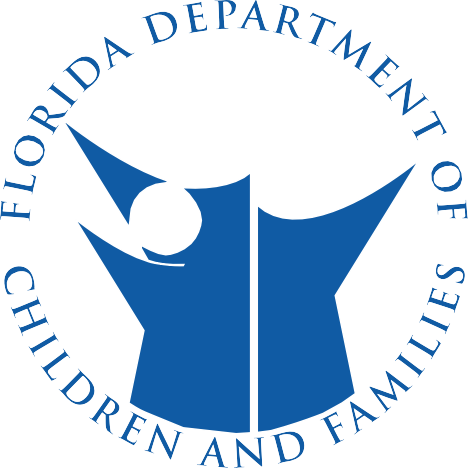
RON DESANTIS

*Governor*

SHEVAUN L. HARRIS

*Secretary*



Comprehensive, Multi-Year Review

of the Revenues, Expenditures, and

Financial Positions of the Managing Entities Including a System of Care Analysis

Department of Children and Families

Office of Substance Abuse and Mental Health

November 1, 2023

**Behavioral Health Managing Entities Review of Lead Agency Financial Position and Comprehensive System of Care Analysis**

In accordance with section 394.9082(4)(I), Florida Statutes (F.S.):

Every two years, the Department of Children and Families (Department) shall conduct a comprehensive, multiyear review of the revenues, expenditures, and financial positions of the Managing Entities (MEs) covering the consecutive two State Fiscal Years (FYs). The review must include a comprehensive system-of-care analysis. The Department shall submit the review to the Governor, the President of the Senate, and the Speaker of the House of Representatives by November 1st of every other year, beginning in 2023.

The multiyear review provides information on the financial position and system of care analysis for FY 2021-2022 and FY 2022-2023 to meet the statutory requirement. The information focuses on state FY as specified in proviso. Statewide behavioral health funding data is shown for the past two fiscal years to provide historical context.

# Managing Entities

The Florida Legislature found that a managing structure that places responsibility for publicly-funded behavioral health services in local entities would promote access to care and continuity, be more efficient and effective, and streamline administrative processes to create cost efficiencies and provide flexibility to better match services to needs.[[1]](#footnote-2) As a result, the Office of Substance Abuse and Mental Health (SAMH) contracts with seven MEs for the administration and management of regional behavioral health systems of care throughout the state. The MEs are private, non-profit organizations responsible for planning, implementing, administrating, monitoring, data collecting, reporting, and analysis of a coordinated behavioral healthcare system in their respective regions. MEs contract with local service providers for the provision of prevention, treatment, and recovery support services.

Procurement of the ME contracts is governed by Chapter 287, F.S., which applies generally to all state contracts, section 402.7305, F.S., which applies specifically to Department contracts, and section 394.9082, F.S., which applies to behavioral health MEs. In addition to the procurement requirements, the statutory authority for the Department to contract with MEs provides for a fixed payment contract, with the equivalent of a two-month advance payment, and equal monthly payments thereafter.[[2]](#footnote-3) Each ME is permitted to carry up to 8% of state general revenue from FY to FY, for the life of the contract.[[3]](#footnote-4) Consistent with the organizational structure of the Department, these contracts are executed, implemented, and managed by SAMH. SAMH ensures that each ME meets statewide goals and is responsive to the unique conditions in each community.

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Table 1 shows the number of Florida rural and non-rural counties by Managing Entity.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Table 1: Number of Florida Counties by Managing Entity** | | | | |
| **Managing Entity** | **DCF Region(s)** | **Rural Counties** | **Non-Rural Counties** | **Total Counties** |
| Broward Behavioral Health Coalition (BBHC) | Southeast Region | 0 | 1 | 1 |
| Central Florida Cares Health System (CFCHS) | Central Region | 0 | 4 | 4 |
| Central Florida Behavioral Health Network (CFBHN) | Suncoast & Central Regions | 5 | 9 | 14 |
| Lutheran Services Florida Health Systems (LSF) | Northwest & Central Regions | 13 | 10 | 23 |
| Northwest Florida Health Network / Big Bend Community Based Care (BBCS) | Northeast & Northwest Regions | 13 | 5 | 18 |
| South Florida Behavioral Health Network (SFBHN) | Southern Region | 0 | 2 | 2 |
| Southeast Florida Behavioral Health Network (SEFBHN) | Southeast Region | 1 | 4 | 5 |
| Entire State of Florida |  | 32 | 35 | 67 |
| *Reference: Florida Department of Health 2023-*[*https://floridahealth.gov/programs-and-services/community-health/\_documents/Rural\_Counties\_February\_2023.pdf*](https://floridahealth.gov/programs-and-services/community-health/_documents/Rural_Counties_February_2023.pdf) | | | | |

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Figure 1 represents the individual Managing Entities and the respective counties they serve.

**Figure 1:** Managing Entities Map

Map

Description automatically generated

[Big Bend Community Based Care, Inc. d/b/a NWF Health Network](https://www.nwfhealth.org/) - [Contract AHME1](https://facts.fldfs.com/Search/ContractDetail.aspx?AgencyId=600000&ContractId=AHME1)  
Serving Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, and Washington counties.

[Lutheran Services Florida](https://www.lsfnet.org/) - [Contract EH003](https://facts.fldfs.com/Search/ContractDetail.aspx?AgencyId=600000&ContractId=EH003)  
Serving Alachua, Baker, Bradford, Citrus, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Hernando, Lake, Lafayette, Levy, Marion, Nassau, Putnam, St. Johns, Sumter, Suwannee, Union and Volusia counties.

[Central Florida Behavioral Health Network, Inc.](https://www.cfbhn.org/) - [Contract QD1A9](https://facts.fldfs.com/Search/ContractDetail.aspx?AgencyId=600000&ContractId=QD1A9)  
Serving Charlotte,  Collier, DeSoto, Glades, Hardee, Highlands, Hendry, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk and Sarasota counties.

[Central Florida Cares Health System](http://centralfloridacares.org/) - [Contract GHME1](https://facts.fldfs.com/Search/ContractDetail.aspx?AgencyId=600000&ContractId=GHME1)  
Serving Brevard, Orange, Osceola and Seminole counties.

[Southeast Florida Behavioral Health Network](https://www.sefbhn.org/) - [Contract IH611](https://facts.fldfs.com/Search/ContractDetail.aspx?AgencyId=600000&ContractId=IH611)  
Serving Indian River, Martin, Okeechobee, Palm Beach and St. Lucie counties.

[Broward Behavioral Health Coalition](https://bbhcflorida.org/) - [Contract JH343](https://facts.fldfs.com/Search/ContractDetail.aspx?AgencyId=600000&ContractId=JH343)  
Serving Broward county.

[Thriving Mind South Florida (South Florida Behavioral Network, Inc.)](https://www.thrivingmind.org/) - [Contract KH225](https://facts.fldfs.com/Search/ContractDetail.aspx?AgencyId=600000&ContractId=KH225)  
Serving Miami-Dade and Monroe counties.

# Revenues

The revenue for MEs largely consists of federal and state funds appropriated by the Florida Legislature. Federal funds include sources that are dedicated to mental health and substance abuse services, including funds authorized by Title XIX, Part B of the Public Health Service Act (PHS) through the Community Mental Health Block (CMHB) Grant and the Substance Use Prevention Treatment and Recovery Block (SUPTR) Grant. Both block grants include state maintenance of efforts requirements. The SUPTR includes set aside requirements for targeted services such as early intervention services for human immunodeficiency virus (HIV) and primary prevention activities.

Other federal grants used to support Behavioral Health services include the Temporary Assistance for Needy Families (TANF) Block Grant authorized by Title IV-A of the Social Security Act, the Social Services Block (SSB) Grant authorized by Title XX of the Social Security Act, and the State Children’s Insurance Program authorized by Title XXI of the Medical Assistance Program, as well as other project grants.

Collectively, MEs were appropriated $941 million in FY 2021-2022. Funding increased to $1,137 billion in FY 2022-2023, this represents a 20.8% increase over FY 2021-2022. Table 2 represents the total funds available by FY, including funds carried forward from prior years.

