mental health (MH) and substance use disorder (SUD) services and other supports for youth with a mental illness or a co-occurring MH/SUD need (samhsa.gov/brss-tacs/recovery-support-tools/youth-young-adults).

Additional resources are provided below:

- [Strategies To Improve Mental Health Care for Children and Adolescents \(ahrq.gov\)](http://ahrq.gov)
- [Family Peer-to-Peer Support Programs in Children's Mental Health \(ideas4kidsmentalhealth.org\)](http://ideas4kidsmentalhealth.org)

Leading practice

**The SOURCE at Red Bank Regional High School
Little Silver, Monmouth County, New Jersey**

The SOURCE is a school-based youth services program that provides a free program to support the mental health, wellbeing and educational success of students at Red Bank Regional High School. The SOURCE offers educational, mental health, health and wellness, and career development services. The mental health services include several different forms of counseling and are available to students during and after the school day. It offers social events and programs that address mental health and awards scholarships to students that have utilized services from the SOURCE. The SOURCE has connected with more than 550 individuals through its events and programs, graduated 625 students from the Signs of Suicide program, and connected 59 students to preventive health care. Students report very positive experiences with the SOURCE and its services on their website through testimonials.

Website: thesourcerbrhs.org/site

Budget: The SOURCE had an annual budget of approximately \$188,000 in 2020 (ProPublica).

Leading practice

**Texas Health and Human Services Commission Behavioral Health
Awareness e-Learning
Texas (Statewide)**

In 2021, the Texas Health and Human Services Commission (HHSC) launched a behavioral health awareness campaign in the form of a free online e-Learning series. HHSC worked with the UT Health Science Center at San Antonio to develop the e-Learning series, which is available in English and Spanish and includes 10 interactive learning modules that educate Texans about the signs of mental illness and decrease stigma. Topics of e-Learning modules include depression, trauma and PTSD, aging and behavioral health, substance use disorders, and more.

Website: mentalhealthtx.org/learn/

1.2 Establish a regionwide, substance use disorder (SUD) prevention initiative

A consistent theme heard from stakeholders across Escambia and Santa Rosa counties was the need for prevention services and early intervention supports targeting SUDs. A regionwide SUD prevention initiative could help address this need through preventive programs focused on increasing awareness and access to services, reducing overdose risk, provision of Naloxone kit training for first responders, implementing a peer “warm line” (non-crisis line) and other non-clinical focused activities. Peer-led clubhouses may also be used for prevention purposes if funded.

Actions and next steps to consider:

- ▶ Establish a local Red Ribbon Campaign steering committee that will focus efforts on increasing awareness and organizing activities in support of a drug-free lifestyle via prevention and wellness-themed activities and provision of information in Escambia and Santa Rosa county schools, and in the greater Pensacola community.
- ▶ Incorporation of the Sources of Strength curriculum may be useful for school-based activities targeting anti-bullying and SUD prevention, as well as suicide prevention.
- ▶ The steering committee could include university faculty, BH providers and peers, and law enforcement partners to enhance coordination around SUD prevention programs aimed at reducing overdoses.
- ▶ Facilitate a regional needs assessment of risk behaviors for binge drinking and substance use among the 9- to 25-year-old population, incorporating use of emergency best practices and evidence-based practices for early identification of BH risk.
- ▶ Increase access to Naloxone; provide additional Naloxone kits and training for law enforcement (police/sheriff), and EMS first responders.
- ▶ Increase community-based opioid prevention via access to naloxone distribution programs and fentanyl test strip distribution.
- ▶ NWF Health Network providers in partnership with NAMI could collaborate to operationalize a peer warm line (call center), with widely publicized information on accessing the text and talk line that is multilingual. This partnership can also support the operationalization of a peer-led clubhouse, inclusive of non-clinical, prevention and addiction support groups.

Leading practice

Utah State University Extension's Health Extension: Advocacy, Research, & Teaching Initiative (HEART)

Salt Lake, Weber, Davis, Box Elder, Cache, Carbon, Emery, Tooele and Utah Counties, Utah

Utah State University Extension's HEART initiative is an example of an academic institution utilizing its knowledge and research to support community priorities – in this case, addressing the opioid epidemic and other public health issues. HEART provides unique academic resources to the nine counties it serves, and partners with health departments, research experts, community coalitions and other key stakeholders to promote awareness and prevention for opioid use. HEART works within four main pillars: Prevention and Education, Stigma Reduction, Strengthening Community Ties, and Harm Reduction. Within these pillars, past efforts have included supporting 36 at-risk youth with health and wellness programs, creating 10 community fact sheets about the opioid epidemic, collecting narratives from community members for their opioid stories project, creating the Carbon and Emery Opioid and Substance Use Coalition, and distributing 854 Narcan kits in 2022.

Website:

https://extension.usu.edu/news_sections/impacts/archive/heart

Budget: Budget information is unavailable for HEART, but it did receive approximately \$3.5 million in federal, state and internal funding to expand its programming (2019-2020 HEART annual report).



2. Intervention

Intervention services focus on the reduction of risk factors generally associated with the progression of substance misuse and mental health problems. Intervention can occur through early identification of persons at risk, basic individual assessments and providing supportive services that emphasize short-term counseling and referral. These services are targeted toward individuals and families. A service provider's personnel may receive clinical supervision by a professional qualified by degree, licensure, certification or specialized training in the implementation of this service (FAC).

Transitional Residential Treatment (TRT) is a short-term residential intervention that supports individuals transitioning from inpatient settings back into the community. Stakeholders have expressed that TRT can help address a current service gap in the community. Individuals who no longer meet hospital admission criteria but still need supported living while engaging in skill-building activities to achieve independent living would benefit from TRT. The program is generally connected to a community behavioral health provider. TRT functions as a step-down approach to help individuals transition to a less intense setting.

Below are considerations and possible funding sources to help support intervention efforts in EscaRosa region:

Considerations:

- ▶ Enhance co-responder capabilities
- ▶ Expand Transitional Residential Treatment (TRT)
- ▶ Expand Assertive Community Treatment (ACT), Community Action Team (CAT) and Link, Engage, Assess, Plan (LEAP), including funding for fidelity monitoring
- ▶ Expand Behavioral Health and Primary Health Integration
- ▶ Implement Partial Hospitalization Program (PHP)

Possible funding sources:

- ▶ SAMHSA routinely provides regularly available grant funding in support of a range of community-based BH intervention services and supports, and evidence-based program implementation.
- ▶ Through the Mental Health Awareness Training Grant, SAMHSA aims to increase the number of individuals prepared and trained to safely, and appropriately, respond to individuals with mental health needs, with a focus on building safe, and healthy communities, reinforcing partnership between law enforcement and communities, increasing public trust, and enhancing public safety. The anticipated award amount is up to \$200,000 per year.

- In some states, elements of TRT are reimbursable as community residential rehabilitation via the state Medicaid program.
- NWFHN funding can also support an array of intervention programs and services.

The following pages provide more details on the proposed considerations, including additional actions to take along with leading national practices for reference.



2.1 Enhance co-responder capabilities

The co-responder model can be effective in helping individuals receive an appropriate intervention response. This model facilitates connection of people to services and supports, and provides de-escalation, which can reduce the use of avoidable police force or 911 emergency response. Co-responder BH clinicians provide brief rapid screening and assessment, as well as linkage to appropriate services and supports. Initial efforts toward implementation have been taken in Escambia County and could be advanced.

There is an opportunity to broaden a co-responder approach in Escambia County and Santa Rosa County in partnership with law enforcement. Hiring of additional co-responder BH clinicians who can work in a ride-along capacity with police and sheriff officers across multiple shifts throughout both counties is needed.

Actions and next steps to consider:

- ▶ Leverage funding approved by NWF Health Network to support expansion of a co-responder program that enhances collaboration between BH providers and law enforcement. This would include a licensed mental health professional partnering with law enforcement to provide a co-response. Some states include Peer Specialists as part of the co-responder team.
- ▶ Coordinate with NAMI Pensacola's developing qualified peer network. These peers will have the 40-hour certification as provided by Certified Peer Specialist (CPS) training funded via DCF.

Photo credit:
University of West Florida



UWF
NURSING STUDENT

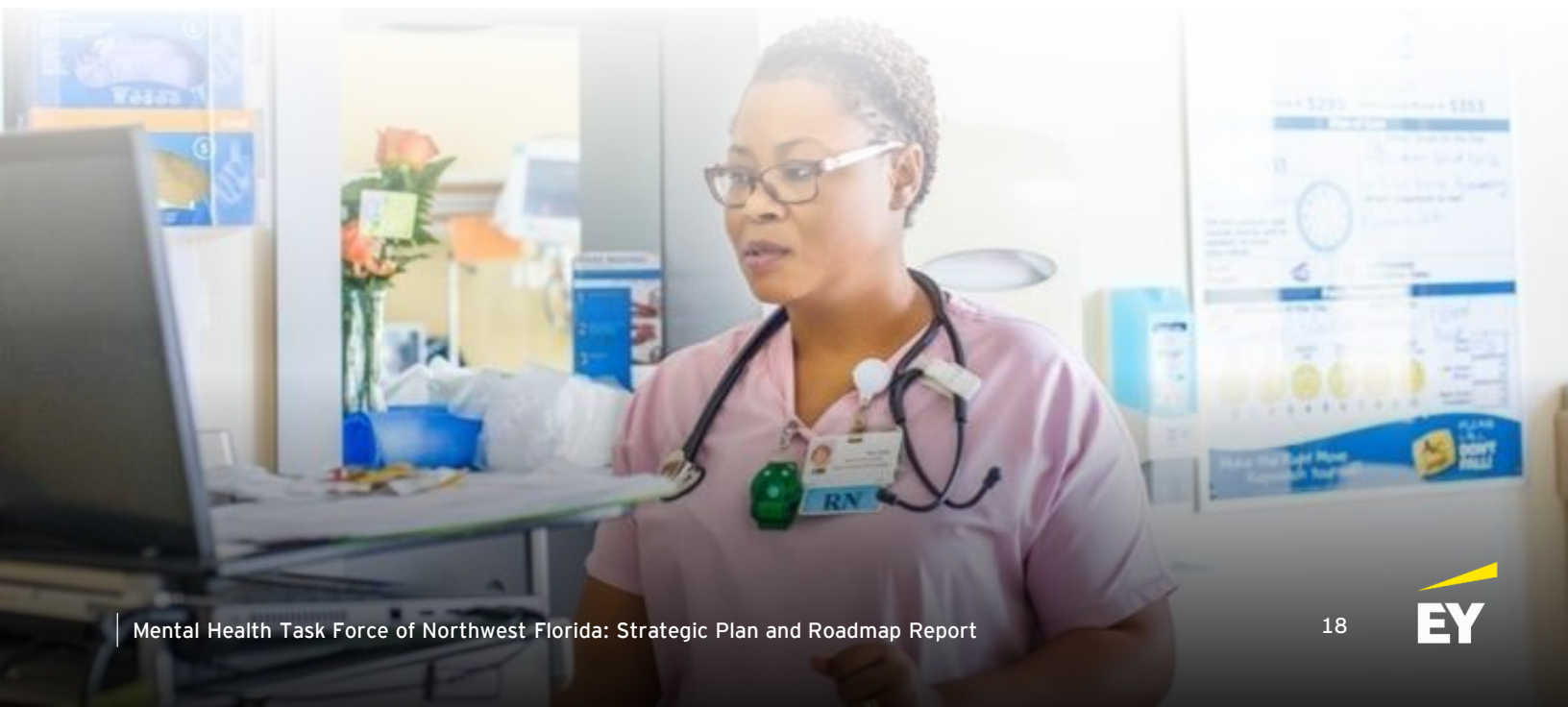
Leading practice

Sedgwick County Integrated Care Team (ICT) -1 Wichita, Sedgwick County, Kansas

ICT-1 is a multidisciplinary co-responder program created by Sedgwick County and the City of Wichita that sends a qualified mental health professional, a law enforcement officer and a paramedic to provide resources to community members experiencing a mental health crisis. ICT-1 services are available Monday through Thursday from 8 a.m. to 6 p.m., and the team seeks to provide the most appropriate resources and care to individuals experiencing behavioral health issues. One year after the program started in 2019, the Wichita Police Department reported that implementing the ICT-1 program freed up 690 911 resources for Sedgwick County. ICT-1 is currently surpassing its goal to resolve 50%-60% of calls with treat in place with 63% of calls resolved with treat in place in 2022.

Website: sedgwickcounty.org/comcare/ict-1

Budget: A report from the Kansas Legislature found that the annual cost of running the ICT-1 program for seven days a week (up from the current four days a week) is estimated at \$425,000 for the first year and \$386,000 for subsequent years. The ICT-1 program is expected to collectively save local law enforcement agencies, the COMCARE Community Crisis Center, EMS and local fire departments in the city and county almost \$435,000 per year.



2.2 Expand Transitional Residential Treatment (TRT)

Expanding the existing limited short-term residential offerings by developing a TRT program can help enhance the intervention service capabilities in the greater Pensacola community. BH providers report a need for more transitional residential options. TRT can be an effective service that supports the successful discharge of individuals out of psychiatric inpatient beds and into supported community living options, allowing for shortened inpatient lengths of stay and supported community transition.

Actions and next steps to consider:

- ▶ Evaluate a potential expansion of units at existing short-term residential sites.
- ▶ Explore the submission of a state plan amendment to the Florida Agency for Health Care Administration to include residential rehabilitation as a reimbursable service.

2.3 Expand Assertive Community Treatment (ACT), Engage, Assess, Plan (LEAP) and Community Action Team (CAT)

Stakeholders expressed a need for additional funds to support the expansion of CAT, ACT and LEAP programs to serve individuals and provide wraparound support. Currently, there is one LEAP team that supports a maximum of 75 adults for all of Escambia and Santa Rosa counties. There is one CAT program covering Escambia and Santa Rosa counties that supports children and adolescents. There is one ACT team that serves 100 adults in both Santa Rosa and Escambia counties. The addition of another ACT, LEAP and CAT program could benefit those who need community-based mental health and substance use disorder services. These services could deliver community-based wraparound services and supports for individuals.

Actions and next steps to consider:

- ▶ Expand ACT and LEAP programs for transition-aged youth and adults with a serious mental illness (SMI) or serious emotional disturbance (SED). Both services can improve behavioral health outcomes for individuals by reducing rates of hospitalization, substance misuse, homelessness and involvement with the criminal justice system.
- ▶ Fund an additional CAT team to support children and adolescents with behavioral health needs.
- ▶ Consider funding an additional ACT team and an additional LEAP team so that there is at least one of each program to support both Escambia County and Santa Rosa County.
- ▶ Allocate funding and resources for fidelity monitoring through a dedicated team or teams.

2.4 Expand Behavioral Health and Primary Health Integration

There is a need for expanded access to integrated primary care and behavioral health care provided by the federally qualified health clinic (FQHC). Specifically, increasing co-located services for the uninsured and underinsured population of individuals in Santa Rosa and Escambia Counties. There is a need to increase fund to support expansion of the Mobile Medical van throughout the region and resources including community health staff, licensed nurses, behavioral health peers and case managers. There is a need for increased funding to support medication assistance programs for uninsured and underinsured individuals.

Actions and next steps to consider:

- Implement a medication assistance program (MAP).
- Expand mobile medical van coverage area throughout underserved and limited access communities in Santa Rosa and Escambia counties.
- Hire additional behavioral health staff (clinical social worker, peer specialist) to provide integrated care in collaboration with primary care staff (nurse, physician).

2.5 Implement Partial Hospitalization Program (PHP)

Currently there are no PHPs in Santa Rosa or Escambia Counties.

A partial hospitalization program (PHP) is a structured service that provides behavioral health day programs. This service supports individuals who no longer require hospital level of care but would benefit from psychiatric rehabilitation services and supports that are greater than an outpatient clinic level of care. PHPs are also known as intensive outpatient programs (IOPs) or day programs because they do not require an overnight stay.

Actions and next steps to consider:

- ▶ NWF Health Network in collaboration with HCA Florida West should develop PHP operational guidance in alignment with regulatory agencies.
- ▶ Hire clinical and peer staff.
- ▶ Implement a PHP.

Leading practice

**Capacity Builders Assertive Community Treatment Initiative (ACTi)
Farmington, San Juan County/Four Corner Region, Arizona & New Mexico**

Capacity Builders, Inc. is a nonprofit based in Farmington, NM, that provides community services to residents of the Four Corners region, particularly the Native American population. It offers services that are focused on public and behavioral health as well as youth programming and mentorship. In 2017, Capacity Builders, Inc. was awarded an almost \$4 million grant from SAMHSA to develop an assertive community treatment program, which was launched in September 2017 as the Assertive Community Treatment Initiative (ACTi). With approximately \$678,000 in funding over the course of five years, Capacity Builders, Inc. will serve 40 Native American adults diagnosed with serious mental illnesses each year. ACTi provides a case manager and peer support specialist who connects program participants to various community services such as job readiness, housing assistance, education and life skills development.

Website: capacitybuilders.info

Budget: Capacity Builders, Inc. had a budget of \$4.6 million in 2020 (ProPublica).

Leading practice

**Partial Hospitalization Program INOVA
Northern Virginia**

The Inova Behavioral Health Services Partial Hospitalization Program (PHP) uses proven, evidence-based best practices. This program can assist people who are stepping down from inpatient care, providing structure and encouragement as individuals re-enter their family and community environments. This program can also be a step up from outpatient care, with the goal of helping people avoid an inpatient psychiatric admission. The program is offered at an outpatient center in Fairfax, VA, near Inova Fairfax Medical Campus. The length of a person's stay in the program depends on the specific goals and treatment plan, but most participants are in the program for one to two weeks. PHP runs from 9 a.m. to 4 p.m., Monday through Friday. The foundation of PHP is therapy in small groups, with 8 to ten participants. Individual counseling is also provided. Participants have the opportunity to learn to build on their existing skills and develop additional coping strategies in a positive, motivating environment.

