The Florida Senate

COMMITTEE MEETING EXPANDED AGENDA

APPROPRIATIONS SUBCOMMITTEE ON HEALTH AND HUMAN SERVICES
Senator Grimsley, Chair
Senator Flores, Vice Chair

MEETING DATE: Thursday, February 7, 2013
TIME: 2:00 —5:00 p.m.
PLACE: *Pat Thomas Committee Room,* 412 Knott Building

MEMBERS: Senator Grimsley, Chair; Senator Flores, Vice Chair; Senators Bean, Benacquisto, Galvano, Garcia, Gibson, Lee, Montford, Richter, Smith, Sobel, and Thrasher

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1		Governor's Fiscal Year 2013-2014 Budget Recommendations Mike Anway, Health and Human Services Unit, Policy Coordinator	Presented
2		Presentation on Community Mental Health Services	Presented
		Other Related Meeting Documents	

GOVERNOR RICK SCOTT

Fiscal Year 2013-2014

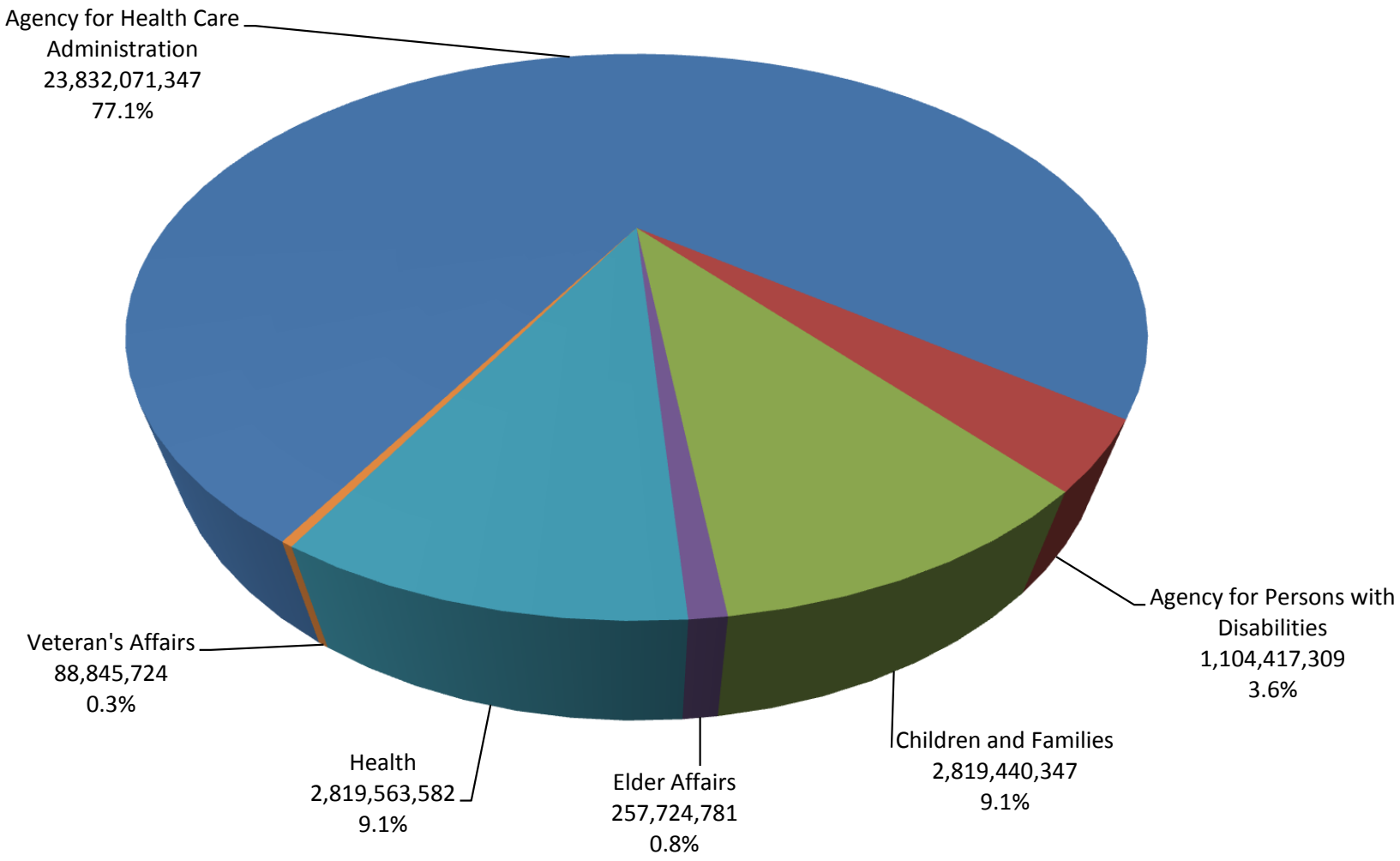
Health and Human Services Policy and Budget Recommendations

Education

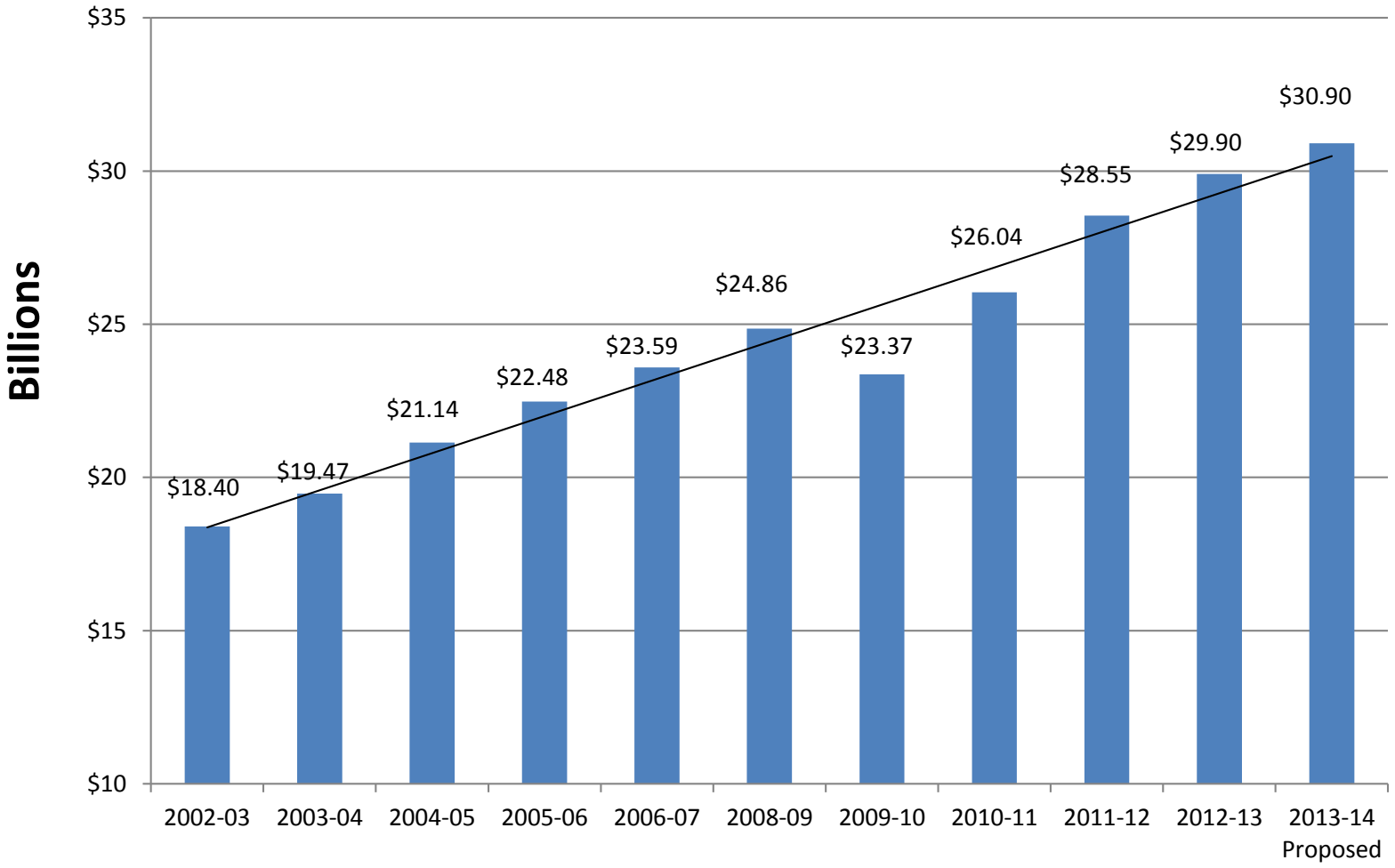
Creating Jobs

Supporting Florida's Families

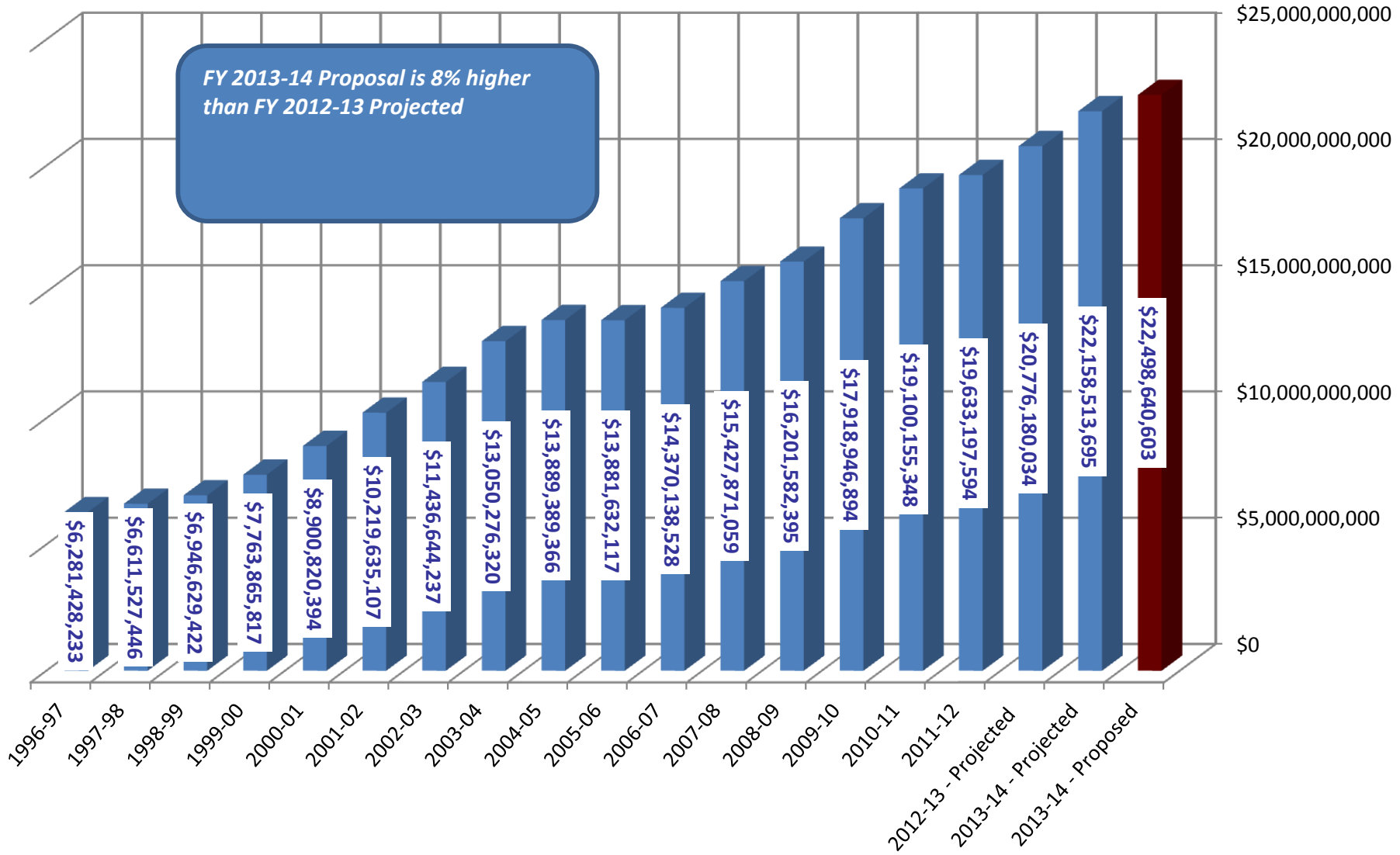
Governor's Recommended Budget Fiscal Year 2013-14
Health and Human Services - $30.9 Billion



History of HHS Appropriations



Medicaid Services Expenditures



Comparison of Budget Between Fiscal Years

Agency / Department	Fiscal Year 2012-13	Governor's Recommendations Fiscal Year 2013-14	Percent % Change
Agency for Health Care Administration	$22,278,814,862	$23,832,071,347	6.97%
Agency for Persons with Disabilities	$1,074,102,649	$1,104,417,309	2.82%
Department of Children and Families	$2,897,179,749	$2,819,440,347	(2.68)%
Department of Elder Affairs	$770,486,478	$257,724,781	(66.55)%
Department of Health	$2,782,912,317	$2,819,563,582	1.32%
Department of Veteran's Affairs	$83,686,911	$88,845,724	6.16%
Total	$29,877,562,981	$30,922,063,090	3.50%

Health and Human Services Highlights

Major Issues	General Revenue	Trust Funds	Total
APD Waitlist	$15,000,000	$21,293,249	$36,293,249
Nursing Home Diversion Waiver and Aged and Disabled Adult Waiver Waitlist	$10,000,000	$14,195,500	$24,195,500
Statewide Medicaid Residency Program	$33,056,000	$46,924,644	$79,980,644
Biomedical Research Initiative	$3,000,000	$27,150,000	$30,150,000
Transfer Home and Community Based Services Waivers to AHCA from DOEA & DCF	$230,434,150		$230,434,150

Agency for Health Care Administration Highlights

Major Issues	General Revenue	Trust Funds	Total
Medicaid Program - Projected Workload and Price Level	$184,639,691	$930,979,964	$1,115,619,656
Federal Health Care Reform – Currently Eligible but not Enrolled	$47,972,859	$68,099,871	$116,072,730
Rate Increase for Primary Care Practitioners to Medicare Rate	-	$703,505,743	$703,505,743
Health Insurance Tax	$13,054,128	$18,530,987	$31,585,115
Nursing Home Diversion Waiver and the Aged and Disabled Adult Waiver Waitlist	$10,000,000	$14,195,500	$24,195,500
Hospital Inpatient Rate Change	$(23,038,080)	$(58,747,837)	$(81,785,917)
Adjustment Clinic Services Reimbursement Rates	$(3,729,312)	$(5,347,187)	$(9,076,499)
Optional Services – Chiropractic and Podiatric	$(1,423,967)	$(2,027,317)	$(3,451,284)

Agency for Persons with Disabilities Highlights

Major Issues	FTE	General Revenue	Trust Funds	Total
Wait List	-	$15,000,000	$21,293,249	$36,293,249
Employment and Internship Supports	-	$2,500,000	-	$2,500,000
Electronic Verification Supports	-	$700,878	$700,878	$1,401,756
Market Rates for Comprehensive Transitional Education Program	-	$(482,207)	$(684,516)	$(1,166,723)

Department of Children and Families Highlights

Major Issues	FTE	General Revenue	Trust Funds	Total
Maintain Substance Abuse and Mental Health Services Funding	-	$23,064,001	-	$23,064,001
Maintenance Adoption Subsidies Funding	-	$20,235,712	$347,901	$20,582,803
Additional Funding for Maintenance Adoption Services	-	$5,847,059	$4,608,503	$10,455,562
Funding for the Florida's Public Assistance Eligibility System	-	-	$60,000,000	$60,000,000
Maintain Homeless Coalition Funding	-	$2,000,000	-	$2,000,000
Funding for Safe Harbor For Juvenile Commercial Sexual Exploitation Victims	-	-	$1,468,608	$1,468,608

Department of Elder Affairs Highlights

Major Issues	General Revenue	Trust Funds	Total
Additional Funding for Nursing Home Diversion and Aged and Disabled Adult Waivers	$10,000,000	$14,195,500	$24,195,500

Note: Funding for these waivers is being transferred to AHCA to ensure a smooth transition to the Long Term Care Managed Care.

Department of Health Highlights

Major Issues	General Revenue	Trust Funds	Total
Statewide Medicaid Residency Program	$33,056,000	$46,924,644	$79,980,644
Biomedical Research Initiative	$3,000,000	$27,150,000	$30,150,000
Women Infants and Children (WIC) Electronic Benefits Transfer (EBT) Implementation Project	-	$6,627,030	$6,627,030
Funding for Early Steps	$9,254,043	$3,433,362	$12,687,405
Maintain Funding for Ounce of Prevention	$1,900,000	-	$1,900,000
Upgrade Medical Quality Assurance Licensure, Regulatory and On-Line Systems	-	$7,019,017	$7,019,017
Special Projects	$(5,979,723)	-	$(5,979,723)

Department of Veterans' Affairs Highlights

Major Issues	FTE	General Revenue	Trust Funds	Total
Benefits and Assistance Increase Staffing	3.0	-	$208,557	$208,557
Replacement of Motor Vehicles	-	-	$195,651	$195,651
Additional Equipment	-	-	$94,101	$94,101
Increase in Contracted Services	-	-	$71,000	$71,000
Increases to Expense Operations and Maintenance Trust Fund	-	-	$523,100	$523,100
FCO – Maintenance and Repair of State-Owned Facilities for Veterans	-	-	$2,602,000	$2,602,000

Rick Scott, Governor
David Wilkins, Secretary

Presentation to

Senate Appropriations Subcommittee on Health and Human Services

Rob Siedlecki

Assistant Secretary for Substance Abuse & Mental Health

February 7, 2013

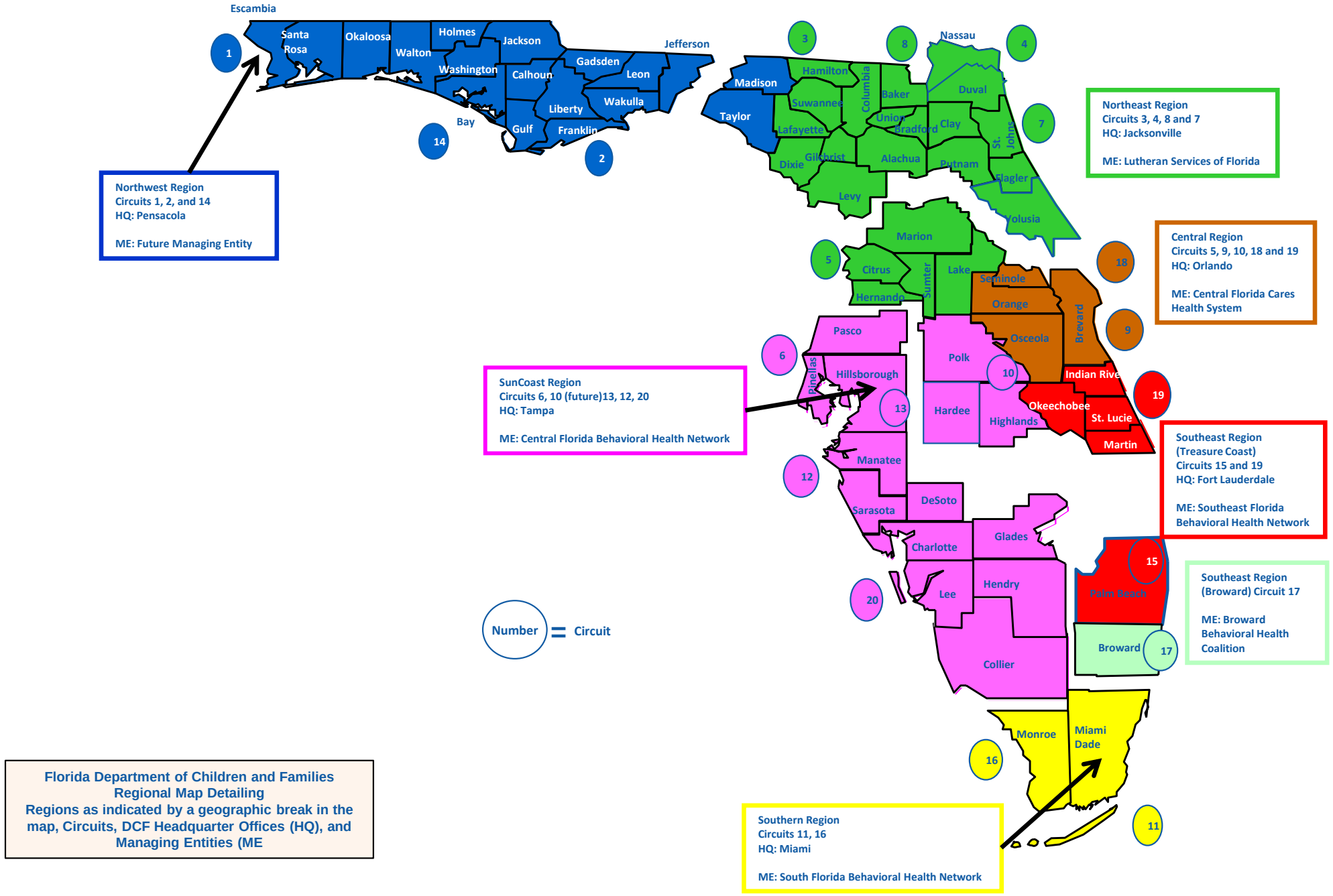
Background

Since 2006:

- 2 Managing Entities implemented
- Yet, DCF continued to manage over 300 individual provider contracts – which was unwieldy
  - Centralized control
  - Inconsistent rates
  - Inadequate statewide management of care
- In 2012, expanded and strengthened managing entities
  - Regional board/local control
  - Improved coordination of care through utilization management
  - Standardization of cost elements
- Currently, 6 managing entities operational
  - 1 in negotiation – anticipated to be operational March 1, 2013

Managing Entities Reinvestment Model for Behavioral Health

- Authorized by s. 394.9082, F.S.
- Organized as a non-profit entity
- Manages a system of care for behavioral health treatment and prevention
- Ensures a comprehensive and accessible array of services
- Creates administrative efficiencies and utilization management
- Funded through DCF base budget and by efficiencies achieved through statewide implementation


Escambia
Santa Rosa
Okaloosa
Walton
Holmes
Washington
Jackson
Calhoun
Gadsden
Jefferson
Leon
Wakulla
Liberty
Bay
Gulf
Franklin
1
14
2
Northwest Region
Circuits 1, 2, and 14
HQ: Pensacola
ME: Future Managing Entity
3
8
4
Nassau
Madison
Hamilton
Columbia
Baker
Duval
Taylor
Suwannee
Union
Bradford
Clay
7
Lafayette
St. Johns
Dixie
Gilchrist
Alachua
Putnam
Flagler
Levy
Volusia
Northeast Region
Circuits 3, 4, 8 and 7
HQ: Jacksonville
ME: Lutheran Services of Florida
Marion
5
18
Citrus
Lake
Seminole
Sumter
Hernando
Orange
Brevard
Central Region
Circuits 5, 9, 10, 18 and 19
HQ: Orlando
ME: Central Florida Cares Health System
Pasco
9
6
Osceola
Pinellas
Polk
Hillsborough
10
Indian River
19
13
Hardee
Okeechobee
Highlands
St. Lucie
Martin
SunCoast Region
Circuits 6, 10 (future)13, 12, 20
HQ: Tampa
ME: Central Florida Behavioral Health Network
Manatee
12
DeSoto
Sarasota
Glades
Charlotte
15
Southeast Region
(Treasure Coast)
Circuits 15 and 19
HQ: Fort Lauderdale
ME: Southeast Florida Behavioral Health Network
Hendry
Lee
Palm Beach
20
Southeast Region
(Broward) Circuit 17
ME: Broward Behavioral Health Coalition
Broward
17
Collier
Monroe
Miami Dade
16
11
Southern Region
Circuits 11, 16
HQ: Miami
ME: South Florida Behavioral Health Network
Number = Circuit
Florida Department of Children and Families
Regional Map Detailing
Regions as indicated by a geographic break in the map, Circuits, DCF Headquarter Offices (HQ), and Managing Entities (ME

Managing Entities Reinvestment Model for Behavioral Health

- Key Objectives:
  - Cost Efficiencies
  - Utilization Management
  - Better Coordination of Initiatives
  - Accountability/Transparency