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| --- | --- | --- |
| **Table 2: Managing Entity Funds by State Fiscal Year**  **FY 2021-2022 through 2022-2023 (in $ millions)** | | |
| **Department of Children and Families Contract Funds** | **FY21-22** | **FY22-23** |
| ME Administrative Costs | $22.4 | $24.9 |
| Other ME Operational Cost | $10.2 | $14.1 |
| **Total Administration** | **$32.6** | **$39.0** |
| Administrative percentage from total year allocation | 3.7% | 3.6% |
| Mental Health Core Services | $269.8 | $332.8 |
| Substance Abuse Core Services | $219.4 | $231.1 |
| **Total Core Services** | **$489.2** | **$563.9** |
| Mental Health Discretionary Grants | $11.6 | $7.0 |
| Mental Health Proviso Projects | $20.2 | $38.9 |
| Mental Health Targeted Services | $169.8 | $231.1 |
| Substance Abuse Discretionary Grants | $80.8 | $112.5 |
| Substance Abuse Proviso Projects | $34.9 | $5.3 |
| Substance Abuse Targeted Services | $49.7 | $79.0 |
| Supplemental Disaster Behavioral Health Response Funds | $0.0 | $6.7 |
| **Fiscal Year allocation** | **$888.7** | **$1,083.4** |
| Carry Forward Balance from Previous Year | $52.1 | $54.0 |
| **Total Funds Available** | **$940.8** | **$1,137.4** |
| *Amount of non-recurring funding in total core services funding* | *$63* | *$72* |

# Expenditures

Managing Entity funding is categorized into administrative costs and operational costs. Funding for administrative costs is specifically appropriated in the General Appropriations Act (GAA). Operational costs from other funding sources require additional implementation and coordination costs of the ME for the specific program or initiative. Table 3 shows administrative costs as a percentage of total expenditures for the past two FYs.

|  |  |  |
| --- | --- | --- |
| **Table 3: Managing Entity Expenditures by State Fiscal Year** | | |
| **FY 2021-2022 through 2022-2023 (in $ millions)** | | |
| **Reported Expenditures by Fiscal Year  (including Carry Forward Expenditures)** | **FY21-22** | **FY22-23** |
| ME Administrative Costs - GAA | $17.2 | $20.3 |
| Other ME Operational Cost | $6.3 | $9.0 |
| **Administrative Expenditures** | **$23.4** | **$29.3** |
| Administrative percentage from total year allocation | **3.0%** | **3.1%** |
| Mental Health Core Services | $265.6 | $323.9 |
| Substance Abuse Core Services | $199.8 | $220.9 |
| **Core Services Expenditures** | **$465.5** | **$544.8** |
| Mental Health Discretionary Grants | $9.1 | $5.6 |
| Substance Abuse Discretionary Grants | $60.2 | $73.6 |
| Mental Health Proviso Projects | $14.5 | $27.5 |
| Substance Abuse Proviso Projects | $27.0 | $4.0 |
| Mental Health Targeted Services | $149.6 | $193.1 |
| Substance Abuse Targeted Services | $41.1 | $70.5 |
| Supplemental Disaster Behavioral Health Response Funds | $0.0 | $2.9 |
| **Fiscal Year Expenditures** | **$790.4** | **$951.3** |
| Carry Forward Expenditures | $38.9 | $39.1 |
| **Total Expenditures** | $829.4 | $990.4 |

## Managing Entity Expenditures by State Fiscal Year with Percentage of Total Allocation

A trend in the aggregate expenditure data indicates general stability year over year, however, the data indicates that greater variation exists when comparing ME expenditures across MEs. The following chart displays the same information as the table above with information shown as a percentage of the total expenditures per FY.

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**Chart 1:** A two-year comparison of expenditures by all Managing Entities.

The percentage of funds spent in each category increased to an estimated 2% from FY 2021-2022 to FY 2022-2023, except for the Substance Abuse Discretionary Grants, which decreased by approximately 1%, as demonstrated in Chart 2.

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**Chart 2:** The percentage of funds spent by all Managing Entities in each category for State Fiscal Year 2021-2022 and State Fiscal Year 2022-2023.

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The following chart focuses on the expenditure patterns by MEs for each of the past two FYs.

**Chart 3:** Rate of Managing Entity Expenditures by Category – Fiscal Year 2021-2022 by Managing Entity.

In FY 2021-2022, MEs varied in expenditure patterns by category. For all MEs, the largest category of expenditures was Substance Abuse Discretionary Grants,, with the percentage ranging from a high of 35% by Central Florida Cares Health System to a low of 5% by Northwest Florida Health Network. In some cases, the use of discretionary grants may be influenced by the amount of funds allocated to targeted services, core services, and Proviso projects.

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**Chart 4:** Rate ofManaging Entity Expenditures by Category – Fiscal Year 2022-2023 by Managing Entity.

In FY 2022-2023, Mental Health Discretionary Grants continued to be the largest category of expenditures, with the percentage ranging from a high of 45% by Thriving Minds to a low of 28% by Lutheran Services Florida.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Table 4: FY 2022 - 2023 Managing Entity Expenditures** | | | | | | **FY 2022 - 2023 Carry Forward** | | |
|  |  | **Expenditures** | |  | |  | | |
| **Managing Entity** | **Budget** | **Operational** | **Direct Services** | **Unearned Funds** | **%** | **Eligible for Carry Forward** | **% of Unearned** | **% of Annual Allocation** |
| Northwest Florida Health Network | 112,592,953 | 3,277,093 | 99,862,283 | 9,453,577 | 8.4% | 7,523,643 | 79.6% | 6.7% |
| Lutheran Services Florida | 229,363,790 | 6,629,635 | 203,715,531 | 19,018,623 | 8.3% | 11,785,247 | 62.0% | 5.1% |
| Central Florida CARES Health Systems | 118,438,306 | 3,618,183 | 102,618,577 | 12,201,546 | 10.3% | 8,160,158 | 66.9% | 6.9% |
| Southeast Florida Behavioral Health Network | 108,720,268 | 4,367,825 | 95,583,919 | 8,768,524 | 8.1% | 6,869,631 | 78.3% | 6.3% |
| Broward Behavioral Health Coalition | 99,568,035 | 2,834,282 | 82,600,913 | 14,132,840 | 14.2% | 7,952,056 | 56.3% | 8.0% |
| South Florida Behavioral Health Network | 128,459,284 | 5,009,605 | 111,333,738 | 12,115,941 | 9.4% | 7,408,157 | 61.1% | 5.8% |
| Central Florida Behavioral Health Network | 279,675,110 | 3,582,806 | 223,432,575 | 52,659,730 | 18.8% | 22,374,009 | 42.5% | 8.0% |
| **Total** | $1,076,817,746 | $29,319,429 | $919,147,537 | $128,350,781 | 11.9% | $72,072,901 | 56.2% | 6.7% |

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# The Department of Children and Families

**Substance Abuse and Mental Health System of Care**

The Department is the single state authority for substance abuse and mental health treatment services in the State of Florida. SAMH within the Department develops standards for the provision of prevention, treatment, and recovery services in partnership with other state agencies that fund behavioral health services.

In accordance with Chapter 397, F.S., the Department is responsible for developing a comprehensive state plan, adopting rules, and funding substance abuse services. The Department provides, on a direct and contractual basis, public education programs and an information clearinghouse to disseminate information about the nature and effects of substance use; training for personnel who provide substance use treatment; a data collection and dissemination system in accordance with applicable federal confidentiality regulations; and basic epidemiological and statistical research and the dissemination of the results. The Department licenses and regulates substance use treatment service providers, provides training and technical assistance to other state agencies on substance use prevention and treatment to enhance information sharing and services, develops joint agreements with other state agencies, conducts background checks for service provider personnel, recognizes a statewide certification process for addiction professionals, and designates addiction receiving facilities for the purpose of ensuring only qualified service providers render services within the context of a secure facility setting.

Additionally, the Department is responsible for planning, evaluating, and implementing a comprehensive statewide program for mental health that is inclusive of community-based behavioral health services, receiving and treatment facilities, child services, research, and training as authorized and approved by the Legislature, based on the annual program budget, per statute. The Department is responsible for the coordination of efforts with other departments and divisions of the state government, counties, municipal governments, and private agencies providing mental health services. The Department is responsible for establishing standards, providing technical assistance, and exercising supervision of mental health programs, the treatment of individuals at community-based behavioral health facilities, other facilities for persons who have a mental illness, and any agency or facility providing services to individuals pursuant to this part.