Website: inova.org/our-services/inova-behavioral-health-services/adult-mental-health/outpatient/php

Budget: Not publicly available

3. Crisis

Crisis stabilization includes acute care services offered 24 hours per day, seven days per week that provide brief, intensive mental health residential treatment services. The services address the needs of individuals who are experiencing an acute crisis and who, in the absence of a suitable alternative, would require psychiatric hospitalization (FAC).

Crisis support/emergency services involve non-residential care that is generally available 24 hours per day, seven days per week, or some other specific time period, to intervene in a crisis or provide emergency care. Examples include crisis/emergency screening, mobile response, telephone or telehealth crisis support, and emergency walk-in (FAC).

Meeting the needs of individuals experiencing a BH crisis requires a place for them to walk in and have their needs met in a timely manner without necessarily being transported by police or having to sit for hours in an emergency department awaiting prioritization of their BH needs. Having a resource that provides interface with Peer Specialists and BH professionals who can de-escalate and provide treatment in one setting is ideal. A crisis center that meets the needs of people with both mental health and substance use disorder needs with provision of de-escalation, detox, temporary observation and short-term admission in one setting optimally meets individuals' needs and does not require transfer to other settings.

Below are proposed considerations and possible funding sources to help support crisis efforts in the EscaRosa region:

Considerations:

- ▶ Establish a community-based Behavioral Health Crisis Center (BHCC)
- ▶ Expand mobile response team (building upon current successes)

Possible funding sources:

- ▶ In addition to regularly available SAMHSA funding opportunities to support community-based BH crisis services, Capital Development grants support health center efforts to expand their capacity to provide health services to underserved communities.
- ▶ Additional funds could be legislatively allocated to support the need for community-based, comprehensive crisis services.

The following pages provide more details on the proposed considerations, including additional actions to take along with leading national practices for reference.

3.1 Establish a community-based Behavioral Health Crisis Center (BHCC)

There is a need for increased access to comprehensive crisis services that support both the mental health and SUD needs of individuals, followed by coordinated linkage, follow-up and access to after-care services post-discharge. BHCCs can be considered enhanced versions of Crisis Stabilization Units (CSUs). BHCCs are full-service crisis stabilization centers that combine 24/7 walk-in services, de-escalation, crisis assessment, temporary observation, stabilization, therapeutic education, peer support, treatment and linkage to after-care in one setting. BHCCs serve as a non-hospital, community-based emergency receiving facility (ERF) for adults experiencing a behavioral health crisis. There are multiple benefits of a BHCC model, including co-located walk-in services, temporary observation and stabilization beds, all available in one facility, which allows for a seamless flow between levels of care, without transferring to a different location. Operation of a co-located temporary observation unit provides an alternative for individuals not needing a CSU admission, and it relieves the overuse of CSU and inpatient beds. Additionally, individuals can access services and support without the stigma often attached to hospital-based care. Several stakeholders have expressed concerns about gaps in transition and the need for enhanced care coordination to support discharge, follow-up and service engagement. SAMHSA offers grant funding to support community-based BH crisis services.

Actions and next steps to consider:

- ▶ To combat the stigma of hospital-based BH care and lengthy ER waits for individuals seeking BH crisis services, and to provide for the needs of non-Baker Act BH walk-ins in a non-hospital-based community setting, a community BH provider lead agency may pursue startup funding to support a BHCC.
- ▶ Exploration of a three component, co-located BHCC; 24/7 BH crisis walk in - living room model, temporary observation unit inclusive of detox beds; and CSU (ERF) services.
- ▶ Hiring of peer specialists, nurses (LPN/RN/NP), MD, facility support staff, and facility location identification.

Leading practice

Recovery Innovations Recovery Response Center Peoria, Maricopa & Yavapai Counties, Arizona

It was first established in 1996 as Recovery Innovation's (RI) first Crisis Recovery Center (now called a Recovery Response Center) and saw reasonable success, but in 2002 it decided to shift gears from focusing on procedures and diagnoses to adopting the living room model. In the living room model, Recovery Innovations hoped to address the emotional pain and issues that their patients were dealing with in addition to mental health issues, so it made changes like revamping the facility to feel less medical and sterile and feel more welcoming and brought in new staff members like Peer Specialists to provide additional support for patients. In 2014, RI made the switch to a never-reject approach by making changes to their facility and intake process to immediately evaluate patients brought in, allowing law enforcement to return to their jobs and connecting patients to the care they need without having to wait hours or days in a facility or jail. RI's Recovery Response Center saw law enforcement drop-offs double between 2014 and 2019 from around 2,200 to approximately 4,800, which has increased law enforcement's trust in the RI facility and programming and makes RI a preferable option for law enforcement rather than the emergency room or jail.

Website: riinternational.com/listing/recovery-response-center-living-room-1-peoria/

SAMHSA Case Study: samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf

Budget: Recovery Innovations (the organization as a whole) had a budget of approximately \$81 million in 2020 (ProPublica).

3.2 Expand Mobile Response Team

Mobile Response Teams (MRTs) operate with the purpose of providing timely response and provision of BH care to individuals in their community. MRTs are also referenced as mobile crisis response teams in many states and deliver a community-based intervention including brief, rapid screening, de-escalation and linkage to appropriate services. When individuals are experiencing a crisis and need rapid service to prevent further decompensation or escalation of crisis, MRTs must reach the individual in a timely manner. Otherwise, individuals may experience an increase in BH symptoms that could result in admission to an emergency department or law enforcement intervention. Lakeview Center currently operates the only MRT in Escambia County. Some stakeholders expressed varying experiences with rapid MRT response. To effectively deliver this service that can achieve diversion, there should be enough MRTs to respond 24/7 to individuals within the EscaRosa region area within 60 minutes.

Actions and next steps to consider:

- ▶ Hire Peer Specialists (CPSs) to work with BH MRT staff.
- ▶ Increase funding to hire and retain appropriately credentialed BH staff with SUD and MH experience.
- ▶ Increase awareness of how to access MRT as part of the public information campaign (see p. 47).

Leading practice

CAHOOTS (Crisis Assistance Helping Out on the Streets) Eugene, Lane County, Oregon

CAHOOTS (Crisis Assistance Helping Out On The Streets) is a mobile crisis intervention program staffed by White Bird Clinic personnel with the use of City of Eugene vehicles. This partnership has been in place for about 30 years and is well established in the community. CAHOOTS provides support for police department personnel by taking on social service-related calls, including crisis counseling. Personnel often provide initial contact and transportation for people who are intoxicated, mentally ill or disoriented, as well as transport for necessary non-emergency medical care. CAHOOTS serves as the model for the federal government's Medicaid-covered mobile crisis incentive program. In 2021, the service was utilized for almost 16,500 calls for service.

Website: eugene-or.gov/4508/CAHOOTS

USC-Brookings Schaeffer on Health Policy case study: brookings.edu/blog/usc-brookings-schaeffer-on-health-policy/2022/01/06/building-a-sustainable-behavioral-health-crisis-continuum/

Budget: The CAHOOTS program budget is about \$2.1 million annually (White Bird Clinic).

4. Recovery

Recovery services are comprised of nonclinical activities that assist individuals and families in recovering from and maintaining recovery from substance use and mental health conditions. Activities include peer support, linkage to and coordination with service providers, life skills training, wellness and recovery planning, coaching, education on mental illness and substance use disorders, assisting individuals using digital therapeutics approved by the U.S. Food and Drug Administration, and other supports that help improve recovery capital and wellness for an improved quality of life. Recovery supports may be provided by a certified Peer Specialist prior to, during and after treatment, and can be delivered as support and/or coaching for an individual to regain or develop skills to successfully live independently in the community (FAC).

Stakeholders consistently identified peer support as an integral component of recovery. Local leaders expressed that increased funding and an emphasis on public outreach to educate the provider and consumer community on peer services and supports could increase the availability of peer support at all levels of BH treatment and improve the EscaRosa continuum of care. Clubhouses offer support to children, adolescents or adults providing an environment for individuals to engage in safe and therapeutic socialization with peers, while offering services for individuals in need of recovery supports.

Below are considerations and possible funding sources to help support recovery efforts in the EscaRosa region:

Considerations:

- ▶ Establish a drop-in center.
- ▶ Explore the development of clubhouses.
- ▶ Expand peer support services, including development of a Forensic Peer Specialist certification, that will facilitate peers working in jails and prisons to support returning citizens with BH needs.

Possible funding sources:

- ▶ SAMHSA provides regularly available grant funding in support of a range of intervention services and supports for which BH providers can apply. One recent funding opportunity is the Statewide Consumer Network Grant Program. The purpose of this program is to enhance statewide mental health consumer-run organizations to promote mental health and related service system capacity and infrastructure development to be consumer-centered and targeted toward recovery and resiliency, and consumer-driven by promoting the use of consumers as agents of transformation. The anticipated award amount is up to \$120,000 per year per award.
- ▶ DCF funding can support an increased capacity of CPS training.

The following pages provide more details on the proposed considerations, including additional actions to take along with leading national practices for reference.

4.1 Establish a drop-in center

A drop-in center is a community-based setting for adults, or for youths and adolescents. Drop-in centers are peer-operated, recovery-oriented environments in the community that provide a safe place where people with similar experiences of behavioral health needs are supported. A drop-in center, also sometimes called a peer resource center or self-help center, provides socialization programs and other services. The centers often provide basic needs such as food, clothing and other essentials, and link individuals with social support services. Drop-in centers generally operate 365 days of the year, offering recreational and social activities to individuals in varying stages of recovery. Individuals should not be in an active crisis state when accessing drop-in support.

Actions and next steps to consider:

- ▶ NWFHN could identify the lead community behavioral health provider and peer advocacy organization to partner in this implementation.
- ▶ Identify certified peer specialists to be hired in the drop-in center.

Photo credit:
University of West Florida

4.2 Explore the development of clubhouses

The clubhouse model is an evidence-based practice. A clubhouse provides structured support to people living with behavioral health needs. Clubhouses are community-based settings staffed by behavioral health professionals and paraprofessionals, including case managers. They are intended to improve quality of life through offering meaningful activities that help create purpose and connection within their community. While clubhouses are not currently available in the EscaRosa region, many stakeholders have suggested that this approach could supplement both adult day services and youth services. Overall peer-led behavioral health services are lacking within the region, according to stakeholders. There are existing support groups for peers and family members, as well as peer training, but these initiatives are not integrated across the continuum of BH services.

Actions and next steps to consider:

- ▶ Task Force partners could convene a project workgroup to evaluate the clubhouses as a model to adapt in the community, assess resources needed and determine target population(s) to be served.
- ▶ Consider partnering with a peer led organization and or youth-serving community organization for youth clubhouses. Transportation for students between K-12 schools and clubhouses may be needed.
- ▶ Develop and engage youth peers as employees and volunteers.

Photo credit:
University of West Florida

Leading practice

Independence Center St. Louis, St. Louis County, Missouri

Independence Center is a community-based rehabilitation program for adults that follows the clubhouse model and is accredited by Clubhouse International. Independence Center is the second-largest clubhouse in the world and offers several programs for members, including rehabilitation services, case management, housing support, employment services, education, daily meals and social opportunities. In addition to following Clubhouse International's core tenets, Independence Center activities are also defined by the belief that everyone deserves a chance to secure meaningful employment, that everyone deserves to live in an affordable and decent home, and that adults should be engaged in age-appropriate social opportunities. In 2022, Independence Center served 281 new members (a 19% increase from 2021), saw 22% of members that were previously unhoused receive housing, and provided almost 400 hours of free consultations with a primary care physician.

Website: independencecenter.org/

Budget: Independence Center had an approximate budget of \$8.5 million in 2022 (Independence Center 2022 Annual Report).

Photo credit:
University of West Florida

4.3 Expand peer support services

According to stakeholders, there is a need for training and hiring additional Peer Specialists for the delivery of outpatient, inpatient and crisis services. Inclusion of specialists into the workforce is a valuable step toward a recovery-oriented continuum of care. Increasing the number of Certified Peer Specialists (CPSs) through increased hiring and training to work at all levels of care can enhance a recovery-oriented BH continuum. CPS training is a standardized 40-hour training that prepares individuals with lived experience in BH recovery to appropriately use their experience in service of others. Based on a review of leading practices and other research, the peer specialist movement across the US has become an effective strategy for addressing stigma.

Actions and next steps to consider:

- ▶ Seek additional state-funded CPS training for BH provider agencies to recruit and hire CPSs to work in outpatient, inpatient and crisis settings.
- ▶ Increase enrollment of peers in the existing CPS training.
- ▶ Engage NAMI as a key partner in CPS recruitment and training, as well as peer specialist speakers to raise awareness around job opportunities for CPSs across the BH continuum.
- ▶ Develop a regional recovery plan in collaboration with NAMI targeting recruitment, training, community education and hiring initiatives.

Leading practice

Maryland Coalition of Families Columbia, Howard County, Maryland

Maryland Coalition of Families (MCF) is a nonprofit that is based in Howard County but offers services across the entire state to individuals and families experiencing behavioral health challenges. MCF offers family peer support services, which allow families experiencing behavioral health challenges to connect with others to offer emotional support, guidance and skill-building with those currently struggling. MCF also engages in advocacy efforts and provides families with guidance on how to engage with local and state elected officials to help influence mental and behavioral health policies in Maryland.

Website: mdcoalition.org

Budget: The Maryland Coalition of Families had a budget of almost \$5 million in 2020 (ProPublica).

5. Wraparound support

In the greater Pensacola community, initiatives that are non-clinical but support the needs of individuals with BH challenges include the Escambia County Mental Health Court and Veterans Court, and programs geared toward the homeless population, including a homeless coalition and homeless task force, as well as one housing and treatment program. Housing assistance for individuals experiencing behavioral health challenges is a significant community need, according to stakeholders, as well as a need for more permanent supported housing options for people to live independently in the community.

Below are proposed considerations and possible funding sources to help support wraparound efforts in the EscaRosa region:

Considerations:

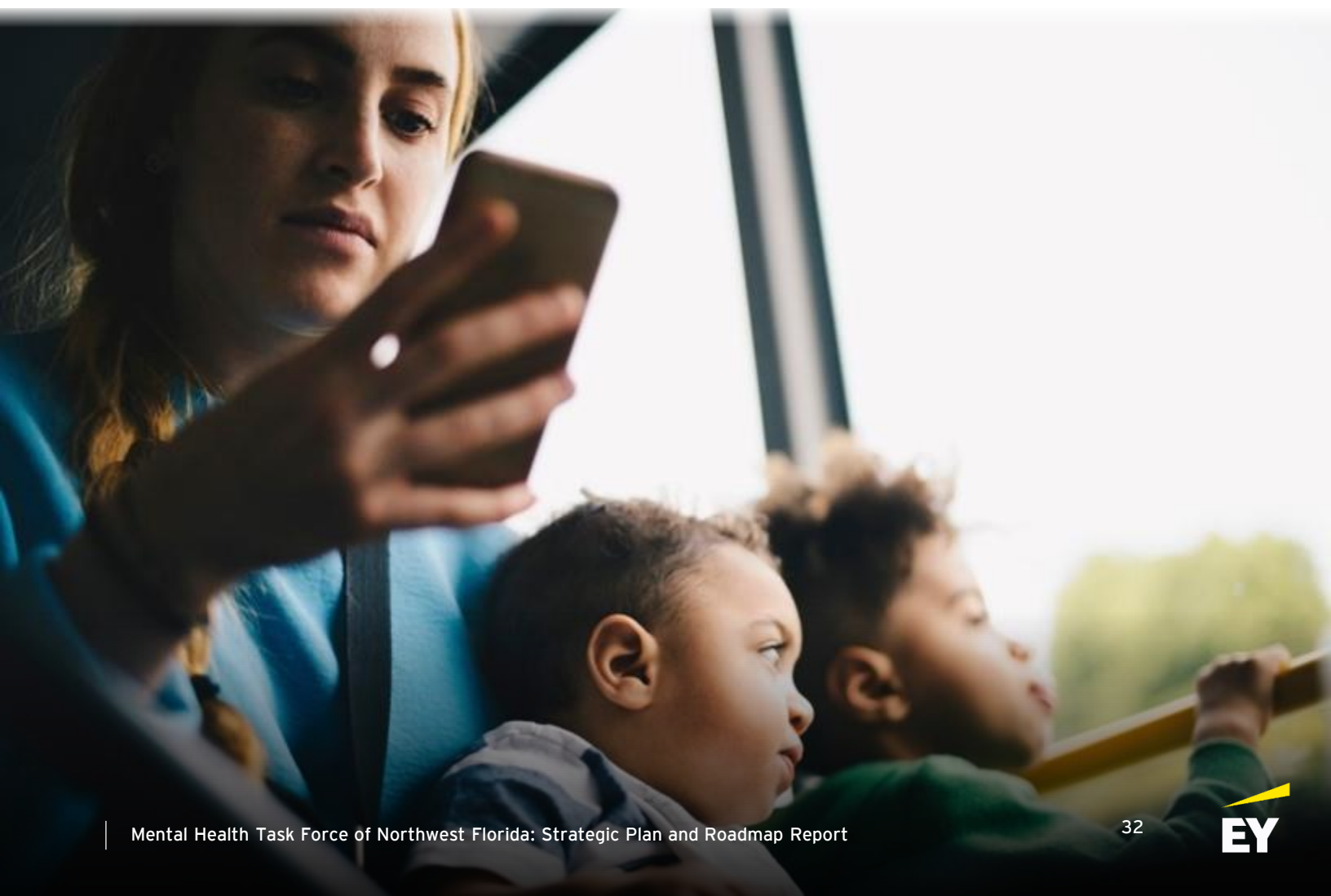
- ▶ Expand permanent supported housing
- ▶ Establish a Santa Rosa County Mental Health Treatment Court (MHTCs), also known as Accountability Courts or Diversion Courts
- ▶ Enhance non-emergency transportation assistance program
- ▶ Hire Medicaid Eligibility Specialists

Possible funding sources:

- ▶ Increases in state allocations to the Pensacola Housing Authority could help support the expansion of supported housing, Section 8/Housing Choice vouchers and emergency housing. Stakeholders expressed the need for development of new 811 Project Based rental assistance.
- ▶ There is an opportunity to collaborate with the Florida Housing Finance Corporation, Escambia County and City of Pensacola and Greater Pensacola Chamber of Commerce to explore incentives for developers that construct permanent supported housing.
- ▶ The Bureau of Justice Assistance (BJA) provides regularly available grant funding in support of a range of intervention services and supports for which BH providers can apply. One such recent funding opportunity is the Adult Treatment Court Grant Program. Through this opportunity, BJA seeks applications for funding to plan, implement and enhance substance use treatment courts, including service coordination, management of treatment court participants, fidelity to the model and recovery support services. Services and programs can receive up to \$900,000 per award for planning and implementation, including no-cost training and technical assistance (TTA). Up to \$1 million can be awarded for enhancement, including no-cost TTA. Up to \$2.5 million can be awarded for initiatives, including no-cost technical assistance.