Cost Efficiency

- Historically unwieldy and complex system of individual provider contracts
  - A single point of enrollment and eligibility determination for consumers
  - Administrative cost controls
    - Managing Entities provide economies of scale
    - Allows providers to focus on services, not back end processes
- Managing entities result in more people getting services

Utilization Management

- Brings success of other social service programs to DCF funded behavioral health care
  - Community Based Care Organizations (in child welfare system)
  - Managed Care reforms to Medicaid
- Improves consumer outcomes by managing their care at the appropriate level

Better Coordination of Initiatives

- Historically, difficult to coordinate initiatives with so many contracts
- Managing entities: a vehicle to achieve greater coordination.
  - Example: Child Welfare and Substance Abuse and Mental Health Integration
    - Research and experience show cross-over between child welfare involvement and SAMH
    - Coordinating care for parents generates better outcomes for children

Accountability and Transparency

- Performance based contracts
- ME Accountability Unit
- Managing Entities accountable to local communities
  - Scorecards and Metrics
    - Generates data for local decisions
    - Developed in consultation with stakeholders
  - Local oversight of service delivery and system design

Results of Managing Entity Reinvestment Model

- Through implementation of Managing Entity system:
  - Consumer outcomes are improved
  - Local development of system of care
  - Cost efficiencies redirected back into services
  - Better coordination of initiatives
- Over the next four fiscal years approximately 40,000 more persons served

Rick Scott, Governor
David Wilkins, Secretary

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
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Department of Children and Families

Substance Abuse and Mental Health FTEs

Fiscal Years 2009-10 through 2012-13

Budget Entity	APPROPRIATION FY 2009-10	FTE FY 2009-10	APPROPRIATION FY 2010-11	FTE FY 2010-11	APPROPRIATION FY 2011-12	FTE FY 2011-12	APPROPRIATION FY 2012-13	FTE FY 2012-13
Mental Health	6,607,783		6,507,974		3,778,162		2,941,334	
	9,882		10,034		9,522		9,562	
	250,017		253,831		241,102		225,645	
	1,148,261		1,009,662		804,609		808,036	
	79,954		140,266					
		116.00		113.00		69.00		54.5
Annual change				(2.5%)		(38.9%)		(21.0%)
Mental Health Total	**8,095,897**	**116.00**	**7,921,767**	**113.00**	**4,833,395**	**69.00**	**3,984,577**	**54.5**
Substance Abuse	2,691,089		2,564,294		768,118		771,156	
	7,459		7,580		7,077			
	1,533,638		1,683,565		1,505,765		1,511,719	
	562,985		580,661		451,377		453,161	
	11,610		11,795					
	175,790		178,620					
		80.00		78.00		46.00		40.0
Annual change				(2.5%)		(41.0%)		(13.0%)
Substance Abuse Total	**4,982,571**	**80.00**	**5,026,515**	**78.00**	**2,732,337**	**46.00**	**2,736,036**	**40.0**
Grand Total	**13,078,468**	**196.00**	**12,948,282**	**191.00**	**7,565,732**	**115.00**	**6,720,613**	**94.5**

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

Unified Administrative Cost Definition Implementation Report

Prepared by Public Consulting Group

November 2012

I. Introduction and Scope

a. Project Tasks

b. DCF Intent and Objectives

II. Process Narrative

a. Documentation Review

b. Provider Surveys

c. Workgroup Process

III. Unified Definition of Administrative Cost

IV. Implementation Recommendations

a. Insert New Definition Into DCF Program Documents

b. Clarify Requirements for and Enforce Submission and Review of DCF Financial Reporting Requirements

c. Additional Recommendations for Consideration

Appendices

1. Workgroup Minutes
2. Provider Surveys

I. Introduction and Scope

a. Project Tasks

The Florida Department of Children and Families (DCF) engaged Public Consulting Group, Inc. (PCG) in May 2012 to develop a unified definition of administrative cost applicable to providers funded through DCF's Substance Abuse and Mental Health (SAMH) Program Office. PCG was tasked with reviewing the existing language concerning administrative cost, developing a new definition and offering a set of recommendations for incorporating the new definition into all applicable DCF regulations and related documentation. Specifically, the tasks outlined in the Request for Proposals indicated that PCG would:

1. Analyze existing definitions and methodologies associated with allowable "administrative cost" and "indirect cost."

2. Facilitate a workgroup of DCF staff and stakeholders identified by DCF, including representatives of Managing Entities and SAMH service providers.

3. Develop a unified definition of "administrative cost" applicable to Managing Entity contracts and provider agency subcontracts funded by SAMH.

4. Draft recommended language to add the unified definition into statute, administrative rule, Managing Entity contracts, model contracts and other policy documents as appropriate.

b. DCF Intent and Objectives

In engaging PCG to undertake this effort, DCF sought to achieve two primary objectives: ensuring a uniform definition of administrative cost across program guidance and gaining a better understanding of the actual administrative costs paid by DCF to providers.

With regard to the first objective, the language in the RFQ further stated that:

> "The Department is also seeking consultation to assist with the development of a uniform definition of 'administrative costs.' Currently Chapter 65E-14, F.A.C., defines a number of methodologies for calculating administrative and indirect costs. The Department intends to establish a uniform definition and regulations on allowable methodologies for calculating administrative cost, eliminating all other references to administrative and/or indirect costs."

The necessity of understanding administrative costs has acquired an enhanced saliency with the use of Managing Entities (MEs). DCF's contractual definition of a Managing Entity is "…under contract to the Department to manage the day-to-day operational delivery of behavioral health services through an organized system of care."[1]

[1] See copy of Managing Entity contract retrieved on 10-25-2012 from http://www.dcf.state.fl.us/programs/samh/managingEntities.shtml

This managing entity structure marks a substantial change from the traditional structure in which DCF contracted with providers for substance abuse and mental health services. In the ME approach, responsibility for management services is placed within a single nonprofit entity at the local level. The collection of reliable, uniform administrative cost information supports this effort so that managing entity and service provider reimbursement can be set according to reliable and transparent data. The Managing Entity also takes on added importance because of the size of their contracts.[2]

The second major goal was to look at actual cost of providers to gain a better understanding of how providers recorded their costs and what amount of DCF funding issued to providers was being used to pay for administrative costs. The Florida Administrative Code, Rule 65E-14 (referred to as "the Rule") states that administrative costs may not exceed 14 percent of total DCF revenue for any provider; however, tracking and monitoring this requirement had proved difficult and DCF wanted to gain a better understanding of how many providers were actually meeting this threshold.

PCG, in conjunction with the administrative cost definition workgroup, completed each of the tasks outlined above and now presents this report as the summation of its work.

II. Methodology

a. Documentation Review

PCG began its engagement by conducting an extensive review of documentation related to administrative cost, including:

- DCF statutory guidance
- DCF programmatic guidance and related documentation
- Federal guidance concerning administrative cost
- Administrative cost definitions and allocation methodologies from other states

The primary resource concerning administrative cost definition is the Rule, which addresses financial rules applicable to community mental health and substance abuse services. The specific section identified for review is Section (2)(d), which currently contains the following language:

> (d) Allocable costs. For unit cost performance contracts, each contractor shall develop a written plan for allocating direct and indirect costs to each cost center.
> 1. A cost is allocable to a particular activity, in accordance with relative benefits received.
> 2. Any cost allocable to a particular activity may not be shifted to other State or Federal contracts or grants to overcome funding deficiencies, or to avoid restrictions imposed by law or by the terms of the contract.

[2] See Jacksonville Business Sentinel, (2012, May 18) which reported the contract value of the North Florida Managing Entity to be $93 million. Retrieved on 10-25-2012 from http://www.bizjournals.com/jacksonville/print-edition/2012/05/18/state-settles-93-million-local-care.html?page=all

3. A direct cost is any cost that can be identified specifically to a particular activity. Direct costs are readily identified on a transaction by transaction basis as necessary, reasonable, and benefiting or supporting one or more activities and can be directly assigned to such activities. A direct cost assigned to a cost center should be directly related to the activities within that cost center and be reasonable in both amount and nature.

4. Indirect Cost.

a. Indirect costs are those incurred for the accomplishment of common or joint purposes that benefit more than one activity and are not readily assignable only to the activity benefited without efforts which are disproportionate to the result achieved. These costs shall be accumulated and allocated so that each activity bears its fair share of the accumulated total indirect costs.

b. Indirect costs are accumulated by logical cost groupings which consider the reasons for incurring the costs and the need to distribute each grouping's costs on the basis of relative benefits accruing to activities.

c. Indirect costs shall be further categorized as support costs related to client services or administrative costs necessary for operating the organization.

d. Administration is to be treated as a cost center that will be allocated to all other cost centers in accordance with the written cost allocation plan developed pursuant to paragraph 65E-14.017(2)(d), F.A.C., and reviewed by the independent auditor pursuant to paragraph 65E-14.003(3)(c), F.A.C.

e. To facilitate equitable distribution of indirect costs to the activities served, a contractor may establish a number of pools of indirect cost. In general, the cost pools established shall constitute an aggregation of those items of expense that are considered to be of like nature in terms of their relative contribution to (or degree of remoteness from) the particular activity to which distribution is appropriate. Each such pool shall then be distributed individually to the related activities using the distribution basis or method most appropriate in the light of the guides set forth in the contractor's written cost allocation plan.

In addition to the Rule, several documents provided by DCF, many of which are standard reporting documents and supporting guidance used by DCF, were reviewed by PCG. A number of these documents specifically reference administrative cost and/or are used to report administrative and other costs, so it was important to understand their function within DCF operations and the methods used to complete them. Within the structure of DCF and the provider network, other documents reviewed included:

- Program/Cost Center Actual Expenses and Revenues Schedule and instructions
- SAMH Guidelines for the Review of Financial and Audit Reports
- SAMH Audit Schedules
- Managing Entity contract language and guide
- Sample Cost Allocation Plans
- DCF Guide to Performance Contracting, or "Blue Book" (no longer in use)
- The "Analysis of Florida Substance Abuse Provider Administrative Costs" prepared for the Division of State and Community Assistance Center for Substance Abuse Treatment

Federal guidance documents were reviewed at a high level to demonstrate the overarching principles that must guide the development of an administrative cost definition and to ensure that the revised definition would be compliant with the requirements outlined in these documents. Federal guidance reviewed included the following Office of Management and Budget (OMB) Circulars:

- A-87 Cost Principles for State, Local and Indian Tribal Governments
- A-102 Administrative Requirements for Grants and Cooperative Agreements with State and Local Governments
- A-133 Audits of States, Local Governments and Non-Profit Organizations

Other state guidance concerning administrative cost was reviewed extensively to consider a variety of definitions for administrative, direct and indirect cost, and to examine reporting and allocation methods that varied considerably in scope and format. This exercise served as a reminder that there is no one "right" way to define and capture administrative costs; states have some degree of flexibility in determining what works best for them. Other state guidance reviewed included:

- Arizona: Audited Financial Statements and Cost Allocation Plans, Financial Reporting Guide
- Colorado: Audited Financial Statements and Supplemental Cost Report, Accounting and Auditing Guidelines
- Massachusetts: Uniform Financial Statements and Independent Auditors' Report, UFR Audit and Preparation Manual
- New York: Consolidated Fiscal Report, CFR Reporting and Claiming Manual
- West Virginia: Financial and Statistical Report

b. Provider Surveys

PCG developed and conducted a survey designed to capture the current administrative costs of SAMH service providers located in each of the Managing Entity areas. Specifically, the cost survey was designed to obtain information in order to perform a comprehensive cost analysis regarding the current administrative cost rates for each Managing Entity (ME) region. The cost surveys were distributed to SAMH providers within each ME region and PCG was able to determine a system-wide average of administrative costs for each ME area.

PCG's approach to this deliverable was to complete the following five phases:

- Develop Cost Survey
- Select Survey Sample
- Administer the Survey and Collect Data
- Analyze the Cost Survey Data
- Report on the Results

A narrative explaining each phase is described below.

Develop Cost Survey

PCG developed the survey to obtain revenue and expense information for the fiscal year ending in 2011 and to present the financial information broken out by SAMH programs, all other programs, and the agency total. Expense information was reported for personnel and non-personnel related costs in the following categories:

- Direct Costs
- Support Costs
- Administrative Costs

SAMH providers also reported on the methodology used to allocate administrative costs across programs. In addition, the surveys included data collection on the number of SAMH clients served during the fiscal period.

Select Survey Sample

PCG administered the cost survey in three phases to selected service providers within specific ME regions. The first phase included providers from the Northeast, Central, and Suncoast regions. The second phase included providers from the Southeast and Northwest regions. The third phase included providers from the Southern and Broward regions. It was decided that DCF would submit the cost surveys to 100% of SAMH providers for each phase, with the understanding that due to the quick turnaround time required there likely would be a portion of providers who would not complete and return the cost surveys within the time constraints. The established threshold for determining a valid sample of responses was set at a minimum of 20% of responses to total providers within the ME region.

The following table presents the number of providers for which cost surveys were administered and the number of responses received along with the corresponding response percentages.

Table 1 – Providers Surveyed and Responses Received by ME Region

ME Region	Number of Providers Surveyed	Number of Provider Survey Responses Received	Percent of Responses Received
Northeast	48	16	33.3%
Central	58	22	37.9%
Circuit 10	8	2	25.0%
Suncoast	54	11	20.4%
Suncoast + C10	4	2	50.0%
Northwest	15	7	46.7%
Southeast	41	12	29.3%
Southern	56	14	25.0%
Broward	36	11	30.6%
TOTAL	**320**	**97**	**30.3%**

As evident in the providers surveyed and response rate table, the minimum 20% response rate was met in each ME region, individually, and the overall response rate was 30.3%.

Administer Survey and Collect Data

PCG's administration and data collection process included the following steps:

1) In various phases over two months, DCF gathered SAMH provider contact information and submitted the cost survey via email.

2) PCG received the cost surveys from SAMH providers and fielded questions to provide clarification in completing the cost survey.

3) Upon receiving the cost surveys, PCG performed a quality assurance review to determine reasonableness of the information reported. Supporting documentation submitted by the SAMH provider was reviewed and compared to the cost survey for accuracy.

4) PCG performed follow up calls and emails with SAMH providers to clarify reported costs and to provide technical assistance as needed.

Analyze Cost Survey Data

Once PCG's team of quality assurance (QA) reviewers completed their reviews, they were able to finalize 97 cost surveys. The results of each provider's SAMH program reported revenue and expenses were analyzed and summarized by region. The analysis included categorizing costs by administrative and support expenses and calculating the following percentages:

- Total administrative costs to total costs
- Total support costs to total costs
- Total administrative and support costs to total costs

Our analysis identified that a portion of providers either did not report any administrative or support costs or included support costs within the administrative costs category.

Further analysis was performed to determine correlations between key financial and statistical indicators:

- Correlation between percent of administrative costs and DCF SAMH clients
- Correlation between percent of administrative costs and DCF SAMH revenue
- Correlation between percent of administrative costs and DCF total program revenue
- Ratio of direct service personnel cost to total personnel cost
- Ratio of support personnel cost to total personnel cost
- Ratio of administrative staff cost to total personnel cost

PCG compared the percent of 'total administrative and support costs' to the percentages reported from previous cost analysis studies such as the DCF audit analysis and the ME economic report for particular providers who appeared to be outliers. PCG notated observations where there were significant variances amongst the three study results reviewed.

Report on Results

For each phase of the cost survey reporting process, PCG compiled the results by provider and region and summarized the data in the form of spreadsheets, tables, and graphs to convey the results including variability of expense categories, administrative cost percentages, and key financial correlations and ratios.

The following table presents the ratio of administrative and support costs to total costs.

Table 2 – Percent of Administrative and Support Costs to Total Costs by ME Region

ME Region	Administrative/Support Cost Percentage
Northeast	18.82%
Circuit 9 and 18	10.59%
Central	18.68%
Suncoast and C10	19.97%
Northwest	15.33%
Southern	22.66%
Southeast	18.30%
Broward	11.66%
Total	**18.21%**

A summary of SAMH program revenues and expenses aggregated by ME region is presented in the appendices to this report.

c. Workgroup Process

A vital element of the unified administrative cost definition development process was the convening of a workgroup, comprised of DCF staff and a sample of providers under contract with DCF, to review the existing definition and talk through recommended changes. DCF identified four representatives from provider agencies to be a part of the workgroup. Those individuals are:

- Allison Hill, Lakeview Center
- Eric Horst, The Center for Drug Free Living
- Amy Scholz, Operation PAR
- Bill Vintroux, Circles of Care

Six workgroup sessions were held between June and October of 2012. The workgroup sessions were open to the public and other providers participated in select workgroup sessions. Appendix 1 of this document includes copies of the minutes from all workgroup sessions including the names of participants at each session.

PCG facilitated the meetings in conjunction with DCF and prepared agendas, documents and presentations for each. The scope of work included:

- Facilitating discussions of direct and indirect costs;
- Collecting and summarizing definitions of administrative costs and allocation methods used by agencies in Arizona, Colorado, Massachusetts, New York, and West Virginia;
- Reviewing the definitions used in Federal documents such as the A-133 Compliance Supplement and OMB A-122;
- Identifying places in Florida documents where "administrative costs" are defined; and
- Drafting potential language changes that could be made to rules and supporting DCF documents.

The focus of the initial workgroup sessions was the review of federal cost accounting regulations and principles, cost allocation statistics and the other state examples surrounding administrative cost definition and allocation methods. These items were reviewed and discussed in the context of the regulations and practices inherent to DCF and the provider network.

Later meetings focused on the existing language in the Rule and the mechanics of revising the language to generate a clear and consistent definition of administrative cost. The revised definition represents a collaborative effort among providers in the workgroup, DCF staff and PCG, all of whom had a role in crafting and vetting the proposed language.

III. Unified Definition of Administrative Cost and Recommendations for Incorporation into other Guidance

Over the past three years, DCF had been examining the issue of administrative cost and the variability in the way SAMH providers report administrative costs, which was evident in PCG's analysis of the SAMH providers' cost survey responses. There was a desire to provide greater clarification regarding costs that should be categorized as administrative costs and to minimize confusion regarding whether costs should be classified as direct, administrative or support costs.

The current definition of administrative cost, as described in Rule 65E-14.017 Cost Principles, was reviewed by the DCF SAMH work group and subsequently revised as a result of the workgroup's efforts. The workgroup expressed a clear preference for categorizing costs as either program or administrative costs and then further explaining direct and indirect allocation methods. Hence, the language of the Rule was revised to discretely break out costs according to these parameters and to provide guidance regarding allocation. Administrative costs were separated into a unique section, as these types of costs may be either direct or indirect, and specific examples of allowable administrative activities were included.

The full extent of proposed revisions to Rule section 65E-14.017(2)(d) are outlined on the following page.

(d) Allocable costs. For unit cost performance contracts, each contractor shall develop a written plan for allocating direct and indirect costs to each cost center.

1. A cost is allocable to a particular activity, in accordance with relative benefits received.

2. Any cost allocable to a particular activity may not be shifted to other State or Federal contracts or grants to overcome funding deficiencies, or to avoid restrictions imposed by law or by the terms of the contract.

3. Program Costs

a. Program costs are allowable costs, other than administrative costs, as set forth in applicable State and Federal guidelines, that are incurred in connection with accomplishing the objectives of the contracted award.

4. Administrative Costs

a. Administrative costs are those costs incurred for common objectives that relate to the general management of an organization and benefit multiple programs. Administration is to be treated as a cost center that will be allocated to all other cost centers in accordance with the written cost allocation plan developed pursuant to this section and reviewed by the independent auditor pursuant to paragraph 65E-14.003(3)(c), F.A.C. Administration costs shall include the following activities:

(1) Executive Direction

(2) Board of Directors activities

(3) Financial Management

(4) Personnel/Human Resources

(5) Procurement and Contracting

(6) Information Technology Services; unless identified as a direct program cost

(7) Legal Services; unless identified as a direct program cost

(8) Risk Management and Quality Assurance and Improvement; unless identified as a direct program cost

b. Administrative costs may be allocated on a direct or indirect basis.

5. Allocation Method. Both program costs related to client services and administrative costs necessary for operating the organization may be allocated as either direct or indirect costs according to the definitions of each included below.

a. Direct Costs

(1) Direct costs are readily identified on a transaction by transaction basis as benefiting or supporting one or more activities and can be directly assigned to such activities. Direct costs shall be necessary and reasonable in both amount and nature.

b. Indirect Costs

(1) Indirect costs are those incurred for the accomplishment of common or joint purposes that benefit more than one activity and are not readily assignable only to the activity benefited without efforts which are disproportionate to the result achieved. These costs shall be accumulated and allocated so that each activity bears its fair share of the accumulated total indirect costs.

(2) Indirect costs are accumulated by logical cost groupings which consider the reasons for incurring the costs and the need to distribute each grouping's costs on the basis of relative benefits accruing to activities.

(3) To facilitate equitable distribution of indirect costs to the activities served, a direct service provider may establish a number of pools of indirect cost. Indirect cost pools shall aggregate expense items of like nature in terms of their relative contribution to the particular activity to which the costs are distributed in the direct service provider's written cost allocation plan.

(4) Where the direct service provider treats fringe benefits as indirect costs, such costs shall be set aside as a separate pool of indirect costs.

While the focus of this effort has been modifying the Rule language regarding administrative cost, a larger scale effort to revamp the Rule is concurrently being undertaken by DCF in conjunction with a variety of stakeholders. Thus, the revised administrative cost definition submitted by PCG for incorporation into the Rule will ultimately become part of a much broader set of Rule revisions that will be reviewed and addressed over the next several months. It is possible that other revisions to the Rule may have an impact on the revisions proposed in this report, or vice versa.

IV. Implementation Recommendations

a. Incorporate New Definition into PCG Programmatic Documents

Outside of the language proposed for incorporation into the Rule, PCG has identified several other relevant DCF documents that must be targeted for revision and inclusion of the new administrative cost definition.

Managing Entity Documents

Since the managing entities will have the primary oversight role with regard to contracted providers under the new structure, it is imperative that ME contract documents are updated to reflect the new administrative cost definition. Attachment I of the Managing Entity Contract, item A.1.b.(16) contains a definition of the managing entities' administrative cost, and at A.1.b.(25) contains a definition of the service providers administrative costs.[3] Both of these sections need to be reviewed for consistency with the new definition and DCF will need to determine whether to maintain unique definitions for ME and subcontractor administrative costs.

The Managing Entity Guide also contains references to administrative costs. For example, the Rule is included as Appendix C in the ME Guide and is frequently referenced throughout the Guide; each of these references needs to be reviewed, as well as all references to "cost" in the Guide, to ensure consistency with the revised definition in the Rule.

Program/Cost Center Actual Expenses and Revenues Schedule and Instructions

The Program/Cost Center Actual Expenses and Revenues Schedule is a primary vehicle for tracking provider administrative and other costs and is currently required to be completed by all providers, so revising this document to ensure consistency with the new administrative cost definition is essential. For example, how should Form 1037 be revised since it has "support" costs in two places, and how should the Form 1037 instructions be rewritten? The existence of these different views implies there is a need for a structured follow up on implementation. An appropriate process would be to identify potential changes and list them for a discussion by a workgroup. After there is general agreement on direction by the workgroup then specific changes can be made to the form and instructions and these changes brought back to the workgroup. This process of discussion can be a useful window into structuring new cost reporting in a managed entity environment.

[3] See DCF website, retrieved on 11-5-2012 from, http://www.dcf.state.fl.us/programs/samh/managingEntities.shtml

New Substance Abuse Service Provider Contracting Guide

It is especially important given the emergence of new regional managing entities to ensure that fiscal reporting is standardized across providers and entities. A useful part of this standardization would be the development of a current Contracting Guide. This Guide could cover both the new rules regarding the reporting of administrative costs, and specify contacting procedures that MEs should implement in regard to their operations. A Guide to DCF's current rules and procedures will be useful to the 500 plus service providers. For example, what information will be required by the MEs, will different MEs have different cost reporting requirements, and what information will continue to be required by DCF?