Funding to support the SAMH services implemented by the Department, through contracts with providers, is significantly derived from the Community Mental Health Services (CMHS) and SUPTR block grants administered by the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). The purpose of the block grant funding is for implementation of programs used for treatment, recovery support, and other services to supplement Medicaid, Medicare, and private insurance services.

* + **The SUPTR Block Grant (previously titled Substance Abuse Prevention and Treatment):** funds are used to plan, implement, and evaluate activities that prevent and treat substance abuse and promote public health.
  + **The CMHS Block Grant:** funds are used to provide comprehensive, community-based mental health services to adults with serious mental illnesses and to children with serious emotional disturbances, and to monitor progress in implementing a comprehensive, community-based mental health system.

The Department is responsible for providing coverage to the uninsured and underinsured populations.

* + **Uninsured** - Fund treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time.
  + **Underinsured** - Fund treatment and support services not covered by Children’s Health Insurance Program (CHIP), Medicaid, Medicare, or private insurance for low-income individuals.

The Department is required by the block grants to collect performance and outcome data for mental health and substance use, and to determine the ongoing effectiveness of behavioral health promotion, treatment, and recovery support services. The block grant funds can be used to support training and/or technical assistance, needs assessments, quality assurance activities, evaluations, and information systems.

Community-based behavioral health services are provided through contracts with the seven non-profit MEs. The purpose of the behavioral health MEs is to plan, coordinate, and subcontract for the delivery of community mental health and substance use services, to improve access to care, promote service continuity, purchase services, and support efficient and effective delivery of services. Services are provided by a network of local behavioral health providers who receive funding from the MEs. Block grant funds are awarded to the Department by SAMHSA. The Department, through contractual agreements, distributes the funding to MEs statewide. The ME network of behavioral health providers serve Floridians by providing a comprehensive array of services through block grant funding. As outlined in federal statute (45 CFR 96.135(b) and federal rule (42 U.S. Code § 300x–5(b) no more than 5% of each block grant award can be utilized for administrative costs. Table 5 displays recurring block grant funding award amounts for Federal FYs 2021-2023.

|  |  |  |
| --- | --- | --- |
| **Table 5: Standard Block Grants Funding (Recurring)**  **Federal Fiscal Year (FFY) 2021-2022 through 2022-2023 (in $ millions)** | | |
|  | **Substance Abuse Prevention and Treatment Block Grant** | **Community Mental Health Services Block Grant** |
| **Award Year (Oct 1 - Sept 30)** | **FFY 2021-2022** | **FFY 2022-2023** |
| Recurring 2021 | $111,389,890 | $47,760,577 |
| Recurring 2022 | $112,320,687 | $55,973,788 |
| Recurring 2023 | $116,814,207 | $65,481,738 |

\****Note:*** *Each standard block grant award has an allowable expenditure period of two years (based on FFY October – September).*

Additional funding to support substance abuse and mental health treatment services are derived from general revenue dollars appropriated to the Department by the Legislature and additional Federal discretionary grants awarded to the Department by SAMHSA. In addition to state funding available through the Department, Florida’s local governments have a statutory vehicle to support behavioral health services through a match requirement based on the state general revenue that a provider receives. This match may be satisfied through cash or in-kind contributions. The authorizing legislation has set this up as a community issue that is negotiated between local governments and providers.

Pursuant to section 394.674, F.S., the following priority populations are established for funding received by the Department.

In FY 2021-2022 and 2022-2023, adults were served by the Department at a higher rate than youth. In FY 2021-2022, the Department served 32,829 children and 163,704 adults, and in FY 2022-2023 served 45,099 children and 198,304 adults (see Table 6). Most individuals are served by the Department within the community mental health service setting, followed by residential treatment facilities, and then state psychiatric hospitals (see Table 7).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Table 6: Individuals Served** | | | | |
|  | **07/01/2021-06/30/2022** | | **07/01/2022-06/30/2023** | |
| **Population Served** | **Total** | **Percentage** | **Total** | **Percentage** |
| Children | 32,829 | 16.7% | 45,099 | 18.5% |
| Adults | 163,704 | 83.3% | 198,304 | 81.5% |
| **Total** | **196,533** |  | **243,403** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Table 7: Number of Unduplicated Individuals Served in the Community** | | | | |
|  | **07/01/2021-06/30/2022** | | **07/01/2022-06/30/2023** | |
| **Service Setting** | **Total** | **Percentage** | **Total** | **Percentage** |
| Community Mental Health | 196,328 | 94.2% | 242,849 | 93.6% |
| State Psychiatric Hospitals | 4,436 | 2.1% | 5,153 | 2% |
| Residential Treatment | 7,640 | 3.7% | 11,365 | 4.4% |
| **Total** | **208,404** |  | **259,367** |  |

# Substance Abuse Services

Substance abuse services are authorized by Chapter 397, F.S., and regulated by chapter 65D-30, Florida Administrative Code. The Department is statutorily required to license certain substance abuse service components and approve credentialing entities for addiction professionals and recovery residences. Chapter 397, F.S., provides for a system of care that is community based, reflecting the principles of recovery and resiliency.

Section 397.305(3), F.S., requires a system of care that “provide for a comprehensive continuum of accessible and quality substance abuse prevention, intervention, clinical treatment, and recovery support services in the least restrictive environment which promotes long-term recovery while protecting and respecting the rights of individuals, primarily through community-based private not-for-profit providers working with local governmental programs involving a wide range of agencies from both the public and private sectors.” The system of care is comprised of the following broad categories of substance abuse services: primary prevention, intervention, clinical treatment and recovery supports.

Within this service array, the Department is implementing specialty programs aimed at the specific needs of certain populations, including:

1. Services for pregnant women and mothers through Specific Appropriation 370 of the GAA and Federal block grant funds;
2. Child welfare involved parents/caretakers through Family Intensive Treatment (FIT) teams; and
3. Individuals with opioid misuse and opioid use disorders through federal discretionary grants (i.e., the State Opioid Response grants).

In FY 2022–2023, the Department, in partnership with the Department of Health (DOH) and the Agency for Health Care Administration (AHCA), implemented the Coordinated Opioid Recovery (CORE) Network project in 12 counties across Florida. The following 12 counties were selected for the first year based on need and infrastructure: Brevard, Citrus, Clay, Duval, Escambia, Gulf, Flagler, Manatee, Marion, Pasco, Pinellas, and Volusia.

The CORE model is comprised of a three-pillar approach that includes rescue response, stabilization, and long-term treatment.

# Mental Health Services

Florida statute requires that there be a system of care for persons with serious mental illnesses and serious emotional disturbances. Section 394.453, F.S., states that, “*It is the intent of the Legislature to authorize and direct the Department of Children and Family Services to evaluate, research, plan, and recommend to the Governor and the Legislature programs designed to reduce the occurrence, severity, duration, and disabling aspects of mental, emotional, and behavioral disorders.*”

As noted earlier, mental health services for children and adults are provided by network service providers through contracts with MEs, managed care organizations, other state departments, and local governments. Individuals who require the most restrictive clinical setting are served in state-funded mental health treatment facilities. The Department has administrative responsibility for the Juvenile Incompetent to Proceed Program and the Behavioral Health Network. The Juvenile Incompetent to Proceed Program offers competency restoration for children with criminal charges who are found incompetent by a court to proceed due to mental illness, developmental disability, or autism. The Behavioral Health Network is an intensive behavioral health program for children enrolled in CHIP.

Part III of Chapter 394, F.S., outlines the guiding principles for child and adolescent mental health services funded by the Department. Based on SAMHSA’s System of Care principles, Florida has adopted a framework that requires services to be individualized, culturally competent, integrated, and include the family in all decision-making. These services should ensure a smooth transition for children who will need to access the adult system for continued age-appropriate services and supports. Services must be provided in the least restrictive setting available, and the Department funds an array of formal treatment and informal support services in the home and community.

For those children that require residential mental health treatment, the Department partners with AHCA to fund and oversee therapeutic group care and the Statewide Inpatient Psychiatric Program. The Statewide Inpatient Psychiatric Program provides residential mental health treatment in a secure setting with intensive treatment and serves children with severe emotional disturbances ages six through seventeen. The system of care is comprised of the following broad categories of mental health services: treatment, rehabilitative, support, and case management.