- ▶ Medicaid covers transportation for eligible individuals to and from the doctor's office, the hospital or another medical office for Medicaid-approved care. This coverage is called "non-emergency medical transportation." The BH providers and other Task Force members could identify transportation companies willing to provide this service and ways to increase awareness of access to this resource for eligible individuals.

The following pages provide more details on the proposed considerations, including additional actions to take along with leading national practices for reference.



5.1 Expand permanent supported housing

While the Task Force has a primary focus on the BH continuum of care for Santa Rosa and Escambia counties, the impact of homelessness and the shortage of affordable and safe housing for the population of individuals with behavioral health needs has implications for BH quality of care.

There is an opportunity to develop more supported housing options for residents, including access to desired BH services. Currently, in Santa Rosa and Escambia counties, there are 2,539 units of state-funded supported housing (Housing Choice and Section 8) with a waiting list of 1,345 for housing vouchers and 203 Veterans Affairs Supported Housing (VASH) program vouchers. There is one 14-unit Section 811 Project Based development in Santa Rosa County.

Based on available information, there does not seem to be a plan for developing new affordable housing developments in Escambia County. The Florida Housing Finance Corporation could explore a state allocation to support the development of more affordable housing. Housing First is an approach that prioritizes the provision of permanent supported housing (PSH) for people experiencing homelessness. State-funded housing vouchers could be used to flexibly provide rental assistance for eligible individuals who are unhoused with BH needs.

Actions and next steps to consider:

- ▶ Housing Authority and organizations that operate Homeless Programs should consider further advocacy for state legislative funding allocation for the Housing Authority that can help provide access to more PSH rental assistance vouchers.
- ▶ The Pensacola Housing Authority and the Florida Housing Finance Corporation in partnership with BH community providers could collaborate to increase the availability of state-funded housing vouchers for the population of homeless individuals with a severe and persistent mental illness (SPMI) and seek additional state and federal housing allocations for PSH and emergency housing.
- ▶ With funding for an additional Projects for Assistance in Transition from Homelessness (PATH) team, a BH provider could prepare housing applications, support subsequent placement, and provide ongoing case management and

Photo credit:
University of West Florida

Leading practice

**Union Mission
Greater Savannah area, Georgia**

Since its founding in 1937, Union Mission has grown from a small soup kitchen to a multi-facility organization serving the homeless population of the greater Savannah area. Today, Union Mission provides emergency shelter, permanent supportive housing, behavioral health services, support for people living with HIV/AIDS, and employment and educational services. Through its programs, individuals and families acquire the tools they need to lift themselves out of homelessness and into a brighter future.

Homeless has a variety of causes – job loss, eviction, family tragedy, addiction, domestic violence, a major health condition, and more. Union Mission strives to empower and coach people toward excellence. Their programs seek to create an environment where individuals can thrive, and lives can be rebuilt. The ultimate goal is to encourage the growth of the individual and by doing so, permanently eliminate their homelessness.

Website: unionmission.org

Budget: Not publicly available

Leading practice

**Community First! Village
Austin, Travis County, Texas**

Community First! Village is a 51-acre master planned community with more than 500 micro-homes and RV/Park homes that provides affordable, permanent housing for individuals in the Austin area coming out of chronic homelessness. Community First! Village creates employment opportunities for residents through opportunities like selling goods at their farmers and community market or leading volunteer groups, and community members are also encouraged to get involved and visit Community First! Village to volunteer, shop, sponsor a home or attend an event. There are currently 339 formerly homeless neighbors now living in Community First! Village, and since 2021, residents have earned more than \$1.2 million in dignified income through Community Works and other opportunities.

Website: mlf.org/community-first

Budget: Mobile Loaves and Fishes Inc. (which manages Community First! Village) had a budget of almost \$16 million in 2020 (ProPublica).

5.2 Expand Mental Health Treatment Courts (MHTCs), also known as Accountability Court or Diversion Court

An MHTC is staffed with peer specialists and treatment coordinators (BH clinicians) who provide services and supports to individuals needing court-ordered BH treatment. The program allows nonviolent offenders who have behavioral health needs to be appropriately deferred from incarceration and into court-ordered BH treatment. According to stakeholders, there is an opportunity to expand programs that divert people with behavioral health needs away from the criminal justice system and into appropriate treatment. MHTCs are a wraparound support that could assist with meeting the BH needs of justice-involved individuals in the EscaRosa region.

Actions and next steps to consider:

- ▶ A lead BH provider could partner with the existing judicial office involved in oversight of the First Judicial Circuit for Escambia County T.E.A.M. (Teaching, Education, Accountability, and Motivation Court For Special Needs Offenders –Mental Health) Court civil court judges and the local Escambia-Santa Rosa Bar Association. These members, along with mental health peer, advocacy and community representatives could collaborate to support a Santa Rosa County Mental Health Court.
- ▶ Develop and execute a Memorandum of Understanding (MOU) between all parties and update annually as needed.
- ▶ National Drug Court Institute and SAMHSA offer resources that support states in reducing recidivism of offenders with BH needs.

Photo credit:
University of West Florida



Leading practice

**Broward County Mental Health Court
Fort Lauderdale, Broward County, Florida**

Broward County established the first mental health court in the US in 1997 with the goal of improving interactions between the criminal justice and mental health systems and connecting individuals to the mental health resources they need. Broward County initially established a misdemeanor mental health court but has since expanded to also have a felony mental health court so it can treat more individuals. Research has found that mental health courts can lead to fewer jail bookings, greater numbers of treatment episodes, more favorable interactions between the legal system and individuals, and less likelihood of an individual incurring new charges or being arrested compared to a similar group of individuals that did not access a mental health court.

Website: 17th.flcourts.org/11-mental-health-county-court

Budget: Not publicly available

Leading practice

**Cobb County Mental Health Court
Georgia**

Mental Health Court is a 24-month minimum, voluntary, pre- or post-plea, judicially supervised treatment-based program for individuals with a documented mental health diagnosis.

The Cobb County Mental Health Court strives to improve mental health, promote self-sufficiency, reduce recidivism, and offer cost-effective alternatives to incarceration and hospitalization. A Mental Health Court represents an effort to increase effective cooperation between two systems that have traditionally not worked closely together – the mental health System and the criminal justice system. The program will hold participants accountable while assisting them in achieving long-term stability, becoming successful family/community members, and remain law-abiding citizens.

Website: <https://www.cobbcounty.org/courts/superior-court/administration/accountability-courts/mental-health-court>

Budget: Not publicly available

5.3 Non-emergency transportation assistance program

Stakeholders throughout Escambia and Santa Rosa counties identified the need to improve transportation to and from behavioral health and primary health non-emergency care appointments. There is a void in this type of wraparound support, causing individuals who do not have access to private transportation and are relegated to public transportation (which seems to be limited in the region) to miss appointments. For the BH system to effectively deliver care, individuals must be able to get to and from their medically necessary appointments.

Actions and next steps to consider:

- ▶ Many state Medicaid plans include non-emergency transportation for enrolled individuals who have no other means of transportation to be transported to services covered under the Medicaid program.
- ▶ Exploration of a procurement for this service may be necessary given the void. There are non-emergency transportation companies in other Florida regions that could be approached for contracting.
- ▶ Additional transportation companies could be recruited and contracted by NWF Health Network to increase availability and accessibility.
- ▶ Consider expanding telehealth options to expand access to services in compliance with state regulations.

Leading practice

HealthTran, led by the Missouri Rural Health Association 3 regions encompassing 18 counties, Missouri

HealthTran is a volunteer program that helps close the transportation gap for individuals in rural Missouri by allowing them to schedule rides to and from health and wellness visits. HealthTran is led by the Missouri Rural Health Association, which works with local community members to connect health care, transit and volunteer organizations to implement the HealthTran model, which creates a one-stop online platform where rural residents can schedule rides to their health care appointments and are often driven by a volunteer. HealthTran saw significant growth during its pilot period from 2014-2017, with monthly riders increasing from four in the first month of implementation to a peak of 365 riders in April 2016, and now the program is being implemented in 18 counties across Missouri and looks to expand.

Website: mrhassociation.org/healthtran

Budget: MRHA had a budget of approximately \$450,000 in 2020 (ProPublica).

5.4 Medicaid Eligibility Specialists

For individuals with behavioral health needs, the process of obtaining necessary entitlements can be challenging. Being found eligible for entitlements can mean the difference between unhoused or housed status and opens access to covered services. Across the Santa Rosa and Escambia Counties there is a need for dedicated, trained staff who are tasked with increasing individual's access to benefits. State mental health authorities that provide funding for Medicaid Eligibility Specialists are addressing the challenge of eliminating barriers to entitlements access. Medicaid Eligibility Specialists are SSI/SSDI Outreach, Access, and Recovery (SOAR) trained staff who work in hospitals and BH community-based clinics, and supported housing programs providing assistance to individuals in completion of entitlement applications.

Actions and next steps to consider:

- ▶ Provide funding for a hospital and community-based MESs
- ▶ Hire staff and obtain S.O.A.R. training



Photo credit:
University of West Florida

Building capacity

Goal: The EscaRosa region has robust capacity to support a full continuum of care, including a skilled workforce, modernized data systems and impactful communications.



This second foundation of the strategic framework focuses on building the underlying capacity needed for all system-wide enhancements. The above areas of focus for capacity building were consistent themes in stakeholder conversations. As with the previous section, possible actions, next steps and funding sources are shared for consideration. Further evaluation of these and other opportunities is encouraged to optimize the BH continuum of care in the EscaRosa region.



1. Enhancing workforce availability

Among stakeholders' top concerns is the need for more credentialed behavioral health professionals who are prepared to provide high-quality care across the continuum of care. The region does have a solid baseline upon which to grow the BH workforce. Based on available data, there are almost 40 psychologists and 15 psychiatrists per 100,000 people in Escambia County in particular (Lightcast 2022; US Census 2021, adapted by EY, 2023). Like many other industries and sectors locally and nationally, there is a need to continually cultivate a skilled, educated workforce to meet consumer demand.

Enhancing workforce availability involves attracting, developing and retaining more professionals across the talent pipeline from students to BH professionals with multiple years of experience. Providing a competitive compensation package is necessary to recruit and retain BH professionals. Stakeholders have expressed challenges in their ability to offer attractive salaries in part because of an existing Medicaid reimbursement rate that does not support the cost-of-service delivery.

The University of West Florida (UWF) College of Health has a board of advisors that includes area hospitals, BH service providers and other educational partners. Many of the organizations represented on the board are also members of the Task Force. The creation of a board behavioral health committee focused on understanding and addressing BH workforce needs could be valuable in the exploration of the possible initiatives listed below and other opportunities, as well as coordinating efforts among employers, educational institutions and other participating organizations.

Below are proposed initiatives and possible funding sources to help workforce efforts in the EscaRosa Region:

Initiatives:

- ▶ Develop a regional undergraduate and graduate assistantship.
- ▶ Enhance training for existing BH professionals and others.
- ▶ Create a regional behavioral health talent attraction initiative.

Possible funding sources:

- ▶ SAMHSA provides regularly available grant funding in support of a range of BH services and supports for which BH providers can apply. One such recent funding opportunity is the Minority Fellowship Program. The purpose of this program is to recruit, train and support master's and doctoral level students in behavioral health care professions by: (1) increasing the knowledge of mental and/or substance use disorder behavioral health professionals on issues related to prevention, treatment and recovery support for individuals who are from racial and ethnic minority populations and have a mental or substance use disorder; (2) increasing the number of culturally competent mental and substance use disorders professionals who administer services and provide direct mental and/or substance use disorder services to racial and ethnic minority populations. The anticipated award amount is up to \$1,967,863 per year.

- ▶ BH providers may consider becoming a National Health Service Corps (NHSC) member site to receive funding support for scholarships and loan repayment. The NHSC also offers loan repayment programs through specific educational institutions for students pursuing certain health professions degrees.
- ▶ A regional workforce development fundraising campaign that includes a pilot initiative for BH talent attraction could be explored.

The following pages provide more details on the proposed considerations, including additional actions to take along with leading national practices for reference.



1.1 Develop a regional undergraduate and graduate assistantship

Establishing a regional assistantship for those seeking undergraduate and graduate degrees in behavioral health-related fields, such as psychology and social work, could help attract and retain more aspiring and experienced BH professionals. This could be done in partnership with hospitals and other providers. The assistantship could provide an array of benefits to undergraduate and graduate students, including scholarships and fellowships, housing stipends, internships and other work-based learning, as well as loan forgiveness. Such a program could also help attract more entry-level and experienced BH professionals to the region.

Actions and next steps to consider:

- ▶ The UWF BH workforce committee in collaboration with the Task Force could explore and plan the development of the assistantship, as well as define the roles and contributions of each partner to bring it into fruition.
- ▶ BH providers may consider becoming National Health Service Corps (NHSC) member sites to receive funding support for scholarships and loan repayment by meeting certain eligibility criteria.
- ▶ The NHSC also offers loan repayment programs through specific educational institutions for students pursuing certain health professions degrees.
- ▶ The UWF BH workforce committee could assist with applications to the NHSC and other funding sources.
- ▶ If the assistantship moves forward, consideration could be given to marketing the opportunity as part of a regional BH talent attraction effort (as described on page 45).
- ▶ Task Force members in partnership with DCF and DMAS could explore facilitation of a Medicaid rate study and cost analysis. Outcomes could be used to make appropriate rate adjustments.

Photo credit:
Pensacola Christian College

Leading practice

Hogg Foundation for Mental Health - Funding Opportunities Texas (provides funding opportunities around the state)

The Hogg Foundation provides funding and support to communities and individuals across Texas to strengthen conditions that support mental health and eliminate conditions that harm mental health. It offers several grants and scholarships to encourage students, especially students of color, to pursue careers in behavioral health, including the Ima Hogg scholarship for students pursuing a master's degree in social work, the Stephany June Bryan: Bold Spirit of Achievement Scholarship for people of color personally impacted by mental health challenges, and the Harry E. and Bernice M. Moore Fellowship that provides \$20,000 in funding to a doctoral student at the University of Texas at Austin who is working on dissertations related to the mental health needs of Texans. Since October 2017, the Hogg Foundation for Mental Health has awarded almost \$5 million in scholarships for students studying to become behavioral health professionals across the state.

Website: hogg.utexas.edu

Budget: Not publicly available

Photo credit:
University of West Florida

1.2 Enhance training for existing BH professionals and others

A behavioral health workforce can be composed of licensed clinical providers, certified providers and unlicensed, non-certified (paraprofessional) providers. Licensed clinical BH providers include psychiatrists, psychologists, advanced practice psychiatric nurses, nurse practitioners, social workers, licensed professional counselors, marriage and family therapists, licensed addiction counselors, and other licensed providers. There may also be certified BH providers (e.g., certified addiction counselors, prevention specialists, peer recovery specialists) who can provide direct care to clients and/or support the licensed providers.

Cross-training, or task-shifting, to equip behavioral health professionals and others with the knowledge and skills needed to support varying levels of care delivery, including therapeutic interventions, is a workforce expansion opportunity to explore. This type of training often involves employing a psychiatric/mental health technician to augment required staffing patterns and the delivery of basic support duties.

Actions and next steps to consider:

- ▶ The UWF BH workforce committee in collaboration with the Task Force could develop a regional training program to increase the number of behavioral health care, licensed or unlicensed staff working in it.
- ▶ Establishing a shared tracking method (possibly as part of an interagency reporting system discussed on page 29) could help enhance understanding of BH workforce needs on an annual or semi-annual basis.
- ▶ Participating colleges, universities and training centers could create, update and/or expand related programs and modules to train and upskill BH professionals. Professional associations, such as the American Psychological Association (APA), National Association of Social Workers (NASW) and others have continuing education programs and resources that could be integrated into the enhanced training.