At one time DCF and providers relied upon a Guide to Performance Contracting and it was current as of April 2005. The guide contained information regarding all financial operations over which providers and the Department engaged with each other. PCG does not recommend resurrecting the previous guide but rather developing some systematic specification of cost reporting in the new service delivery environment. The scope and breadth of a "guide" can vary considerably; however, the new financial environment requires some systematic description of key activities so that all participants, both MEs and service providers, understand the new financial procedures and forms that will be used as well as the respective roles of DCF, the MEs, and the service providers.

b. Clarify Requirements for and Enforce Submission and Review of DCF Financial Reporting Requirements

Florida Rule 65E-14.003(2) requires the submission of CF-MH Form 1037 showing the revenues and expenses of each service provider within 45 days after the contract period has ended. CF-MH Form 1037 is the Program/Cost Center Actual Expenses & Revenues Schedule, consisting of a two-page form and seven pages of instructions.

The extent to which submission of the Form 1037 is uniformly required is not clear. The 2011 "Analysis of Florida Substance Abuse Provider Administrative Cost" noted that "Based on survey results, it is not clear what percentage of DCF providers are submitting this schedule." The analysis also noted anecdotal evidence of inconsistencies among DCF regional offices in enforcing submission of the schedule. Similarly, in PCG's discussions with workgroup members, confusion existed as to whether submission of the schedule was required and whether and how the schedules were being reviewed by DCF staff.

As with the systematic collection of Form 1037 schedules, an issue that needs a parallel discussion is the reporting of cost allocation plans. Florida rules at 65E-14.017(2)(d) require that "... each contractor shall develop a written plan for allocating direct and indirect costs to each cost center." However, the rules at 65E-14.017(2)(d) do not require that the cost allocation plans be submitted to the Department. Based on conversations with DCF staff and service provider staff, it appears that some providers submitted the cost allocation plans to some DCF regional offices and others did not. Nor is it clear to what extent Program Actual Expenses and Revenues Schedules are collected in one place and data systematically extracted from them.

As part of its ongoing discussion about administrative costs, the Department might consider how these documents are to be managed.

- Should the Department require that these documents be submitted? Are they still necessary in a post-managing entity environment?
- If required, who takes possession of the schedule or plans from the provider - the managing entity, or DCF, or both?

Collecting and reviewing the schedules and plans has a workload impact. On the one hand, the state could require that the independent auditing firm that prepares the service provider's financial statements review these state schedules and cost allocation plans. On the other hand, the allocation of costs has a material effect on the manner in which costs are reviewed. If the cost allocation plans of providers are not reviewed by state staff or state contractors, then there is the possibility that differences in reported administrative cost may be due to differences in cost allocation methodology rather than substantive difference in program operations.

Comparable operational options exist in regard to cost allocation plans and the Program Actual Expenses and Revenues Schedule. A process needs to be established whereby these operational issues are identified and decisions made in a timely manner. How the process is organized is the decision of the Department; however, the process might include:

- A good description of what now happens to these documents;
- An understanding of all current Departmental uses of them;
- The creation of policy options regarding their collection, transmission, storage and analysis;
- Decision making about who will be responsible for these documents; and
- A description of how that responsibility will be exercised.

c. Additional Recommendations for Consideration

Provide Training and Resources on the Revised Administrative Cost Definition and Related Items

The providers in the workgroup expressed a clear interest in having DCF develop and provide training on the administrative cost definition, once finalized, and related processes and documentation. The consensus was that providing detailed trainings would offer clear guidance regarding provider requirements as well as an opportunity for question-and-answer exchanges to clarify items for which guidance might be confusing or subject to interpretation.

Providers saw value in training not only those contracted providers that would be submitting financial reports but also those staff members within DCF and/or the managing entity network that would be responsible for reviewing submitted documentation and providing guidance on the requirements. In that manner, those individuals reviewing reports and forms would have the same understanding as the providers as to how costs were reported and why.

During the course of the workgroup sessions, it became clear that providers varied somewhat in their understanding or implementation of certain items related to financial reporting; while this is not necessarily problematic as some flexibility is built into the system, the type of training described above would help to ensure that providers remain in compliance with DCF's policies and expectations.

Implement a Web-Based Financial Reporting System to Ensure Uniform, Timely Review of Provider Financial Submissions

In PCG's business process analyses experience, the accumulation of forms, applications and other paperwork necessary to document activities sometimes results in there being more paper than staff to manage the paper. In situations where approximately 500 providers submit multiple documents, it is possible for the staff FTE available to conscientiously process cost documents to be less than the time required to intake and process the documents timely.

To the best of PCG's knowledge, 1037 audit schedules have not been captured in a single database that DCF can use to examine the costs reported by service providers. Currently DCF has to request copies of these 1037s from samples of providers. Capture of the forms in a single database would allow DCF and regional offices to carry out detailed, comprehensive analyses of reported cost information. To the extent that these cost review duties have been contracted out to MEs, a central database would also inform the MEs as to how to analyze the forms. Having a central data base of 1037s would enable DCF to negotiate more effectively with both MEs and service providers.

A relatively simple remedy is to set up a software program on the internet to capture this information. DCF would create a website where the service providers could enter their 1037 schedules and cost allocation plans. Input capture is a sequence of pages comprising a form that the provider fills out. Contemporary internet-based programs permit providers to change or update their submissions if necessary, and have security systems that only permit authorized users to retrieve the data. Such programs typically allow multiple years of data to be stored and permit state staff to have query capabilities to capture statistical information from the database of forms. Such a program would further standardize data definition and collection. Without such a technological underpinning, it is difficult to establish uniform data reporting and collection. Such a program would also bring substantive savings in operational efficiency such as in routine monitoring, contract negotiations and rate setting analyses.

Funding Initiative Senate Number: 345 / 7	
Name: Apalachee Center, Inc. /Crisis Stabilization Unit (Northwest)	**Amount**: $800,000
Type of Service Provided:	Crisis stabilization services are an alternative to hospitalization for individuals emergently requiring a structured, therapeutic environment for short-term treatment. Crisis Stabilization beds are utilized to treat individuals with a psychiatric condition who are at imminent danger of hurting themselves or others because they are in a psychiatric crisis. Individuals served in this level of care are in crisis, and are predominantly brought to treatment by Law Enforcement under the provisions of the Baker Act. They are stabilized safely and diverted from more costly hospitalization.
Number of People Served:	FY11/12 – 1576 persons were served on the CSU
Performance Standards:	
Are they in place:	The only performance standard in place is Average Length of Stay, however DCF has not included data on this measure on their dashboard for several years. Apalachee has developed our own internal performance standards to monitor.
What are they:	Average Length of Stay Client Satisfaction # Suicides
Performance Year to Date:	FY 11/12 Average Length of Stay: 4.7 days FY 11/12 Client Satisfaction: • 94% of clients reported being treated with courtesy and respect • 94% received medication information • 91% reported services are helping • 89% were satisfied with the overall quality of care FY11/12 Suicides - 0
How many other providers offer the same service in the same circuit?	There are no other CSU providers in our circuit

Funding Initiative Senate Number: 345/16	
Name: Life Management Center of Northwest Florida/Florida Assertive Community Treatment Team	Amount: $711,000
Type of Service Provided:	Due to insufficient funding to operate a Florida Assertive Community Treatment Team, the Department contracted these funds for added capacity within the model for Comprehensive Community Service Team services. These treatment services promote resiliency and facilitate recovery for adults with severe and persistent mental illness. Services take place in either outpatient or community based settings. CCST services are intended to restore the individual's functioning and participation in the community.
Number of People Served:	FY 11/12: 2,024
Performance Standards:	
Are they in place:	Yes; although client satisfaction is an internal added measure not included on the DCF dashboard.
What are they:	FY 11/12: Number served with a severe and persistent mental illness Client satisfaction Number of days in community
Performance Year to Date:	FY 11/12: 2,024 individuals served with a severe and persistent mental illness-utilization is 130% Client satisfaction is 91.69% Days in Community averaged350 days out of 365.
How many other providers offer the same service in the same circuit?	There are no other Comprehensive Community Service Teams in our Circuit

Funding Initiative Senate Number: 345 / 7	
Name: Apalachee Center, Inc / Forensic Residential Level 1 (Northwest)	**Amount:** $706,640
Type of Service Provided:	The Forensic Residential Level 1 treatment facility is a 16 bed treatment program designed to provide services to male adults who have been charged with a felony crime and have either been adjudicated Not Guilty by Reason of Insanity of found Incompetent to Proceed with court procedures. The residential treatment program provides comprehensive assessments, service planning, case management, psychiatric evaluations, medication management, nursing services, psychosocial rehabilitation services, competency restoration services, legal liaison services, substance abuse services as well as room and board. This program is an expansion of a 34-bed program in place since 2007, designed to alleviate the statewide shortage of forensic treatment beds through offering high intensity programming and supervision in Level 1 treatment. Between 2007 and 2013, this was the only Level 1 program of its kind statewide, offering treatment to individuals deemed too severe to be placed in other community settings. The program has operated at close to 100% occupancy since inception, while demand for services has grown. The program was expanded by the 2012 legislature to provide needed additional treatment beds.
Number of People Served:	NA – This program opened January 4, 2013. As of February 4, 2013, 16 individuals have been accepted for treatment (6 currently admitted, 10 screened and awaiting final Court approval).
Performance Standards:	
Are they in place:	No – DCF does not have performance standards for this program however, Apalachee sets performance measures and monitors them.
What are they:	Utilization Client Satisfaction Discharges to a less restrictive level of care
Performance Year to Date:	NA – for this program as it just opened but historically our other 2 forensic residential programs had the following performance. FY11/12 Utilization: 99% FY11/12 Client Satisfaction: • 84% reported services were helping • 88% were involved in treatment planning • 80% were satisfied with the overall quality of the program FY 07-12 Discharges to less restrictive level of care: Admissions: 87 clients Discharges: 57. Less Restrictive Care (Treatment Success): 84% (48) Return to Jail: 9% (5)

	Return to a higher level of care at Florida State Hospital: 7% (4)
How many other providers offer the same service in the same circuit?	There are no other providers in the circuit providing Level 1 forensic residential services.

Funding Initiative Senate Number: 345 / 7		
Name: Apalachee Center, Inc. / Short-term Residential Treatment (SRT) (Northwest)		Amount: $511,000
Type of Service Provided:	The 4 bed SRT provides continuous 24 hour observation and supervision for individuals who continue to meet Baker Act criteria for inpatient care but require a longer stay than the usual 3-5 days of crisis stabilization. SRT beds are specialized for adults who pose a significant or immediate danger to themselves, others or public safety due to mental illness. In general these individuals have had multiple admissions to the crisis stabilization unit and have demonstrated an inability to function at a lower level of care.	
Number of People Served:	FY11/12 – 27 Individuals were served in the SRT	
Performance Standards:		
Are they in place:	No – DCF does not have any measures in place, however Apalachee internally sets measures to monitor.	
What are they:	Utilization Client Satisfaction Suicides	
Performance Year to Date:	FY 11/12 Utilization: 98% FY 11/12 Client Satisfaction: • 94% of clients reported being treated with courtesy and respect • 94% received medication information • 91% reported services are helping • 89% were satisfied with the overall quality of care FY11/12 Suicides - 0	
How many other providers offer the same service in the same circuit?	There are no other providers in the circuit providing SRT services.	

Funding Initiative Senate Number: 366 / 58	
Name: Project WARM (Northeast)	Amount: $300,000
Type of Service Provided:	These funds have partially supported Project WARM since 1998. Project WARM is a long-term residential addiction treatment program for women who are pregnant, post-partum, or parenting young children. The women live on campus with their children under the age of three. Older children can visit overnight with their mothers on site on weekends. Most of the women who come to Project WARM have been traumatized or victimized in their relationships, many since childhood. The prescription drug epidemic of the past 5 years has also disproportionately affected this population. As a result of their drug use many women have had their children placed in out of home care. For these women their recovery offers the opportunity to be reunited with their children. WARM provides vitally needed services to overcome trauma and promote good mental health. Services provided include recovery training, life skills, parenting, and social interactions to provide empowerment and skills needed to cope with and overcome trauma and addiction. Project Warm stabilizes women and develops parenting skills leading to reunification with children and the delivery of drug free newborns. Moms are encouraged and supported to be positively empowered and control their own destiny by obtaining employment in the community and helping themselves and their children lead a full and productive life. Mothers work to obtain safe, affordable, drug free housing as they leave Project WARM. On average one drug free baby is born each month at Project WARM. Seven of every 10 women who enroll at WARM complete the treatment program. We are most proud that more than 120 babies have been born drug free and that they are brought into the world by a mom who is actively working a program of recovery and self-development.
Number of People Served:	During FY 2011-12 WARM served 68 women and 90 children. 16 drug free babies were born at Project WARM during the year. So far during FY 2012-13 WARM has served 43 women and 58 children. 15 drug free babies have been born to date this year.
Performance Standards:	
Are they in place:	Yes
What are they:	• 85% utilization • 75% completion rate

	• 100% babies born drug free • Average satisfaction score of 4 or better (5 pt scale) • 40% or more in continuous recovery at follow-up
Performance Year to Date:	• 99% utilization • 71% completion rate • 15 of 15 babies born drug free • 4.53 satisfaction score • 54% in recovery at follow-up
How many other providers offer the same service in the same circuit?	Project WARM is the only provider in the 7th Circuit that provides residential care for women throughout their pregnancy and allows women to immediately return to continue treatment with their newborn.

Funding Initiative Senate Number: 345 / 18	
Name: The Centers, Children's Mental Health Special Projects Emergency Stabilization (Northeast)	Amount: $850,421
Type of Service Provided: Crisis Stabilization for Children	
Number of People Served:	171
Performance Standards:	
Are they in place:	Yes
What are they:	% in mental health crisis who live in stable housing
Performance Year to Date:	% in mental health crisis who live in stable housing
How many other providers offer the same service in the same circuit?	

Funding Initiative Senate Number: 367 / 59	
Name: Project WARM (Northeast)	Amount: $1,245,000
Type of Service Provided:	***This appropriation requires extensive explanation.*** This amount is a combination of a $245,000 appropriation that has been part of Project WARM's based funding since FY 2004-05 and a $1,000,00 appropriation approved by the Legislature for Project WARM expansion in FY 2012-13. The data in the boxes below describes the use of the $245,000 appropriation. --- The $1,000,000 appropriation was the recurring component of a $2,000,000 line for Project WARM Expansion authorized in the the FY 12-13 budget and described as follows: **From the funds provided in Specific Appropriation 367, the sum of nonrecurring $1,000,000 general revenue funds and $1,000,000 recurring general revenue funds are provided to expand Project Warm for the treatment and recovery of drug addicted pregnant women**. The intent of this funding was clearly articulated to the Governor's office during their review of the project. The intent of the appropriation was to construct new facilities for Project WARM with the non-recurring and recurring funds during FY 2012-13, then the utilization of the $1,000,000 in recurring funds for operations thereafter. The additional operating funds were needed because Project WARM's treatment population is to be doubled from 16 to 32 beds. SMA had slowed the process of site selection for construction of the new WARM facility during the fall of 2012 based on a communication from DCF indicating the Department's understanding that the project could be converted to a Fixed Capital Outlay contract. allowing the carry forward of funds from fiscal year to fiscal year until the project was completed. Subsequently SMA was informed by DCF on January 11, 2013 that the project cannot be reclassified as FCO and funds must be expended in the current fiscal year. SMA is currently working with DCF to develop a contract that will allow operational expansion to begin immediately utilizing existing SMA facilities. Clearly we will not expend the $2,000,000 appropriation during FY 12-13. However, the $1,000,000 to support expanded operations will be necessary in FY 13-14.
Number of People Served:	During FY 2011-12 WARM served 68 women and 90 children. 16 drug free babies were born at Project WARM during the year. So

	far during FY 2012-13 WARM has served 43 women and 58 children. 15 drug free babies have been born to date this year.
Performance Standards:	
Are they in place:	Yes
What are they:	• 85% utilization • 75% completion rate • 100% babies born drug free • Average satisfaction score of 4 or better (5 pt scale) • 40% or more in continuous recovery at follow-up
Performance Year to Date:	• 99% utilization • 71% completion rate • 15 of 15 babies born drug free • 4.53 satisfaction score • 54% in recovery at follow-up
How many other providers offer the same service in the same circuit?	Project WARM is the only provider in the 7th Circuit that provides residential care for women throughout their pregnancy and allows women to immediately return to continue treatment with their newborn.

Funding Initiative Senate Number: 366 / 48	
Name: Community Substance Abuse – Stewart Marchman Ctr (Northeast)	Amount: $938,895
Type of Service Provided:	Adult Residential Addictions Treatment: These funds support SMA's 20 bed, co-ed Adult Residential Treatment (ART) program which began operations in 2002. SMA utilizes American Society of Addiction Medicine patient placement criteria to match appropriate clients to this intensive level of care. Staffing includes addictions, mental health and family therapists. Medical and psychiatric consults are provided to ART residents as required by the treatment plan. The treatment program is based on evidence-based Motivation Enhancement, Community Reinforcement and related cognitive behavioral therapies. These therapies emphasizes a review of thinking and behavior patterns related to drug use, then focus on developing and practicing new beliefs and behavior patterns that assist in resisting cravings to use and support continued recovery. Trauma issues are nearly universal in this population. Therapy is used to bring trauma into the open so that it can be dealt with clinically and resolved. The program also emphasizes self-help as a means of supporting continued sobriety. Therefore residents attend self-help groups both within the program and in the community.
Number of People Served:	This funding and matching funds provide 7300 residential treatment days annually. Average length of stay is 80 days, resulting in availability to serve 91 individuals annually.
Performance Standards:	
Are they in place:	Yes
What are they:	• 85% utilization • 70% completion rate • Average satisfaction score of 4.0 or better • 40% or more in continuous recovery at follow-up
Performance Year to Date:	• 85% utilization • 67% completion rate • 4.38 satisfaction score • 44% in recovery at follow-up
How many other providers offer the same service in the same circuit?	Haven Recovery Center also provides Level 2 residential services in the 7th Circuit. Services provided in the Adult Residential Treatment program are now accessible to any individual needing this level of care in the Northeast Region.

Funding Initiative Senate Number: 365 / 39	
Name: Stewart-Marchman Treatment Center (Northeast)	Amount: $141,000
Type of Service Provided:	Adult Detoxification: Inpatient, medically supervised withdrawal from alcohol and other drugs including illicit and prescription opioids, anti-anxiety and anti-depressants, amphetamines, cocaine, marijuana and synthetic cannabinoids. Detox services are supervised by Thomas Eisenberg, M.D. Registered nurses, certified addictions counselors and behavioral health technicians are on duty around the clock. Clients receive individual and group counseling focused on motivation enhancement, improved physical health and introduction to self-help groups including Alcoholics Anonymous and Narcotics Anonymous. This funding was a capacity expansion of SMA's existing detox services serving Volusia and Flagler Counties.
Number of People Served:	This funding amount and matching funds provide 887 detox service days annually. Average length of stay is 5 days, resulting in availability to serve 177 individuals annually.
Performance Standards:	
Are they in place:	Yes
What are they:	• Availability for 177 individuals served annually • 85% utilization • 60% detox completion rate • 100% will be referred for continuing addiction treatment services following detoxification. • Satisfaction > 3.5 on a 5 point scale
Performance Year to Date:	Through the first 6 months of FY 2012-13: • Availability at 100% • 83% utilization • 70% detox completion rate • 100% of discharges referred for further treatment • Satisfaction rating 3.78
How many other providers offer the same service in the same circuit?	None. Stewart-Marchman-Act Behavioral Healthcare is the only provider of inpatient detoxification services in the 7th Judicial Circuit. Funds from this project fund approximately 3 of the 19 beds in SMA's detox unit. At the time the project was funded the service area was limited to Volusia-Flagler. Today the services are accessible to all counties in the Northeast Region. The unit is a Marchman Act Receiving Facility, meaning that individuals can be involuntarily admitted for services.

Funding Initiative Senate Number: 366 / 57	
Name: River Region Human Services, Inc. , Women In Need W.I.N. (Northeast)	Amount: $250,000
Type of Service Provided:	River Region Human Services, Inc. initially received this money for our Women In Need (WIN) project which focused on reaching out to disadvantaged women with substance abuse problems who were living with or at-risk of HIV/AIDS. Project W.I.N. helped reduce the percentage of women testing positive for HIV/AIDS. The purpose of W.I.N. (Women In Need) was to reduce the spread of drug related HIV among women and subsequently their children. These individuals were provided outreach services, testing, and residential counseling and outpatient services. Over the years this funding continues to assist women but the focus has expanded to providing residential, outpatient and Medication assisted treatment to women who are at high risk for contracting HIV/AIDS, high risk for domestic violence, substance abuse and mental health disorders. The residential services allow for the women to bring their children into treatment with them as well to assist the family in remaining together and providing cohesion and care to the family unit. These services include outreach, tracking and tracing, testing for HIV and other STD's, primary care services, psychiatric evaluations and medication, case management and housing upon completion of treatment. It is a proven fact that women receiving services and have their children in care with them, are more likely to be successful in their treatment and recovery, than those who have to leave their children behind and enter treatment.
Number of People Served:	1,396
Performance Standards:	
Are they in place:	The performance standards we have been held to are those that were in our general DCF contract.
What are they:	We have always met our contract performance outcomes and done well when we were audited for our contractual licenses.
Performance Year to Date:	Our report cards from DCF always showed we met our outcomes per their guidelines.
How many other providers offer the same service in the same circuit?	To our knowledge, we are not aware of any other treatment provider offering services that our like the ones offered at River Region and with all the services that we provide.

Funding Initiative Senate Number: 366 / 55	
Name: River Region Human Services, Inc. / Outreach to the Elderly for Medical Compliance (Northeast)	Amount: $180,000.00
Type of Service Provided:	**PROGRAM DESCRIPTION (Full Version)** *Outreach to the Elderly for Medical Compliance, Substance Abuse, and Mental Health* River Region Human Services provides intensive outreach to the elderly through the following: 1) Identification and education about proper use of prescribed medications 2) Direct Observed Therapy and medication coordination with patient's prescribing physicians, 3) Follow-up to local hospitals regarding hip fractures, falls, and accidents, 4) Community wide training relative to the complications surrounding medicating the elderly and the rising use of alcohol and other drugs. Each of the components has been developed by a team of experienced doctors, nurses, mental health and substance abuse professionals. Education and training is provided in homes, congregational locations, senior centers, housing projects, and churches. Caregivers, social workers along with other supportive individuals are trained to assist in the adoption of medical compliance models for the elderly. The goal of the project is to achieve medical compliance and prevent complications for the elderly citizens in Duval, Clay, Baker, St. Johns, and Nassau counties. The impact has resulted in the reduction of emergency room visits, decrease in using contraindicated medications, informed senior citizens who can negotiate medications, an intensive medications monitoring systems that is client driven and be replicated throughout the State.
Number of People Served:	6,500
Performance Standards:	
Are they in place:	The performance standards were those outlined in our DCF contract.
What are they:	Our performance standards were not broken down by our departments and units and tended to cover services for our general outpatient services or residential services, elderly services, etc.
Performance Year to Date:	Each year we would far exceed the performance standards set by DCF and we performed very well on our contractual licensing audits.
How many other providers offer the same service in the same circuit?	To our knowledge, no other provider in our areas offers these services to the elderly with the array of services that River Region provides.

Funding Initiative Senate Number: 367 / 60	
Name: Haven Recovery Center Community Outpatient Treatment (Northeast)	Amount: $ 81,900
Type of Service Provided:	This project provides access to outpatient treatment for high risk substance abusers such as pregnant women, women placing their children at risk of abuse or neglect, veterans and males with histories of criminal justice involvement. Referrals to this program can be made by child protection agencies (DCF and Community-Based Care) and local providers of care. Services include outpatient counseling and case management for the target population.
Number of People Served:	234 (FY 11-12)
Performance Standards:	
Are they in place:	Yes - this project has been operating at 100% capacity since program inception in 1999-2000 and has successfully met contractual performance standards annually as documented in DCF monitoring audits.
What are they:	Number served Successful completion of program Employed at program discharge Consumer satisfaction with access and quality of care Referral agent/ family member satisfaction
Performance Year to Date:	Number served (actual FY 11-12) = 234 Successfully completed the program = 67% (FY 12-13 YTD) Employed at program discharge = 61% (FY 11-12) Consumer Satisfaction = 90% Family Member/Referral Agent Satisfaction = 93%
How many other providers offer the same service in the same circuit?	This project provides outpatient services and case management at two areas of Volusia County where no other substance abuse treatment programs of this nature exist. This program is a fundamental element of our circuit's coordinated system of referral and care for the area's child protection and justice systems.