Assisted Living Facilities (ALFs) with Limited Mental Health Licenses (ALF-LMHL) are a part of the housing continuum for adults living with mental illnesses. As a function of the ME contracts, each region submits a plan at least annually to ensure the delivery of services to those in an ALF with a mental health diagnosis. The plan addresses training for ALF-LMHL staff, placement, and follow-up procedures to support ongoing treatment for residents. The annual ALF-LMHL Regional Plans are kept on file at the Department.

The Department funds several team-based community interventions including Florida Assertive Community Treatment (FACT) teams, Community Action Treatment (CAT) teams, Community Forensic Multidisciplinary teams, Mobile Response Teams, Multidisciplinary Child Welfare Teams, and FIT teams. The focus of these teams is to divert individuals with significant behavioral health conditions from residential or institutionalized care and support them in the community. Teams provide in-home services and supports, with heavy emphasis on community integration and bolstering family support systems.

# Access to Local Crisis Call Centers

On October 17, 2020, The National Suicide Hotline Designation Act of 2020 amended the Communications Act of 1934 to designate 988 as the new, easy to remember three-digit dialing code for anyone experiencing a mental health, substance use, or suicidal crisis. Serving as an expansion of its eleven-digit predecessor (the National Suicide Prevention Lifeline), the 988 Suicide & Crisis Lifeline went live in July of 2022 as a free, confidential service providing a single-entry point to a crisis care continuum that serves individuals with a variety of needs through three essential elements – someone to talk to, someone to respond, and somewhere to go.

Individuals experiencing emotional distress can call 988 and have calls answered by a trained crisis counselor (someone to talk to). Year one (July 2022 – June 2023) data from Florida’s thirteen 988 Lifeline Centers showed that 96.8% of calls were resolved at this stage without the need for a higher-level intervention (i.e., someone to respond and/or somewhere to go). In cases where a caller cannot be de-escalated over the phone, a warm hand-off can be provided by a local Mobile Response Team (someone to respond). 988 Lifeline Centers work in coordination with local 911 Public Service Answering Points (PSAPs) to dispatch immediate law enforcement or EMS response when there is a caller with an active suicide in progress – this is currently the case for about 1.3% of 988 calls in Florida according to the recent metrics reports. The 988 Suicide & Crisis Lifeline is the entry point to a modernized crisis continuum of care that provides multiple opportunities for an individual to be diverted from a higher level of care, with the goal of ensuring that only individuals who truly need the services of a Baker Act Receiving Facility are admitted into one.

988 Year One Data (July 2022-June 2023):

* 173,520 contacts served through Florida’s 988 network.
* 96.8% diversion rate (defined as crisis calls that do not require an in-person response after telephonic support).
* 21% increase in answer rate – from 54% in July 2022 to 75% by June 2023.
* > 1% of 988 calls answered resulted in involuntary emergency examination.
* Nearly five million contacts nationwide since July of 2022 rollout (according to SAMHSA’s “988 The First Year and Beyond” Report).
* Ten of Florida’s thirteen 988 call centers are 2-1-1 centers.

Every year, millions of individuals throughout the United States dial 2-1-1 for help with a variety of basic needs like food and shelter, as well as mental health crisis services. Florida 2-1-1[[4]](#footnote-5) is a free, confidential service that connects Floridians with local community-based organizations offering thousands of different programs and services. Individuals can call 2-1-1 to be connected to a referral specialist or search the Turn to 2-1-1 website for information on more than 40,000 different programs and services throughout Florida. The Florida Alliance of Information and Referral Services (FLAIRS) is the collaborative 2-1-1 association “responsible for studying, designing, implementing, supporting, and coordinating the Florida 211 Network and for receiving federal grants.” Some centers offer multilingual services 24-hours a day, 365 days per year. Other providers operate more limited in-house schedules and route evening, weekend, and holiday calls to neighboring crisis providers. Some providers have enhanced capacity for web-based interactions and text, chat, or email supports. Local data dashboards, with details on call volume and the type of service requests received by Florida’s network of 2-1-1 Centers, are accessible at www.211Counts.org. In FY 2022-2023 Florida’s 2-1-1 Centers reported approximately 707,859 calls[[5]](#footnote-6) and 935,092 total requests. The 988 Suicide & Crisis Lifeline is comprised of a nationwide network of over 200 local crisis call centers. They are nationally accredited by the American Association of Suicidology, and answer calls to the 988 Lifeline from their local communities. In FY 2022-2023, 988 member call centers operating in Florida reported receiving 115,169 calls.

The Department commits funding to support the Florida Veterans Support Line <http://www.MyFLVet.com>. The Florida Veterans Support Line was launched as a pilot program in 2014 and it has since expanded to every county in Florida. The Florida Veterans Support Line is powered by a network of local non-profit organizations who run Florida's 2-1-1 system and is funded by the United States Department of Veterans Affairs (VA) and the Department. The calls are answered by the Crisis Center of Tampa Bay, a private non-profit organization that is a member of the 988 and 2-1-1 networks. Many people answering the calls are veteran peers. Veterans and loved ones can call 1-844-MyFLVet and be connected to a peer military veteran who has been trained to provide immediate emotional support, as well as VA and non-VA resources located throughout the community. Over the past year, 20,365 calls were received from veterans, or family members and 54,838 referrals were provided. Additionally, 4,523 veterans were linked to care coordination services.

**Mobile Response Teams (MRTs)**

Mobile Response Teams (MRTs) provide readily available crisis care in the community and increase opportunities to stabilize individuals in the least restrictive setting to avoid the need for hospital or emergency department utilization. The MEs, in accordance with section 394.495, F.S., contract with providers for MRTs, with statewide access to this service across all 67 counties. In FY 2021-2022 there were 39 MRTs, that number increased to 51 teams statewide in FY 2022-2023 through additional funding. Through this expansion the Department funded teams are serving all ages. A map depicting the MRTs is available on the Department’s website.

For FY 2021-2022, the MRTs received 25,555 calls and in FY 2022-2023 received 28,394 calls, this is an 11% increase of utilization. The success in the MRT program is demonstrated by the number of calls diverted from Baker Acts. For FY 2022-2023, 82% of the calls meeting the threshold for an acute, in-person response did not result in an involuntary Baker Act. Table 8 displays a breakdown for MRTs by ME.

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| --- | --- | --- | --- | --- |
| **Table 8: Mobile Response Team Clients Served by State Fiscal Year (FY)** | | | | |
| **Managing Entity** | **FY 2021-2022** | | **FY 2022-2023** | |
| **Total** | **Percentage** | **Total** | **Percentage** |
| Northwest Florida Health Network | 7,576 | 30.0% | 7,226 | 25.4% |
| Broward Behavioral Health Coalition | 459 | 1.8% | 2,847 | 10.0% |
| Central Florida Behavioral Health Network | 5,548 | 22.0% | 5,560 | 19.6% |
| Central Florida Cares Health System | 1,007 | 4.0% | 1,161 | 4.1% |
| Lutheran Services Florida | 4,986 | 19.7% | 5,026 | 17.7% |
| Southeast Florida Behavioral Health Network | 3,815 | 15.1% | 4,749 | 16.7% |
| Thriving Minds | 1,864 | 7.4% | 1,825 | 6.4% |
| **Total** | **25,255** |  | **28,394** |  |

# Availability of Short-term Crisis Receiving and Stabilization Centers

Crisis stabilization is an acute care service, offered 24 hours per day, 7 days a week, that provides brief, intensive residential treatment services that meet the needs of individuals experiencing mental health crises who would otherwise require hospitalization. Crisis Stabilization Units (CSUs) and Children’s Crisis Stabilization Units (CCSUs) are residential facilities, serving as an alternative to inpatient hospitalization, that conduct voluntary examinations and involuntary examinations under Florida’s Baker Act. In Florida, individuals that are involuntarily admitted for examination go to a network of designated facilities, approved by the Department, that provide emergency screening, evaluation, and short-term stabilization.

There are 126 designated Baker Act Receiving Facilities in Florida, including 64 public facilities that have a contract with a ME and 62 private facilities. Designated Baker Act Receiving Facilities are facilities where involuntary examinations occur. These include hospitals licensed under Chapter 395, F.S., and CSUs licensed under Chapter 394, F.S. The Department designates all Baker Act Receiving Facilities regardless of type.