Leading practice

John H. Magill SC School Behavioral Health Academy South Carolina

The John H. Magill SC School Behavioral Health Academy received \$3.2 million in the fall of 2022 to fund its efforts for two years, which includes developing and deploying an online learning system, resource mapping and needs assessments for certain regions, and enhanced training for educators. These trainings and learning opportunities are designed to enhance knowledge of mental health for educators at all levels, from superintendents to maintenance staff, which will allow them to proactively and more effectively identify and support students with mental health issues. The program was started in recognition that students and adolescents need more mental health care and support, particularly after the COVID-19 pandemic, and that the education system could learn and implement skills and knowledge related to behavioral health without having to pursue an associate's or bachelor's degree. Online learnings are available to educators for free.

Website: scsbha.org

Budget: Not publicly available

Photo credit:
University of West Florida

1.3 Create a regional behavioral health talent attraction initiative

Local hospitals and providers who employ BH professionals are actively seeking to recruit and retain the workforce they need to provide quality services across the continuum of care. A coordinated talent attraction initiative between BH service providers and partners could contribute to an enhanced professional workforce consisting of undergraduate and graduate students, entry-level practitioners, and experienced professionals and leaders. In addition to marketing the EscaRosa region as a great place for BH professionals to work and enjoy life, this type of campaign could be supplemented by a variety of incentives that could include tuition assistance and reimbursement, housing vouchers and behavioral health benefits for the professionals themselves. The campaign could be developed as a pilot that expand over time to address other health occupations, and possibly other industries (advisory.com/daily-briefing/2022/03/03/employee-benefits).

Actions and next steps to consider:

- ▶ See above SAMHSA grant.
- ▶ The Greater Pensacola Chamber of Commerce could play a leading role in piloting this initiative in collaboration with Task Force members. Consider aligning with other community-wide talent attraction efforts as well.
- ▶ It could be helpful to collaborate with service providers to understand current talent acquisition efforts, as well as target colleges/universities and geographies for marketing efforts.
- ▶ With an understanding of current talent acquisition efforts underway by the organizations that employ BH talent, a collective talent attraction marketing plan could be developed, including identification of effective communication channels for target higher education institutions and markets.
- ▶ Communication channels could include social media, internet advertising and content streaming platforms, with information disseminated by colleges and universities, among other conduits.
- ▶ Determine potential financial and other incentives that could be leveraged to generate additional interest among BH professionals to relocate to and/or stay in the greater Pensacola community.

Leading practice

Greater Fargo Moorehead Economic Development - Workforce Marketing Campaign Fargo Moorhead region (Cass County, North Dakota and Clay County, Minnesota)

Through a North Dakota state grant, the Greater Fargo Moorehead Economic Development Corporation (GFMEDC) launched a targeted marketing plan focused on occupations in health care and manufacturing. GFMEDC conducted occupation focus groups to understand the interests of those working in the target industries and to develop a marketing plan that takes their preferences into consideration. The organization identifies and gathers information on candidates and cultivates connections trust through two-way email communication that supports their decision to move to the region. The campaign has a YouTube channel and two dedicated websites - one that provides a comprehensive overview of working and living opportunities (liveinfmarea.com), and another that provides a virtual tour of the community assets, such as recreation and entertainment, neighborhoods, education and health care). Beyond virtual engagement a live event was hosted in Minneapolis, MN.

GFMEDC has set a goal to fill an additional 300 open positions and attract up to 1,000 people in the market through the campaign. The organization also has talent retention partnership with Campus FM (campus-fm.org), which is an initiative that seeks to grow the metro area's workforce by retaining more college students.

Website: gfmedc.com

Budget: Initial investment for the workforce attraction initiative is \$600,000 (\$450,000 from through the state grant and \$150,000 from a GFMEDC fundraising campaign).

2. Strengthening technology and systems

There are essential systems needed to bolster the capacity and quality of behavioral health service delivery in the greater Pensacola community. Stakeholders shared a desire to improve data technology platforms. In particular, BH service providers seek more efficient ways to share individuals' data in a manner that is seamless and meets HIPAA guidelines. DCF plays a vital role in the management of data and measurement of outcomes and will likely be actively engaged in this effort.

Below are proposed initiatives and possible funding sources to help support technological efforts in the Escarosa region:

Initiatives:

- ▶ Improving interoperability and data sharing

Possible funding sources:

- ▶ Funding for some state Health Information Exchange (HIE) activities is already available to states through the Medicaid Electronic Health Records (EHR) Incentive Program as authorized by the American Recovery and Reinvestment Act (ARRA).
- ▶ DCF state funds could be legislatively allocated to support improvements in the region's BH data management system.

The following pages provide more details on the proposed considerations, including additional actions to take along with leading national practices for reference.



2.1 Improving interoperability and data sharing

Developing more effective interoperability to provide better information and data sharing among behavioral health, physical health and social service providers, as well as related government authorities, could contribute to a more optimal continuum of care. Better data integration could improve patient care, according to multiple stakeholders. This could entail implementing HIPAA-compliant information-sharing agreements among behavioral health, law enforcement/justice system entities and other partners.

There is also an opportunity to better integrate data around BH workforce supply and demand. An updated data system could also include inputs on provider workforce needs and the number of individuals who have acquired qualifying credentials and experience to fill various BH roles.

Actions and next steps to consider:

- ▶ Efforts to maximize the existing data warehouse could be taken. Enhancing the partnership with Strategic Health Intelligence, and its Health Information Exchange (HIE), so that more BH providers can become affiliated partners could be a valuable step.
- ▶ Further partnership with Strategic Health Intelligence for BH data portal and dashboard development to support BH outcomes sharing and real time data reporting.
- ▶ Explore expansion of access to BH data for eligible providers and partners.
- ▶ Engaging professional services firms with health data and information technology specializations could be a vital step toward designing an integrated BH data system that meets the needs of BH providers and professionals, and the individuals they serve. This kind of system may have broader public health applications that could generate an even greater impact.
- ▶ Activation of data-sharing agreements could be enacted between law enforcement, EMS and BH agencies specific to the target population. Consideration for EHR interface/allowable PHI data is needed.
- ▶ Collaborating with colleges, universities and workforce development partners that have established access to large data systems can bolster BH workforce analysis and advance related data-sharing efforts.
- ▶ Leveraging the UWF Health Center state-level data dashboard is also a possibility.

Leading practice

Georgia Collaborative Administrative Services Organization (ASO) Georgia

Made up of three partner companies, including the Georgia Crisis and Access Line, Carent Behavioral Health and Qlarant, the Georgia Collaborative ASO seeks to promote integrated behavioral health and developmental disability support services within the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) network of providers. The Georgia ASO is a repository of all data from DBHDD-contracted service providers statewide, inclusive of service delivery and outcomes. One key aspect of the Georgia Collaborative ASO's work is that they conduct several annual reviews that gather data on the availability and quality of behavioral health care, crisis stabilization, and intellectual and developmental disability services across the state. These reports consist of aggregated information from a variety of providers across the state to help the DBHDD and network of providers better understand how they are collectively meeting the needs of residents, as well as areas where they can improve in terms of service quality and delivery for patients of all ages in Georgia.

Website: georgiacollaborative.com

Budget: The Georgia DBHDD total budget was \$1.4 billion in 2020; its administrative budget (including ASO) was \$2.3 million in 2021 (georgia.gov).



3. Expanding access and awareness

Stakeholders stated that limited accessibility to affordable behavioral health care programs and services, as well as limited knowledge of those offerings, are challenges for many residents. While there are numerous areas that can be improved and expanded in the continuum of care, there are also existing valuable programs and resources that may not be reaching those who need them due to lack of awareness and other factors.

Below are proposed initiatives and possible funding sources to help support accessibility and awareness efforts in the EscaRosa region:

Initiatives:

- ▶ Broaden community public information campaign

Possible funding sources:

- ▶ SAMHSA provides regularly available grant funding in support of a range of BH services and supports for which BH providers can apply. A recent funding opportunity is the Mental Health Awareness Training Grant. The purpose of this program is to provide education on resources available in the community for individuals with a mental illness and other relevant resources, including how to establish linkages with school and/or community-based mental health agencies. Anticipated award amount: up to \$200,000 per year.
- ▶ Funds could be prioritized to support a targeted BH media campaign that seeks to improve public awareness, provision of information and de-stigmatization of help-seeking.

The following pages provide more details on the proposed considerations, including additional actions to take along with leading national practices for reference.

Photo credit:
University of West Florida



3.1 Broaden community public information campaign

Building upon the Task Force's current efforts to raise awareness around mental health and substance misuse can further advance the information and awareness campaign for the EscaRosa region. Creating public service announcements (PSAs) to help disseminate useful information on behavioral health through targeted, customized messaging for youth and adult audiences, as well as individuals from diverse cultural backgrounds, can contribute to greater access and awareness. Outlets to consider include radio, television, movie theaters, billboards, social media platforms and internet ads.

Actions and next steps:

- ▶ Task Force members could evaluate the effectiveness of the initial community campaign and coordinate with NWFHN to develop the next iteration of the campaign.
- ▶ Marketing, public relations and communications professionals from the hospitals and agencies could be invited to join the workgroup and assist with audience segmentation, identification of communication channels, content development and dissemination.
- ▶ Partnering with a professional services firm with marketing and public relations capabilities could also be considered.

Leading practice


Ad Council Mental Health Initiative United States (Nationwide)

The Ad Council has launched a multiyear Mental Health Initiative in partnership with the Huntsman Mental Health Institute. The council has experience with customized local mental health-related campaigns designed to reach a variety of age groups and communities. "Seize the Awkward" is one campaign it has sponsored that targets young adults. Through a series of PSAs distributed via online videos and social media the campaign shares tips, guides and resources to encourage young people to seek help, as well as encourage others to do so, when they need to understand and process a variety of emotions they may be navigating.

Another Ad Council campaign, "Don't Wait, Reach Out," aims to help reduce suicide rates among US military veterans. The campaign's website (va.gov/reach) makes guidance and support services more accessible, and provides resources for the family members and friends of veterans. Recent PSAs are specifically targeted to women and older veterans.

Website: adcouncil.org

Budget: The Ad Council campaign has a budget of \$65 million to support a variety of mental health and substance misuse campaigns.



Implementation roadmap

Overview

The future state strategic plan presents numerous opportunities to expand or improve upon the substantive work that is already underway in the area of behavioral health services, programs and support. The collaboration that has been fostered by the Task Force and other groups has played a significant role in the development of the BH continuum of care. Coordination and alignment around vital services and initiatives will contribute to elevated quality and results that benefit the health and wellbeing of individuals and families in the Escara Rosa region.

The following implementation roadmap is intended to serve as a guide and working draft for future collaborative efforts. Specific actions, timeframes and partners may differ from what is listed, or change as a result of ongoing due diligence and planning. The Task Force is considered a valuable asset and conduit for continued and enhanced collaboration and alignment. Grant writing, funding advocacy and other efforts to secure financial resources may be relevant to numerous services, programs and initiatives.

As the region's behavioral health managing entity, NWF Health Network is well-positioned to serve as the "lead navigator" for the advancement of the strategic plan. In this role, NWFHN could work closely with lead and supporting partners by providing guidance, coordination and resources across the service areas and initiatives. The level of support from the lead navigator for each of the service areas and initiatives could be customized based on the capacity and capabilities of the lead partners.

The plan and the roadmap could be updated periodically based on new data, emerging insights and changing conditions within the behavioral health landscape.

Optimizing the continuum of care

Prevention



Services and programs	Actions, next steps and timeframes	Lead partners	Supporting partners
<p>Expand school-based and community-based prevention services and programs</p>	<ul style="list-style-type: none"> ▶ Interagency mental health and wellness events, <u>2023 (Ongoing)</u> ▶ Explore hosting events during Red Ribbon Week, <u>2023 (Start)</u> ▶ Educational webinars for students in schools, and youth and adults in the community, <u>2024 (Start)</u> ▶ Increase bilingual communications translations, <u>2023 (Ongoing)</u> ▶ Prevention efforts can align with other plans, <u>2023 (Start)</u> 	<p>School-based</p> <ul style="list-style-type: none"> ▶ Escambia County Schools ▶ Santa Rosa County Schools <p>Community-based</p> <ul style="list-style-type: none"> ▶ Lakeview Center 	<ul style="list-style-type: none"> ▶ United Way of West Florida (UWWF) ▶ FL Department of Health (DOH) ▶ EscaRosa Suicide Prevention Coalition ▶ Escambia County Health Departments (CHD) ▶ Florida Department of Health-Escambia (FDOH) ▶ Hillcrest Baptist Church ▶ Share Your Heart ▶ Gulf Coast Kids House ▶ Gulf Coast Minority Chamber of Commerce (GCMCC)

Optimizing the continuum of care

Prevention, *continued*



Services and programs	Actions, next steps and timeframes	Lead partners	Supporting partners
<p>Establish a regionwide, substance use disorder (SUD) prevention initiative</p>	<ul style="list-style-type: none"> ▶ Integrated into Red Ribbon activities, <u>2023 (Start)</u> ▶ Consider Sources of Strength for school activities, <u>2023 (Start)</u> ▶ Enhance coordination efforts for SUD prevention programs, <u>2024 (Start)</u> ▶ Conduct needs assessment, <u>2024 (Start)</u> ▶ Distribute Naloxone kits to emergency responders, <u>2024 (Start)</u> ▶ Collaborate efforts for a warm line call center, <u>2024 (Start)</u> ▶ Begin a partnership with NWFHN and NAMI to host peer warm line, <u>2024 (Start)</u> 	<ul style="list-style-type: none"> ▶ Lakeview Center ▶ National Alliance on Mental Illness (NAMI) 	<ul style="list-style-type: none"> ▶ Santa Rosa County Health Department ▶ UWWF/211 ▶ Gulf Coast Kids House ▶ FL DOH ▶ Achieve Healthy EscaRosa ▶ ER Suicide Prevention Coalition ▶ Escambia CHD ▶ FDOH-Escambia

Intervention



Services and programs	Actions, next steps and timeframes	Lead partners	Supporting partners
Enhance co-responder capabilities	<ul style="list-style-type: none"> ▶ Collaborate with Escambia and Santa Rosa county police departments to conduct a needs assessment for enhanced capabilities, <u>2023 (Start)</u> ▶ Partner with NAMI and DCF, <u>2024 (Start)</u> 	<ul style="list-style-type: none"> ▶ Pensacola Police Department ▶ Escambia County Sheriff's Office ▶ Santa Rosa County Sheriff's Office ▶ Lakeview Center 	<ul style="list-style-type: none"> ▶ Escambia County Veterans Court
Implement Transitional Residential Treatment (TRT)	<ul style="list-style-type: none"> ▶ Expansion of short-term residential sites, <u>2024 (Start)</u> ▶ State plan for residential rehabilitation as a reimbursable service, <u>2024 (Start)</u> 	<ul style="list-style-type: none"> ▶ Lakeview Center 	<ul style="list-style-type: none"> ▶ <i>To be determined (TBD) by Lakeview Center and NWF Health Network</i>
Expand Community Action Team (CAT) and Link, Engage, Assess, Plan (LEAP)	<ul style="list-style-type: none"> ▶ Evaluation of current CAT and LEAP programs, <u>2023 (Ongoing)</u> ▶ Seek to establish a CAT and LEAP team for each county, <u>2024 (Start)</u> ▶ Allocate funding for multiple LEAP teams to support Escambia County and Santa Rosa County, <u>2024 (Start)</u> 	<ul style="list-style-type: none"> ▶ Lakeview Center 	<ul style="list-style-type: none"> ▶ ER Suicide Prevention Coalition (ERSP)

Intervention, *continued*



Services and programs	Actions, next steps and timeframes	Lead partners	Supporting partners
<p>Expand behavioral health and primary health care integration</p>	<ul style="list-style-type: none"> ▶ Pursue a medication assistance program (MAT), <u>2023 (Start)</u> ▶ Increase mobile medical van coverage in Santa Rosa and Escambia counties, <u>2024 (Start)</u> ▶ Increase hiring of BH staff (peer specialists, clinicians) and primary care staff (nurse, physician) dedicating resources, <u>2024 (Start)</u> 	<ul style="list-style-type: none"> ▶ Community Health of NW Florida (FQHC) 	<ul style="list-style-type: none"> ▶ <i>TBD by FQHC and NWF Health Network</i>
<p>Implement Partial Hospitalization Program (PHP)</p>	<ul style="list-style-type: none"> ▶ Develop PHP operational guidance, <u>2024 (Start)</u> ▶ Invest in staffing for clinical and peer staff, <u>2024 (Start)</u> ▶ Implement a PHP, <u>2024 (Start)</u> 	<ul style="list-style-type: none"> ▶ HCA Florida West 	<ul style="list-style-type: none"> ▶ <i>TBD by HCA Florida West and NWF Health Network</i>

Crisis



Services and programs	Actions, next steps and timeframes	Lead partners	Supporting partners
<p>Establish a community-based Behavioral Health Crisis Center (BHCC)</p>	<ul style="list-style-type: none"> ▶ Community BH provider lead agency pursues start-up funding to support a behavioral health crisis center, <u>2024 (Start)</u> ▶ Facilitation of policy development to support the BHCC development, <u>2024 (Start)</u> ▶ Hiring of peer specialists, nurses and other staff, and facility identification, <u>2024 (Start)</u> 	<ul style="list-style-type: none"> ▶ Lakeview Center 	<ul style="list-style-type: none"> ▶ <i>TBD by Lakeview Center and NWF Health Network</i>
<p>Expand mobile response team</p>	<ul style="list-style-type: none"> ▶ Hire CPSs to work with licensed BH MRT staff, <u>2024 (Start)</u> ▶ Hire BH licensed staff with SUD and MH experience, <u>2024 (Start)</u> ▶ Increase awareness of how to access MRT, <u>2023 (Start)</u> 	<ul style="list-style-type: none"> ▶ Lakeview Center 	<ul style="list-style-type: none"> ▶ Florida Department of Juvenile Justice (DJJ) ▶ ERSP Coalition