Funding Initiative Senate Number: 345/17		
Name: LifeStream Behavioral Center (Northeast)		Amount: $400,000
Type of Service Provided:	Crisis Stabilization Unit	
Number of People Served:	350	
Performance Standards:		
Are they in place:	Yes	
What are they:	% in mental health crisis who live in stable housing 90%	
Performance Year to Date:	% in mental health crisis who live in stable housing 98%	
How many other providers offer the same service in the same circuit?	2	

Funding Initiative Senate Number: 344 / 4		
Name: LifeStream Behavioral Center (Children's Comprehensive Behavioral Health) (Northeast)		Amount:$270,000
Type of Service Provided:	Children's Crisis Stabilization Unit	
Number of People Served:	300	
Performance Standards:		
Are they in place:	Yes	
What are they:	% of Children who live in stable housing 95% % of children who improve their level of functioning 60% % of children school days are 86%	
Performance Year to Date:	% of Children who live in stable housing 99% % of children who improve their level of functioning 55% % of children school days are 99%	
How many other providers offer the same service in the same circuit?	1	

Funding Initiative Senate Number: 366 / 53	
Name: Haven Recovery Center/Serenity House of Volusia - Managed Care (Northeast)	Amount: $ 543,000
Type of Service Provided:	Comprehensive range of care including case management, transitional support, housing and residential treatment for mentally ill substance abusers that would be placed in state-funded institutions without these interventions.
Number of People Served:	657
Performance Standards:	
Are they in place:	This project has been operating at 100% capacity since program inception in 2004-05 and has successfully met contractual performance standards annually as documented in DCF monitoring audits.
What are they:	Number served Consumer satisfaction with access and quality of care Referral agent/ family member satisfaction with care Successful completion of program Cost impact of provision of services
Performance Year to Date:	Number served (actual FY 12-12) = 657 Successfully completed the program = 67% (FY 11-12) Employed at program discharge = 75% (FY 11-12) Family Member/Referral Agent Satisfaction = 93% Consumer Satisfaction = 94% A 2008 study comparing pre vs. post-treatment public costs documents that public costs are reduced by 94.2% for individuals participating in this program.
How many other providers offer the same service in the same circuit?	• No other circuit provider targets this population and provides the comprehensive array of treatment and case management services included in this project. This program was designed as a state pilot to establish evidence that access to a coordinated array of treatment and community services can interrupt the "revolving door" for high risk substance abusers with co-occurring mental health disorders.

Funding Initiative Senate Number: 345 / 11	
Name: Haven Recovery Center/Serenity House of Volusia (Community Domiciliary Project – Continuation) (Northeast)	Amount: $ 305,100
Type of Service Provided:	This project provides the circuit's only comprehensive treatment program designed for women with co-occurring substance abuse and mental health disorders. The target population includes women referred by child protection agencies (DCF and Community-Based Care) and homeless women with children. Services include a full range of care including case management, transitional support, housing and residential treatment.
Number of People Served:	98
Performance Standards:	
Are they in place:	This project has been operating at 100% capacity since program inception in 2000-01 and has successfully met contractual performance standards annually as documented in DCF monitoring audits.
What are they:	Number served Consumer satisfaction with access and quality of care Referral agent/ family member satisfaction with quality of care Successful completion of program Employed at program discharge Cost benefit of program participation
Performance Year to Date:	Number served = 98 Successfully completed the program = 79% Employed at program discharge = 59% Family Member/Referral Agent Satisfaction = 93% Consumer Satisfaction = 100% A "cost impact" study conducted in 2005 indicates that this project reduces public costs for each individual receiving care by over $10,000 annually. This project received a FADAA "Best Practice" award in 2001
How many other providers offer the same service in the same circuit?	• No other circuit provider targets this population and provides the comprehensive array of treatment and case management services included in this project. This program was designed as a state pilot to establish evidence that access to treatment and community services addresses issues of substance abuse, mental health and child abuse/neglect.

Funding Initiative Senate Number: 366 / 56	
Name: Passageway Aftercare Project / Haven Recovery Center – Volusia (Northeast)	Amount: $ 180,000
Type of Service Provided:	This project provides access to ongoing aftercare, support and intervention for individuals completing treatment. Cost impact studies indicate that substance abusers that receive these services have reduced recidivism and relapse rates post-treatment. The target population includes parents placing children at risk of abuse or neglect, homeless veterans, and persons with co-occurring disorders. This program provide access to a range of "best practice" services including case management, transitional support, housing and residential treatment for individuals that would be placed in more costly state-funded programs without these interventions.
Number of People Served:	84 (FY 12-13 YTD)
Performance Standards:	
Are they in place:	This project has been operating at 100% capacity since program inception in 2001-02 and has successfully met contractual performance standards annually as documented in DCF monitoring audits.
What are they:	Number served Consumer satisfaction with access and quality of care Referral agent/ family member satisfaction with quality care Successful completion of program Percentage employed at completion Follow Up Outcome Benefits
Performance Year to Date:	Number served (actual FY 12-13 YTD) = 84 Successfully completed the program = 88% Family Member/Referral Agent Satisfaction = 93% Consumer Satisfaction= 98% Percentage employed: 90% Long term follow-up studies indicate that recidivism and relapse is reduced by over 38% for these programs.
How many other providers offer the same service in the same circuit?	• This project is the only program of this nature in the circuit and was designed as a state pilot to establish evidence that access to a coordinated array of post-treatment community services can successfully address the interrelated issues of substance abuse, mental health disorders and child abuse/neglect.

Funding Initiative Senate Number: 366 / 47	
Name: Community Substance Abuse / New Beginnings Program (Statewide)	Amount: $ 135,000
Type of Service Provided:	This project provides access to treatment for pregnant women and women placing their children at risk of abuse or neglect. The target population includes women referred by child protection agencies (DCF and Community-Based Care) and homeless women with children. Services include a full range of care including case management, transitional support, housing and residential treatment for individuals that would be placed in more costly state-funded programs without these interventions.
Number of People Served:	164 (FY 11-12)
Performance Standards:	
Are they in place:	This project has been operating at 100% capacity since program inception in 2000-01 and has successfully met contractual performance standards annually as documented in DCF monitoring audits.
What are they:	Number served Consumer satisfaction with access and quality of care Referral agent/ family member satisfaction with quality of care Successful completion of program Employed at program discharge
Performance Year to Date:	Number served (actual FY 11-12) = 164 Successfully completed the program = 83% (FY 12-13 YTD) Employed at program discharge = 77% (FY 11-12) Family Member/Referral Agent Satisfaction = 93% Consumer Satisfaction = 90%
How many other providers offer the same service in the same circuit?	• This project is the sole residential/case management treatment program in West Volusia County that serves women who are placing their children at risk of abuse or neglect. This program was designed as a state pilot to establish evidence that access to a coordinated array of treatment and community services can address the interrelated issues of substance abuse, mental health disorders and child abuse/neglect.

Funding Initiative Senate Number: 345/28		
Name: **Wayne Densch Center, Inc. (Central)**		Amount: $360,000
Type of Service Provided:	Transitional /Permanent Supportive Housing & Sheltered Employment for Severe and Persistent Mentally Ill Homeless Individuals	
Number of People Served:	DCF funds services for 60 Individuals in our 160 bed program.	
Performance Standards:		
Are they in place:	Yes	
What are they:	# Days in the Community # Days worked for pay % Placed and remain in permanent housing % Increasing Income from date of Entry	
Performance Year to Date:	38 Served 360.27 days in the community 113.11 days worked 16% in stable housing	
How many other providers offer the same service in the same circuit?	I am not aware of any agency that provides the combination of transitional and permanent housing with the overlay of services, education and employment in this circuit.	

Funding Initiative Senate Number: 345; this project has been funded for 12 years and continues as initially funded to support Crisis Stabilization Unit inpatient psychiatric services with utilization averaging 120% / 25	
Name: **Seminole County Crisis Unit (Central)**	Amount: $400,000
Type of Service Provided:	These services are required by the Baker Act (Chapter 394, Part I, F.S.) and are needed to provide involuntary examination for individuals who present an imminent danger to themselves or others due to mental illness. This function is critical to public safety as well as meeting the clinical needs of individuals with severe and persistent mental illness. Without this project, the community would be in severe distress and would be unable to respond to the community's acute psychiatric needs, which would adversely affect public safety (law enforcement and jails) and public health (emergency departments).
Number of People Served:	549 individuals annually for an average length of stay of 3 days or 1646 beds days at $291.41
Performance Standards:	
Are they in place:	Yes. Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores. In addition, daily utilization reports are forwarded to the managing entity.
What are they:	**Output data** : Number served, number of bed days **Unit cost data**: Cost per bed day **Client Satisfaction:** Measure of degree to which crisis stabilization unit services meets the individual's expectations.
Performance Year to Date:	**Output data**: 549 individuals reflecting 120% utilization of funded beds **Unit cost data**: $291.41 per bed day as determined by 65E-14.023, F.A.C. significantly less than Medicaid prevailing rate of $600 per bed day **Client Satisfaction**: Above average as monitored by internal Quality Improvement Program
How many other providers offer the same service in the same circuit?	There are no other crisis stabilization units located in Seminole County.

Funding Initiative Senate Number: 366 (GAA Specific Appropriation Number; ch. 2012-118, L.O.F.)/45	
Name: Circles of Care - Adult Substance Abuse (Central)	Amount: $400,000
Type of Service Provided:	Adult Residential Substance Abuse Level 1 These licensed services provide structured, live-in, non-hospital setting with supervision on a twenty-four (24) hours per day, seven (7) days per week basis. There is a nurse on duty in this facility at all times. Level I services provide a range of assessment, treatment, rehabilitation, and ancillary services in an intensive therapeutic environment, with an emphasis on treatment. This program also assists individuals from Drug Courts from getting deeper into the forensics system.
Number of People Served:	FY 2011-2012: 140 adults for 2,888 days FY 07/01/2012 – 12/31/2012: 67 adults for 1,357 days
Performance Standards:	
Are they in place:	Yes
What are they:	(M0755/SA755) – Percent of adults who successfully complete substance abuse treatment services will be at least **50%**. (M0756/SA756) – Percent of adults who live in a stable housing environment at the time of discharge will be at least **80%**.
Performance Year to Date:	(M0755/SA755) – 72.5% (target = 50%) (M0756/SA756) – 100%
How many other providers offer the same service in the same circuit?	0 – The Residential I program at Circles of Care is unique to the circuit.

Funding Initiative Senate Number: **366/49**	
Name: **Drug Free Living – Brevard (Central)**	Amount: **$500,000**
Type of Service Provided:	The Center for Drug-Free Living's Women and Children's Programs provide evidence-based, substance use and co-occurring disorder treatment services for women, including those who are pregnant and post-partum, and their infants and children. In addition to alcohol, opiates, and other illicit drugs, **the programs also serve pregnant women and mothers who abuse or are addicted to prescription drugs.** The programs focus on eliminating substance use by utilizing medical and clinical procedures to assist women as they withdraw from the physiological and psychological effects of substance abuse. Additionally, through treatment of pregnant women, the program helps to ensure the birth of drug-free babies. Moreover, children live on-site with their mothers enabling them to receive therapeutic interventions so that they can better integrate into school and their community. This also ensures that the children stay out of the child welfare/foster care system. Services are primarily residential substance use and co-occurring disorder treatment which includes comprehensive assessment and treatment planning, individual, group and family therapy as well as medication assisted treatment. Additional services include psycho-social life skills and overlay services including parenting skills, vocational/educational training, nutrition, medication management, and child care for those mothers with custody of their children. The program helps to coordinate medical services for those women who are pregnant and post-partum in order to ensure the birth of a healthy, drug-free baby and the continued health of the baby during its first year. The program also works with mothers and DCF's Child Welfare program to facilitate reunification with any children for which she does not have custody. The programs may serve women involuntarily committed through a Marchman Act. The Center for Drug-Free Living currently operates 2 separate Women and Children's Programs: • Orange Women and Children's Services in Orlando is a 35-bed, Level II program;

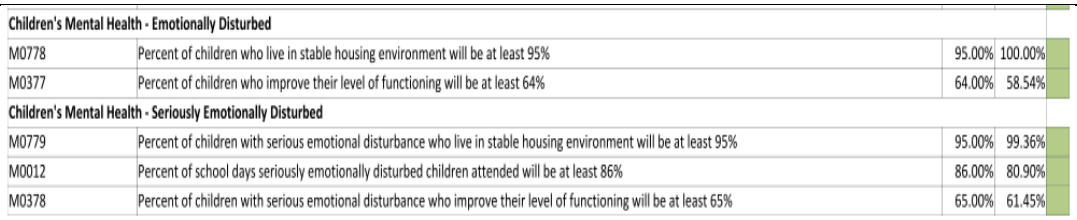
	• Seminole Women and Children's Services in Casselberry is a 14-bed, Level III program. This program specifically serves homeless women and their children. Women served by this $500,000 project must be residents of Brevard Counties and may be treated in either the Level II or the Level III program. This project was initially funded in FY 1999 – 2000 and since then, DCF has included it in the base budget.
Number of People Served:	<u>FY 2011 – 2012</u> <u>(7/1/11 – 6/30/12)</u> • Total number of women served – **<u>46</u>** • Number of babies born drug-free – **<u>3</u>** (100%) o *This number does not include the more than <u>50 children</u> who received services during their mother's stay in treatment.* <u>Current Year to Date</u> <u>(7/1/12 – 1/31/13)</u> • Total number of women served – **<u>32</u>** • Number of babies born drug-free – **<u>5</u>** (100%) o *This number does not include the more than <u>35 children</u> who received services during their mother's stay in treatment.*
Performance Standards:	
Are they in place:	**Yes.** Since their inception, The Center for Drug-Free Living's Women and Children's Programs have consistently tracked performance outcomes. Every year, these programs have exceeded these measures and saved the state money by keeping women out of jail and emergency departments while ensuring that babies are born drug-free. Additionally, the programs have a track record of breaking the intergenerational cycle of addiction and concomitant crime. As part of The Center for Drug-Free Living's contract, it must report on the DCF-SAMH Required Performance Outcomes.
What are they:	• Percentage of clients successfully completing treatment. *(State Target – 50%)* • Percentage of clients living in a stable housing

	environment at discharge. *(State Target – 80%)* • Percent of clients arrested during treatment. *(State Target – less than 35%)*
Performance Year to Date:	The following data is for FY 2011 – 2012 • Successful Completion – 65% • Stable Living Environment – 94% • Client Arrests – 4%
How many other providers offer the same service in the same circuit?	**None.** As a national, state and local model that uses evidence-based practices, there are no other program in Brevard, Orange, Osceola and Seminole Counties that provide services to women, pregnant women, post-partum women and their infants/children. Furthermore, the National Office of Drug Control Policy has specifically stated that over many years that women's, "such as those offered by The Center for Drug-Free Living, need to be expanded since the children reside with their mothers thus providing services to both populations'. These programs also serve pregnant women and mothers who abuse or are addicted to prescription drugs. This is a priority population targeted for expanded services by the Florida State Legislature and the Attorney General through the Statewide Task Force on Prescription Drug Abuse and Newborns. Since they were first funded by the Legislature, these programs continue to serve the priority population of women, pregnant and post-partum women and their infants and children that they were originally intended to serve. If these services were not available, the women they serve would likely be on the street, in jail or in local emergency departments and their babies would have little chance for positive outcomes.

Funding Initiative Senate Number: **366/50**	
Name: **Drug Free Living – Orange (Central)**	Amount: **$725,000**
Type of Service Provided:	The Center for Drug-Free Living's Women and Children's Programs provide evidence-based, substance use and co-occurring disorder treatment services for women, including those who are pregnant and post-partum, and their infants and children. In addition to alcohol, opiates, and other illicit drugs, **the programs also serve pregnant women and mothers who abuse or are addicted to prescription drugs.** The programs focus on eliminating substance use by utilizing medical and clinical procedures to assist women as they withdraw from the physiological and psychological effects of substance abuse. Additionally, through treatment of pregnant women, the program helps to ensure the birth of drug-free babies. Moreover, children live on-site with their mothers enabling them to receive therapeutic interventions so that they can better integrate into school and their community. This also ensures that the children stay out of the child welfare/foster care system. Services are primarily residential substance use and co-occurring disorder treatment which includes comprehensive assessment and treatment planning, individual, group and family therapy as well as medication assisted treatment. Additional services include psycho-social life skills and overlay services including parenting skills, vocational/educational training, nutrition, medication management, and child care for those mothers with custody of their children. The program helps to coordinate medical services for those women who are pregnant and post-partum in order to ensure the birth of a healthy, drug-free baby and the continued health of the baby during its first year. The program also works with mothers and DCF's Child Welfare program to facilitate reunification with any children for which she does not have custody. The programs may serve women involuntarily committed through a Marchman Act. The Center for Drug-Free Living currently operates 2 separate Women and Children's Programs: • Orange Women and Children's Services in Orlando is a 35-bed, Level II program;

	• Seminole Women and Children's Services in Casselberry is a 14-bed, Level III program. This program specifically serves homeless women and their children. Women served by this $725,000 project must be residents of Orange, Osceola or Seminole Counties and may be treated in either the Level II or the Level III program. This project was initially funded in FY 2000-2001 and since then, DCF has included it in the base budget.
Number of People Served:	<u>FY 2011 – 2012</u> (7/1/11 – 6/30/12) • Total number of women served – **<u>192</u>** • Number of babies born drug-free – **<u>4</u>** (100%) o *This number does not include the more than <u>200 children</u> who received services during their mother's stay in treatment.* <u>Current Year to Date</u> (7/1/12 – 1/31/13) • Total number of women served – **<u>116</u>** • Number of babies born drug-free – **<u>7</u>** (100%) o *This number does not include the more than <u>125 children</u> who received services during their mother's stay in treatment.*
Performance Standards:	
Are they in place:	**Yes.** Since their inception, The Center for Drug-Free Living's Women and Children's Programs have consistently tracked performance outcomes. Every year, these programs have exceeded these measures and saved the state money by keeping women out of jail and emergency departments while ensuring that babies are born drug-free. Additionally, the programs have a track record of breaking the intergenerational cycle of addiction and concomitant crime. As part of The Center for Drug-Free Living's contract, it must report on the DCF-SAMH Required Performance Outcomes.
What are they:	• Percentage of clients successfully completing treatment. *(State Target – 50%)* • Percentage of clients living in a stable housing environment at discharge. *(State Target – 80%)*

	• Percent of clients arrested during treatment. *(State Target – less than 35%)*
Performance Year to Date:	The following data is for FY 2011 – 2012 • Successful Completion – 61% • Stable Living Environment – 86% • Client Arrests – 3%
How many other providers offer the same service in the same circuit?	**None.** As a national, state and local model that uses evidence-based practices, there are no other program in Orange, Osceola, Brevard and Seminole Counties that provide services to women, pregnant women, post-partum women and their infants/children. Furthermore, the National Office of Drug Control Policy has specifically stated that over many years that women's, "such as those offered by The Center for Drug-Free Living, need to be expanded since the children reside with their mothers thus providing services to both populations'. These programs also serve pregnant women and mothers who abuse or are addicted to prescription drugs. This is a priority population targeted for expanded services by the Florida State Legislature and the Attorney General through the Statewide Task Force on Prescription Drug Abuse and Newborns. Since they were first funded by the Legislature, these programs continue to serve the priority population of women, pregnant and post-partum women and their infants and children that they were originally intended to serve. If these services were not available, the women they serve would likely be on the street, in jail or in local emergency departments and their babies would have little chance for positive outcomes.

Funding Initiative Senate Number: **344 / 6**	
Name: **New Horizons Children's Crisis Unit (Central)**	Amount: **$240,000**
Type of Service Provided:	This center serves children with psychiatric disabilities to help them remain in the community in the least restrictive setting possible. This service provides immediate support to children with severe and persistent mental illness, including crisis support and treatment provided in the crisis stabilization units.
Number of People Served:	The annualized number of unduplicated children estimated to be served is over 625. As of February 4, 2013, a total of 1,293 kids (unduplicated) have been served on the children's crisis unit since opening September 15, 2010.
Performance Standards:	
Are they in place:	Yes
What are they:	
Performance Year to Date:	To be determined – unable to locate performance data for the first quarter of the fiscal year – DCF Contract #ZH302
How many other providers offer the same service in the same circuit?	One - Indian River Memorial Hospital, Vero Beach

Children's Mental Health - Emotionally Disturbed			
M0778	Percent of children who live in stable housing environment will be at least 95%	95.00%	100.00%
M0377	Percent of children who improve their level of functioning will be at least 64%	64.00%	58.54%
Children's Mental Health - Seriously Emotionally Disturbed			
M0779	Percent of children with serious emotional disturbance who live in stable housing environment will be at least 95%	95.00%	99.36%
M0012	Percent of school days seriously emotionally disturbed children attended will be at least 86%	86.00%	80.90%
M0378	Percent of children with serious emotional disturbance who improve their level of functioning will be at least 65%	65.00%	61.45%

Funding Initiative Senate Number: 365 / 31		
Name: Adolescent Residential Substance Abuse Treatment (SunCoast)		Amount: $900,000
Type of Service Provided: Residential Level II In-Home/On-Site Outpatient – Individual	This BE/OCA combination captures the costs of creating a 20-bed adolescent residential substance abuse treatment facility in Sarasota. Insufficient adolescent-based programming and juvenile justice resources have been stretched to the limit in this community. Currently, no facility provides treatment for adolescents abusing substances in this area. This facility would provide intensive moderate term substance abuse treatment for adolescents. The proposed length of stay would be 60-120 days.	
Number of People Served:	377	
Performance Standards:		
Are they in place:	Yes	
What are they:	CSA Number Served (Percent of Children who Successfully Complete Treatment Percent of Children who live in Stable Housing	
Performance Year to Date:	CSA Number Served =211 (Percent of Children who Successfully Complete Treatment = 78.13 Percent of Children who live in Stable Housing = 87.18	
How many other providers offer the same service in the same circuit?	1 Other provider	

Funding Initiative Senate Number: 345 / 9	
Name: Charlotte Community Mental Health - Residential Level IV – Mental Health Foster Care (Suncoast)	Amount: $90,000
Type of Service Provided: Residential level IV	Residential Level IV services for severely persistently mentally ill individuals who would otherwise be housed in a state hospital, jail or homeless shelter. Consumers are in need of constant supervision and are often former residents of the state hospital system. There is a waiting list for this program; consumers removed would likely be remanded to state institutional facilities.
Number of People Served:	5
Performance Standards:	
Are they in place:	Yes
What are they:	Number of people served.
Performance Year to Date:	5 (five) consumers served YTD.
How many other providers offer the same service in the same circuit?	There are no other providers offering the same services in the same circuit. This is a region program. CBH has licensed homes in 5 counties.

Funding Initiative Senate Number: 345 / 15	
Name: Family Emergency Treatment Center (Sarasota) (SunCoast)	Amount: $500,000
Type of Service Provided: Adult Crisis Stabilization	This BE/OCA combination captures the Maintenance of Effort (MOE) costs of the Community Mental Health Block Grant (CMHBG) which supports the Family Emergency Treatment Center (FETC) in Sarasota County. The FETC provides short-term intervention for adults coping with mental illness. FETC provides services to adults with psychiatric disabilities in order to help them remain in the community, in the least restrictive setting possible. Authorized services include crisis support and treatment which are provided in the crisis stabilization units. The purpose of this activity is to provide immediate support to adults with severe and persistent mental illness, adults with acute episode of mental illness and adults with forensic court orders
Number of People Served:	310
Performance Standards:	
Are they in place:	
What are they:	
Performance Year to Date:	
How many other providers offer the same service in the same circuit?	1 other provider

Funding Initiative Senate Number: 345 / 13	
Name: Manatee Glen's Family Emergency Treatment Center (SunCoast)	Amount: $900,000
Type of Service Provided: Adult Crisis Support and Emergency	**Manatee Glens Walk In Center** provides immediate crisis and short term counseling for individuals of all ages who are experiencing personal or family mental health crisis from 9 am to 7 pm Monday through Friday as a diversion from child welfare, emergency room or hospital services. No appointment is needed. Drug Screens are also provided for parents in the child welfare system as well as the general public. The Center further provides an emergency Mobile Response Crisis Response Team on-call and available 24/7, 365 days per year to respond to distress calls from elementary, middle and high schools as well as law enforcement or health professionals for mental health crises in community settings.
Number of People Served:	**Walk in Center - Adult** 2,073 **Walk in Center - Child** 415 **Walk-In Center Drug Screens** 278 **Total** 2,766
Performance Standards:	
Are they in place:	Yes
What are they:	Client Satisfaction Surveys
Performance Year to Date:	96% rate overall service very good or excellent
How many other providers offer the same service in the same circuit?	Our circuit contains almost one million residents. Manatee Glens provides these services in Manatee County. Coastal Behavioral provides these services in Sarasota County. Both accept clients from DeSoto County.