# Care Coordination

Care Coordination serves to assist individuals who are not effectively connected with the services and supports they need to transition successfully from higher levels of care to effective community-based care. Care Coordination connects systems including behavioral health, primary care, peer and natural supports, housing, education, vocation, and the justice systems. It is time-limited with a heavy concentration on educating and empowering the person served and it provides a single point of contact until a person is adequately connected to the care that meets their needs.

Pursuant to section 394.9082(3)(c), F.S., the Department has defined several priority populations to potentially benefit from Care Coordination. MEs and provider agencies are expected to utilize at least 50% of allocated funds to serve the following populations:

1. Adults with a serious mental illness, substance use disorder, or co-occurring disorders who demonstrate high utilization of acute care services, including crisis stabilization, inpatient, and inpatient detoxification services.
2. Adults with a serious mental illness, substance use disorder, or co-occurring disorders who are at risk of re-entry into crisis stabilization, inpatient, and inpatient detoxification services.
3. Adults with a serious mental illness awaiting placement in a State Mental Health Treatment Facility (SMHTF) or awaiting discharge from a SMHTF back to the community.

The following populations may receive Care Coordination from the remaining balance of allocated funds for Other Cost Accumulator (OCA) MS0CN and MH0CN.

1. Individuals with a serious emotional disturbance, serious mental illness, substance use disorder, or co-occurring disorders who are involved with the criminal justice system, including: a history of multiple arrests, involuntary placements, or violations of parole leading to institutionalization or incarceration.
2. Caretakers and parents at risk for involvement with child welfare.
3. Individuals identified by the Department, MEs, or Network Service Providers as potentially high risk due to concerns that warrant Care Coordination.

*The Department has defined additional populations to benefit from Care Coordination.*

1. Children and parents or caretakers in the child welfare system with behavioral health needs, including adolescents, as defined in section 394.492, Florida Statutes, who require assistance in transitioning to services provided in the adult system of care.
2. Children and adolescents with a mental health diagnosis, substance use disorder, or co-occurring disorder, including:
   * + 1. Children being discharged from Baker Act Receiving Facilities, emergency rooms, jails, or juvenile justice facilities at least one time, who are at risk of re-entry into these institutions or of high utilization for crisis stabilization.
       2. Children and adolescents who have recently resided in, or are currently awaiting admission to or discharge from, a treatment facility for children and adolescents as defined in section 394.455, F.S., which includes facilities (hospital, community facility, public or private facility, or receiving or treatment facility) and residential facilities for mental health, or co-occurring disorders.
3. Children not currently receiving services by a CAT Team.
4. Families with infants experiencing or at risk for Neonatal Abstinence Syndrome or Substance Exposed Newborn.

Care Coordination has an opportunity to support integration with the added populations listed above, including children, adolescents, and caregivers and to prevent individuals from admission or readmission into acute care facilities. In FY 2021-2022, 1,757 individuals were served by Care Coordination and in FY 2022-2023, 4,700 individuals were served, which is a 167.5% increase in individuals served. Table 9 displays a breakdown for Care Coordination individuals served by ME.

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| --- | --- | --- | --- | --- |
| **Table 9: Care Coordination Clients Served by State Fiscal Year (FY)** | | | | |
| **Managing Entity** | **FY 2021-2022** | | **FY 2022-2023** | |
| **Total** | **Percentage** | **Total** | **Percentage** |
| Northwest Florida Health Network | 210 | 11.9% | 457 | 9.7% |
| Broward Behavioral Health Coalition | 160 | 9% | 502 | 10.7% |
| Central Florida Behavioral Health Network | 575 | 32.7% | 955 | 20.3% |
| Central Florida Cares Health System | 269 | 15.3% | 392 | 8.4% |
| Lutheran Services Florida | 215 | 12.2% | 636 | 13.5% |
| Southeast Florida Behavioral Health Network | 194 | 11% | 205 | 4.4% |
| Thriving Minds | 136 | 7.7% | 1,554 | 33% |
| **Total** | **1,759** |  | **4,701** |  |

**Florida Assertive Community Treatment (FACT) Teams**

The FACT Teams utilize a transdisciplinary approach to deliver comprehensive care and promote independent, integrated living for individuals with serious mental illness. FACT Teams primarily provide services to participants where they live, work, or other preferred settings, and are available 24 hours a day, 7 days a week. FACT is recovery-oriented, strengths-based, and person-centered. FACT Teams provide a comprehensive array of services for program participants, such as: helping find and maintain safe and stable housing; furthering education or gaining employment; education about mental health challenges and treatment options; assisting with overall health care needs; assisting with co-occurring substance abuse recovery; developing practical life skills; providing medication oversight and support; and working closely with individuals’ families and other natural supports.

During FY 2021-2022, the Department expanded FACT by six teams totaling 39 teams, statewide. Data reports 99% of FACT Team individuals have stable housing statewide for both FY 2021-2022 and FY 2022-2023. Table 10 displays a breakdown of FACT clients served by ME.

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| --- | --- | --- | --- | --- | --- |
| **Table 10: Florida Assertive Community Treatment**  **Clients Served by State Fiscal Year (FY)** | | | | | |
| **Managing Entity** | **FY 2021-2022** | | **FY 2022-2023** | |
| **Total** | **Percentage** | **Total** | **Percentage** |
| Northwest Florida Health Network | 350 | 14.5% | 303 | 8.8% |
| Broward Behavioral Health Coalition | 82 | 3.4% | 56 | 1.6% |
| Central Florida Behavioral Health Network | 730 | 30.3% | 1,562 | 45.2% |
| Central Florida Cares Health System | 295 | 12.2% | 354 | 10.3% |
| Lutheran Services Florida | 419 | 17.4% | 625 | 18.1% |
| Southeast Florida Behavioral Health Network | 217 | 9.0% | 256 | 7.4% |
| Thriving Minds | 318 | 13.2% | 296 | 8.6% |
| **Total** | **2,411** |  | **3,452** |  |

# Community Action Treatment (CAT) Teams

The CAT model is an integrated service delivery approach that utilizes a team of individuals to comprehensively address the needs of young persons (and families) ages 11 up to 21 with a mental health diagnosis and complex needs such as a history of hospitalizations, involvement with juvenile justice, or school challenges. It utilizes an in-home/on-site team approach and incidental funding to individualize services that assist young people and their families to improve functioning and manage their behavioral health conditions. In 2005, the CAT Team began as a pilot program in Manatee and Lee Counties and has shown positive outcomes for keeping children with behavioral health conditions safely in their homes and communities. The anticipated length of involvement is six to nine months (based on the pilot model); however, providers should serve the individual for as long as needed to successfully complete treatment due to CAT services being extremely individualized.

CAT Team services are one of the most intensive and uniquely designed community-based services available to families in Florida.

**CAT Team Models**

* As the capacity of CAT Teams continues to grow, the Department developed three new CAT models.
  + The traditional CAT Team serves youth and young adults ages 11 to 21 with a behavioral health condition and at risk of out-of-home placement.
  + The Family First Prevention Services Act or FFPSA Teams use evidence-based practices to use an in-home family treatment approach to meet the needs of the entire family.
  + The CAT Teams that serve younger children use the traditional CAT model that’s been adapted for youth ages zero to 10.
  + Lastly, Family Support Teams (FST) use a family crisis care coordination model to serve families where the frequent use of emergency psychiatric services, particularly crisis stabilization units, contributes to family disruption or risk of separation.
* During the previous fiscal year, the Department expanded CAT to 69 teams:
  + 11 new traditional CAT teams were funded while seven existing teams were able to increase capacity to deliver services.
  + There were seven FFPSA teams that were implemented across the Northwest, Northeast, and SunCoast regions.
  + Three CAT Teams for younger children were established in the Northeast, SunCoast, and Southeast Regions.
  + Seven FSTs were funded to service families in Northwest, Central, SunCoast, Southeast, and Southern Regions.

CAT Teams have shown good outcomes keeping young people in the community, providing individualized treatment services and supports, assisting with successful transition to adulthood, and building natural supports within the community to help sustain gains made in treatment. CAT is intended to be a safe and effective alternative to out-of-home placement for children with serious behavioral health conditions. Upon successful completion, the youth and family should have the skills and natural support system needed to maintain improvements made during services.