Recovery



Services and programs	Actions, next steps and timeframes	Lead partners	Supporting partners
<p>Establish a drop-in center</p>	<ul style="list-style-type: none"> ▶ Establish BH provider and community organization for implementation, <u>2024 (Start)</u> ▶ Hire certified peer specialists for this center, <u>2024 (Start)</u> 	<ul style="list-style-type: none"> ▶ Lakeview Center 	<ul style="list-style-type: none"> ▶ ERSP Coalition ▶ Escambia CHD ▶ FDOH- Escambia
<p>Explore the development of clubhouses</p>	<ul style="list-style-type: none"> ▶ Evaluate clubhouse models for community implementation, <u>2023 (Start)</u> ▶ Planning and development with location partner, <u>2024 (Start)</u> ▶ Engage youth peers for employment or volunteers, <u>2024 (Start)</u> 	<ul style="list-style-type: none"> ▶ NAMI 	<ul style="list-style-type: none"> ▶ ERSP Coalition

Recovery, continued

Lead navigator: NWF Health Network

Services and programs	Actions, next steps and timeframes	Lead partners	Supporting partners
Expand peer support services	<ul style="list-style-type: none"> ▶ Increase enrollment of peers in existing CPS training, <u>2023 (Ongoing)</u> ▶ Seek additional state-funded CPS training, <u>2023 (Start)</u> ▶ Collaborate with partners to recruit and train more CPSs, and engage peer specialists in raising awareness around career opportunities, <u>2024 (Start)</u> ▶ Establish a forensic peer specialist certification, <u>2023 (Start)</u> 	<ul style="list-style-type: none"> ▶ NAMI ▶ Florida Department of Children and Families (DCF) 	<ul style="list-style-type: none"> ▶ Health and Hope Clinic ▶ Escambia Children’s Trust ▶ Florida DJJ ▶ ERSP Coalition

Wraparound support



Services and programs	Actions, next steps and timeframes	Lead partners	Supporting partners
Expand permanent supported housing	<ul style="list-style-type: none"> ▶ Develop state legislative funding plan, <u>2024 (Start)</u> ▶ Initiate collaboration between PHA, BH agencies and more to provide specific housing vouchers, <u>2023 (Start)</u> ▶ Set up case management for individuals utilizing PSH, <u>2024 (Start)</u> 	<ul style="list-style-type: none"> ▶ Pensacola Housing Authority ▶ Northwest Florida Homelessness Reduction Task Force 	<ul style="list-style-type: none"> ▶ Opening Doors NWFL ▶ ERSP Coalition
Establish Santa Rosa County Mental Health Treatment Court (MHTC)	<ul style="list-style-type: none"> ▶ Form court-judge and BH provider partnership, <u>2024 (Start)</u> ▶ Collaboration between BH and criminal justice groups, <u>2024 (Start)</u> ▶ Develop MOU between all groups, <u>2025 (Start)</u> ▶ Utilize national MHTC resources, <u>2025 (Start)</u> 	<ul style="list-style-type: none"> ▶ Santa Rosa County Court Judicial Circuit 	<ul style="list-style-type: none"> ▶ NAMI Pensacola ▶ Florida DJJ ▶ Escambia County First Judicial Circuit Court ▶ Santa Rosa County Circuit Court

Wraparound support, *continued*

Lead navigator: NWF Health Network

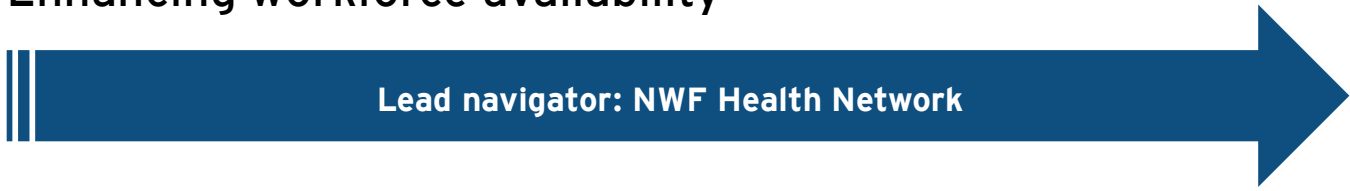
Services and programs	Actions, next steps and timeframes	Lead partners	Supporting partners
Non-emergency transportation assistance	<ul style="list-style-type: none"> ▶ Consider Medicaid plans for non-emergency transportation, <u>2024 (Start)</u> ▶ Identify resources for uninsured/non-Medicaid, medically necessary transportation support, <u>2024 (Start)</u> ▶ Develop procurement for new services, <u>2025 (Start)</u> ▶ Research possible telehealth expansion efforts, <u>2024 (Start)</u> 	<ul style="list-style-type: none"> ▶ DCF 	<ul style="list-style-type: none"> ▶ <i>TBD by DCF and NWF Health Network</i>
Medicaid Eligibility Specialists	<ul style="list-style-type: none"> ▶ Allocate funding for hospital and community-based MESSs, <u>2024 (Start)</u> ▶ Dedicate staff with S.O.A.R training, <u>2023 (Start)</u> 	<ul style="list-style-type: none"> ▶ DCF 	<ul style="list-style-type: none"> ▶ <i>TBD by DCF and NWF Health Network</i>

Performance metrics

Services and programs	Outcomes	Impacts	Data sources
Prevention	Increased number of student BH screening services	Decreased percentage of students entering elevated programs and services	<ul style="list-style-type: none"> ▶ Escambia County ▶ Santa Rosa County ▶ County school districts
Intervention	Increased number of people served via ACT, CAT, and LEAP	Decreased rates of recidivism for ACT-, CAT-, and LEAP-enrolled individuals	<ul style="list-style-type: none"> ▶ NWF Health Network ▶ Providers ▶ Strategic Health Initiative (HIE)
Crisis	Decreased rate of law enforcement response to BH crisis	Increased engagement with BH prevention and intervention services	<ul style="list-style-type: none"> ▶ Providers ▶ Strategic Health Initiative (HIE)
Recovery	Increased number of individuals engaged in drop-in and clubhouse services	Decreased rate of inpatient recidivism	<ul style="list-style-type: none"> ▶ Providers
Wraparound support	Increased funding for new and enhanced supports	Increased number of individuals served	<ul style="list-style-type: none"> ▶ Providers

Building capacity

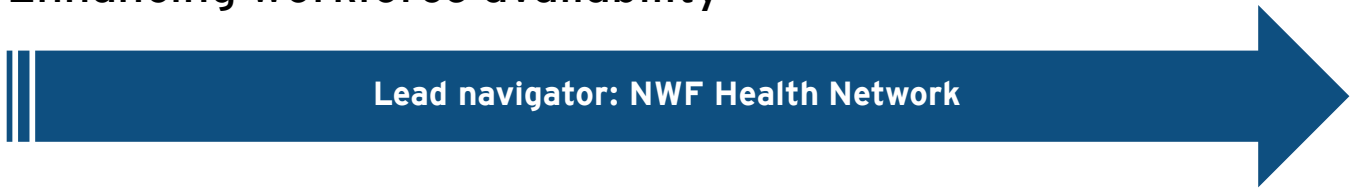
Enhancing workforce availability



Initiatives	Actions, next steps and timeframes	Lead partners	Supporting partners
<p>Develop a regional undergraduate and graduate assistantship</p>	<ul style="list-style-type: none"> ▶ Collaboration between UWF BH workforce committee and Task Force, <u>2023 (Start)</u> ▶ Providers pursue NHSC membership in collaboration with colleges and universities, <u>2025 (Start)</u> ▶ Exploration of NHSC loan repayment options, <u>2025 (Start)</u> ▶ UWF BH workforce committee can provide administrative oversight, <u>2025 (Start)</u> ▶ Talent attraction marketing, <u>2025 (Start)</u> ▶ Further group collaboration and cost analysis, <u>2025 (Start)</u> 	<ul style="list-style-type: none"> ▶ University of West Florida (BH workforce committee) ▶ Pensacola Christian College ▶ Pensacola State Community College ▶ Lakeview Center 	<ul style="list-style-type: none"> ▶ FDOH - Escambia

Building capacity

Enhancing workforce availability



Initiatives	Actions, next steps and timeframes	Lead partners	Supporting partners
<p>Enhance training for existing BH professionals and others</p>	<ul style="list-style-type: none"> ▶ Task Force collaboration with higher ed, workforce partners and providers to develop training programs, <u>2023 (Start)</u> ▶ Integrate workforce data sharing into interagency reporting system for the workforce, <u>2024 (Start)</u> ▶ Partnerships with colleges/universities to expand trainings, <u>2024 (Start)</u> 	<ul style="list-style-type: none"> ▶ University of West Florida ▶ Pensacola Christian College ▶ Pensacola State Community College 	<ul style="list-style-type: none"> ▶ Children’s Home Society of Florida (CHSFL) ▶ ERSP Coalition

Enhancing workforce availability, *continued*

Lead navigator: NWF Health Network

Initiatives	Actions, next steps and timeframes	Lead partners	Supporting partners
<p>Create a regional behavioral health talent attraction initiative</p>	<ul style="list-style-type: none"> ▶ Gather insights to understand current talent attraction and marketing efforts, as well as locations, <u>2023 (Start)</u> ▶ Pursue SAMHSA grant opportunities, <u>2023 (Start)</u> ▶ Coordinate with partners to plan initiative, <u>2024 (Start)</u> ▶ Align marketing and communications efforts with providers and higher ed institutions, <u>2024 (Start)</u> ▶ Identify media and communications channels, <u>2024 (Start)</u> ▶ Identify potential incentives for potential BH professionals, <u>2024 (Start)</u> ▶ Launch campaign, <u>2025 (Start)</u> 	<ul style="list-style-type: none"> ▶ Greater Pensacola Chamber of Commerce 	<ul style="list-style-type: none"> ▶ Landrum HR ▶ KontaktIntelligence ▶ MedCV ▶ VetCV, Inc.

Strengthening technology and systems



Initiatives	Actions, next steps and timeframes	Lead partners	Supporting partners
<p>Improving interoperability and data sharing</p>	<ul style="list-style-type: none"> ▶ Leverage the existing data warehouse, <u>2023 (Ongoing)</u> ▶ Utilize UWF Health Center state-level data dashboard, <u>2023 (Ongoing)</u> ▶ Explore expansion of access to BH data for eligible providers and partners, <u>2023 (Start)</u> ▶ Engage professional services firms with health data and information technology specializations, <u>2024 (Start)</u> ▶ Activate data-sharing agreements between law enforcement, EMS and BH agencies, <u>2024 (Start)</u> ▶ Collaborate with colleges, universities and workforce development partners on BH workforce supply and demand data, <u>2025 (Start)</u> 	<ul style="list-style-type: none"> ▶ Lakeview Center ▶ Achieve Healthy EscaRosa 	<ul style="list-style-type: none"> ▶ Strategic Health Intelligence, Health Information Exchange (HIE) ▶ Access Behavioral Health ▶ KontactIntelligence ▶ MedCV ▶ VetCV, Inc.

Expanding access and awareness



Initiatives	Actions, next steps and timeframes	Lead partners	Supporting partners
<p>Broaden community public information campaign</p>	<ul style="list-style-type: none"> ▶ Convene committee or project workgroup, <u>2023 (Ongoing)</u> ▶ Participation of marketing, PR and communications professionals, and partnerships with firms with relevant expertise, <u>2024 (Start)</u> ▶ Contract with a professional marketing firm, <u>2024 (Start)</u> 	<ul style="list-style-type: none"> ▶ Mental Health Task Force members 	<ul style="list-style-type: none"> ▶ ERSP Coalition ▶ FDOH - Escambia

Performance metrics

Services and programs	Outcomes	Impacts	Data sources
Workforce availability	<ul style="list-style-type: none"> ▶ Increase in number of behavioral health professionals (e.g., psychologists, LCSWs, CACs, APRNs) ▶ Retention of BH workforce in positions at the 12-month interval 	<ul style="list-style-type: none"> ▶ Percentage decrease of annual BH job vacancies 	<ul style="list-style-type: none"> ▶ Providers ▶ Human resources data
Technology and systems	<ul style="list-style-type: none"> ▶ Increased data sharing among BH hospital and BH community providers ▶ Implementation of data sharing MOAs 	<ul style="list-style-type: none"> ▶ Decreased redundancy in data collection ▶ Enhanced comprehensive, timely service provision 	<ul style="list-style-type: none"> ▶ NWF Health Network ▶ Strategic Health Intelligence (HIE)
Expanding access and awareness	<ul style="list-style-type: none"> ▶ PSAs disseminated through various channels (e.g., number of viewers, website visitors, social media impressions) ▶ Updated resource information for 211 	<ul style="list-style-type: none"> ▶ Increased community awareness of BH resources 	<ul style="list-style-type: none"> ▶ Estimated audience reach provided by media and advertising partners ▶ Social media platforms used ▶ Task Force-generated digital poll of residents (representative sample of community) to gauge awareness before and after elevated campaign elements




Conclusion



This project is evidence of Escambia County's and Santa Rosa County's ongoing commitment to providing access to high-quality behavioral health care for residents. The strategic alignment plan can help to reinforce the progress that is already being made to enhance the quality of mental health and substance misuse programs and services. The plan and supplemental roadmap provide opportunities and tangible steps to consider on the path toward actualizing an optimal continuum and fortifying collective capacity to achieve that aspiration.

The EscaRosa region has made considerable progress and is positioned to make an even greater impact in the provision of quality BH programs and services for all residents in the community.



Appendix: Summary of background research and discovery





National models and leading practices

Overview and considerations

Behavioral health continues to evolve as an area of increasing importance for public health and community development, and several models and practices have emerged as preferred methods due to their demonstrated impact.

This is in no way a comprehensive review of all models or leading practices in the field of behavioral health. The models and practices highlighted here were selected because they relate to themes and findings that emerged from stakeholder input and background research on the behavioral health landscape in the EscaRosa region. Future strategic plan development may be informed by these leading practices.

There are numerous states and communities with behavioral health operations that could be referenced. The following have been selected as noteworthy examples, and consideration was given to county population size when identifying specific leading practices (several of which are included in the strategic plan report). The locations highlighted in this report are:

- ▶ Alabama (Madison County)
- ▶ Florida (Manatee County)
- ▶ Georgia (Chatham County)
- ▶ Maryland (Howard County)
- ▶ Minnesota (Anoka County)

Certified Community Behavioral Health Clinic (CCBHC)

The Certified Community Behavioral Health Clinic (CCBHC) model aims to improve the availability, accessibility, quality and outcomes of outpatient mental health and substance use. CCBHC is a model established by the Substance Abuse and Mental Health Services Administration (SAMHSA) and integrates physical health with a range of mental health and substance abuse services to vulnerable individuals. It takes a broad view of behavioral health that encompasses mental and physical health, as well as socioeconomic status, housing situations and other social determinants of poor behavioral health (SAMHSA, 2022).

The program was established as a Medicaid demonstration and is operating in several states. The CCBHC model allocates funding to behavioral health providers to offer a comprehensive range of services to community members regardless of their ability to pay. Behavioral health providers operating the CCBHC model receive higher Medicaid reimbursements in exchange for offering comprehensive care services to individuals with complex needs. Some of those services include 24-hour crisis care along with comprehensive outpatient mental health and substance use disorder (SUD) treatment.

Providers nationwide can also become CCBHCs by applying for special grants from SAMHSA. The main difference is that grant funding is capped and runs out after a certain amount of time.

CCBHCs have demonstrated increased access to mental health and substance use care, increased availability of same-day appointments and expanded hours. Positive impacts on staffing have been achieved, including increasing the availability of mental health and substance use service workers. This is accomplished by enabling clinics to hire and retain vital staff, which has improved rates of initiation, engagement and follow-up for mental health and substance use care. CCBHCs have indicators of higher performance than non-CCBHCs on key behavioral health metrics. They have also shown to increase access to comprehensive, evidence-based services aimed at curbing the opioid crisis, including medication-assisted treatment (MAT).

According to the 2022 CCBHC Impact Report of the National Council for Mental Well Being, additional CCBHC outcomes include significant reductions in both hospitalizations and emergency department visits. CCBHCs play a pivotal role in closing access gaps for mental health assistance and substance use disorder treatment. The model offers the ability to flexibly focus care coordination and outreach strategies based on the needs and underserved groups in their local communities. CCBHCs successfully add a wide range of evidence-based practices, expanding the quality of services available.

Additionally, CCBHC implementation has revealed that individuals seeking services experience shorter wait times and have more opportunities to be seen than those who seek help from community clinics without the CCBHC designation. Further, CCBHCs more effectively collaborate with criminal justice agencies, coordinate care with hospitals and make MAT available to those suffering from opioid use disorder (OUD) (National Council CCBHC Impact Report, 2022).

Currently, there are more than 500 CCBHCs operating in 46 states, Washington, DC, Puerto Rico and Guam, with the Medicaid demonstration program extended through September 2023. Nationwide, the National Council – which represents nearly 3,500 member organizations – estimates that across all funding types, CCBHCs serve more than 2.1 million individuals per year (National Council CCBHC Impact Report, 2022).

The Lakeview Center located in Escambia County was awarded a CCBHC Implementation grant by SAMHSA in October 2022.

Leading practice

State spotlight: Alabama

Since 2020, Alabama has made significant investments in behavioral health services. In 2020, Governor Kay Ivey and the Alabama legislature allocated \$18 million to establish crisis centers in Montgomery, Mobile and Huntsville. In 2021, the Alabama legislature announced an additional \$6 million to establish a center in Birmingham, which opened in late January 2023 as the Craig Crisis Care Center. In 2022, funding was announced for new centers in Tuscaloosa in Dothan ([The Office of Alabama Governor Press Release](#), 2022).