Funding Initiative Senate Number: 365/33	
Name: Drug Abuse Comprehensive Coordination Office – Zero Exposure Program (SunCoast)	Amount: $250,000
Type of Service Provided: Case Management Outpatient – Individual Outreach Residential level II Outpatient- Group	Although it is widely acknowledged by the medical profession that substance use during pregnancy is considered a major public health problem, many healthcare settings have been reluctant to identify substance use during pregnancy. Through the outreach efforts of the Zero Exposure™ Program, identification & engagement strategies are implemented for these pregnant and post-partum women. The ZEP Women's Resource Specialists (WRS) screen pregnant and post-partum women in the community for substance use and co-occurring SA/MH disorders. Using Motivational Enhancement techniques, the WRS links the client to an agency for a comprehensive substance use assessment, as indicated. The WRS continues to serve the client to engage and retain her in the appropriate level of care as assessed. This BE/OCA combination captures the costs of the Drug Abuse Comprehensive Coordinating Office, Inc. and the Healthy Start Coalition. This combination supports the Zero Exposure program that is developed as a partnership between the Drug Abuse Comprehensive Coordinating Office, Inc. and the Healthy Start Coalition. The purpose of the Zero Exposure program is to provide substance use Screening, Assessment, Case Management and Referral and Treatment (SART) to pregnant women at-risk of using alcohol or illicit substances. Women targeted for screening include those receiving prenatal care through obstetrician offices, public health entities and county jails. Under the program, science-based screening tools are administered and a positive screening for alcohol and/or illicit drug use generates a referral for early pregnancy on the fetus. Further referrals to substance abuse treatment programs for comprehensive assessment, intervention and treatment services are facilitated, as well as provision of linkages and coordination between treatment and medical professionals.
Number of People Served:	154
Performance Standards:	
Are they in place:	Yes
What are they:	Percent change in clients who are employed from admission to discharge Percent change in the number of Adults arrested 30 days prior to admission versus 30 days prior to discharge Percent change in the number of Adults arrested 30 days prior to admission versus 30 days prior to discharge Percent of Adults who live in a stable housing environment at the

	time of discharge Tracking of Drug Free Newborns: From Jan 2011 through Jan 2013 there have been 44 drug Free
Performance Year to Date:	The provider is meeting and exceeding all measures Newborns reported at discharge of 49 (90%)
How many other providers offer the same service in the same circuit?	0

Funding Initiative Senate Number: 344/3	
Name: Children Crisis Stabilization Unit (David Lawrence Center) – (SunCoast)	Amount: $286,781
Type of Service Provided: Children CSU	This BE/OCA combination captures the costs of the Children's Crisis Stabilization Unit in the Suncoast Region. These services are community-based that include, but are not limited to, assessment, outpatient counseling and day treatment. The purpose of these services is to enable children with serious emotional disturbances or who are at risk of developing emotional disturbances to live in a stable setting, function appropriately, attend school and stay out of the juvenile justice system.
Number of People Served:	337
Performance Standards:	
Are they in place:	
What are they:	
Performance Year to Date:	
How many other providers offer the same service in the same circuit?	0

Funding Initiative Senate Number: 366/52	
Name: First Step – Mothers and Infants Program (Children Substance Abuse) (SunCoast)	Amount: $278,100
Type of Service Provided: Residential Level II	Mothers and Infants is a specialized Level II residential program for adult pregnant women who meet medical necessity for a daily 24/7 staff monitored therapeutic structure due to a high risk pregnancy associated with a diagnosis of alcohol drug dependency. The length of stay is individualized to ensure a drug free birth and appropriate bonding attachment with mother and child using evidence based practices to promote recovery oriented behaviors to sustain recovery efforts upon discharge. This program is designed to protect the pregnancy along with the well-being of the mother in a plan that is individualized, specific and consistent to the symptoms presented at admission. This level of care is deemed necessary for these women who are characterized as having chaotic and often abusive interpersonal relationships, extensive criminal judicial histories, failed treatment at lesser levels of care, inconsistent work histories, high school drop outs, have a history of children removed from the home and high risk behaviors for STD/HIV exposure. Therefore, treatment interventions have goals focused on: addiction education, mental health wellness, domestic violence education, co-dependency issues, low self-esteem and self-worth, social and life management skills training (to include smoking cessation) criminal thinking/behavior, GED and vocational training, family re-unification and parenting skills, 12 step meetings and sponsorship integration, relapse prevention, and stable supportive recovery housing.
Number of People Served:	30
	Performance Standards:
Are they in place:	Yes

What are they:	Percent of Adults who Successfully Complete Treatment
Performance Year to Date:	Provider is meeting all performance requirements Between July 1st 2012 and February 4th, 2013 13 babies have been born drug-free and 29 clients have been in or are currently enrolled in the program. Since the inception of the program there have been 300 drug – free infants born. The national average cost to hospitalize an infant in a neonatal unit with a diagnosis of Neonatal Abstinence Syndrome is $53,000; therefore targeting this population reduces the cost of medical expenses and also reduces the impact it has on our child welfare systems. This represents a $15,900,000 savings to both the taxpayer and Medicaid system just for the cost of the neonatal piece alone and does not include the millions of dollars of additional cost associated with a drug exposed infant throughout the life of the child. This is the only maternal/post-partum program where the infant can remain with the mom in treatment and enhance the mental health wellbeing of both mother and child. M&I received the Best Practice Award in August 2003 from FADAA; in September of 2003 received a certificate of Recognition from the Sarasota County Sheriff's Office and in Dec. 2002 Carolyn Mason, Mayor of Sarasota proclaimed Dec. 19th as "Sarasota's Mothers and Infants Day" as a day of special importance in the lives of the citizens in the county.
How many other providers offer the same service in the same circuit?	This is the only service of its kind in the circuit for pregnant and post-partum women. One other provider offers a Level II residential program which serves the adult population.

Funding Initiative Senate Number: 365/34	
Name: First Step – Mothers and Infants Program (Adult Substance Abuse) (SunCoast)	Amount: $278,100
Type of Service Provided: Residential Level II	Mothers and Infants is a specialized Level II residential program for adult pregnant and post-partum women who meet medical necessity for a daily 24/7 staff monitored therapeutic structure due to a high risk pregnancy associated with a diagnosis of alcohol drug dependency. The length of stay is individualized to ensure a drug free birth and appropriate bonding attachment with mother and child using evidence based practices to promote recovery oriented behaviors to sustain recovery efforts upon discharge. This program is designed to protect the pregnancy along with the well-being of the mother in a plan that is individualized, specific and consistent to the symptoms presented at admission. This level of care is deemed necessary for these women who are characterized as having chaotic and often abusive interpersonal relationships, extensive criminal judicial histories, failed treatment at lesser levels of care, inconsistent work histories, high school drop outs, have a history of children removed from the home and high risk behaviors for STD/HIV exposure. Therefore, treatment interventions have goals focused on: addiction education, mental health wellness, domestic violence education, co-dependency issues, low self-esteem and self-worth, social and life management skills training (to include smoking cessation) criminal thinking/behavior, GED and vocational training, family re-unification and parenting skills, 12 step meetings and sponsorship integration, relapse prevention, and stable supportive recovery housing.
Number of People Served:	28
Performance Standards:	
Are they in place:	Yes

What are they:	Percent of Adults who Successfully Complete Treatment
Performance Year to Date:	Provider is meeting all performance requirements Between July 1st 2012 and February 4th, 2013 13 babies have been born drug-free and 29 clients have been in or are currently enrolled in the program. Since the inception of the program there have been 300 drug – free infants born. The national average cost to hospitalize an infant in a neonatal unit with a diagnosis of Neonatal Abstinence Syndrome is $53,000; therefore targeting this population reduces the cost of medical expenses and also reduces the impact it has on our child welfare systems. This represents a $15,900,000 savings to both the taxpayer and Medicaid system just for the cost of the neonatal piece alone and does not include the millions of dollars of additional cost associated with a drug exposed infant throughout the life of the child. This is the only maternal/post-partum program where the infant can remain with the mom in treatment and enhance the mental health wellbeing of both mother and child. M&I received the Best Practice Award in August 2003 from FADAA; in September of 2003 received a certificate of Recognition from the Sarasota County Sheriff's Office and in Dec. 2002 Carolyn Mason, Mayor of Sarasota proclaimed Dec. 19th as "Sarasota's Mothers and Infants Day" as a day of special importance in the lives of the citizens in the county.
How many other providers offer the same service in the same circuit?	This is the only service of its kind in the circuit for pregnant and post-partum women. One other provider offers a Level II residential program which serves the adult population.

Funding Initiative Senate Number: 345/24	
Name: Lee Mental Health (Ruth Cooper Crisis Stabilization Unit) (SunCoast)	Amount: $362,000
Type of Service Provided: Adult Crisis Stabilization	This is a short term crisis stabilization unit for adults with psychiatric disabilities to help them remain in the community in the least restrictive setting possible. Services include crisis support and treatment to individuals who are at risk of harming themselves or others due to their illness. This initiative funds 2½ of the 30 beds available for Lee County, population 600,000
Number of People Served:	925 bed days provide for 308 people to be served an average of 3 days.
Performance Standards:	
Are they in place:	Yes
What are they:	Numbers served, Recidivism
Performance Year to Date:	Provider is meeting all requirements
How many other providers offer the same service in the same circuit?	2 other providers in the 5 county circuit have the same service.

Funding Initiative Senate Number: 344/5	
Name: Manatee Glen's Children's Baker Act (SunCoast)	Amount: $432,516
Type of Service Provided: Children's Crisis Stabilization Children's Crisis Emergency Support	Manatee Glens Children's Crisis Center accepts involuntary and voluntary psychiatric commitment of adolescents and children at danger to self or others due to mental illness 24/7 and 365 days a year. Average lengths of stay are less than a week but allow for stabilization of dangerous behaviors and placement in follow up services. As a diversion from admission to Manatee Glens Children's Crisis Center, crisis emergency support services are also available 24/7 and 365 days a year to adolescents and children at Manatee Glens Access Center. This service allows concerned parents to get immediate help at any hour for minors placing themselves or others at risk.
Number of People Served:	442
Performance Standards:	
Are they in place:	Yes
What are they:	Improved functioning on Global Assessment of Functioning Scale from admission to discharge
Performance Year to Date:	On average, each child experienced an improvement in their level of functioning score of 41.45%.
How many other providers offer the same service in the same circuit?	Circuit 12 contains almost one million residents. Manatee Glens provides these services in Manatee County. Sarasota Memorial provides these services in Sarasota County. Both accept clients from DeSoto County. There are no private providers of this service in the entire circuit.

Funding Initiative Senate Number: 345/13	
Name: Manatee Glen's Family Emergency Treatment Center (SunCoast)	Amount: $900,000
Type of Service Provided: Adult Crisis Support and Emergency	**Manatee Glens Walk In Center** provides immediate crisis and short term counseling for individuals of all ages who are experiencing personal or family mental health crisis from 9 am to 7 pm Monday through Friday as a diversion from child welfare, emergency room or hospital services. No appointment is needed. Drug Screens are also provided for parents in the child welfare system as well as the general public. The Center further provides an emergency Mobile Response Crisis Response Team on-call and available 24/7, 365 days per year to respond to distress calls from elementary, middle and high schools as well as law enforcement or health professionals for mental health crises in community settings.
Number of People Served:	**Walk in Center - Adult** 2,073 **Walk in Center - Child** 415 **Walk-In Center Drug Screens** 278 **Total** 2,766
Performance Standards:	
Are they in place:	Yes
What are they:	Client Satisfaction Surveys
Performance Year to Date:	96% rate overall service very good or excellent
How many other providers offer the same service in the same circuit?	Our circuit contains almost one million residents. Manatee Glens provides these services in Manatee County. Coastal Behavioral provides these services in Sarasota County. Both accept clients from DeSoto County.

Funding Initiative Senate Number: 345/26	
Name: Short-Term Treatment Residence (Alternative to State Hospitalization) (SunCoast)	Amount: $225,000
Type of Service Provided: Case Management, Intensive Case Management, Intervention with Groups, Medical Services and Incidentals	Client Triage Services: Client Triage Specialists take the initial referral calls and assess whether the client is in need of more acute care services (Inpatient). If emergent need, staff then work with client to follow up with Central Intake, ER, and/or hospital for continuity of care. Obtains basic demographic information, verifies insurance, and reason for referral. Assesses the eligibility of the individual and obtains managed care information. Completes the Triage Routing Form to provide to Triage Specialist. Client Triage services are billed to the Outreach Cost Center. Assessment Services: When an individual is first referred for Adult outpatient services a thorough intake assessment is completed through the Access Center. Licensed clinicians who are educated on the array of services provided at this agency review the needs of the individuals and provide referrals based on consumer need and choice. Services provided are bio-psycho social assessments, brief mental health status exam, FARS, treatment plans and treatment plan reviews and are billed to the Assessment Cost Center. Traditional and Intensive Case Management Services: These services exist to help individuals with an array of needs. Staff assess, link, broker, advocate, monitor and plan with individuals in the following areas to make sure the individual has access to the following services, as they choose: education, ADL skill building, legal, mobility, mental health, physical health, housing, and substance abuse. Incidental funds are available to those participating in these programs. Short-term Case Management Services: These services are geared towards consumer with a high frequency of local hospitalizations and need help navigating complex bureaucratic systems in order to obtain housing, health insurance, Medicaid services,

	substance abuse services, or Social Security. If additional services are still required after the specified 30-day period, a referral to Traditional or Intensive Case Management Services will be made (Case Management and incidental expenses cost center) <u>Medical Services:</u> All adults, following initial assessment and formal treatment planning are given an appointment to see a psychiatrist or ARNP for a psychiatric evaluation. If medications are indicated in order to improve the individual's functioning or preventing deterioration of their mental illness, the psychiatrist or ARNP prescribes the medications. Individuals who are prescribed medication by a psychiatrist are given medication management appointments until such time that medications are no longer
Number of People Served:	200
Performance Standards:	
Are they in place:	Yes
What are they:	AMH SPMI Number Served Percent of Adults who are Competitively Employed - SPMI, MH Crisis, Forensic Percent of Adults who live in Stable Housing - SPMI
Performance Year to Date:	Provider is currently meeting the numbers served measure. They are currently under the contract target for the other two measures.
How many other providers offer the same service in the same circuit?	5 other providers

Funding Initiative Senate Number: 345/19		
Name: Mental Health Care, Inc. (Forensic Residential)(SunCoast)		Amount: $883,300
Type of Service Provided: Residential Level I	Forensic Residential Level 1 facility in Hillsborough County. This program provides short-term residential treatment services for adults in a structured, non-hospital living environment. The primary goal is to divert from Forensic State Hospital. The program's forensic specialists work to restore competency in adults with severe and persistent mental illness, adults with serious and acute episodes of mental illness and adults with a forensic court order. The program provides psychiatric evaluation, medication management and wrap around services so these individuals may live, work, and learn to socialize in a community-based residential setting.	
Number of People Served:	This program was funded in January 2013. It is anticipated to serve approximately 3,663 bed days or provide 10.03 beds.	
Performance Standards:		
Are they in place:	Yes	
What are they:	AMH Forensic Number Served	
Performance Year to Date:	Program was funded in January 2013.	
How many other providers offer the same service in the same circuit?	1 other provider	

Funding Initiative Senate Number: 345/14	
Name: Family Emergency Treatment Center (SunCoast)	Amount: $315,000
Type of Service Provided:	FETC is an urgent mental health community-based walk-in treatment center. Services are available 24 hours a day, 7 days a week, between the two service locations. Each consumer is screened upon arrival for current and past treatment information. Consumers are evaluated to determine mental health or substance abuse needs. A treatment care plan is completed for each consumer with a focus on crisis resolution and removal of barriers to treatment. Services are provided as available within the scope of the center and from community providers when additional or on-going services are needed. The philosophy of care of the PEMHS Family Emergency Treatment Center is integral to providing the best possible care for each consumer. PEMHS welcomes all persons with mental health, substance abuse, or co-occurring disorders. Staff strives to provide a welcoming and engaging attitude that conveys empathy and instills hope for consumer reaching optimal mental health. Recovery is an expectation. Upon arrival, all consumers are provided with a barrier-free screening to assess for immediate safety issues or risks. Encouragement is used to create a hopeful vision and support treatment adherence. Respect for consumers at all stages of recovery and a recognition of consumer personal responsibility for their own self-care and journey of recovery is embraced. Consumers are educated about choices and assisted with making informed decisions, with an understanding of the consumer's confidence and motivation to actively participate. Care is based on the level of impairment determined by assessment. Empathic detachment facilitates gathering accurate information and acceptance of consumer choice and is based on strengths and contingencies appropriately balanced at each point in time. The staff member must recognize the need for consumer freedom of choice and respect the integrity and promote the welfare of each consumer. Consumers in need of a community or intra-agency referral due to a brief behavioral health episode or due to a more chronic condition receive an appointment scheduled in a timely manner. Services provided at the Center include assessment, treatment planning, referrals and brief counseling by bachelor level staff. As determined necessary, Licensed Clinical Social Workers evaluate and provide therapy on a group or individual basis to the consumer or his/her family. A registered nurse is available to

	assess consumer's medical conditions, medication regime and assist the Advanced Registered Nurse Practitioner in ordering and obtaining laboratory work and/or medical records. Consumers in need of medication evaluation see an Advanced Registered Nurse Practitioner for psychiatric evaluation and medication managements. The consumer may expect to receive a prescription, stat dosage, pharmaceutical samples or combination thereof. A Certified Addictions Professional (CAP) is available to assess consumers who present with substance abuse issues and need intervention services. The CAP individually assesses and plans treatment for these individuals. Individual as well as several group therapies and classes are scheduled during the week for education and recovery. Services are open to all citizens, regardless of ability to pay. FETC Care Managers are cross-trained in the ES intake process and facilitate ES assessment and Crisis Unit admissions as needed.
Number of People Served:	1,819 clients 6,330 services 65,708 individuals to date
Performance Standards:	
Are they in place:	Yes
What are they:	3,412 homeless served 3,433 co-occurring 11,453 medication evaluations meeting the measure
Performance Year to Date:	Provider is meeting the measure
How many other providers offer the same service in the same circuit?	No other urgent care center

Funding Initiative Senate Number: 345/23		
Name: Renaissance Manor (SunCoast)		Amount: $90,000
Type of Service Provided: Case Management and Supportive Housing	for services provided by Renaissance Manor in Sarasota. The purpose of these funds is to provide services to individual who are eligible and enrolled into the Department's priority populations as defined in S. 394.674 F.S. and have no other prior source. Funding will provide for housing (supported housing, Residential Treatment Facility level 4, Assisted Living Facilities and for psycho-social rehabilitative services such as Life Skills group, intensive case management, transportation and treatment planning	
Number of People Served:	16	
Performance Standards:		
Are they in place:	Yes	
What are they:	Average annual number of days worked for pay - SPMI AMH SPMI Number Served Percent of Adults who are Competitively Employed - SPMI, MH Crisis, Forensic Percent of Adults who live in Stable Housing - SPMI	
Performance Year to Date:	Provider is currently meeting 2 of the 4 measures	
How many other providers offer the same service in the same circuit?	2 other providers	

Funding Initiative Senate Number: 365/41	
Name: The Starting Place, Inc. (Southeast) Funding Initiative Senate Number: 344 / 6 Name: New Horizons Children's Crisis Unit (Central) Amount: $240,000 Type of Service Provided: This center serves children with psychiatric disabilities to help them remain in the community in the least restrictive setting possible. This service provides immediate support to children with severe and persistent mental illness, including crisis support and treatment provided in the crisis stabilization units. Number of People Served: The annualized number of unduplicated children estimated to be served is over 625. As of February 4, 2013, a total of 1,293 kids (unduplicated) have been served on the children's crisis unit since opening September 15, 2010. Performance Standards: Are they in place: Yes What are they: Performance Year to Date: To be determined – unable to locate performance data for the first quarter of the fiscal year – DCF Contract #ZH302 How many other providers offer the same service in the same circuit? One - Indian River Memorial Hospital, Vero Beach	Amount: $405,000
Type of Service Provided:	Children's Substance Abuse Funding was originally for a 10 bed substance abuse residential facility for children who had a primary substance abuse diagnosis co-occurring with mental health issues

	Funding was shifted over the years to intensive in home based services for youth who had a primary substance abuse diagnosis and also if they had a co-occurring mental illness. The shift occurred as research evidence showed a greater efficacy for in home based services, a need to more often involve and strengthen the family system, and intensive outpatient services being more cost effective than residential.
Number of People Served:	Approximately 50 youths per year are being served in intensive outpatient. Approximately 200 youths per year are being served in regular outpatient. The Starting Place provides both intensive and regular outpatient on a primarily in-home basis. Clinicians are trained in Evidence Based Practices : CBT, MI, MET, Trauma Focus CBT and human trafficking issues
Performance Standards:	
Are they in place:	Yes. Performance standard set by DCF
What are they:	Successful completion of treatment – completing treatment episode of care and no use in the last 30 days prior to discharge
Performance Year to Date:	Current year to date data is 80% successful completion
How many other providers offer the same service in the same circuit?	One other provider in Broward County is providing intensive outpatient in home based substance abuse services. They started their intensive in home based services due to the success of the Starting Place

INTRODUCTION TO SOUTH FLORIDA BEHAVIORAL HEALTH NETWORK (SFBHN)

History

Well into the early 90's most community based agencies viewed one another as "the competition". Distrust and fear of "losing money to another agency" was a common excuse not to develop community collaboration. In an effort to change this sense of distrust and lack of communication, SFBHN (formerly South Florida Provider Coalition) **incorporated in 1996** and brought together 11 community providers of behavioral healthcare for the purpose of 1) ensuring that funding for behavioral health services was maximized for this Region, and 2) enhancing community based services, and 3) **increasing collaboration among agencies to maximize efficiencies.**

- 2001 - A contractual arrangement between SFBHN (SFPC at the time) and the Department began
- Following 11 years - DCF , based on competitive awards, systematically and seamlessly transferred portions of the substance abuse and mental health (SAMH) funds allocated to Circuits 11 and 16 to SFBHN
- October 2006 - DCF completed the transfer of substance abuse dollars, (except Prevention Funds) and Temporary Assistance for Needy Families (TANF) substance abuse and certain mental health funds to SFBHN
- October 2010 - DCF completed the full transfer of the remaining mental health and prevention funds to SFBHN and SFBHN has been managing the full system of care
- October 2012 - DCF and SFBHN signed the uniform contract for all Managing Entities (MEs) statewide to accomplish that goal

South Florida Behavioral Health Network is a 501 c 3 nonprofit registered in the State of Florida. Its governance structure is a “board without members” as no one is appointed to the board: the board elects its own members and officials.

SFBHN subcontracts to provide a continuum of behavioral health services forming comprehensive system of care to increase access for those in need of services, improve the coordination and continuity of care for vulnerable and high risk populations, and redirect service dollars from restrictive settings to community-based recovery services producing a cost savings.

SOUTH FLORIDA BEHAVIORAL HEALTH NETWORK, as of fiscal year 2011-2012

- Manages a budget of $76.2 Million
- $1.074 Million in Net Assets as of June 30, 2012
- Current Ratio = 1.12
- Utilized 99.7% of Approved Operating Budget
- Total FTE’s 56.5
- Total DCF Funded FTE’s 43.5
- Consistent Unqualified Audit Opinion

As the managing entity, some indicators of SFBHN success:

- Tracked all unduplicated consumers served. For FY 11-12, SFBHN **served a total of 62,764 unduplicated consumers**
- Reduced administrative costs charged to SAMH over years. The **administrative cost of the ME has gone down from 14% to 4.56**%.
- Served18,803 Substance Abuse clients and 43,961 Mental Health Clients with **varying ethnicities and cultural backgrounds** last fiscal year
- Subcontracts state and federal dollars for services quickly and seamlessly – within 2 weeks

- Pays invoices to providers within 10 days of submission
- Due to lack of performance and for client safety reasons, closed a $14 million substance abuse / mental health program and successfully transferred all clients to community programs without incidents
- Impact of Utilization Management
    - Prior to implementing, clients waiting for Residential Level II ranged from 186 up to 1000 consumers at a given time
    - During the first month of implementation, **the waiting list was reduced from 186 down to 42 consumers.**
    - During the second month of implementation, the list was **further reduced to 32 consumers**.
    - The average wait for placement is **approximately 2 to 3 weeks**
    - Successfully reduced the **length of stay in Crisis Stabilization Units (CSU) to 5.2 days**
- Manage residential substance abuse **network's average length of stay for services, now at 53.33. This is a 30% decrease from FY 07-08 when the average length of stay for residential substance abuse services was 69 days.**
- **Look and manage high system utilizers** as part of its Utilization Management and Continuous Quality Improvement (CQI) functions
- In 2010-11, **monitored 80% of contracted providers for performance**

<u>Innovation:</u>

- SFBHN promotes **coordinated high quality care** to ensure unnecessary duplication of services and recidivism, **spending dollars more effectively**
- commitment to planning, designing, testing, and supporting evaluation of new coordinated **electronic health record models**, payment, and service delivery models in the context of larger system of care transformation.