**CAT Teams Data Overview FY 2022-2023**

* From FY 2021-2022 to FY 2022-2023, CAT Teams increased by 11% in the number of families served.
* In line with the goals of CAT Teams, 90% of youth discharged from services demonstrated improvement in individual functioning.
* Furthermore, 90% of youth discharged from CAT Teams last year remained at home in communities, rather than being discharged to a psychiatric residential treatment facility, juvenile justice residential commitment, or a child welfare placement.

**CAT Team Individuals Served**

* Through the expansion of CAT Teams and treatment models, more than 1,800 individuals have been served by teams that received funding for the statewide behavioral health expansion from the legislature in FY 2021-2022
* As of June 30, 2023, 253 individuals were on the waitlist for CAT services.
  + Prior to the expansion, the reported waitlist for CAT services was 626 individuals as of October 1, 2021.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Table 11: Community Action Treatment Clients Served by State Fiscal Year (FY)** | | | | |
| **Managing Entity** | **FY 2021-2022** | | **FY 2022-2023** | |
| **Total** | **Percentage** | **Total** | **Percentage** |
| Northwest Florida Health Network | 7,576 | 29.6% | 7,226 | 25.4% |
| Broward Behavioral Health Coalition | 759 | 3.0% | 2,847 | 10% |
| Central Florida Behavioral Health Network | 5,548 | 21.7% | 5,560 | 19.6% |
| Central Florida Cares Health System | 1,007 | 3.9% | 1,161 | 4% |
| Lutheran Services Florida | 4,986 | 19.5% | 5,026 | 17.7% |
| Southeast Florida Behavioral Health Network | 3,815 | 14.9% | 4,749 | 16.7% |
| Thriving Minds | 1,864 | 7.3% | 1,825 | 6.4% |
| **Total** | **25,555** |  | **28,394** |  |

# Family Intensive Treatment (FIT) Teams

The FIT Team model is designed to provide intensive services to families in the child welfare system with parental substance use. FIT Team providers serve families referred by the child protective investigator, child welfare case manager or Community-Based Care Lead Agency. Providers and stakeholders working with child welfare families, such as engagement programs and the dependency court system, can refer eligible parent(s)/guardian(s). The FIT Team model goal is to ensure that every family involved in services is supported and engaged with one team and one common planning process so that the family will experience one community-wide system of care.

Through the integration of child welfare and behavioral health practice models, FIT is designed to collaboratively engage and assess the entire family at an intense customized level, integrate care to the entire family unit, provide immediate access to services to treat behavioral health needs,

and address diminished Caregiver Protective Capacities (CPCs).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Table 12: Family Intensive Treatment Clients Served by State Fiscal Year (FY)** | | | | |
| **Managing Entity** | **FY 2021-2022** | | **FY 2022-2023** | |
| **Total** | **Percentage** | **Total** | **Percentage** |
| Northwest Florida Health Network | 300 | 25.9% | 338 | 21.4% |
| Broward Behavioral Health Coalition | 23 | 1.9% | 34 | 2.2% |
| Central Florida Behavioral Health Network | 304 | 26.3% | 534 | 33.8% |
| Central Florida Cares Health System | 52 | 4.5% | 82 | 5.2% |
| Lutheran Services Florida | 240 | 20.7% | 345 | 21.8% |
| Southeast Florida Behavioral Health Network | 129 | 11.1% | 93 | 5.9% |
| Thriving Minds | 109 | 9.4% | 155 | 9.8% |
| **Total** | **1,157** |  | **1,581** |  |

# Forensic Multidisciplinary Teams (FMTs)

Forensic Multidisciplinary Teams (FMTs) strive to help adults diagnosed with serious mental illness and divert them from Forensic SMHTF and other residential forensic programs. FMTs provide community-based services and supports. Many of these individuals are charged with lesser felony offenses and do not have a significant history of violent offenses. FMTs are available 24 hours per day, 7 days a week. FMTs serve adults with serious mental illness and prior forensic involvement giving priority to individuals in jail, in the community, or on conditional release from a SMHTF. There are 14 statewide teams.

# Primary Prevention of Substance Use

Florida, like all states, is required to spend at least 20% of the Substance Abuse Prevention and Treatment Block Grant award on primary prevention activities that are directed at individuals who do not require treatment for substance use disorders. All six strategies described by the Center for Substance Abuse Prevention are funded by the primary prevention set-aside. These strategies include information dissemination, education, alternative activities, problem identification and referral, community-based processes, and environmental strategies. The Department licenses providers of prevention services; identifies data-driven, statewide, strategic priorities; develops competitive applications for prevention grant funding opportunities; provides trainings on innovative prevention practices; leads data quality improvement initiatives; and collaborates with other state agencies on surveillance and resource coordination.

The Department manages the competitive review process for the block grant-funded, school-based, Prevention Partnership Grant (PPG) proposals, in partnership with the Department of Education and the Department of Juvenile Justice.[[6]](#footnote-7) The Department’s Statewide Prevention Coordinator recently collaborated with nurses, counselors, educators, and Department of Education representatives on the development of standards in the Florida Administrative Code for mental and emotional health education and substance use health education for grades K-12. The Department manages prevention specific appropriations from the Legislature, most recently in partnership with the Florida Alliance of Boys and Girls Clubs on a youth opioid prevention project.

Networks of prevention service providers, which include community-based organizations, like anti-drug coalitions, and behavioral health service providers, implement various evidence-based school-and family-based prevention programs throughout the state. The Department funds a variety of campaigns throughout the state designed to prevent youth substance use. These include different variations of Social Norms Campaigns, as well as Use Only as Directed, Know the Law, Talk: They Hear You, Friday Night Done Right, No One’s House/Not in My House, We ID, Parents Who Host Lose the Most, Lock Your Meds, Be the Wall, and Safe Homes/Safe Parties. As many of these campaign names imply, they involve activities that address a variety of substances and behaviors and include messages targeting parents and other adults that encourage responsible social hosting and supervision, restricting youth retail and social access to alcohol and medications, conveying disapproval of youth substance use, and modeling substance-free recreational activities.

The prevention system in Florida has a clear directive to be responsive to the needs of diverse racial, ethnic, and gender minorities, as well as American Indian/Alaska Native populations residing in the state. The Department’s prevention partners are empowered with the flexibility to respond to local needs and conditions. The Department’s Prevention Services Guidance Document requires data analysis to identify populations to be targeted through culturally appropriate, evidence-based prevention programs.[[7]](#footnote-8) Providers of prevention services are also required to use the planning process known as the Strategic Prevention Framework, which includes cultural competence as a cross- cutting principle that should be integrated into each step (assessment, capacity building, planning, implementation, and evaluation).[[8]](#footnote-9) The MEs monitor and address the needs of the diverse communities they serve in a variety of ways, including inclusive needs assessments that use demographic data throughout the process of writing, reviewing, and negotiating prevention contracts. Efforts are made to ensure that the prevention programs and strategies which are selected will be effective within diverse communities and providers are asked to demonstrate effectiveness at reaching various demographics.

Data on prevention services is entered in the Department’s Performance Based Prevention System, which is operated through a contract with Collaborative Planning Group Systems, Inc (CPGSI). In partnership with CPGSI, the Department helps identify and rectify data input errors through training and technical assistance provided to the MEs and prevention services providers. CPGSI provides written recommendations for improvement on an account-by-account basis to each ME. The Performance Based Prevention System now includes a web training tab to house trainings on various topics, including strategic planning. Population-level data includes age of first use, future intentions to use, alcohol-related vehicle crashes, DWI rates, arrests, perceived availability, perceived harm, perceived parental disapproval, retailer citations, pills collected through drug take-back events, substance-related school suspensions, and lifetime and past 30-day prevalence rates for a variety of substances. Provider-level profiles and service records contain a variety of data elements and variables, including but not limited to, funding source, substance problem type, strategy type, activity codes, IOM targets, program/campaign names, counties of service, activity counts and descriptions, service recipient demographics (age, race/ethnicity, etc.) outputs types (i.e., media generated, services provided, training provided, community action/change, etc.).

# Conclusion

The Department’s substance abuse and mental health system of care is multi-faceted and comprised of various programs, models, frameworks, and services to serve uninsured and underinsured populations. The Department continues to work with the MEs, community providers, key stakeholders, and other state agencies to identify opportunities for improvement within the Department’s substance abuse and mental health system of care.