WellStone - Huntsville, Madison County, AL

County population: 216,963 (US Census, 2021)

WellStone has locations in Huntsville and Cullman. As a comprehensive behavioral health care provider, it offers an array of services for adolescents and adults. Services include access to care screenings and assessments, outpatient and residential, substance abuse care and other medical assistance. In fiscal year 2021, WellStone provided \$3.5 million in uncompensated care to local residents and served more than 11,000 people dealing with mental illness, substance use disorder, housing, case management and more. In October 2022, WellStone was awarded a \$4.2 million grant from SAMHSA to implement the CCBHC model for care delivery in Huntsville. WellStone is the second facility in Alabama to receive a CCBHC grant. According to its website, it intends to use the funds to improve primary care in adult outpatient services, expand its mobile crisis capacity and create a veterans care coordinator position. WellStone is a non-profit community organization with an annual operating budget of approximately \$20 million. It employs more than 400.

Website: wellstone.com

Peer support

The stigma of behavioral health challenges continues to permeate society. Public stigma impacts individuals' willingness to disclose behavioral health needs, which can be a barrier to seeking help. The peer movement across the US has become an effective strategy for addressing stigma. Individuals with lived experience in behavioral health who are in recovery are trained to use their experience to dispel myths, provide education and increase awareness about recovery. The peer movement has led to training and the hiring of thousands of peers in behavioral health and forensic environments. Peer support services are Medicaid-billable (SAMHSA, 2023).

Many state and local behavioral health agencies have been successful in addressing some staffing needs via the peer workforce. The use of behavioral health-certified Peer Specialists (CPSs) supports recovery-oriented service delivery. Peers are trained to use their experience and skills to support individuals with behavioral health needs. Services provided by peer workers have proved to be highly effective and associated with a range of positive outcomes. (Mental Health America, 2019). A robust peer support program requires a standardized training approach as well as policies and contractual agreements that are inclusive of deliverables, performance expectations and data reporting.

On February 17, 2023, Governor Ron DeSantis announced plans for distribution of the Opioids Settlement Funds, which includes \$25.3 million for the expansion of recovery and peer support services in Florida ([MyFlorida.com](https://www.myflorida.com), 2023).

Leading practice

State spotlight: Maryland

Maryland Governor Wes Moore recently announced plans for his preliminary fiscal year 2024 budget, which includes \$1.4 billion to address behavioral health access and services across the state. Most of the funds, more than \$1.3 billion, will be allocated to direct support for mental health and substance abuse programs. \$616 million is dedicated to funding provider rate increases in behavioral health and other fields. As of the writing of this report, the Maryland legislature has gone into session and has several health-related bills to be considered. These include a bill that would require facilities offering behavioral health services to develop a discharge plan and estimated length of stay for patients (Maryland Preliminary FY 2024 Budget Plan, 2023).

Maryland Coalition of Families - Columbia, Howard County, MD County population: 334,529 (US Census, 2021)

Maryland Coalition of Families (MCF) is a nonprofit that offers services across the entire state to individuals and families experiencing behavioral health challenges. MCF offers family peer support services, which allow families experiencing behavioral health challenges to connect with others to offer emotional support, guidance and skill-building with those currently struggling. MCF also engages in advocacy efforts and provides families with guidance on how to engage with local and state elected officials to help influence mental and behavioral health policies in Maryland. While MCF offers services around the state, its primary location is in Howard County. MCF currently has approximately 50 employees and had a budget of approximately \$5 million in 2020-2021.

Website: mdcoalition.org

Integrated behavioral health and primary care

According to Mental Health America, people with behavioral health diagnoses die on average up to 20 years earlier than the general population of individuals without a behavioral health diagnosis. Research on the physical health of people with mental illness suggests that morbidity from certain physical health conditions is high in people with mental illnesses. In fact, mental illness can increase the risk of physical disease, as well as increase the rate of emergency department visits and hospital admissions for conditions that could be prevented with appropriate primary care treatment (Chesney E, Goodwin GM, Fazel S World Psychiatry, 2014).

Integrated primary care and behavioral health care involves co-location of primary health providers with behavioral health providers. This may take the form of a physician and nurse physically located within a behavioral health clinic. Specialists like psychiatrists, psychologists and clinical social workers may also physically locate within a primary care setting. The primary care and behavioral health providers work together with individuals to deliver comprehensive care that addresses mental health, substance use and physical health needs. In this model, behavioral health and physical health are intertwined, whereas medical and behavioral health services in the US are often delivered in separate, not well-coordinated systems. Integrated behavioral health and primary care can directly address this gap in the care.

Behavioral and primary health care integration can be a useful strategy to address racial, ethnic and geographic disparities. Integrated behavioral health and primary care models can address many of the barriers that disproportionately limit their use of behavioral health services. For example, being able to get behavioral health services in the office of a trusted primary care physician (PCP) can ease the stigma of seeking treatment, which often presents as a barrier to care for some racial and ethnic minority populations. In rural communities, where provider shortages tend to be severe, behavioral health and primary health integration can help increase access by leveraging providers more efficiently, incorporating telemedicine to fill gaps and promoting collaboration within community services.

In support of this model, there have been federal funding increases targeting primary and behavioral health integration programs. In addition, the Department of Health and Human Services (HHS) plans to pilot a new reimbursement model that supports the delivery of whole-person care through behavioral health integration and authorizes Medicaid reimbursement of inter-professional consultations so that PCPs can consult with specialists to support service delivery (HHS.gov, 2022).

Integrated behavioral health and primary care model implementation varies based on the environmental needs and resources. Therefore, a thorough environmental assessment is helpful as part of the strategic planning process. According to the National Academy of Medicine, certain components commonly include:

- ▶ Multi-disciplinary team service delivery involving multiple types of providers who collaborate to address a range of patient care needs
- ▶ Unified screening for common behavioral and physical health disorders, such as use of the PHQ-9
- ▶ Data sharing via an electronic health record (EHR) to support care coordination across providers
- ▶ Benchmarking of desired patient outcomes
- ▶ Partnership with social service and community services
- ▶ Person-centered care and an individual recovery plan (Components of the Next Generation of Integrated Care, 2020).

Leading practice

State spotlight: Florida

On February 1, 2023, Florida Governor Ron DeSantis announced plans for the 2023-2024 Framework for Freedom budget, which includes around \$531 million for behavioral health services. An estimated \$147.4 million of that total would come from the Opioid Settlement Fund. Governor DeSantis recommended that \$334 million of this funding be allocated toward treatment services including prevention services, MAT, recovery support and continued research, and surveillance activities to reduce overdoses, unemployment and incidences of hospitalization and becoming unhoused ([MyFlorida.com](https://www.myflorida.com), 2023).

Centerstone - Bradenton, Manatee County, FL

County population: 412,703 (US Census, 2021)

Centerstone is a national nonprofit health care provider that provides behavioral and health care and treatment for substance use disorders. Unlike other locations in Illinois, Indiana or Tennessee, in Bradenton, Centerstone has established the Cornerstone Behavioral Hospital and Addiction Center (also referred to as the Addiction Center). The Addiction Center serves both adults and adolescents through a variety of services, including inpatient and outpatient, crisis and wellness services, and addiction prevention. Unique aspects of Centerstone's Addiction Center include its comprehensive approach to behavioral health services. It offers services to all ages and includes many amenities not often available in treatment facilities like fitness and reading centers, meditation areas and individualized recovery plans. Another unique feature is Centerstone's focus on veterans and their families. Its military services include counseling (for individuals, couples and families), therapeutic retreats, employment counseling and support groups. Recently, Cornerstone completed a \$3 million renovation of the Addiction Center. The Addiction Center is located on 16 acres and with more than 450 employees, and the entire Cornerstone organization has an annual operating budget of around \$305 million.

Website: centerstone.org/locations/florida/facilities/centerstone-bradenton-hospital-and-addiction-center

Leading practice

State spotlight: Minnesota

Minnesota Governor Tim Walz recently announced budget plans for 2023, including significant investments into behavioral health. The budget contains a reference to reorganizing the state's Department of Human Services and transitioning the care of around 12,000 individuals into a new department that would specifically focus on support for child protection and aiding the elderly. The budget also includes millions of dollars for mental health crisis intervention and additional residential and outpatient services for both adults and adolescents. In addition, the budget allocates \$158 million to address the behavioral health needs of Minnesota's children and students. A bill was sponsored in early 2023 by Representative Kaela Berg that would provide \$475 million in funding over the next two years to fund additional support personnel for behavioral health in schools.

Mental Wellness Campaign - Anoka, Anoka County, MN

County population: 367,018 (US Census, 2021)

The Mental Wellness Campaign for Anoka County (MWCAC) was created in 2004 as part of a strategic initiative identified by a countywide Mental Health Strategic Plan. The purpose of MWCAC is to erase the stigma around behavioral health and seeking treatment in Anoka County. It shares a message that taking care of one's mental health is just as important as maintaining one's physical health. Through awareness, education and engagement, MWCAC hopes to promote recovery in mental illness in Anoka County through public relations. Its efforts include leading marketing and outreach campaigns to foster connections with community members and help them feel safe and comfortable asking for help. The campaign includes the Anoka Healthy Mind, Healthy Body Award which recognizes one individual each year for their work in advocating for behavioral health and reducing the stigma. The MWCAC is a small organization primarily led by volunteers and board members. Its annual operating budget is approximately \$25,000 (Mental Wellness Campaign for Anoka County (MWCAC), 2023).

Website: mwcac.org

Behavioral health and homelessness

Research indicates that approximately 20% of people who are unhoused have a diagnosis of a serious and persistent mental illness (SPMI). An estimated 50% of people who are unhoused have a co-occurring mental health/substance use disorder need, and 60% of people who are chronically unhoused have experienced behavioral health problems within their lifetime (SAMHSA, 2011).

Many states have implemented a range of solutions targeting the housing crisis for people with behavioral health needs. Components include a focus on community integration as an alternative to congregate housing, with emphasize on individuals with BH needs accessing housing that allows for interaction with the general public, as opposed to a congregate setting that houses individuals with behavioral health needs together. Many states have successfully implemented permanent supported housing solutions including Housing First and Rapid Re-housing. Some cities have piloted conversion of decommissioned train cars and shipping crates into independent housing and have converted unused hotels and office buildings into affordable housing or constructed tiny houses.

Data from the National Alliance to End Homelessness shows that some successful supported housing programs incorporate a unified referral process that allows a singular assessment process by multiple organizations (e.g., behavioral and physical health, criminal justice and social services) to gauge individual's needs. Operation of a singular, computerized platform that receives all supported housing assessments and referrals serves to expedite the referral process for accessing supported housing resources and placement. Additionally, operationalizing an assessment crosswalk analysis between homeless-serving agencies and behavioral health systems that incorporates risk factor predictive modeling could further close the gap through which unhoused individuals fall. Data sharing supports alignment of resource utilization and comprehensive service delivery for this population (National Alliance to End Homelessness, 2022).

Multiple housing assistance programs have been made available at local, state and federal levels, providing funding for various forms of supported housing. Rental assistance, HUD 811, the State Housing Trust Fund, housing vouchers and PSH Shelter Plus Care (S+C) are all types of rental assistance programs that are commonly accessible for persons with a behavioral health need. Supported housing is a model that offers independent housing with access to services and supports desired by the individual and delivered by a behavioral health provider. Some state and local agencies have been successful in blending funding streams to provide supported housing that includes delivery of desired services and supports within an individual's home. Overarching goals of these initiatives are provision of informed choice, individualized service delivery and integrated permanent housing.

One well-known, widely implemented housing model is Housing First, a homeless assistance approach that prioritizes access to permanent housing for unhoused populations. The Housing First model does not require unhoused individuals to engage in treatment for behavioral health problems or maintain sobriety before they can access housing (Tsemberis, S. & Gurdak, K., 2018).

According to the National Alliance to End Homelessness, there is a growing need for housing and homelessness policies that support a unified, single point of access strategy that could streamline transition of unhoused individuals with behavioral health needs from hospitals and criminal justice settings into permanent supportive, affordable housing.

State policy has the potential to help foster a more comprehensive, interagency response to prioritize permanent, affordable housing; address homelessness; and reduce barriers and operational redundancy. Increasing access to entitlements (e.g., Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI), Veterans Affairs benefits, Public Assistance entitlements, and others) that bolster household income can be another source of support for unhoused individuals (National Alliance to End Homelessness, 2015).

It is important to have a regional strategic housing plan inclusive of a community needs assessment, evaluation of fair-market and housing development costs and incentives to developers. Strategic planning should include economic evaluation of solutions like converting unused buildings into affordable housing, implementation of Housing First and Rapid-Rehousing approaches, increasing resources like Projects for Assistance in Transition from Homelessness (PATH) and other outreach to assist unhoused individuals with behavioral health needs. Presently there is one PATH team serving Escambia and Santa Rosa counties.

Coordinated entry systems that blend state, local and federal funds to support access to independent supported housing, along with a comprehensive array of behavioral health services and supports, are a framework within which communities can address the needs of this population.

Leading practice

State spotlight: Georgia

Georgia is not typically seen as a leader in the behavioral health care space; state-level policies have been established to better support behavioral health care needs across the state. These policy changes are now being accompanied by calls for additional funding to meet the needs identified by recent legislation. In 2022, the Georgia legislature passed the unanimous bipartisan Mental Health Parity Act. The Act requires insurers to cover behavioral health problems in a similar manner to physical ailments, among other items (With New Law, 2022 is the Year for Mental Health in Georgia, 2022). The State's 2023 budget allocates almost \$1.4 billion to the Department of Behavioral Health and Developmental Disabilities, which is an increase of \$122 million from the 2022 budget. Many nonprofits, advocates and lawmakers have expressed a desire to see more funding and legislation soon. Examples of efforts include launching the Make it OK campaign, developing educational materials for all ages, hosting events and encouraging the discussion of behavioral health in schools (Fiscal Year Budget for Georgia Department of Behavioral Health and Developmental Disabilities, 2023).

Chatham Savannah Authority for the Homeless and Continuum of Care - Savannah, Chatham County, Georgia

County population: 296,329 (US Census, 2021)

The Chatham Savannah Authority for the Homeless (CSAH) is a nonprofit organization addressing homelessness in Chatham County, Georgia. CSAH connects those in need with transitional housing and wraparound services. It also collects data and information regarding the homelessness population in Savannah and Chatham County. In November 2019, CSAH initiated their Tiny House Project targeted towards veterans experiencing homelessness. The project includes 23 furnished tiny homes, a medical clinic, a clubhouse with washers and dryers, and outdoor amenities like landscaping, grills and picnic tables.

CSAH is also the designated lead entity of the Chatham County Continuum of Care (CoC), which is a multi-organization, countywide effort to address homelessness. As the lead agency, CSAH leads administrative oversight for the entire organization, leads the coordinated entry program and homelessness management information system, and conducts an annual gap analysis and ranking process. CoC community stakeholders include the Savannah Police Department, Savannah Area Chamber, United Way of the Coastal Empire and the Chatham County Housing Coalition. In 2020, CoC partners served over 4,000 individuals experiencing homelessness. The CSAH and CoC also have close partnerships with others in the area, like health care providers, faith-based organizations and nonprofits. CSAH currently has 15 employees and had a budget of a little under \$1.5 million in 2018 (the latest data available).

Websites:

homelessauthority.org/continuum-of-care
chathamcoc.org

Interagency data reporting

Interagency data collection refers to the process of collecting, sharing and analyzing data across several agencies and organizations. Collecting and reporting BH data is critical as it allows BH agencies, state-operated facilities and private providers the ability to improve collaboration, provide accurate data, better allocate resources and improve research. This type of collaboration helps BH agencies and organizations to share information and improve treatment plans for patients. As a result, this could improve the quality of care and outcomes for individuals, including symptom management, reduced hospital readmissions and improvement in quality of life (International Journal of Mental Health Systems, 2019). In addition, sharing data across agencies can potentially help identify gaps in services and resources, increase efficiencies, and streamline processes by reducing duplication of efforts.

Children and youths are a potential special area of focus within this topic. Recent studies have shown that there is a lack of coordination of services for children and youths that may need more specialized needs. These children may require more than one service or program from more than one provider, which can cause limitations in service or lack of planning from their providers (Interagency, Cross-Sector Collaboration to Improve Care for Vulnerable Children, 2018). In addition to collaborating with mental health agencies, there is a focus in joining efforts with foster care, criminal justice programs and other systems of care. Several states such as Colorado, New York, Oregon, Washington State and Washington D.C. have state programs with interagency collaboration that includes Medicaid, health departments, state-level councils and more to advance a high-quality and efficient transformation of services for the children in these states (Interagency, Cross-Sector Collaboration to Improve Care for Vulnerable Children, 2018).

Leading practice

State spotlight: Georgia

The Georgia Collaborative Administrative Services Organization (ASO) is a partner to the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD). Made up of three partner companies, including the Georgia Crisis and Access Line, Carelon Behavioral Health and Qlarant, the Georgia Collaborative ASO seeks to promote integrated behavioral health treatments and developmental disability support services within the DBHDD network of providers. One key aspect of the Georgia Collaborative ASO's work is that it conducts several annual reviews that gather data on the availability and quality of behavioral health care, crisis stabilization, and intellectual and developmental disability services across the state.

These reports consist of aggregated information from a variety of providers across the state as a representative sample of behavioral health care in Georgia. The reports help DBHDD and provider networks better understand how they are collectively meeting the needs of residents and areas where they can improve in terms of service quality and delivery for patients of all ages in Georgia.