The above is a reflection of a handful of SFBHN's successes and strategies. SFBHN looks forward to a continued partnership with the Department of Children and Families and to working together to improve the quality and service outcomes for our consumers and community.

Funding Initiative Senate Number: SA 345		
Name: **Miami Behavioral Health Center, Inc - Uninsured**		Amount: ORIGINAL **$250,000**
Type of Service Provided:	Minority adults with mental health and substance abuse issues. The target population is adults who work, are otherwise productive or are capable of working because their treatment keeps them in recovery from mental health and/or substance abuse disorders.	
Number of People Served Annually:	693 unduplicated adults last fiscal year	
Performance Standards:		
Are they in place:	Yes	
What are they:	State Performance outcomes	
Performance Year to Date (fiscal YTD):	NA	
How many other providers offer the same service in the same circuit?	There are **no other providers** serving primary Little Havana, that offer comprehensive mental health, substance abuse and co-occurring services, including psychiatric services and medications to individuals with no insurance and/or inability to pay	

Miami Behavioral Health Center
Uninsured

Provider Name and #	1. Date project / funding was originally awarded	2. Presenting issue the project was funded to address. Describe the services.	3. Describe project impact on issue at the time, and to date, how the project funding successfully addressed the issue.	4. Is the funding currently being used as originally awarded? If yes, describe the services. If not, describe why not and how it meets the current community needs and the needs of the target population consistent with your agency goals.	5. Data that supports the shift in the funds to demonstrate effectiveness, and include performance standards that were used to measure success of the project.	6. Other information to substantiate the current use of funding.
SA #345 (20) **Miami Behavioral Health Center**	2004-2005	This funding was awarded to serve minority adults with mental health and substance abuse issues. The target population is adults who work, are otherwise productive or are capable of working because their treatment keeps them in recovery from mental health and/or substance abuse disorders.	This funding has allowed individuals to receive the appropriate treatment/medications and support services that has allowed them to remain stable, employed and/or actively seeking employment, and in their communities. The funding served 693 unduplicated adults last fiscal year.	The funding continues to serve this population. The services that are being provided with this funding are: Psychiatric evaluations and follow ups, medications, case management, individual and family therapy. This funding is used for individuals that do not qualify for Medicaid and cannot afford commercial insurance.	These funds have never shifted and continue to be used for this population. This population continues to grow with the continued influx of individuals coming to South Florida and the high incidence of mental health and substance use disorders. There are no specific performance measures for this funding other than the State Outcome system.	These funds continue to address a growing unmet need of minority working poor individuals. Not only are individuals receiving the appropriate care needed, but are employed or are seeking employment to support themselves and their families. The cost effectiveness of these dollars are seen by individuals remaining employed, a higher rate of individuals seeking employment because they are receiving appropriate care and are stable. These individuals remain in their community, supporting themselves and their families. If untreated and supported these individuals would enter the welfare system because of their inability to hold and/or secure employment. There are no other providers, serving primary Little Havana that offer comprehensive mental health, substance abuse and co-occurring services, including psychiatric services and medications to individuals with no insurance and/or inability to pay.

Funding Initiative Senate Number: SA 326	
Name: **AGAPE** ***[Program: South Florida Jail Ministries, Inc.]***	Amount: Original **$250,000** Current **$250,000**
Type of Service Provided:	The presenting issue for the project is to provide treatment for women who suffer from substance abuse and/or co-occurring mental health disorders. Agape is both a mental health residential treatment center – Level II and a substance abuse rehabilitation facility – Level II, which provides mental health and substance abuse residential targeted case management and treatment services to address chronic substance abuse as well as severe and persistent mental illness in adult women with these co-occurring disorders. It also provides Outpatient services for children and adolescents of inmates and for at risk children and teenagers. Its focus is on the establishment or restoration of adaptive functioning of the individual, family reunification, and re-integration of the individual with her social network and community. Services include: psycho-education, individual and group psychotherapy, family therapy, medication management, vocational services and optional religious services and Bible studies.
Number of People Served:	70 Exceeded the number to 80
Performance Standards:	
Are they in place:	Yes
What are they:	• Numbers served – Adult women with substance abuse problems • The majority of adults will successfully complete the substance abuse treatment program • The percentage of clients who are employed will increase from admission to discharge • A majority of adults will live in a stable housing environment at the time of discharge
Performance Year to Date:	The number of clients through annual contract is 70, YTD have served 43, expect to serve 80
How many other providers offer the same service in the same circuit?	Agape is the ***only*** faith based women's residential substance abuse and mental health provider in the Circuit /Miami-Dade and Monroe Counties.

Provider Name	1. Date project / funding was originally awarded	2. Presenting issue the project was funded to address. Describe the services.	3. Describe project impact on issue at the time, and to date, how the project funding successfully addressed the issue.	4. Is the funding currently being used as originally awarded? If yes, describe the services. If not, describe why not and how it meets the current community needs and the needs of the target population consistent with your agency goals.	5.Data that supports the shift in the funds to demonstrate effectiveness, and include performance standards that were used to measure success of the project.	6.Other information to substantiate the current use of funding.
SA 366 **(44)** **AGAPE** Program: South Florida Jail Ministries Inc.	May, 2010	The presenting issue for the project is to provide treatment for women who suffer from substance abuse and/or co-occurring mental health disorders. The ultimate goals of Agape is restoring individuals and families to psychological, social, physical and spiritual health. Its focus is on the establishment or restoration of adaptive functioning of the individual, family reunification, and re-integration of the individual with her social network and community. Services include: psycho-education, individual and group psychotherapy, family therapy, medication management, vocational services and optional religious services and Bible studies. Program services include Residential Level II, Targeted Case Management and Outpatient individual. Residential Level II – Agape is fully licensed and CARF-accredited offering a structured rehabilitation programming. The facility has 24 hours per day, 7 days per week supervision. In addition to providing	Agape Network was able and continues to specialize in engaging and treatment for women with substance abuse problems and mental health issues. Agape serves women with substance abuse problems and severe and persistent mental health issues. A medical home model is provided that integrates primary care and behavioral health care to move clients toward restoration and self-sufficiency. Additionally, there is on-site psychiatric medical care. Agape offers long term wrap-around services, trauma recovery and all evidence-based care. The project reduces the number of women suffering with substance abuse and/or mental health problems and enables	Yes, the funding is currently being as used as originally awarded. The program services are described in question # 2.	The originally awarded funds have not been shifted. The following are the performance measure of success within this project. In Exhibit D Substance Abuse Performance Outcomes July – December 2012 results: • Number of adults served (SA 063) (Targets: FY=70, YTD=35) Actual 46 met the goal. • Percent completing successfully: 56% met the goal (State targets = 50%) • Change in employment status from admission to discharge: Although 0% have currently met the goal (State targets 20%), partnerships have been established in the community for employment opportunities.	**The funding is currently being used as awarded.**

		assessment, treatment and rehabilitation, Agape has a unique feature. Agape treats pregnant mothers through the pre-natal and post-natal period. The importance of bonding with the newborn/infants is supported through the "Mommy & Me" program. Agape works together with the courts towards re-integration of the client with their other children and family. Agape partners with the Federally Qualified Health Centers (FQHC) and Health Choice Network, as well as a collaborative relationship with GEO Care's South Florida Evaluation & Treatment Center forensic hospital. Targeted Case Management – Consists of activities aimed at identifying the client's needs, planning services, linking the services system with the person, coordinating the system components, monitoring services delivery and evaluating the effect of the services received, with a close working relationship with all the relevant legal agencies. Outpatient individual – Provides a therapeutic environment which is designed to improve the functioning or prevent further deterioration of persons with mental health and/or substance abuse problems. They are usually provided on a regularly scheduled basis by appointment visits. The Outpatient services may be provided to an individual or in a group setting.	these women to obtain stable housing, remain substance free and reduce mental health symptoms.		• Percentage living in stable housing: 88% met the goal (State target 80%)	

Funding Initiative Senate Number: SA 345	
Name: ORIGINAL: **Camillus Life Center / Camillus House**	Amount: ORIGINAL **$250,000** CURRENT **$250,000**
Type of Service Provided:	The presenting issue for the project is to provide treatment for homeless individuals who suffer from substance abuse and or/co-occurring mental health disorders. Program services include outreach, case management, outpatient treatment, and residential treatment.
Number of People Served Annually:	60, usually exceed goal
Performance Standards:	
Are they in place:	Yes
What are they:	The following are the Performance measure of success within this project. In Exhibit D Substance Abuse Performance Outcomes- July-December 2012 results: • Number of Adults Served • Percent completing successfully • Change in Employment Status from Admission to Discharge Percent living in stable housing
Performance Year to Date (fiscal YTD):	• Number of Adults Served (SA063) (Targets: FY=60, YTD=30) **Actual 36 Met and exceeded the goal** • Percent completing successfully **67% met and exceeded the goal** (State Targets 50%) • Change in Employment Status from Admission to Discharge **73% met and greatly exceeded** the goal (State Targets 20%) • Percent living in stable housing **82% met and exceeded the goal** (State Target80%)
How many other providers offer the same service in the same circuit?	Services are comprehensive to meet the myriad of needs of the target population, increasingly more complex. The complete array of services provided, the expertise and community connectedness, and the support interventions are unique to the program at Camillus House.

Camillus House

Provider Name and #	1. Date project / funding was originally awarded	2. Presenting issue the project was funded to address. Describe the services.	3. Describe project impact on issue at the time, and to date, how the project funding successfully addressed the issue.	4. Is the funding currently being used as originally awarded? If yes, describe the services. If not, describe why not and how it meets the current community needs and the needs of the target population consistent with your agency goals.	5.Data that supports the shift in the funds to demonstrate effectiveness, and include performance standards that were used to measure success of the project.	6.Other information to substantiate the current use of funding.
SA #345 (8) Camillus Life Center / Camillus House	The year 2005, was the original date the project was awarded.	The presenting issue for the project is to provide treatment for homeless individuals who suffer from substance abuse and or/co-occurring mental health disorders. The ultimate goal of all Camillus ISPA program is to improve the lives of persons who are homeless with mental health, substance abuse, and co-occurring disorders, helping them to transition to lives of stability, sufficiency, and happiness. The program incorporates self-help philosophies with clinical expertise, providing treatment through a mix of individual and group therapy, work training, and social activities. Recognizing that treatment must be tailored to the individual needs and preferences of the client, ISPA employs multiple approaches and	Camillus House was able and continues to specialize in engaging and treatment for persons who meet the federal definition of "chronic homelessness", meaning that they have been homeless for at least a year or three times in past four years; and suffer from a serious disabling condition of substance abuse, and mental illness. The project served persons who are homeless throughout the geographic catchment area of Miami –Dade County, Florida. The project reduces the number of individuals who are homeless and enables individuals to have the ability to obtain employment, entitlements, housing, and substance free and reduce mental health symptoms.	Yes, the funding is currently being used as originally awarded for. The program services are described in question number 2.	The following are the Performance measure of success within this project. In Exhibit D Substance Abuse Performance Outcomes- July-December 2012 results: • Number of Adults Served (SA063) (Targets: FY=60, YTD=30) Actual 36 Met the goal • Percent completing successfully 67% met the goal (State Targets 50%) • Change in Employment Status from Admission to Discharge 73% met the goal (State Targets 20%) • Percent living in stable housing 82% met the goal (State Target80%)	The funding is currently being used as originally awarded for.

		modalities rather than just one program model. Program services include outreach, case management, outpatient treatment, and residential treatment. Outreach: The Camillus organization has a long history of providing services to persons who are poor and homeless, and over the years has built trust and established significant rapport with the "hard to reach clients" who live on the streets of Miami ISPA is committed to ensuring that there is "No Wrong Door" for persons to get help, and established multiple pathways for clients to access services. Case Management: Once screened, each client undergoes an extensive assessment and is assigned a Clinician, who is responsible for the overall coordination of services for the client. Clients have access to on site psychiatric services, and specialized groups. Camillus strives to eliminate all barriers to treatment, and is able to meet all of the individual's basic needs so clients are free to focus on their recovery. Housing, meals, clothing, and health care are all provided within Camillus' own continuum of services. The case manager facilitates access to whatever the				

		client needs, maximizing community resources. Outpatient Treatment: Outpatient treatment is closely coordinated with the case management services. Individual treatment plans including counseling, one-on-one therapy, psychiatric evaluations, medication maintenance, and physical exams and health care. In addition, outpatient clients are assisted with obtaining disability benefits, Florida identification cards, employment, housing, and other types of assistance as needed. Residential Treatment: The ISPA program also provides Residential program treatment, consisting of group therapy, educational sessions, films and group activities. Each residential client also receives one-on-one therapy with a counselor. While involved with the ISPA program clients also receive housing and medical care, social services and vocational training. This program links together the existing services at both Camillus House, Inc. and Camillus Health Concern, Inc. to create a seamless continuum of care for extremely vulnerable populations.				

Funding Initiative Senate Number: SA 345		
Name: ORIGINAL: **Citrus Health Network**		Amount: ORIGINAL **$455,000**
Type of Service Provided:	The project targeted funding an additional four (4) beds at the Adult CSU to serve uninsured (indigent) clients. The Citrus Adult CSU is one of two CSUs serving the North areas of Miami Dade County. Due to the increased volume of patients, the CSU expanded its license capacity to 24 in order to accommodate the need for additional Baker Act Services in the area	
Number of People Served Annually:	**24 clients** **The project was not funded last year as the Governor vetoed all non-recurring budget requests.**	
Performance Standards:		
Are they in place:	Yes	
What are they:	Client data Average length of stay for each client Recidivism data into the Crisis Stabilization Unit for mental health In addition data on all clients served is electronically transmitted to the Department of Children and Families monthly to comply with contractual requirements. In addition, the monthly report includes average length of stay and recidivism into the CSU.	
Performance Year to Date (fiscal YTD):	NA	
How many other providers offer the same service in the same circuit?	None. This is a unique program.	

Citrus Health Network

Provider Name and #	1. Date project / funding was originally awarded	2. Presenting issue the project was funded to address. Describe the services.	3. Describe project impact on issue at the time, and to date, how the project funding successfully addressed the issue.	4. Is the funding currently being used as originally awarded? If yes, describe the services. If not, describe why not and how it meets the current community needs and the needs of the target population consistent with your agency goals.	5.Data that supports the shift in the funds to demonstrate effectiveness, and include performance standards that were used to measure success of the project.	6.Other information to substantiate the current use of funding.
SA #345 (10) **Citrus Health Network**	2006-2007	The project targeted funding an additional four (4) beds at the Adult CSU to serve uninsured (indigent) clients. The Citrus Adult CSU is one of two CSUs serving the North areas of Miami Dade County. Due to the increased volume of patients, the CSU expanded its license capacity to 24 in order to accommodate the need for additional Baker Services in the area.	The project was not funded last year as the Governor vetoed all non-recurring budget requests.	Although the request was not funded, Citrus Health Network Adult CSU has continued to serve uninsured indigent patients in its CSU as only one of two CSUs serving the north section of Miami Dade County. The ACSU is currently operating in a deficit as it is required to accept all Baker Act Involuntary patients that are brought for services by the police or under a professional certificate.	Citrus Health Network submits monthly census reports to SFBHN. In addition data on all clients served is electronically transmitted to the Department of Children and Families monthly to comply with contractual requirements. In addition, the monthly report includes average length of stay and recidivism into the CSU.	During the last six months of 2012, the average utilization rate for the Adult CSU was 87% or 20 beds out of 24 licensed beds with an average length of 4.5 days. The CSU admits an average of 4 to 5 patients per day or approximately 140 per month. The client readmission rate or recidivism is 4% on average.

Funding Initiative Senate Number: SA 366		
Name: ORIGINAL: **Coconut Grove Behavioral Center [Miami Behavioral Health Center, Inc]**		Amount: ORIGINAL **$180,000**
Type of Service Provided:	Psychiatric evaluations and follow up, medications, case management and individual and family therapy for mental health and/or substance abuse problems. This funding is used to serve chronically mentally/co-occurring individuals who have no funding to secure services. These individuals reside in Coconut Grove, primarily African-Americans. Coconut Grove is a poor, blighted, high crime community in Miami with enormous unmet needs in access to healthcare.	
Number of People Served Annually:		
Performance Standards:		
Are they in place:	Yes	
What are they:		
Performance Year to Date (fiscal YTD):		
How many other providers offer the same service in the same circuit?	There are no other providers in Coconut Grove offering comprehensive mental health, substance abuse and co-occurring services, including psychiatric services and medications serving individuals that are uninsured and/or are unable to pay.	

Miami Behavioral Health Center

Coconut Grove Behavioral Center

Provider Name and #	1. Date project / funding was originally awarded	2. Presenting issue the project was funded to address. Describe the services.	3. Describe project impact on issue at the time, and to date, how the project funding successfully addressed the issue.	4. Is the funding currently being used as originally awarded? If yes, describe the services. If not, describe why not and how it meets the current community needs and the needs of the target population consistent with your agency goals.	5. Data that supports the shift in the funds to demonstrate effectiveness, and include performance standards that were used to measure success of the project.	6. Other information to substantiate the current use of funding.
SA #366 (46) Coconut Grove Behavioral Center Miami Behavioral Health Center	2004-2005	This funding is used to serve chronically mentally/co-occurring individuals who have no funding to secure services. These individuals reside in Coconut Grove, primarily African-Americans. Coconut Grove is a poor, blighted, high crime community in Miami with enormous unmet needs in access to healthcare.	This funding has allowed individuals to receive the appropriate treatment / medications and support services that has allowed them to remain in their community and avoid higher end services ie. psychiatric hospitalization, jails, homelessness. This funding served 60 unduplicated clients last fiscal year.	The funding still serves individuals from the Coconut Grove area. The Coconut Grove area remains a high crime, blighted community with multiple needs. If anything, the population has increased due to the high unemployment rate in South Florida and individuals without proper health insurance. These funds are used for individuals that do not qualify for Medicaid and cannot afford the cost of care. The services that are provided with this funding are: Psychiatric evaluations and follow up, medications, case management and individual and family therapy for mental health and/or substance abuse problems.	These funds were never shifted. There are no specific performance measures for this funding other than the established State Outcome system.	These funds continue to address a growing unmet need in the Grove area. Not only are individuals receiving the appropriate care needed, but they have been able to stay in their communities, remained stable with treatment and some have been employed. The cost effectiveness of these dollars are seen by less need for hospitalizations, less time spent in jails, less individuals homeless because of untreated mental health/substance abuse problems and we humanely are providing treatment for chronic, debilitating disorders that not only affect the individual, but their families and their community. There are no other providers in Coconut Grove offering comprehensive mental health, substance abuse and co-occurring services, including psychiatric services and medications serving individuals that are uninsured and/or are unable to pay.

Funding Initiative Senate Number:	
Name: ORIGINAL: **Compass Program** **Institute For Child and Family Health – formerly Children's Psychiatric Center**	Amount: ORIGINAL **$225,000** CURRENT **$225,000**
Type of Service Provided:	The new Compass program is an Outreach service that focuses on elementary school age children who are actively experiencing issues related to substance use/abuse, violence, domestic violence, and gang infested neighborhood as primary risk factors among others.
Number of People Served Annually:	200 youth and their families
Performance Standards:	
Are they in place:	Yes
What are they:	The intervention program is carried out in school for a total of 12 to 14 sessions depending on the group dynamics and has two parts: The first part is the recruiting of parents, teachers and community resources to build a positive and healthy network around the identified child and the second part is the intervention group activities that address, define and explain at-risk substance use behaviors, while promoting healthy positive alternatives. The PRET-Intervention program relies heavily on the use of Psycho-Educational Activities and Materials, Parent, Teacher, Community Engagement, Clinical Group Work, Role Play, and learned Behavioral Goals and Objectives. Pre and Post tests are given throughout the intervention
Performance Year to Date (fiscal YTD): Annual yearly performance data	The current program is new this year, hence we do not have outcome data as of yet. However, pre- post- data is being collected, and program fidelity activities for Motivational Interviewing are ongoing. Given our experience with Compass in the past, this new version of the program will have very positive results
How many other providers offer the same service in the same circuit?	This program is unique to the elementary school target population as it is early intervention with clinical comprehensive community services that involve both the children and their families and the school personnel. The services are wraparound to maximize the impact and, thus, successful outcomes.

Institute for Child and Family Health

Provider Name and #	1. Date project / funding was originally awarded	2. Presenting issue the project was funded to address. Describe the services.	3. Describe project impact on issue at the time, and to date, how the project funding successfully addressed the issue.	4. Is the funding currently being used as originally awarded? If yes, describe the services. If not, describe why not and how it meets the current community needs and the needs of the target population consistent with your agency goals.	5.Data that supports the shift in the funds to demonstrate effectiveness, and include performance standards that were used to measure success of the project.	6.Other information to substantiate the current use of funding.
SA # 365 **32 Compass Program (Children's Psychiatric Center)** **ICFH** * current funding for this program is only $225,000 not $325,000	2000-2001	This program was originally designed to serve children/adolescents between 8-17 years of age, and their families who are at risk for substance abuse or are experimenting with drugs and alcohol. Program families were generally economically disadvantaged (200% of poverty rate or below) and had no other source of funding (e.g., insurance) that would pay for these needed services. Referral sources included schools, Department of Juvenile Justice, court system, detention centers, doctors, and hospitals. The original Compass Program had two main components: 1) a treatment component for children, youth and their families who are actively experiencing issues related to substance abuse; and; 2) a selective substance abuse prevention program for children, youth, and families who are at high-risk for substance abuse. The program provided selective prevention by targeting children, youth,	The Compass project was very successful in reducing risk factors and increasing protective factors. The Compass Program was one of the few prevention and intervention efforts in Miami-Dade County that targeted a needy, uninsured population of children and youth who were at increased risk for both substance abuse and mental health disorders. There were very limited options for this type of specialized prevention and treatment in our community.	The Compass program has had two primary changes during its period of funding. A couple of years ago the treatment component of the program was eliminated by DCF. We were told at that time that the treatment portion of the funding had been cut as a result of lack of funding. The Compass prevention aspect continued operating until the beginning of this new fiscal year (July 1, 2012). We were informed by SFBHN at that time that the program had to be restructured to meet the substance abuse intervention description, as ICFH was no longer being granted a substance abuse prevention program. During the first few months of this fiscal year, the Compass program was completely redesigned to meet the substance abuse intervention criteria and in November was licensed by DCF for this new service. The new Compass program (ICFH PRET-Intervention program) is tailored to at-risk elementary age school children who are at risk for substance use and mental health issues. These children are generally referred by the teachers, trust counselors, and principals after meeting with parents to discuss risk factors at home and in	The current program is new this year, hence we do not have outcome data as of yet. However, pre- post-data is being collected, and program fidelity activities for Motivational Interviewing are ongoing. Given our experience with Compass in the pass, this new version of the program will have very positive results.	Services are individualized according to the client's and family's needs and based on the assessment. The least restrictive services are provided according to the identified problems and needs of the client (in this case group) and the willingness of the individual and family to participate. Cultural, language and gender are taken into consideration if it is assessed that it may enhance service delivery and overall intervention success. The PRET-Intervention program is designed to enhance "protective factors" and move toward reversing or reducing known "risk factors." Protective factors are those associated with

		and families who were at risk for substance abuse as a result of elevated risk factors, and/or lacking effective protective factors. The Compass Program was designed to enhance "protective factors" and move toward reversing or reducing known "risk factors." Protective factors are those associated with reduced potential for drug use. Risk factors are those that make the potential for drug use more likely. The treatment component utilized evidence based practices that have been shown to be effective with children and youth who have begun to experiment with drugs, who are at high risk for future addiction, and who present with a diagnosable psychiatric disorder (co-occurring disorder). Treatment was provided using an outreach-systemic model that emphasized meeting with the child and family at home, school or any other location that made treatment possible, and increased the consistency and effectiveness of the treatment. This population of children and youth who exhibited co-occurring symptoms was at very high risk of future substance abuse without appropriate early intervention.		community. Clients are selected based on the level of at risk factors they experience in home and community such as domestic violence, alcoholism and drug abuse. Gang impacted neighborhoods, lack of adult supervision and repeated exposure to violence are other factors that merit a referral. The new Compass program is an Outreach service that focuses on elementary school age children who are actively experiencing issues related to substance use/abuse, violence, domestic violence, and gang infested neighborhood as primary risk factors among others. The intervention program is carried out in school for a total of 12 to 14 sessions depending on the group dynamics and has two parts: The first part is the recruiting of parents, teachers and community resources to build a positive and healthy network around the identified child and the second part is the intervention group activities that address, define and explain at-risk substance use behaviors, while promoting healthy positive alternatives. The PRET-Intervention program relies heavily on the use of Psycho-Educational Activities and Materials, Parent, Teacher, Community Engagement, Clinical Group Work, Role Play, and learned Behavioral Goals and Objectives. Pre and Post tests are given throughout the intervention to ensure goals and objectives are met as well as follow-up with teachers and parents. Key program staff members are trained in Motivational Interviewing (a strong evidence based intervention).		reduced potential for drug use. Risk factors are those that make the potential for drug use more likely. The intervention component utilizes evidence based practices that have been shown to be effective with children and youth who have begun to experiment with drugs, who are at high risk for future addiction, and who present with a diagnosable psychiatric disorder (co-occurring disorder). Success with this type of early intervention initiative is much more cost-effective than waiting for the child to present with a more serious substance abuse disorder.