Needs assessments conducted by the MEs, provider satisfaction surveys, client satisfaction surveys, Federal funding requirements, and data collected by the Department are all driving factors into the key programmatic focus areas of the Department. The MEs are working within their respective regions across the state to ensure an adequate provider network, ease of access to behavioral health services, implementation of key programs, and transparency into fiscal expenditures of their funding and how the funding is disseminated to communities for a coordinated system of care, serving children, adults, and families. The Department continues to work closely with the MEs to provide oversight and management of the allocation of funding.

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## Fiscal Year 2021-2022 and 2022-2023 Summary of Expenditures by Managing Entity

|  |
| --- |
| **Statewide Summary**  **(in $ millions)** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Schedule of Funds Group** | **FY21-22** | **FY21-22** | **FY22-23** | **FY22-23** |
| **Budget** | **Expenditures** | **Budget** | **Expenditures** |
| Managing Entity Operational Cost | 32,690,933 | 23,440,210 | 39,041,476 | 29,319,429 |
| Mental Health Core Services | 269,839,337 | 265,636,203 | 332,802,053 | 323,856,314 |
| Mental Health Discretionary Grants | 11,564,999 | 9,088,208 | 6,995,510 | 5,588,475 |
| Mental Health Proviso Projects | 20,179,112 | 14,536,328 | 38,933,307 | 27,485,930 |
| Mental Health Targeted Services | 169,788,505 | 149,635,755 | 231,208,959 | 192,978,153 |
| **Subtotal Mental Health** | **$504,062,886** | **$462,336,705** | **$648,981,305** | **$579,228,300** |
| Substance Abuse Core Services | 219,413,631 | 199,826,163 | 231,123,350 | 220,924,706 |
| Substance Abuse Discretionary Grants | 80,816,457 | 60,171,629 | 112,491,532 | 73,628,826 |
| Substance Abuse Proviso Projects | 34,850,221 | 27,049,081 | 5,265,268 | 3,997,249 |
| Substance Abuse Targeted Services | 49,727,635 | 41,066,580 | 78,956,291 | 70,539,819 |
| **Subtotal Substance Abuse** | **$384,807,944** | **$328,113,453** | **$427,836,441** | **$369,090,600** |
| **Total** | **$888,870,830** | **$790,450,158** | **$1,076,817,746** | **$948,466,965** |
| Supp: FEMA Crisis Counseling Funds | - | - | 6,660,000 | 2,886,789 |
| **Grand Total** | **$888,870,830** | **$790,450,158** | **$1,083,477,746** | **$951,353,755** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AHME1 Northwest Florida Health Network** | | | | |
| **Schedule of Funds Group** | **FY21-22** | **FY21-22** | **FY22-23** | **FY22-23** |
| **Budget** | **Expenditures** | **Budget** | **Expenditures** |
| Managing Entity Operational Cost | 3,404,288 | 3,272,581 | 3,844,610 | 3,277,093 |
| Mental Health Core Services | 21,743,498 | 1,686,434 | 31,587,578 | 1,277,301 |
| Mental Health Discretionary Grants | 3,931,045 | 3,441,596 | 982,738 | 78,283 |
| Mental Health Proviso Projects | 2,083,336 | 457,685 | 1,800,000 | 1,115,768 |
| Mental Health Targeted Services | 30,312,899 | 26,501,822 | 33,949,194 | 29,806,127 |
| **Subtotal Mental Health** | **$61,475,066** | **$55,360,119** | **$72,164,120** | **$66,354,572** |
| Substance Abuse Core Services | 18,512,047 | 15,153,017 | 26,300,633 | 25,473,745 |
| Substance Abuse Discretionary Grants | 4,666,563 | 3,874,654 | 6,298,370 | 5,147,831 |
| Substance Abuse Proviso Projects | 2,766,260 | 2,134,488 | - | - |
| Substance Abuse Targeted Services | 4,273,726 | 2,968,004 | 7,829,830 | 6,163,229 |
| **Subtotal Substance Abuse** | **$30,218,596** | **$24,130,163** | **$40,428,833** | **$36,784,805** |
| **Total** | **$91,693,662** | **$79,490,282** | **$112,592,953** | **$103,139,376** |
| Supp: FEMA Crisis Counseling Funds | - | - | - | - |
| **Grand Total** | **$91,693,662** | **$79,490,282** | **$112,592,953** | **$103,139,376** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EH003 Lutheran Services Florida** | | | | |
| **Schedule of Funds Group** | **FY21-22** | **FY21-222** | **FY22-23** | **FY22-23** |
| **Budget** | **Expenditures** | **Budget** | **Expenditures** |
| Managing Entity Operational Cost | 5,693,350 | 5,571,173 | 6,709,688 | 6,629,635 |
| Mental Health Core Services | 46,921,807 | 45,876,982 | 58,320,666 | 58,297,710 |
| Mental Health Discretionary Grants | 1,102,715 | 867,824 | 777,777 | 777,777 |
| Mental Health Proviso Projects | 8,228,334 | 5,734,417 | 19,290,100 | 111,053,575 |
| Mental Health Targeted Services | 39,947,411 | 7,150,460 | 53,804,341 | 50,787,383 |
| **Subtotal Mental Health** | **$101,893,617** | **$95,200,855** | **$138,902,572** | **$127,546,080** |
| Substance Abuse Core Services | 44,821,385 | 4,019,532 | 46,793,094 | 46,091,473 |
| Substance Abuse Discretionary Grants | 17,012,518 | 3,955,530 | 27,190,523 | 20,736,504 |
| Substance Abuse Proviso Projects | 6,936,763 | 6,894,269 | 1,666,030 | 1,652,312 |
| Substance Abuse Targeted Services | 9,894,764 | 9,194,191 | 14,811,571 | 14,318,798 |
| **Subtotal Substance Abuse** | **$78,665,430** | **$74,063,521** | **$90,461,218** | **$82,799,087** |
| **Total** | **$180,559,047** | **$169,264,377** | **$229,363,790** | **$210,345,167** |
| Supp: FEMA Crisis Counseling Funds | - | - | 915,000 | 432,448 |
| **Grand Total** | **$180,559,047** | **$169,264,377** | **$230,278,790** | **$210,777,615** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **GHME1 Central Florida Cares Health System** | | | | |
| **Schedule of Funds Group** | **FY21-22** | **FY21-222** | **FY22-23** | **FY22-23** |
| **Budget** | **Expenditures** | **Budget** | **Expenditures** |
| Managing Entity Operational Cost | 3,647,764 | 2,577,505 | 4,161,911 | 3,618,183 |
| Mental Health Core Services | 29,122,036 | 8,778,288 | 35,822,126 | 34,154,297 |
| Mental Health Discretionary Grants | 1,398,313 | 1,064,289 | 1,067,814 | 955,682 |
| Mental Health Proviso Projects | 1,000,000 | 1,000,000 | 1,600,000 | 1,600,000 |
| Mental Health Targeted Services | 18,410,061 | 5,573,386 | 25,318,931 | 20,331,098 |
| **Subtotal Mental Health** | **$53,578,174** | **$48,993,468** | **$67,970,782** | **$60,659,260** |
| Substance Abuse Core Services | 26,121,417 | 24,371,257 | 25,859,503 | 25,643,066 |
| Substance Abuse Discretionary Grants | 10,866,883 | 7,630,739 | 14,203,214 | 10,232,501 |
| Substance Abuse Proviso Projects | 5,674,221 | 4,100,086 | 900,000 | 879,854 |
| Substance Abuse Targeted Services | 6,294,477 | 5,488,558 | 9,504,807 | 8,822,079 |
| **Subtotal Substance Abuse** | **$48,956,998** | **$41,590,640** | **$50,467,524** | **$45,577,500** |
| **Total** | **$102,535,172** | **$90,584,108** | **$118,438,306** | **$106,236,760** |
| Supp: FEMA Crisis Counseling Funds | - | - | 1,040,000 | 616,503 |
| **Grand Total** | **$102,535,172** | **$90,584,108** | **$119,478,306** | **$106,853,263** |