Website: georgiacollaborative.com



Behavioral health landscape

Overview and considerations

Pensacola holds a special place in Florida's history as the oldest European settlement in the nation. Escambia County is one of the oldest counties in Florida, established in 1821, and Santa Rosa County was established about two decades later in 1842. The EscaRosa region is a unique part of the state with distinct geographic, demographic and cultural characteristics. Over the last decade, Escambia and Santa Rosa have seen significant population growth. Since 2010, the counties have collectively added approximately 66,000 new residents and grown to a population of more than 516,000 residents combined (US Census, 2021). As the region grows, the health and wellbeing of residents have continued to be a top priority for community leaders. Substance Abuse and Mental Health were identified as "Significant Needs" in the 2022 Escambia-Santa Rosa Community Health Needs Assessment published by Achieve Healthy EscaRosa, and the information reflected in this report confirms that assessment.

The scope of this project includes performance of a background information review, environmental scan and gathering of stakeholder perspectives. This section of the report includes the output of these pieces of work. Understanding of the current state of the behavioral health background and current landscape in Escambia and Santa Rosa counties is informed through a review of quantitative and qualitative information.

Background review summary

The rubric below provides an outline of primary documents and data sources that were included in the background review. As we continue our strategic alignment efforts, we will continue to incorporate critical reports.

Sources	Local	Regional	Statewide	National
The Baker Act, Florida Statutes 2011			X	
Children's Home Society of Florida Data Sheet	X		X	
Escambia County Sheriff's Office Baker Act Transport Data	X			
Pensacola Police Department Mental Health Statistics Sheet	X			
FDOC Office of Programs and Re-Entry Substance Use Data		X		
Lakeview Center Data Report	X	X		
NAMI Mental Health Facts in America Data Sheet				X
NAMI Mental Health Facts - Children and Teens Data Sheet				X
NAMI Mental Health Care Matters Data Sheet				X
Achieve Healthy EscaRosa Community Dashboard		X		
Escambia - Santa Rosa Community Health Needs Assessment Report		X		
Escambia County Veterans Court Information Sheet	X			
Escambia County School Mental Health Allocation 2020-2021	X			
UWF HASS Center Health Survey		X		

Sources	Local	Regional	Statewide	National
Quint Studer: Breaking the Stigma Around Mental Health Issues				X
Opening Doors Information Sheet	X	X		
Opening Doors Point in Time and Housing Inventory Count 2023	X	X		
Opening Doors Organization Tax Return Reports	X	X		
Health and Hope Clinic information	X	X		
Behavioral Medicine Center of Baptist Hospital, Inpatient Mental Health Services for Children and Adolescents		X		
Baptist Health Care Behavioral Medicine Center Information Sheet	X	X		
Baptist Health Care Inpatient Mental Health Services Brochure	X	X		
Baptist Health Care Children and Adolescents Brochure	X	X		
Florida Health Charts Data	X		X	
Mental Health America - "Evidence for Peer Support" (2019)				X
HCA West Florida Hospital Data Sheet	X	X		
Where Does Your Organization Fall on the Well-Being Spectrum? (Why Assessments Matter)		X	X	
Process Map for Mental Health in Northwest Florida	X	X		
2022 CCBHC Impact Report – National Council for Mental Well Being				X
Commission on Mental Health and Substance Abuse Legislative Report (January 1, 2023)		X	X	

Sources	Local	Regional	Statewide	National
Florida Health Escambia County Overdose Data to Action (OD2A)	X	X		
Commission on Mental Health and Substance Abuse Legislative Report 1/2023		X	X	
2022 CCBHC Impact Report – National Council for Mental Well Being				X
Process Map for Mental Health in Northwest Florida	X	X		

The informational sources reviewed provided a wealth of insights regarding behavioral health in the region and state. Three key themes were consistent across multiple documents, materials and websites: prevention, intervention and diversion methods; transitional housing; and post-COVID-19 refocusing around behavioral health.

Prevention, intervention, and diversion methods

- ▶ As regional hospitals face increases in service needs for individuals with mental health and substance use disorders, there is a call for more prevention and intervention, including diversion options and an increase in crisis services.
- ▶ While there is a need for additional inpatient hospital beds and outpatient BH services, stakeholders have noted that there are not enough services for early intervention of mental illness and substance misuse.
- ▶ There is a strong stigma around the mental health conversation. Communities struggle with having open conversations about adolescent and adult mental health, addressing early signs of mental illness and help seeking.
- ▶ Prevention and early intervention resources are not visible enough throughout communities, especially as they relate to services for adolescents.
- ▶ In addition, the homelessness community sees fewer prevention and early intervention resources, as they may not have access to local websites or hotline information. This population of individuals often becomes high utilizers of BH crisis services. Providers, first responders and local sheriff departments have often encountered these individuals when they relapse into substance abuse, mental crises and criminal activity.
- ▶ The Task Force has begun a mental health prevention campaign in response to these needs.

Transitional housing

- ▶ For vulnerable populations who live with behavioral health needs, there are critical factors in their lives that impact their mental health. This includes housing stability and the struggle to find alternatives when facing unstable housing situations.
- ▶ There is a general call to action for an increase in temporary/transitional housing, housing vouchers through HUD, low-barrier shelters and housing for non-elementary families.

- ▶ Reports have noted the prioritization of the homelessness community as they face barriers that prevent them from accessing shelters as well as housing vouchers.
- ▶ Provision of early assessment of housing needs, identification of resources, including options for transitional/short housing, can aid in preventing post-discharge crises.
- ▶ Ensuring connection to SOAR-trained staff to facilitate entitlement applications can assist with accessing financial resources to support housing stability.
- ▶ Connection to a PATH team can provide needed case management support for homeless individuals with BH needs.

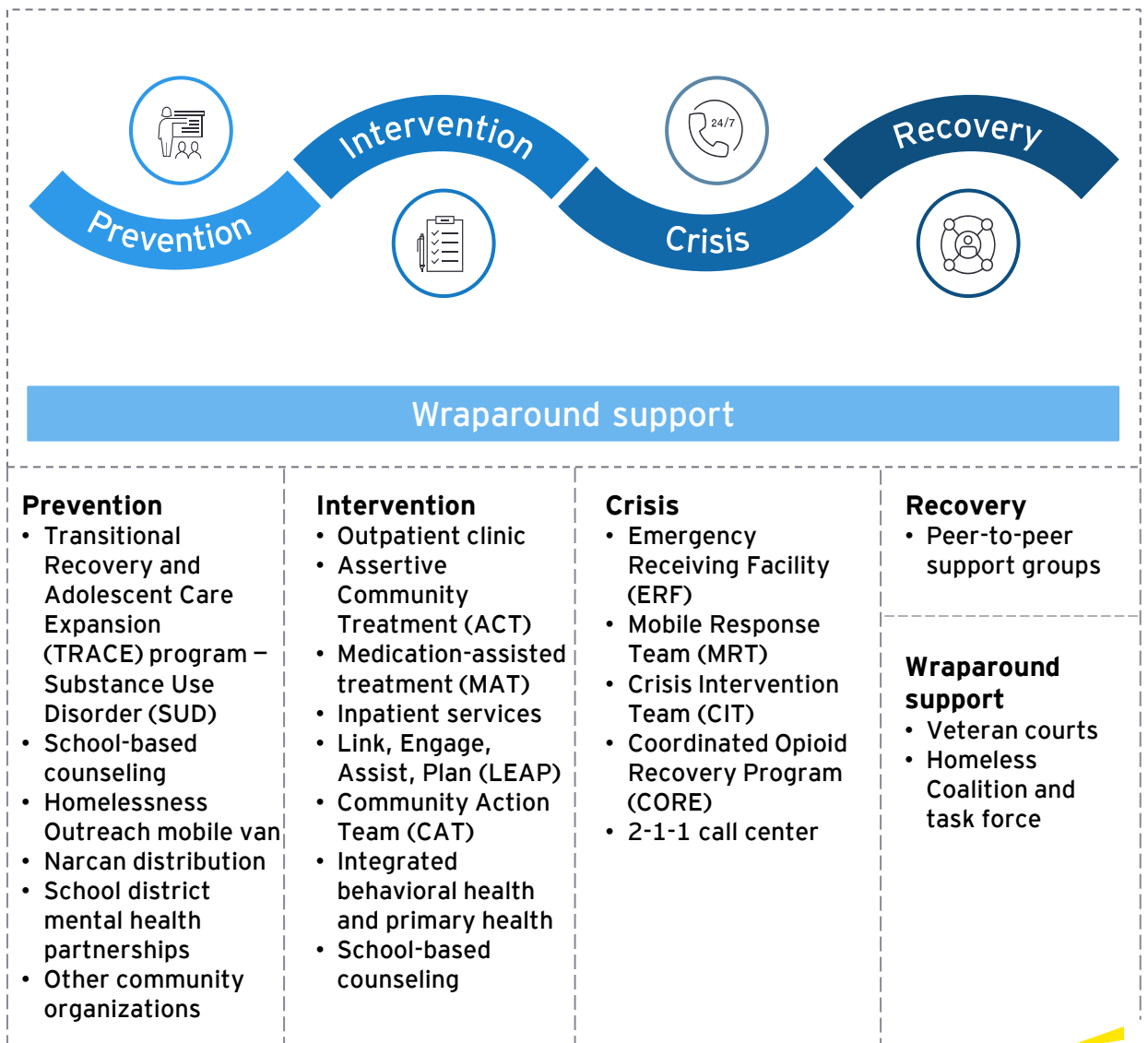
Post-COVID-19 refocusing

- ▶ During COVID-19, hospitals, organizations and the general community focused on addressing the critical issues that resulted from the COVID-19 pandemic. This included funding and resources specifically rerouted to address health care shortages and the influx of patients.
- ▶ As the pandemic slowed down and communities realigned priorities, there has been an awareness of the need for state and local resources to be rerouted to issues such as mental health and substance abuse.
- ▶ Specifically, during and post-COVID-19, children were strongly affected as their parents experienced job loss and resulting unstable housing situations, along with feelings of stress and anxiety, and experiences of neglect or abuse. Such stressors can manifest into various BH presentations and continue to overwhelm hospital systems that are still progressively transitioning focus away from the COVID-19 crisis.

Environmental scan: Services and programs

This environmental scan lists an overview of select programs, services and supports that serve residents in the EscaRosa region based on available information and stakeholder input at the time this report was written. Services and programs are shared as they are located along each service area on the behavioral health continuum of care as illustrated below, although some programs may intersect with more than one service area in practice. The visualization is inspired by the Task Force's efforts and insights gleaned through this project but is **not exhaustive**. The services and programs listed and discussed do not include every BH-related service, program or initiative in the community but does include those that were identifiable through the research and discovery of this project. A selection of available services and programs on the continuum is discussed in more detail on subsequent pages. Understanding of service availability, needs and gaps informed the opportunities shared in the strategic plan.

Behavioral health continuum of care Key services and programs



Prevention

Behavioral health prevention services and supports are essential for addressing early risk factors and determinants of behavioral health problems before their development.

Key services and programs available

School mental health services. The Escambia County School District (ECSD) contracts for provision of mental health services, with limited access to counselors in elementary, middle and high school. Outside of the state-mandated annual five-hour mental health module, there are no other prevention or early-intervention services offered in schools. According to the ECSD Mental Health Allocation Plan, 2020-2021, there has been a planned increase to provide up to eight mental health professionals in each school based on school population and student needs. With grant funding from SEDNET, the district is providing professional development in youth mental health awareness for faculty and staff. Additionally, the HOPE program is a schoolwide, teacher-supported, peer-to-peer program that helps to address suicidality.

The Santa Rosa School District provides access to 80 total school counselors for high school, middle school and elementary school students. Students with needs greater than can be met via school-based services are referred to Lakeview Center for CAT team/wraparound services. School counselors in both counties provide screening and short-term individual/group counseling and family counseling.

There are challenges with students being able to receive an intake and engagement into follow-up service within the required time frame. Needs for trauma-informed counselors and access to community-based BH services were noted. Additional concerns were raised for Santa Rosa County students who must now travel out of their county to Escambia County to access an Emergency Receiving Facility.

Substance use disorder (SUD) prevention services. Stakeholders believe that while there is some access to school-based mental health services, there is a lack of school-based SUD prevention and early intervention for youths. Additionally, there is a reported need for increased access to case management services that would facilitate linkage and care coordination for students and their families to necessary services. This connectivity is integral to a quality continuum of care. SUD is offered via a community-based program that targets youths and young adults ages 13-21. The TRACE program prioritizes prevention services for those at high-risk for substance use. This program offers supportive, trauma-informed services and supports.

Intervention

Intervention services focus on reducing risk factors generally associated with the progression of substance misuse and mental health problems. Intervention is accomplished through early identification of persons at risk, performing basic individual assessments, and providing supportive services, which emphasize short-term counseling and referral. These services are targeted toward individuals and families. This covered service shall include clinical supervision provided to a service provider's personnel by a professional qualified by degree, licensure, certification, or specialized training in the implementation of this service.

Key services and programs available

An array of services. There is an array of behavioral health intervention services and supports available within the EscaRosa region, including but not limited to: outpatient programs; community-based case management; psychotherapy; support groups; medication management; medication-assisted treatment (MAT); short-term residential detoxification; school-based counseling; intensive team-based interventions; Assertive Community Treatment (ACT) and Link, Engage, Advocate, Plan (LEAP) for adults; and the Community Action Team (CAT) for children and adolescents. There are also integrated behavioral health and primary health services for adults and short-term residential rehabilitation programs. For people with SUD needs, there is specialized case management and provision of buprenorphine via the CORE program. Additionally, non-community-based hospital BH services include inpatient services (C&A and Adult) and an Intensive Outpatient Program (IOP).

ACT and LEAP. On the behavioral health continuum of care are services targeted to individuals with needs that require more than a basic level of outpatient services but less than the psychiatric inpatient care provided for more severe needs. ACT is an evidence-based model of community-based, recovery-oriented and consumer-driven service. ACT treatment teams are multidisciplinary and provide an array of behavioral health services and supports, with a focus on reduction of hospital re-admission, homelessness reduction and diversion from incarceration. These teams serve a maximum of 100 adults and are typically able to provide an in-person, intensive level of support, accessible to enrolled individuals within one hour. There is one ACT team serving the EscaRosa region.

A less intensive service than ACT that is community-based is the LEAP program, which serves 50 to 75 adults with a team approach to delivering behavioral health interventions, services and supports. This program could effectively support individuals with BH needs transitioning between inpatient and outpatient levels of care. There is one LEAP team serving all of Escambia County.

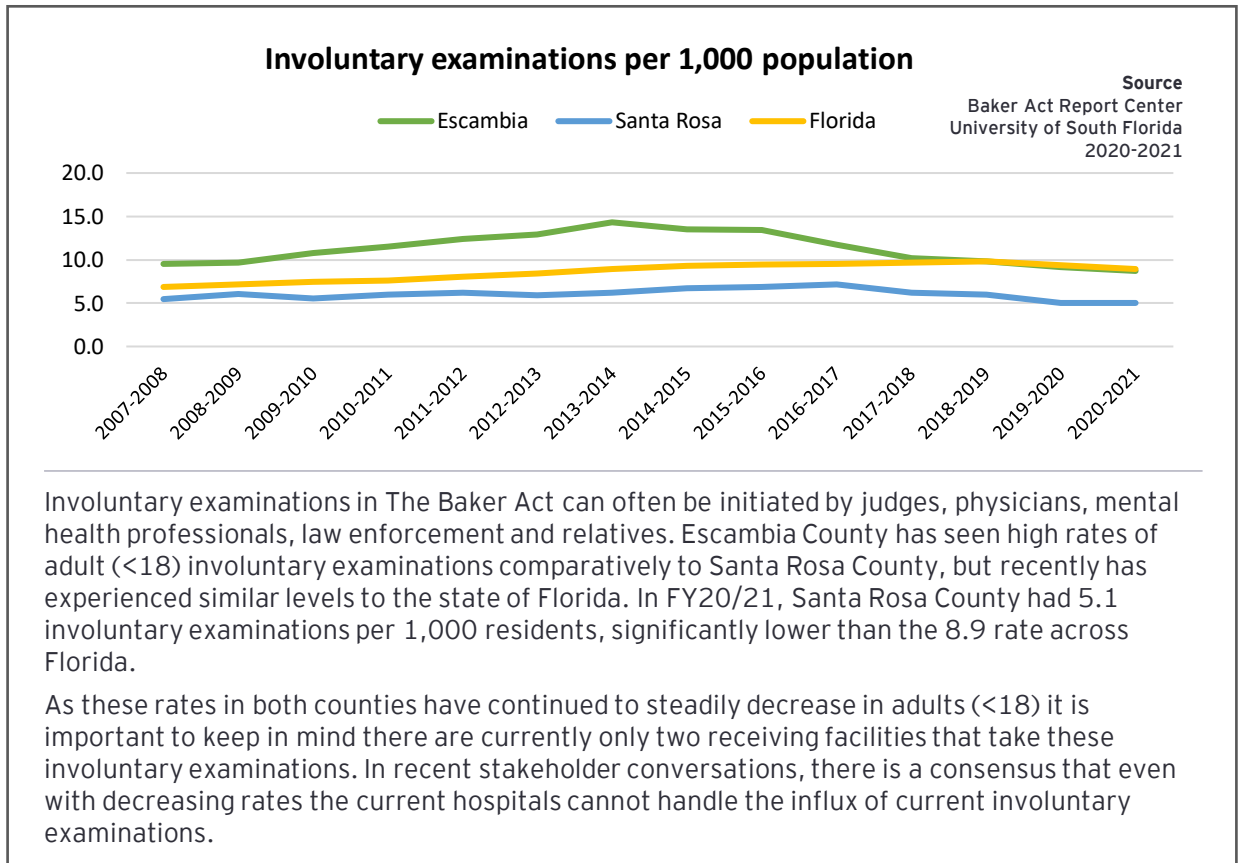
Crisis

Behavioral health crisis services provide urgent care to adults, adolescents and families in need of de-escalation, stabilization, treatment and linkage to aftercare. Care is typically characterized by 24/7 availability. EscaRosa crisis services and programs include an Emergency Receiving Facility (ERF) and for persons with a mental health diagnosis. In collaboration with law enforcement, there are Crisis Intervention Training (CIT) and a Mobile Response Teams (MRT). Based on stakeholder input and research, there is an opportunity to strengthen this service area.