Funding Initiative Senate Number: SA 345	
Name: ORIGINAL: **Douglas Gardens Community Mental Health Center – HIV/AIDS Mental Health Services**	Amount: ORIGINAL **$315,000** CURRENT **$315,000**
Type of Service Provided:	CCST, Residential Services, Crisis Support There have been a significant set of changes regarding the nature and scope of the HIV/AIDS epidemic and the course of care for HIV/AIDS. Current the services provided increase access for individuals with HIV/AIDS and mental health problems to comprehensive services. The funding allows the Center to make services to individuals living with AIDS a priority. Those services include a wide range of comprehensive community mental health services both outpatient and residential.
Number of People Served Annually:	50
Performance Standards:	
Are they in place:	Yes
What are they:	• Numbers served – HIV positive clients • Crisis intervention episodes and psychiatric hospitalizations per client • Clients with HIV that have not had either a crisis intervention or hospital admission. Project number of clients to see in 2012-2013 is 50. • Number of crisis interventions • Number of hospitalizations
Performance Year to Date (fiscal YTD):	• Number of clients is 50, YTD have served 38, expect to surpass goal • Average of 8 psychiatric visits in 2011-2012 and 2.3 hours of comprehensive case management a month. • No consumer has had a crisis intervention or a psychiatric hospitalization to date
How many other providers offer the same service in the same circuit?	Services are comprehensive to meet the myriad of needs of the HIV target population that present mental health problems which are increasingly more complex. The integrated array of services provided contributes to success of the clients in the community settings and to the adherence to the medical regimen. A number of the CMHC provide basic outpatient and residential services. This is the only service in Miami Beach that has a high number of individuals living with HIV/AIDS.

Douglas Gardens Community Mental Health Center

Provider Name and #	1. Date project / funding was originally awarded	2. Presenting issue the project was funded to address. Describe the services.	3. Describe project impact on issue at the time, and to date, how the project funding successfully addressed the issue.	4. Is the funding currently being used as originally awarded? If yes, describe the services. If not, describe why not and how it meets the current community needs and the needs of the target population consistent with your agency goals.	5.Data that supports the shift in the funds to demonstrate effectiveness, and include performance standards that were used to measure success of the project.	6.Other information to substantiate the current use of funding.
SA #345 (12) Douglas Garden Community Mental Health Center - HIV/AIDS Mental Health Services	This funding was originally approved during the 1999 session of the Florida Legislature for the 1999 -2000 fiscal year. The original appropriation was from the Department of Health Bureau of HIV/AIDS. During the 2002 session of the Florida Legislature, the funding was moved from the Department of Health to the Department of Children and Families. The original funding was a grant in aid; the DCF funding is earned within the DCF purchase of services system.	There was continuing concern about the HIV/AIDS epidemic and a belief that there was very limited access to mental health services for individuals who were either HIV/AIDS positive or had full-blown AIDS. A wide range of outpatient services including support for psychiatric medication was provided plus a subset of public service announcements on HIV/AIDS and behavior.	There have been a significant set of changes regarding the nature and scope of the HIV/AIDS epidemic and the course of care for HIV/AIDS. It has moved from being perceived as a man on man risking sexual behavior problem to a more generic public health issue and the treatment options have reduced death. We believe that the services provided increased access for individuals with HIV/AIDS and mental health problems.	2002 fiscal year, the HIV/AIDS funding was moved from the Department of Health to the Department of Children and Families and the Center's contract with DCF was $3,891,218. That amount included the fund for the HIV/AIDS project and the project continued in a manner similar to the original plan. Starting in 2003 and until 2011 that amount of overall funding from the DCF has been reduced by roughly $700,000 (the 2011 contract with DCF was $3,150,000). As funding was reduced, the HIV/AIDS program was integrated into the Center's overall program of behavioral health services. This also occurred in an environment where the priorities for the DCF, in behavioral health moved towards the seriously and persistently mentally ill. The program shifted from one that focuses on individual with HIV/AIDS, to individuals who are seriously mentally ill and living with HIV/AIDS. The Center has consistently identified a subset of individuals who are both seriously mentally ill and living with HIV/AIDS. The funding has allowed the Center to make services to individuals living with AIDS a priority and we continue to service a subset of individuals. Those services include a wide range of community mental health services both outpatient and residential.	The Center tracks crisis intervention episodes and psychiatric hospitalizations, clients with HIV have not had either a crisis intervention or hospital admission during the 2011-2012 fiscal year. Project number of clients to see in 2012-2013 is 50. Thirty-eight clients with HIV-AIDS were served. All clients were MH. The received an average of 8 psychiatric visits in 2011-2012 and 2.3 hours of case management a month. We believe the funding has allowed us to continue to serve these individuals when we otherwise may not have been able to.	The Center continues to believe that there is a substantial need for mentally ill individuals living with HIV/AIDS to be served in a setting were staff has education and skills in working the HIV/AIDS clients. Given the significant ongoing reduction in funding and the shifting priorities of the State Mental Health Authority, we believe that integrating the care into the Center's overall program of services is the most cost effective way to meet the needs of this target population.

Funding Initiative Senate Number: SA 365	
Name: **Emergency Waiting List Reduction Program** **[Agency: Here's Help]**	Amount: ORIGINAL **$90,000**
Type of Service Provided:	Outpatient substance abuse treatment, which includes community-based individual, group and family therapy, is provided for individuals who are otherwise sentenced to county jail, state prison or long-term residential treatment, or who are unemployed due to their dependence on drugs and/or alcohol. The project was funded to reduce the 2-4 month waitlist for the outpatient program.
Number of People Served Annually:	14 youth
Performance Standards:	
Are they in place:	Yes
What are they:	Outcomes: % of outpatient juveniles positively completed the program % of outpatient juveniles were in school at completion of program % of outpatient juveniles were satisfied with program services
Performance Year to Date (fiscal YTD):	Outcomes: 91% of outpatient juveniles positively completed the program, 96% were in school at completion of program and 92% were satisfied with program services. Funds have not been shifted.
How many other providers offer the same service in the same circuit?	This is the only program in Miami-Dade that addresses the issues of the target population this way. Each dollar invested in outpatient treatment saves society $23.33 (Center for Substance Abuse Treatment) by: • Reducing criminal justice system involvement and incarceration. • Reducing use of child protective services. • Reducing use of emergency room healthcare. • Increasing rates of high school completion, which results in increased employability long-term. • Better health. • Family unification and reunification, which reduces delinquent behavior. • Prevocational skill identification that results in job placement. • Reduced use of higher cost services, such as residential treatment

Here's Help

Provider Name and #	1. Date project / funding was originally awarded	2. Presenting issue the project was funded to address. Describe the services.	3. Describe project impact on issue at the time, and to date, how the project funding successfully addressed the issue.	4. Is the funding currently being used as originally awarded? If yes, describe the services. If not, describe why not and how it meets the current community needs and the needs of the target population consistent with your agency goals.	5. Data that supports the shift in the funds to demonstrate effectiveness, and include performance standards that were used to measure success of the project.	6. Other information to substantiate the current use of funding.
SA #365 (36) **Here's Help** **$90,000**	FY 2006/2007	The project was funded to reduce the 2-4 month waitlist for the outpatient program. Description of Services: Outpatient substance abuse treatment, which includes community-based individual, group and family therapy, is provided for individuals who are otherwise sentenced to county jail, state prison or long-term residential treatment, or who are unemployed due to their dependence on drugs and/or	Services were able to be provided to more outpatient clients, reducing the waitlist and allowing faster access to needed treatment. To date, we continue to serve more outpatient clients. Community demand for services is still greater than service availability and more funding is needed to meet the need for outpatient care.	Yes, the funding is currently being used as originally awarded and the funds allow the provision of these essential services	Funds have not been shifted. Outcomes: 91% of outpatient juveniles positively completed the program, 96% were in school at completion of program and 92% were satisfied with program services.	Each dollar invested in outpatient treatment saves society $23.33 (Center for Substance Abuse Treatment) by: • Reducing criminal justice system involvement and incarceration. • Reducing use of child protective services. • Reducing use of emergency room healthcare. • Increasing rates of high school completion, which results in increased employability long-term. • Better health. • Family unification and reunification, which reduces delinquent behavior. • Prevocational skill identification that results in job placement. • - Reduced use of higher cost services, such as residential treatment.

Funding Initiative Senate Number: SA 365	
Name: **Here's Help**	Amount: ORIGINAL **$200,000**
Type of Service Provided:	24 hour-a-day care of clients with co-occurring disorders using evidence-based practices, including motivational interviewing, trauma informed care, and relapse prevention planning. Services are delivered through the provision of group and individual counseling, full-time schooling, vocational assistance, medical and psychological testing, alternative therapies, and social and recreational activities.
Number of People Served Annually:	1035 days of residential treatment to clients with substance abuse/co-occurring disorders
Performance Standards:	
Are they in place:	Yes
What are they:	Funds have not been shifted from the original use. Outcomes: % of juveniles in school at discharge % of juveniles positively completed the program % of participants were satisfied with the program services
Performance Year to Date (fiscal YTD):	Outcomes: 100% of juveniles were in school at discharge 77% of juveniles positively completed the program 70% were satisfied with the program services Other information to substantiate the use of funding- services provided result in the following savings to society: • Reduced criminal justice system involvement and incarceration. • Reduced use of child protective services. • Reduced use of emergency room healthcare. • Increased rates of high school completion, which results in increased employability long-term. • Better health. • Family unification and reunification, which reduces delinquent behavior. • Prevocational skill identification that results in job placement
How many other providers offer the same service in the same circuit?	**Here's Help is the only provider of substance abuse residential treatment for boys in Miami-Dade and Monroe Counties**

Here's Help

Provider Name and #	1. Date project / funding was originally awarded	2. Presenting issue the project was funded to address. Describe the services.	3. Describe project impact on issue at the time, and to date, how the project funding successfully addressed the issue.	4. Is the funding currently being used as originally awarded? If yes, describe the services. If not, describe why not and how it meets the current community needs and the needs of the target population consistent with your agency goals.	5. Data that supports the shift in the funds to demonstrate effectiveness, and include performance standards that were used to measure success of the project.	6. Other information to substantiate the current use of funding.
SA #365 (36) **Here's Help** **$200,000**	2010/2011	The presenting issue: the project was funded to meet the great demand for adolescent boys' residential substance abuse treatment. The services provided are: 24 hour-a-day care of clients with co-occurring disorders using evidence-based practices, including motivational interviewing, trauma informed care, and relapse prevention planning. Services are delivered through the provision of group and individual counseling, full-time schooling, vocational assistance, medical and psychological testing, alternative therapies, and social and recreational activities.	How the project impacted the issue at the time: it provided more than 1035 days of residential treatment to clients with substance abuse/co-occurring disorders. To date, the necessity of the adolescent residential program is even greater. On June 9, 2010 the only other agency to treat this population, The Village, closed their residential treatment program, leaving Here's Help as the only provider of substance abuse residential treatment for boys.	Yes, the funding is currently being used as originally awarded. Residential treatment for substance abuse/co-occurring issues is being provided through this funding.	Funds have not been shifted from the original use. Outcomes: 100% of juveniles were in school at discharge, 77% of juveniles positively completed the program, and 70% were satisfied with the program services.	Other information to substantiate the use of funding- services provided result in the following savings to society: • Reduced criminal justice system involvement and incarceration. • Reduced use of child protective services. • Reduced use of emergency room healthcare. • Increased rates of high school completion, which results in increased employability long-term. • Better health. • Family unification and reunification, which reduces delinquent behavior. • Prevocational skill identification that results in job placement.

Funding Initiative Senate Number: SA 345		
Name: **Miami-Dade Forensic Alternative Center Pilot Program**		Amount: ORIGINAL **$1,596,282**
Type of Service Provided:	Diverting individuals with mental illnesses adjudicated incompetent to proceed to trial (ITP) from placement in state treatment facilities to placement in community-based treatment and competency restoration services. Program participants have been charged with less serious offenses and are screened to ensure they do not pose public safety risks.	
Number of People Served Annually:	Since August 2009, a total of 122 referrals, accounting for 114 unduplicated individuals, have been made to the MD-FAC program. This has resulted in 79 fewer admissions to state forensic treatment facilities. Four (4) individuals were re-admitted to the program following discharge because they were found to be incompetent to proceed and met criteria for forensic commitment following discharge to the community.	
Performance Standards:		
Are they in place:	Yes	
What are they:	SEE EXTENSIVE DATA REPORT ATTACHED	
Performance Year to Date (fiscal YTD):	SEE EXTENSIVE DATA REPORT ATTACHED	
How many other providers offer the same service in the same circuit?	**No other providers in the State of Florida provide this services.**	

Miami-Dade Forensic Alternative Center Pilot Program

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<tr><td>SA # 345

(22) Miami-Dade Forensic Alternative Center Pilot Program</td><td>July 1, 2009</td><td>Background: Individuals with serious mental illnesses ordered into forensic commitment have historically been the fastest growing segment of the publicly funded mental health marketplace in Florida. Between 1999 and 2007, forensic commitments increased by 72 percent, including an unprecedented 16 percent increase between 2005 and 2006. In 2006, Florida experienced a constitutional crisis when demand for state hospital beds among people with mental illnesses involved in the</td><td>Providing competency restoration services in a locked community based setting results in significant savings over similar services provided in secure forensic treatment facilities. By diverting individuals who do not pose significant public safety threats and are not likely to be subject to</td><td>The funding is being used as originally awarded. The MD-FAC program is operated by a community-based treatment provider under contract to DCF's local managing entity, the South Florida Behavioral Health Network. Participants include adults age 18 and older who have been found by the circuit court to be incompetent to proceed on a second or third degree felony(s), who do not have significant histories of violent felony offenses, and are not likely to face incarceration if</td><td>Program Referrals:
Since August 2009, a total of 122 referrals, accounting for 114 unduplicated individuals, have been made to the MD-FAC program. This has resulted in 79 fewer admissions to state forensic treatment facilities. Four individuals were re-admitted to the program following discharge because they were found to be incompetent to proceed and met criteria for forensic commitment following discharge to the community.

<table><tr><th>All referrals:</th><th>Total (n=122)</th></tr><tr><td>Accepted, admitted to program</td><td>79 (65%)</td></tr><tr><td>Not eligible for admission to program</td><td>31 (25%)</td></tr><tr><td>Accepted, not admitted to program</td><td>8 (7%)</td></tr><tr><td>Referral pending</td><td>4 (3%)</td></tr></table>
Eight individuals screened and accepted for placement in the MD-FAC program, were admitted to forensic facilities. The reasons these individuals were not admitted to the MD-FAC program are as follows:
<table><tr><th>Individuals accepted but not admitted:</th><th>Total (n=8)</th></tr><tr><td>MD-FAC program at capacity, no bed available</td><td>4 (50%)</td></tr><tr><td>Individual found competent to proceed prior to admission</td><td>3 (37.5%)</td></tr><tr><td>Individual admitted to forensic facility at request of attorney</td><td>1 (12.5%)</td></tr></table>
Thirty-one individuals were assessed and found not to meet eligibility criteria for placement in</td><td>Added Value:
• Unlike most individuals admitted to state forensic treatment facilities, individuals admitted to the MD-FAC program are not rebooked into the jail following restoration of competency. Instead, individuals remain at the treatment program where they are re-evaluated by court appointed experts while the treatment team develops a</td></tr>
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justice system drastically outpaced the number of beds in state treatment facilities. With an average waiting time for admission of nearly three months, the Secretary of the Department of Children and Family Services (DCF) was found in criminal contempt of court and threatened with an $80,000 personal fine and jail time for failing to comply with a court order. This ruling followed months of controversy and high-profile media attention surrounding DCF's inability to place forensically adjudicated individuals in state treatment facilities within 15 days as required by state law. In the wake of this crisis, the Secretary of DCF resigned and the state was forced to allocate $16 million in emergency funding and

extended periods of incarceration if convicted, space in forensic treatment facilities is freed up to serve individuals charged with more serious offenses. This helps to ensure adequate capacity is maintained in forensic treatment facilities. Because individuals are not returned to jail to await judicial hearings upon restoration of competency, the potential to decompensate while incarcerated and

convicted of their alleged offenses. Admission to MD-FAC is limited to individuals who otherwise would be committed to DCF and admitted to state forensic treatment facilities.

Screening includes review of criminal history for indications of risk of violence or public safety concerns, as well as appropriateness for treatment in an alternative community-based setting. Upon admission to the program, individuals are placed in a locked inpatient crisis unit where crisis stabilization services are provided. Upon stabilization, participants are transferred to a locked, inpatient residential treatment unit where competency restoration and treatment services focusing on illness management and

the MD-FAC program. Reasons individuals were not eligible for admission are as follows:

Reason not eligible for admission to MD-FAC:	Total (n=31)
Legal criteria (past/present criminal history)	13 (42%)
Defendant refused screening	6 (19%)
Commitment criteria	4 (13%)
Clinical criteria (psychiatric diagnosis)	4 (13%)
Required acute medical care	2 (6%)
Safety concerns	2 (6%)

Program costs:
The cost to fund services in the MD-FAC program is nearly 20 per cent less expensive than the average cost for services provided in forensic treatment facilities. To date, the program has been funded to provide nearly 14,000 bed/days of services at a total savings of nearly $900,000 over forensic treatment facilities.

Treatment setting	Total bed/days (16 beds x 365 days)	Average bed/day cost	Total cost
Traditional forensic treatment facility	5,840 bed/days	$337.00	$1,968,080
Forensic diversion program	5,840 bed/days	$273.34	$1,596,282
Cost difference		-$63.66	-$371,798

The following represents program outcomes previously reported. These figures are currently being updated.

Average Time to Restore Competency and Length of Stay in Forensic Commitment
Analysis of length of stay found that individuals admitted to the MD-FAC program are identified as ready for discharge from forensic commitment an average of 52 days (35%) sooner than individuals who complete competency restoration services in forensic treatment facilities, and spend an average of 31 fewer days (18%) under forensic commitment. This is due, in part, to the fact that not all individuals admitted to the MD-FAC program complete competency restoration training while under forensic commitment. Where possible, the MD-FAC program works to

comprehensive transition plan for step-down into a less restrictive community placement. When court hearings are held to determine competency and/or authorize step-down into community placements, individuals are brought directly to court by MD-FAC staff. This not only reduces burdens on the county jail, but eliminates the possibility that individuals will decompensate while incarcerated and require subsequent readmission to state treatment facilities. It also ensures that individuals remain linked to the service provider through the

		$48 million in recurring annual funding to create 300 additional forensic treatment beds. Florida currently spends more than $210 million annually – one third of all adult mental health dollars and two thirds of all state mental health hospital dollars – on 1,700 beds serving roughly 3,000 individuals under forensic commitment. In response to the 2006 forensic bed crisis, and at the urging of DCF, the Supreme Court of Florida convened a special committee to address issues relating to the disproportionate representation of people with serious mental illnesses involved in the justice system and to evaluate the role of the forensic treatment system. Consisting of representatives from all three branches of	subsequently be readmitted to a forensic treatment facility is eliminated. In addition, remain in residential treatment helps ensure that medications effective in helping to restore competency are not discontinued in favor of less expensive medications used the jail. By not only developing a comprehensive discharge plan, but also actively assisting individuals re-entering the community and monitoring	community re-entry are provided. Once competency is restored or the participant no longer meets criteria for continued forensic commitment, the program prepares a treatment summary and recommendations for step-down into community placement. The committing court then holds a hearing to review the recommendations and appropriateness of the recommended community placement. Upon authorization of step-down from inpatient services into community placement by the court, MD-FAC staff provides assistance with re-entry and continues to monitor individuals to ensure efficient and ongoing linkage to necessary treatment and support services. The MD-FAC program is	identify individuals who can be safely stepped-down to less restrictive and less costly placements even if they have not yet completed the competency restoration process. In these situations, the individual continues to receive competency restoration services in the community with MD-FAC program staff providing support and linkage to full array of community-based treatment services. This helps to make more efficient use of the limited number of MD-FAC forensic commitment beds. **Criminal Justice Outcomes:** While a suitable comparison group for evaluating outcomes of the MD-FAC program has yet to be identified, examination of jail bookings and days in jail among individuals who remain linked to services following community re-entry and those who do not reveal substantial differences. The vast majority of individuals who remain actively linked to services through the MD-FAC program after stepping down from forensic commitment or complete the program and no longer require monitoring demonstrate no additional involvement in the criminal justice system. In fact, only one such individual has been charged with committing a new offense (misdemeanor, petit theft) since re-entering the community. Eight of the 27 individuals (30%) have been rebooked into the jail as the result of sanctions for non-compliance with conditions of release; however all have been successfully re-engaged in treatment services. Overall, individuals who remain linked to services have experienced a total of 11 jail bookings and have spent a total of 85 days in jail since stepping down from forensic commitment. By contrast, 9 of the 11 individuals (82%) who are no longer linked to MD-FAC services have been re-booked into the jail. This includes a total of 23 bookings resulting from new criminal	community re-entry and re-integration process. • Among individuals discharged from forensic treatment facilities who are restored to competence and can return to court to successfully to take a plea, roughly 80-90 percent have their charges dismissed for lack of prosecution or the defendant takes a plea such as conviction with credit for time served or probation. Most of these individuals are then released to the community, often with limited community supports and services in place. While forensic treatment facilities

	Forensic facilities	MD-FAC	Difference
Average time to notify court of discharge readiness	149 days	97 days	-52 days (-35%)
Average length of stay**	170 days	147 days	-31 days (-18%)

** Comparison of length of stay is between individuals who complete competency restoration services in forensic treatment facilities and individuals admitted to MD-FAC program who may or may not complete competency restoration prior to stepping-down from forensic commitment. See narrative for additional details.