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| **IH611 Southeast Florida Behavioral Health Network** | | | | |
| **Schedule of Funds Group** | **FY21-22** | **FY21-222** | **FY22-23** | **FY22-23** |
| **Budget** | **Expenditures** | **Budget** | **Expenditures** |
| Managing Entity Operational Cost | 3,827,854 | 3,213,237 | 4,839,821 | 4,367,825 |
| Mental Health Core Services | 26,959,752 | 6,957,389 | 39,047,607 | 37,116,323 |
| Mental Health Discretionary Grants | 1,895,987 | 40,389 | 2,061,618 | 1,350,184 |
| Mental Health Proviso Projects | 1,166,665 | 1,110,000 | 2,168,400 | 2,168,400 |
| Mental Health Targeted Services | 12,389,439 | 1,163,637 | 17,657,135 | 15,765,735 |
| **Subtotal Mental Health** | **$46,239,697** | **$43,384,652** | **$65,774,581** | **$60,768,466** |
| Substance Abuse Core Services | 20,503,312 | 18,763,055 | 21,794,798 | 21,556,165 |
| Substance Abuse Discretionary Grants | 10,105,396 | 8,429,611 | 11,862,215 | 8,641,067 |
| Substance Abuse Proviso Projects | 3,105,269 | 2,782,729 | - | - |
| Substance Abuse Targeted Services | 4,956,522 | 3,675,335 | 9,288,674 | 8,986,045 |
| **Subtotal Substance Abuse** | **$38,670,499** | **$33,650,730** | **$42,945,687** | **$39,183,277** |
| **Total** | **$84,910,196** | **$77,035,381** | **$108,720,268** | **$99,951,744** |
| Supp: FEMA Crisis Counseling Funds | - | - | 50,000 | 21,560 |
| **Grand Total** | **$84,910,196** | **$77,035,381** | **$108,770,268** | **$99,973,303** |

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| **JH343 Broward Behavioral Health Coalition** | | | | |
| **Schedule of Funds Group** | **FY21-22** | **FY21-222** | **FY22-23** | **FY22-23** |
| **Budget** | **Expenditures** | **Budget** | **Expenditures** |
| Managing Entity Operational Cost | 3,522,816 | 2,167,775 | 5,081,683 | 2,834,282 |
| Mental Health Core Services | 25,653,847 | 5,253,847 | 32,961,200 | 32,211,200 |
| Mental Health Discretionary Grants | 76,662 | 676,662 | 430,897 | 430,897 |
| Mental Health Proviso Projects | 150,000 | 80,706 | 1,010,400 | 873,336 |
| Mental Health Targeted Services | 13,721,032 | 2,803,269 | 16,786,938 | 15,507,493 |
| **Subtotal Mental Health** | **$43,724,357** | **$40,982,259** | **$56,271,118** | **$51,857,209** |
| Substance Abuse Core Services | 19,172,597 | 16,788,948 | 21,311,349 | 18,021,578 |
| Substance Abuse Discretionary Grants | 6,654,480 | 6,208,288 | 12,578,939 | 6,987,947 |
| Substance Abuse Proviso Projects | 3,663,339 | 3,270,187 | 1,999,238 | 1,215,082 |
| Substance Abuse Targeted Services | 5,124,143 | 5,028,087 | 7,407,391 | 7,353,379 |
| **Subtotal Substance Abuse** | **$34,614,559** | **$31,295,511** | **$43,296,917** | **$33,577,986** |
| **Total** | **$78,338,916** | **$72,277,770** | **$99,568,035** | **$85,435,195** |
| Supp: FEMA Crisis Counseling Funds | - | - | 75,000 | 53,592 |
| **Grand Total** | **$78,338,916** | **$72,277,770** | **$99,643,035** | **$85,488,786** |

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| **KH225 Thriving Minds** | | | | |
| **Schedule of Funds Group** | **FY21-22** | **FY21-222** | **FY22-23** | **FY22-23** |
| **Budget** | **Expenditures** | **Budget** | **Expenditures** |
| Managing Entity Operational Cost | 4,804,344 | 3,682,023 | 5,763,671 | 5,009,605 |
| Mental Health Core Services | 35,874,903 | 5,873,931 | 49,851,137 | 48,588,421 |
| Mental Health Discretionary Grants | 931,855 | 469,355 | 625,247 | 492,188 |
| Mental Health Proviso Projects | 11,112 | - | 952,760 | 540,903 |
| Mental Health Targeted Services | 14,260,169 | 11,326,613 | 23,044,668 | 18,375,018 |
| **Subtotal Mental Health** | **$55,982,383** | **$51,351,922** | **$80,237,483** | **$73,006,135** |
| Substance Abuse Core Services | 30,899,604 | 26,612,731 | 30,622,973 | 29,705,587 |
| Substance Abuse Discretionary Grants | 6,480,622 | 4,038,427 | 8,060,731 | 5,047,573 |
| Substance Abuse Proviso Projects | 4,083,716 | 2,563,151 | 250,000 | 250,000 |
| Substance Abuse Targeted Services | 6,379,690 | 4,033,339 | 9,288,097 | 8,334,049 |
| **Subtotal Substance Abuse** | **$81,435,903** | **$76,406,644** | **$48,221,801** | **$43,337,209** |
| **Total** | **$103,826,015** | **$88,599,570** | **$128,459,284** | **$116,343,343** |
| Supp: FEMA Crisis Counseling Funds | - | - | 95,000 | 60,956 |
| **Grand Total** | **$103,826,015** | **$88,599,570** | **$128,554,284** | **$116,404,300** |

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| **QD1A9 Central Florida Behavioral Health Network** | | | | |
| **Schedule of Funds Group** | **FY21-22** | **FY21-22** | **FY22-23** | **FY22-23** |
| **Budget** | **Expenditures** | **Budget** | **Expenditures** |
| Managing Entity Operational Cost | 7,790,517 | 2,955,918 | 8,640,092 | 3,582,806 |
| Mental Health Core Services | 83,563,494 | 81,209,332 | 85,211,739 | 82,211,062 |
| Mental Health Discretionary Grants | 1,628,422 | 1,628,093 | 1,049,419 | 703,463 |
| Mental Health Proviso Projects | 7,439,665 | 6,153,519 | 12,111,647 | 10,133,948 |
| Mental Health Targeted Services | 40,747,494 | 35,116,568 | 60,647,752 | 42,553,232 |
| **Subtotal Mental Health** | **$141,169,592** | **$127,063,430** | **$167,660,649** | **$139,184,511** |
| Substance Abuse Core Services | 59,383,269 | 54,117,622 | 58,441,000 | 54,433,093 |
| Substance Abuse Discretionary Grants | 25,029,995 | 16,034,380 | 32,297,540 | 16,835,537 |
| Substance Abuse Proviso Projects | 8,620,653 | 5,304,172 | 450,000 | - |
| Substance Abuse Targeted Services | 12,804,313 | 10,679,066 | 20,825,921 | 16,562,240 |
| **Subtotal Substance Abuse** | **$105,838,230** | **$162,992,739** | **$112,014,461** | **$87,830,870** |
| **Total** | **$247,007,822** | **$213,198,669** | **$279,675,110** | **$227,015,380** |
| Supp: FEMA Crisis Counseling Funds | - | - | 4,485,000 | 1,701,731 |
| **Grand Total** | **$247,007,822** | **$213,198,669** | **$284,160,110** | **$228,717,112** |

1. 1 S. 394.9082(1), Florida Statutes (F.S.). [↑](#footnote-ref-2)
2. 2 S. 394.9082(9), F.S [↑](#footnote-ref-3)
3. 3 Ibid [↑](#footnote-ref-4)
4. 4 S. 408.918(3), F.S. [↑](#footnote-ref-5)
5. 5 211 Counts. (2023). Top Service Requests by All Florida Call Centers – Custom Date: July 1, 2022 through June 30, 2023. Retrieved on September 12, 2023, from <http://www.211counts.org>. [↑](#footnote-ref-6)
6. 6 S. 397. 99 F.S. (School Substance Abuse Prevention Partnership Grants). [↑](#footnote-ref-7)
7. 7 Florida Department of Children and Families. (2019). Guidance 10 – Prevention Services. [↑](#footnote-ref-8)
8. 8 Substance Abuse and Mental Health Services Administration. (2019). A Guide to SAMHSA’s Strategic Prevention Framework. Retrieved from [www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf.](http://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf) [↑](#footnote-ref-9)