Key services and programs available

Baker Act. Florida is one of eight states that has implemented an involuntary commitment policy called The Baker Act. Once a Baker Act has been initiated, an individual can be taken to one of two local receiving facilities based in Escambia County. These facilities offer behavioral health treatment and related services. Services include mental health assistance, housing support, court aid and school district-based services.

There are at least six community-based, non-hospital organizations that offer individual counseling, group counseling and BH evaluations, and one organization that provides direct pharmaceutical assistance. With hospitals reaching Baker Act limits daily and limitations to the services offered by local programs, crisis care services have been challenged.



Mobile response. Individuals experiencing a BH crisis in the community may call Lakeview’s Mobile Response Team directly at a number that is available at all times. This service provides dispatch of BH professionals to an individual in order to deescalate the crisis, deliver brief and rapid intervention and referral to follow-up care. Individuals who meet Baker Act criteria may be brought by law enforcement into one of the hospital-based Emergency Receiving Facilities and admitted into a Crisis Stabilization Unit (CSU). Inpatient psychiatric admission is available for individuals who require an intense level of treatment and supervision. Individuals seeking non-crisis BH access and information may call the 211 United Way information number.

Core Services

In collaboration with Emergency Management Services (EMS), nine counties were selected for provisions of core services. As part of discharge from an emergency department, individuals are referred for targeted case management, follow-up and nursing services that are provided via the Core program, which prioritizes individuals admitted to an emergency department as a result of a SUD need.

Recovery

The stigma of behavioral health challenges continues to permeate society. Public stigma impacts individuals’ willingness to disclose behavioral health needs, which can be a barrier to seeking help. Peer-led behavioral health services can be helpful in addressing BH stigma and enhancing the quality of care, but these services are limited within the region, according to stakeholders. There are some existing support groups for peers and family members, as well as peer training, but these initiatives are not yet integrated across the continuum of services.

Key services and programs available

Peer support. Support groups are offered in settings where individuals with lived experience in recovery provide support to peers and family of peers throughout the recovery process.

The peer movement across the US has become an effective strategy for supporting BH recovery. Individuals with lived experience in behavioral health who are in recovery are trained to use their experience to support peers during varying stages in BH recovery. Peers also dispel myths that stigmatize people with BH needs, and they provide education and increase awareness about recovery. The peer movement has led to training and the hiring of thousands of peers in behavioral health and forensic environments.

Peer support groups, family-family and peer-peer options provide support services by Certified Peer Specialists to individuals and family members of people living with behavioral health needs. In the Pensacola area, the local National Alliance on Mental Illness (NAMI) is currently offering weekly support groups for peers to provide encouragement, advise and share their experiences. In addition, there is a peer support program for individuals in recovery.

Wraparound support

In addition to behavioral health treatment, a comprehensive continuum of care includes services and support that often help to fill gaps in care. These may include care coordination services, housing support, criminal justice diversion programs and non-emergency transportation assistance. In the region, initiatives that are non-clinical but support the needs of individuals with BH challenges are limited.

Key services and programs available

Housing assistance. In general, stakeholders expressed that there is a significant need for more housing support options for homeless individuals experiencing behavioral health challenges. There seems to be a need for more permanent supported housing for persons to live independently in the community. PATH is a program that provides case management to unhoused individuals with BH needs, and support with connecting to housing resources. There is a need for a PATH team in the EscaRosa region, as the closest available team is in Walton County. Opening Doors facilitates a homeless coalition and maintains a Homeless Management Information System (HMIS) accessible for homeless serving agencies. Through a collaboration with the Local Public Housing Authority and HUD, use of ARPA funding has provided 35 housing choice vouchers (HCV) for eligible individuals in the community.

The Northwest Florida Homelessness Reduction Task Force has been formed to foster more coordination at the local and state level, and identify strategies to alleviate homelessness in the region.

Veterans Court. There is a Veterans Court that operates as a court treatment program in Escambia County for veterans with BH needs who are referred for supervised evaluation and treatment.

Stakeholder engagement summary

Stakeholder input has been organized around three primary themes and summarized below. Considerations outlined in the future state vision and strategic plan section of this report are informed by these and other stakeholder insights as well.

Strengths and positive attributes

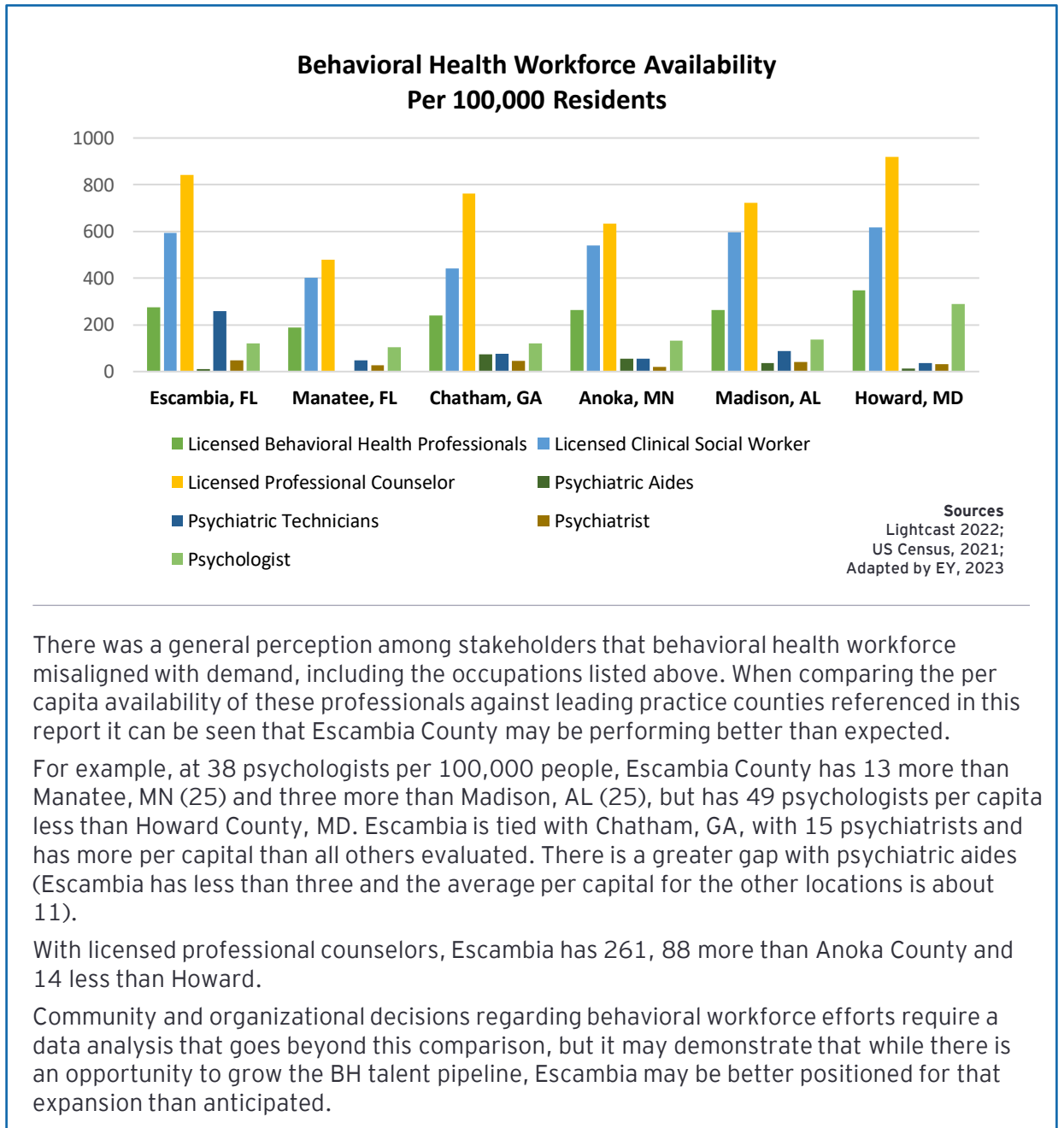
- ▶ **Public awareness:** There is a growing community awareness of BH needs. There is an increased focus on destigmatizing mental health and substance abuse through education and informational resources for behavioral health professionals and the public.
- ▶ **Cooperation:** Collaboration between BH entities is steadily improving, characterized by interagency agreements and enhanced coordination among hospitals, providers, nonprofit agencies, schools and law enforcement.
- ▶ **Quality of care:** There is BH service availability in a variety of settings and delivery modes, including the work of the mobile response team and co-responders. There is a general willingness among providers to expand access to uninsured and underinsured individuals.

Challenges and barriers

- ▶ **Public funding and insurance:** Access to and funding for public insurance for behavioral health is limited. Current Medicaid benefits may be difficult to sustain over time, and a lack of funding and a Medicaid rate that no longer supports the cost of care have resulted in facility closures and discontinued programs.
- ▶ **Insufficient programs and services:** Current programs are strained and over capacity due to inadequate intensive outpatient services and a lack of crisis facilities. Additionally, there is a need to expand services and supports for children, veterans and those who are justice-involved.
- ▶ **Housing and residential services:** There are limited flexible supportive housing and beds for those who need short-term transitional housing as well as long-term care housing.
- ▶ **Law and policy:** Current regulations are perceived to limit providers' flexibility in quality BH service delivery. Additionally, the Baker Act is viewed as not having sufficient incentives for hospitals to provide more crisis-level services.
- ▶ **Workforce supply and training:** There is a shortage of BH professionals and an underrepresentation of professionals from communities of color.

Specialized needs

- ▶ **Comprehensive care:** There are specific needs for increased recovery-oriented psychiatric inpatient services, expanding outpatient and intensive outpatient services and providing partial hospitalization programs (PHP) for adults and adolescents.
- ▶ **Workforce specializations:** Key roles that require additional skilled professionals include psychiatrists, psychiatric technicians and aides, and psychologists. Additionally, there is a need to increase the number of licensed BH counselors, clinical social workers, and Certified Addiction Counselors for adults and adolescents.



- ▶ **Workforce development:** Providing work-based learning programs to encourage student exploration of BH careers can help workforce efforts.
- ▶ **Preventative education:** Building on existence community awareness efforts and expanding preventative education for children, parents and families about behavioral health signs, symptoms and treatments is an important consideration. Increasing accessibility of information regarding service availability is needed.
- ▶ **Transportation:** Stakeholders shared that there is a need for more non-emergency transportation assistance to support individuals with traveling to and from non-emergency medically required BH and PH appointments.

Stakeholder survey highlights

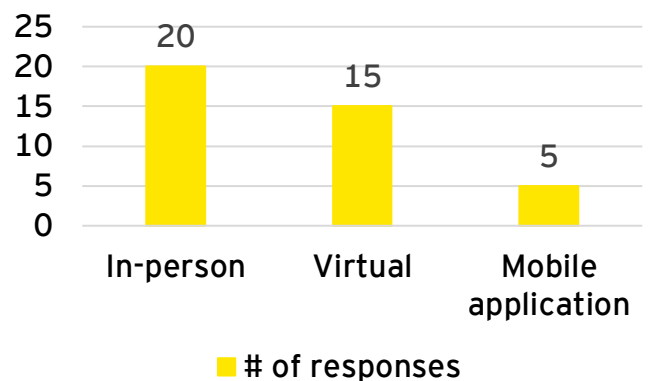
On a scale of 1 to 5, how well do you think your community is serving those with mental health and substance use needs?

(1 = Current services are inadequate
5 = Current services are exceptional)

2.25

Average ranking from stakeholder survey

Within your experience, how do residents in your community access mental health and substance use services?



If you had to choose one bold change to transform mental health and substance, use care in the community, what would it be?

Education for the community - people want to help but have no clue where to start.

I would establish a psychiatric crisis diversion unit like the one in Mobile, AL.

Support, enhance, or incentivize Doctoral internships, residencies, and/or fellowships.

Funding for behavioral health

National overview

Sources of funding for behavioral health services nationally fall into two primary categories: private and public (government). Private funding is derived most frequently from private insurance and to a lesser extent from self-pay patients. Private funding is primarily dedicated to non-crisis services, while crisis services are funded in large part from public funds (Shaw, R., 2020, Financing Mental Health Crisis Services. Alexandria, VA: National Association of State Mental Health Program Directors.)

Public funds originate from a variety of federal, state and local sources, including (but not limited to):

- ▶ CMS; Medicaid or Medicare
- ▶ The Substance Abuse and Mental Health Services Administration within the U.S. Department of Health and Human Services (SAMHSA)
- ▶ The U.S. Department of Veteran's Affairs (VA)
- ▶ Tricare
- ▶ Indian Health Services
- ▶ Legislative state funds allocation
- ▶ Local government (county and municipal) funding

Medicaid is the "single largest payer for mental health services in the United States and is increasingly playing a larger role in the reimbursement of substance use disorder services." (Medicaid.gov), while SAMHSA's mission "is to reduce the impact of substance use and mental illness on America's communities. SAMHSA accomplishes this through providing leadership and resources – programs, policies, information and data, funding, and personnel – to advance mental and SUD prevention, treatment, and recovery services to improve individual, community, and public health" (SAMHSA, 2023).

Florida's approach

Two state agencies have primary responsibility for behavioral health funding and service delivery in Florida. The Agency for Healthcare Administration (AHCA) is the designated single state agency responsible for administration of the Medicaid program. The other is the Substance Abuse and Mental Health (SAMH) Program within the Department of Children and Families (DCF). DCF "is the single state authority on substance abuse and mental health as designated by the federal Substance Abuse and Mental Health Services Administration," (SAMHSA, 2023; Florida Department of Children and Families, 2023).

The Florida Medicaid program serves more than 5.5 million people, the majority of whom receive services through the Statewide Medicaid Managed Care program (SMMC). The SMMC is a managed care delivery system in which private managed care entities (plans) are contracted to provide services to recipients. As of 2023, nine plans served Medicaid recipients in the state across 11 designated regions, though procurement of new contracts with potential changes to plans and regional coverage is underway. Certain behavioral health services are covered by the plans. In addition to funds expended on behavioral health services through the SMMC, AHCA estimates it will distribute ~\$1b for Community Mental Health Services in fiscal year 2022-2023 (House of Representatives, Florida, Health Care Appropriations Subcommittee, 2023).

DCF serves as the Single State Agency (SSA) for Substance Abuse and Mental Health and the State Opioid Treatment Authority as designated by the U.S. Substance Abuse and Mental Health Services. Through its Substance Abuse and Mental Health division, DCF is responsible for providing the majority of non-Medicaid-funded behavioral health services in the Florida. For fiscal year 2022-2023, approximately 31% of the funding SAMH received was federal, while approximately 68% was from state general revenue Administration (SAMHSA.gov, 2023).

The purposes of these grants are as follows:

- ▶ **Community Mental Health Services Block Grant (CMHS):** CMHS block grant funds are "used to provide comprehensive community-based mental health services to adults with serious mental illness and children with emotional disturbances who are uninsured and underinsured" (House of Representatives, Florida, Health Care Appropriations Subcommittee, 2023).
- ▶ **Substance Abuse Prevention and Treatment Block Grant (SAPT):** "SAPT block grant funds are used to provide prevention, treatment, and recovery support services to Floridians with or at risk for substance abuse disorders who are uninsured and underinsured" (House of Representatives, FL, HCA Subcommittee, 2023).

Other sources of federal funds include State Opioid Response grant funds. State allocation of additional funding from opioid settlements is expected to be in the billions of dollars across the next decade (Office of Attorney General, State of Florida).

DCF contracts with private organizations called Managing Entities to coordinate and pay for behavioral health systems of care in designated regions. There are currently seven Managing Entities contracted to serve the 20 DCF regions. These Managing Entities do not provide services but contract with and pay providers of behavioral health services in their designated region. As of January 1, 2023, the Managing Entities were projected to collectively receive \$971,731,653 in funding from DCF (MyFloridaHouse.gov, 2023).

EY | Building a better working world

EY exists to build a better working world, helping create long-term value for clients, people and society and build trust in the capital markets.

Enabled by data and technology, diverse EY teams in over 150 countries provide trust through assurance and help clients grow, transform and operate.

Working across assurance, consulting, law, strategy, tax and transactions, EY teams ask better questions to find new answers for the complex issues facing our world today.

EY refers to the global organization, and may refer to one or more, of the member firms of Ernst & Young Global Limited, each of which is a separate legal entity. Ernst & Young Global Limited, a UK company limited by guarantee, does not provide services to clients. Information about how EY collects and uses personal data and a description of the rights individuals have under data protection legislation are available via ey.com/privacy. EY member firms do not practice law where prohibited by local laws. For more information about our organization, please visit ey.com.

Ernst & Young LLP is a client-serving member firm of Ernst & Young Global Limited operating in the US.

© 2023 Ernst & Young LLP.
All Rights Reserved.

2107-3807619
ED None

ey.com