		government, as well as top experts from the criminal justice and mental health communities, this body developed a report titled Transforming Florida's Mental Health System detailing recommendations for planning, leadership, financing, and service development. The recommendations target effective and sustainable solutions that will help divert people with mental illnesses from the justice system into more appropriate community-based treatment settings. Steps are also outlined to begin shifting investment from costly, deep-end services provided in institutional settings into more effective and cost-efficient front-end services provided in the community. One of the primary	ongoing receipt of services, the MD-FAC program eliminates significant barriers to access to care that drive recidivism, both to the criminal justice system and the acute care civil and forensic mental health systems.	responsible for providing or assisting participants in accessing a full continuum of care and competency restoration services during both the period of forensic commitment and following community re-entry. The program also provides assistance in accessing entitlement benefits and other means to build economic self-sufficiency, developing effective community supports, and improving living skills. This comprehensive care model contributes to more effective community re-entry and recovery outcomes.	offenses and 15 bookings resulting from technical violations such as warrants or probation violations. In total, these individuals have spent 1,435 days in jail since stepping down from forensic commitment. Overall, individuals who remain linked to MD-FAC services demonstrate 68% fewer jail bookings and 94% fewer jail days following step-down from forensic commitment as compared to those who are no longer linked to services. **Criminal justice outcome across all individuals stepped down from forensic commitment (total n=33)** / **Actively linked to MD-FAC services or completed program (n=27)** / **No longer linked to MD-FAC services (n=11)** Total individuals re-booked into the jail: 8 (30%) / 9 (82%) Number of jail bookings for committing a **new offenses**: 1 / 23 Number of jail bookings for **sanctions, warrants, and/or violations**: 11 / 15 Total days incarcerated: 85 / 1,435	do provide recommendations regarding continued treatment and placement at the time of discharge, these institutional programs are not designed or equipped to monitor individuals once they leave the hospital or to ensure individuals are linked to services upon community re-entry. • Because MD-FAC program staff provides ongoing assistance, support, and monitoring following discharge from forensic commitment and community re-entry, individuals remain linked to a continuum of care and are more likely

		recommendations of the Supreme Court Task Force was to develop safe and cost efficient community-based residential treatment alternatives to serve individuals charged with less serious offenses, who do not pose significant safety risks, and who otherwise would be admitted to state treatment facilities. This recommendation was based on the observation that individuals admitted to state forensic facilities for competency restoration typically receive services focused on resolving legal issues, but not necessarily targeting long-term wellness and recovery from mental illnesses, or eventual community reintegration. As a result, once competency is restored in state treatment facilities, most individuals are				to access necessary services in a timely and efficient manner. This decreases the likelihood of returning to jails, prisons, state treatment facilities, emergency rooms, and other crisis settings. • Over the course of the individual's inpatient stay, the MD-FAC program provides intensive services targeting competency restoration as well as individualized community-living and re-entry skills. • MD-FAC provides assistance to all eligible individuals in accessing federal entitlement benefits that pay for treatment and

		discharged from the treatment provider's care and are generally returned to local jails where they are rebooked and incarcerated while waiting for their cases to be resolved. In most cases individuals either have their charges dismissed for lack of prosecution or the defendant takes a plea such as conviction with credit for time served or probation. Individuals are then released to the community, often with limited if any community supports and services in place, which places individuals at increased risk of re-entering the justice system, either as the result of committing a new offense or failing to comply with the terms of probation. The following report describes outcomes a pilot program				housing services upon discharge. While some forensic treatment facilities may provide assistance with accessing benefits, it has not yet become standard practice.

		implemented to evaluate an alternative approach to forensic service delivery in which services are provided in a locked residential treatment setting by a single treatment provider which is responsible for delivering forensic treatment services, as well as comprehensive recovery and community re-entry services. What is particularly unique about this approach is that participants remain engaged with the service provider following discharge from residential treatment and re-entry into the community to ensure ongoing receipt of services and to respond to treatment and support needs that develop over time. Concept: In August 2009, the Florida Department of Children				

		and Families (DCF) and the Eleventh Judicial Circuit of Florida implemented a pilot program to demonstrate the feasibility of diverting individuals with mental illnesses adjudicated incompetent to proceed to trial (ITP) from placement in state treatment facilities to placement in community-based treatment and competency restoration services. Program participants have been charged with less serious offenses and are screened to ensure they do not pose public safety risks. They are initially placed in a locked inpatient setting where they receive crisis stabilization, short-term residential treatment, competency restoration services, and community reintegration and living skills. When ready to				

		step-down to a less restrictive placement in the community, participants are provided assistance with re-entry and ongoing service engagement. Unlike individuals admitted to forensic treatment facilities, pilot program participants continue to monitored in the community by the treatment provider following discharge from forensic commitment to ensure ongoing linkage to services and to respond to any emerging treatment and/or support needs.				

Funding Initiative Senate Number: SA 345		
Name: ORIGINAL: **Miami-Dade Homeless Trust** *[Program: Crisis Outplacement Bed Program]*		Amount: ORIGINAL **$180,000** CURRENT **$180,000**
Type of Service Provided:	An intervention option for mentally ill homeless individuals as an alternative to incarceration, as they are better served in a mental health treatment program than through incarceration. This is for individuals where the arrest was the direct result of untreated mental illness. Transitional Housing with Integrated Care provided by a Federally Qualified Health Center.	
Number of People Served Annually:	The budget supports a daily census of **20 clients.**	
Performance Standards:		
Are they in place:	Yes	
What are they:	• People in supportive housing receiving mental health treatment • People in supportive housing that adhere to medication and the mental health service program • This project provides an alternative to incarceration for homeless mentally ill individuals that are served through the 11th Judicial Circuit. Homeless mentally ill persons are placed into housing with mental health treatment services and other ancillary services, to stabilize them into housing.	
Performance Year to Date (fiscal YTD):	**Citrus Health Network, the project recipient**, performed an outcome study with the Crisis Outplacement Bed Program participants using their Relationship Based Care model. The results yield a significant reduction in criminal recidivism and were published in Psychiatric Services June 2009 edition, and accepted as a SAMHSA Evidenced Based Practice in 2012. During the last two fiscal years (July 1, 2010-June 30, 2012), a total of 45 individuals have been diverted to this program. Of those individuals, a total of 15 remained in the program and 30 have been exited into mainstream housing and treatment services. None of those exited	
How many other providers offer the same service in the same circuit?	None. This is a unique program. This funding has permitted the placement of homeless mentally ill persons directly into appropriate housing and treatment in lieu of the much costlier and much less effective alternative of incarceration. The ability to stabilize homeless mentally ill individuals through appropriate placement in treatment reduces the rates of re-arrest and re-admission into crisis. This results in reduction of costlier alternatives (crisis, health care, incarceration), as well as in costs for the Department of Children and Families, Florida Department of Corrections, State Attorney's Office, Public Defender's Office, 11th Judicial Circuit, Public Health Trust, Miami-Dade County Corrections and Miami-Dade County Police Department.	

Miami-Dade Homeless Trust

Provider Name and #	1. Date project / funding was originally awarded	2. Presenting issue the project was funded to address. Describe the services.	3. Describe project impact on issue at the time, and to date, how the project funding successfully addressed the issue.	4. Is the funding currently being used as originally awarded? If yes, describe the services. If not, describe why not and how it meets the current community needs and the needs of the target population consistent with your agency goals.	5.Data that supports the shift in the funds to demonstrate effectiveness, and include performance standards that were used to measure success of the project.	6.Other information to substantiate the current use of funding.
SA #345 (21) Miami-Dade Homeless Trust	FY 1999/2000 state budget **Current Funding: $354,640** **Original Funding: $180,000**	The project, called the Crisis Outplacement Bed Program, was designed to provide alternatives to incarceration for mentally ill homeless persons served by the 11th Judicial Circuit Criminal Mental Health Project's Jail Diversion Program. Mentally ill homeless individuals who are incarcerated do not receive appropriate mental health treatment services, resulting in repeated interactions with the criminal justice, health and mental health crisis systems. Through this program, homeless mentally ill individuals deemed eligible are referred to treatment programs through a liaison (mental health professional) assigned to the program as an alternative to incarceration. This funding provides appropriate interventions for mentally ill homeless individuals that include placement in supportive housing with treatment, and medication dispensation and management, assistance in accessing mainstream benefits, and placement into long-term supportive housing.	The project was intended to provide an intervention option for mentally ill homeless individuals as an alternative to incarceration, as they are better served in a mental health treatment program than through incarceration. This is most particularly the case for individuals for whom the arrest was the direct result of untreated mental illness.	The funding is being used as originally awarded, with an expansion of the program resulting from increased funding, allowing for additional homeless mentally ill persons to be placed into supportive housing with mental health treatment services; no shifting of funding has occurred. The funding, as originally awarded and further expanded, has been used to address the identified program activities with the level of mental health treatment services appropriate to address the needs of homeless mentally ill individuals. The individuals primarily assisted through this program meet the USHUD definition of "chronic homeless." The use of funds to address this population is consistent with the strategies in the Federal Plan to End Homelessness, and in particular, relating to chronic homelessness. This priority is also included in the local continuum of care's Ten-year Plan to End Homelessness. Local and federal funding has been allocated to address the needs of this population.	No shift in funding has been made. The funding has been used as initially intended and funded, and as further funded, to fund placement in mental health treatment (with housing) for homeless individuals deemed appropriate and eligible for the program, as referred by the 11th Judicial Circuit Criminal Mental Health Project's Jail Diversion Program. Pursuant to the Point-in-Time Summary Count of homeless persons, submitted to USHUD in April, 2012, 1,125 of the 3,976 sheltered and unsheltered homeless at that time were identified as "severely mentally ill." A total of 586 individuals and 15 family units were identified as meeting the federal definition of chronic homeless.	This funding has permitted the placement of homeless mentally ill persons directly into appropriate housing and treatment in lieu of the much costlier and much less effective alternative of incarceration. The ability to stabilize homeless mentally ill individuals through appropriate placement in treatment reduces the rates of re-arrest and re-admission into crisis. This results in reduction of costlier alternatives (crisis, health care, incarceration), as well as in costs for the Department of Children and Families, Florida Department of Corrections, State Attorney's Office, Public Defender's Office, 11th Judicial Circuit, Public Health Trust, Miami-Dade County Corrections and Miami-Dade County Police Department.

Funding Initiative Senate Number: SA 366		
Name: **New Horizons Dual Diagnoses** **New Horizons Community Mental Health Center**		Amount: **$90,000**
Type of Service Provided:	Residential, psychiatric services, individual, family, group therapy, outreach services, and case management, in a comprehensive manner.	
Number of People Served:	Data unavailable at this time.	
	Performance Standards:	
Are they in place:	YES	
What are they:	State Performance Standards	
Performance Year to Date:	NA	
How many other providers offer the same service in the same circuit?	Other providers offer the services, but these are unique to the community/geographic area served as well as to the cultural issues of the target population. Residential beds for the homeless population in the community have increased, there continues to be a need for the coordination and the provision of comprehensive services to the dual diagnosed population, which not all providers address.	

New Horizons Community Mental Health Center

New Horizons Dual Diagnoses

Provider Name and #	1. Date project / funding was originally awarded	2. Presenting issue the project was funded to address. Describe the services.	3. Describe project impact on issue at the time, and to date, how the project funding successfully addressed the issue.	4. Is the funding currently being used as originally awarded? If yes, describe the services. If not, describe why not and how it meets the current community needs and the needs of the target population consistent with your agency goals.	5.Data that supports the shift in the funds to demonstrate effectiveness, and include performance standards that were used to measure success of the project.	6.Other information to substantiate the current use of funding.
SA #366 (54) New Horizons Community Mental Health Center Dual Diagnose-	The project was awarded in 1992.	The presenting issue was the lack of comprehensive mental health and substance abuse services available to the dually diagnosed population served by the agency. The services provided were residential, psychiatrist services, individual, family, group therapy outreach services and case management. The project impacted the issues by coordinating and ensuring the provision of all the services needed by the targeted population served by the agency. Today the agency continues to positively impact the service needs of the target population. The services provided were: residential, individual, outreach, group, case management,	The project at the time positively impacted the targeted population because the primary need of residential services wearer readily available and the agency was able to maintain the target population while working on other projects faced by the target population.	Yes, the all core services continue to be provided. Residential services have been decreased due to decrease in funding. However, since the 1990, residential beds for the homeless population in the community have increased, there continues to be a need for the coordination and the provision of comprehensive services to the dual diagnosed population.	There have been no shifts in funding.	No additional information.

Funding Initiative Senate Number: SA 365	
Name: **(1) The Village Dually Diagnosed Girls** **(2) The Village Substance Abuse Treatment for Girls**	Amount: (1) **$400,000** (2) **$100,000**
Type of Service Provided:	Girls were being referred for residential substance abuse treatment at an increased rate, and were presenting with co-occurring mental health issues requiring residential care. Currently services are being provided in home on site with intensive interventions that address the needs of the girls and their families. Services are trauma informed, culturally competent, co-occurring capable individual and group therapy, psychiatric services, family counseling, case management, HIV prevention, trauma reduction (sexual violence, exploitation) educational services and social and recreational activities. Evidence based practices include Seeking Safety, Motivational Interviewing, and Safe Dates. **For the current years projections cost will be reduced per client from $19,230 to $1,689 per person served.**
Number of People Served:	16
Performance Standards:	
Are they in place:	YES
What are they:	% of girls living in stable housing % school days attended by the girl at school % free of alcohol or drugs
Performance Year to Date:	• % living in stable housing **Outcome - 100 %** • % school days attended school **Outcome 56%** • **The clients completed 80% of the objectives on their individual treatment plans and did not test positive for drugs or alcohol**
How many other providers offer the same service in the same circuit?	This is a unique intensive home onsite program that provides an array of services to maintain the girls in the home environment. The program better meets the needs of the current environment and best practices to serve individuals in the least restrictive setting through quality services.

The Village

Provider Name and #	1. Date project / funding was originally awarded	2. Presenting issue the project was funded to address. Describe the services.	3. Describe project impact on issue at the time, and to date, how the project funding successfully addressed the issue.	4. Is the funding currently being used as originally awarded? If yes, describe the services. If not, describe why not and how it meets the current community needs and the needs of the target population consistent with your agency goals.	5.Data that supports the shift in the funds to demonstrate effectiveness, and include performance standards that were used to measure success of the project.	6.Other information to substantiate the current use of funding.
SA #345 (42 & 43) The Village Dually Diagnosed Girls And Substance Abuse Treatment Center for Girls	The project was originally funded in 1996 with the **400,000** appropriation and the additional **100,000** was added in 2008.	Girls were being referred for residential substance abuse treatment at an increased rate, and were presenting with co-occurring mental health issues requiring residential care. Services are trauma informed, culturally competent, co-occurring capable individual and group therapy, psychiatric services, family counseling, case management, HIV prevention, trauma reduction (sexual violence, exploitation) educational services and social and recreational activities. Evidence based practices include Seeking Safety, Motivational Interviewing, and Safe Dates. The program, when necessary, serves pregnant teens, intravenous drug users, and other major risk groups in the community.	The program offered girls a safe and therapeutic environment to effectively resolve substance use and mental health issues. We successfully sought, and received, and on-site public school to provide educational services to the girls.	For the past two years we have seen a decrease in the number of referrals, and have noticed an increase in the percentage of referrals that do not result in a placement in the program. We have redesigned the program as an In-Home/On- Site service which will dramatically increase the number of girls treated by our program from 50 per year to 300 per year. This will allow us to offer more individualized services in the home, and provide increased opportunities for the family and/or caregivers to be engaged into treatment, and will refrain from interrupting the girls' education (for those who are in school). Clinicians are able to provide more accurately-targeted treatment planning, and there is greater "buy-in" to the program by clients and their families. Services take place at times convenient to the families, including evenings and weekends. Our current model is very successful, has been in place for over 10 years, and was expanded 4 years ago with the closure of our boy's residential program.	For the most recent fiscal year, The Village's In-Home On-Site modality had a **78% successful completion rate**. In contrast, the national figure for clinic-based adolescent outpatient (benchmark) is 38.3% successful completion rate. The definition of successful completion at The Village means that **the client completed 80% of the objectives on their individual treatment plans and did not test positive for drugs** or alcohol. **For the current years projections cost will be reduced per client from $19,230 to $1,689 per person served.**	The programming shift has been approved by the Department of Children and Families and the ME. The program better meets the needs of the current environment and best practices to serve individuals in the least restrictive setting through quality services.

Funding Initiative Senate Number: SA345	
Name: **The Village** ***[Residential Program for Hispanic Adults]***	Amount: **$300,000**
Type of Service Provided	Adult Mental Health and Adult Substance Abuse Residential for Hispanics (Spanish speaking only). The funding is currently being used as awarded, and the program now includes a full range of comprehensive services for co-occurring disorders including psychiatric care and medication management.
Number of People Served:	59
Performance Standards:	
Are they in place:	yes
What are they:	% living in stable housing Average annual days worked % successful discharge % employed at discharge % living in stable housing
Performance Year to Date:	Outcomes for the year: **% living in stable housing 100 %** **Average annual days worked 178.6** **% successful discharge 77%** **% employed at discharge 95%** **% living in stable housing 97% %**
How many other providers offer the same service in the same circuit?	NO other provider in Miami-Dade County. There is a waiting list.

The Village

Hispanic Residential Program

Provider Name and #	1. Date project / funding was originally awarded	2. Presenting issue the project was funded to address. Describe the services.	3. Describe project impact on issue at the time, and to date, how the project funding successfully addressed the issue.	4. Is the funding currently being used as originally awarded? If yes, describe the services. If not, describe why not and how it meets the current community needs and the needs of the target population consistent with your agency goals.	5.Data that supports the shift in the funds to demonstrate effectiveness, and include performance standards that were used to measure success of the project.	6.Other information to substantiate the current use of funding.
SA #345 (27) The Village [Hispanic Residential]	2003	The program addresses the need for individuals who are fluent only in Spanish, and who met the criteria of the American Society of Addiction Medicine (ASAM) for residential substance abuse treatment, to have access to high quality culturally-competent trauma informed co-occurring capable care in their local community. Interestingly, in Miami-Dade County, with the state's highest percentage of monolingual Spanish speakers, The Village continues to be the only program offering this service. Clients in the program receive an individualized menu of care, which includes: individual and group treatment, vocational assistance, housing assistance, case management, psychiatric and medication management, and referrals to a wide variety of community partners to help address issues such as primary medical care. The Village's continuum of care provides outpatient and continuing care services, if needed such as HIV.	At the time the program was funded there was no access to residential care for the target population group, and to this day, **no other provider has developed this service**. This continues to be a challenge in our community. Thus waiting lists.	The funding is currently being used as awarded, and the program now includes a full range of services for co-occurring disorders including psychiatric care and medication management. As stated above, The Village has added Seeking Safety groups in Spanish. Seeking Safety is a nationally-recognized evidence based practice which addresses trauma symptoms as they relate to recovery from substance abuse and dependence.	% living in stable housing Average annual days worked Outcomes % living in stable housing 100 % Average annual days worked 178.6	NA

Funding Initiative Senate Number: SA 365	
Name: **(1) The Village Dually Diagnosed Girls** **(2) The Village Substance Abuse Treatment for Girls**	Amount: (1) **$400,000** (2) **$100,000**
Type of Service Provided:	Girls were being referred for residential substance abuse treatment at an increased rate, and were presenting with co-occurring mental health issues requiring residential care. Currently services are being provided in home on site with intensive interventions that address the needs of the girls and their families. Services are trauma informed, culturally competent, co-occurring capable individual and group therapy, psychiatric services, family counseling, case management, HIV prevention, trauma reduction (sexual violence, exploitation) educational services and social and recreational activities. Evidence based practices include Seeking Safety, Motivational Interviewing, and Safe Dates. **For the current years projections cost will be reduced per client from $19,230 to $1,689 per person served.**
Number of People Served:	16
Performance Standards:	
Are they in place:	YES
What are they:	% of girls living in stable housing % school days attended by the girl at school % free of alcohol or drugs
Performance Year to Date:	• % living in stable housing **Outcome - 100 %** • % school days attended school **Outcome 56%** • **The clients completed 80% of the objectives on their individual treatment plans and did not test positive for drugs or alcohol**
How many other providers offer the same service in the same circuit?	This is a unique intensive home onsite program that provides an array of services to maintain the girls in the home environment. The program better meets the needs of the current environment and best practices to serve individuals in the least restrictive setting through quality services.

The Village

Provider Name and #	1. Date project / funding was originally awarded	2. Presenting issue the project was funded to address. Describe the services.	3. Describe project impact on issue at the time, and to date, how the project funding successfully addressed the issue.	4. Is the funding currently being used as originally awarded? If yes, describe the services. If not, describe why not and how it meets the current community needs and the needs of the target population consistent with your agency goals.	5.Data that supports the shift in the funds to demonstrate effectiveness, and include performance standards that were used to measure success of the project.	6.Other information to substantiate the current use of funding.
SA #345 (42 & 43) The Village Dually Diagnosed Girls And Substance Abuse Treatment Center for Girls	The project was originally funded in 1996 with the **400,000** appropriation and the additional **100,000** was added in 2008.	Girls were being referred for residential substance abuse treatment at an increased rate, and were presenting with co-occurring mental health issues requiring residential care. Services are trauma informed, culturally competent, co-occurring capable individual and group therapy, psychiatric services, family counseling, case management, HIV prevention, trauma reduction (sexual violence, exploitation) educational services and social and recreational activities. Evidence based practices include Seeking Safety, Motivational Interviewing, and Safe Dates. The program, when necessary, serves pregnant teens, intravenous drug users, and other major risk groups in the community.	The program offered girls a safe and therapeutic environment to effectively resolve substance use and mental health issues. We successfully sought, and received, and on-site public school to provide educational services to the girls.	For the past two years we have seen a decrease in the number of referrals, and have noticed an increase in the percentage of referrals that do not result in a placement in the program. We have redesigned the program as an In-Home/On- Site service which will dramatically increase the number of girls treated by our program from 50 per year to 300 per year. This will allow us to offer more individualized services in the home, and provide increased opportunities for the family and/or caregivers to be engaged into treatment, and will refrain from interrupting the girls' education (for those who are in school). Clinicians are able to provide more accurately-targeted treatment planning, and there is greater "buy-in" to the program by clients and their families. Services take place at times convenient to the families, including evenings and weekends. Our current model is very successful, has been in place for over 10 years, and was expanded 4 years ago with the closure of our boy's residential program.	For the most recent fiscal year, The Village's In-Home On-Site modality had a **78% successful completion rate**. In contrast, the national figure for clinic-based adolescent outpatient (benchmark) is 38.3% successful completion rate. The definition of successful completion at The Village means that **the client completed 80% of the objectives on their individual treatment plans and did not test positive for drugs** or alcohol. **For the current years projections cost will be reduced per client from $19,230 to $1,689 per person served.**	The programming shift has been approved by the Department of Children and Families and the ME. The program better meets the needs of the current environment and best practices to serve individuals in the least restrictive setting through quality services.

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

2/7/2013
Meeting Date

Topic Governor's HHS Budget Recommendations

Bill Number _____ *(if applicable)*

Name Michael Anway

Amendment Barcode _____ *(if applicable)*

Job Title Policy Coordinator, HHS Unit, Office of Policy & Budget

Address The Capitol
Street

Phone 850-717-9511

Tallahassee *City* Florida *State* 32399-0[redacted] *Zip*

E-mail michael.anway@laspbs.state.fl.us

Speaking: ☐ For ☐ Against ☑ Information

Representing Executive Office of the Governor

Appearing at request of Chair: ☑ Yes ☐ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

2.7.13
Meeting Date

Topic Managing Entities

Bill Number n/a *(if applicable)*

Name Rob Siedlecki

Amendment Barcode n/a *(if applicable)*

Job Title Asst. Secretary for Sub. Abuse / Mental Health, DCF

Address 1317 Winewood
Street
Tallahassee, FL 32399
City *State* *Zip*

Phone

E-mail

Speaking: ☐ For ☐ Against ☒ Information

Representing DCF

Appearing at request of Chair: ☒ Yes ☐ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

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S-001 (10/20/11)

No. thereof

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date

Topic _____ Bill Number _____ *(if applicable)*

Name Dr. Paul Rollings Amendment Barcode _____ *(if applicable)*

Job Title NW Region SAMH Director

Address 160 Governmental Center #713 Phone 850-595-8366

Street

Pensacola FL 32502 E-mail paul_rollings@dcf.state.fl.us

City *State* *Zip*

Speaking: ☐ For ☐ Against ☑ Information

Representing NW Region SAMH DCF

Appearing at request of Chair: ☑ Yes ☐ No Lobbyist registered with Legislature: ☐ Yes ☑ No

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S-001 (10/20/11)

NE - Lutheran

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date

Topic SAMH ME NE Region

Bill Number _____ (if applicable)

Name SAM SCOTT

Amendment Barcode _____ (if applicable)

Job Title CEO / LUTHERAN SERVICES FLORIDA

Address 3627 A W. Waters Ave

Phone 813-676-9500

Street

TAMPA FL 33614

E-mail SSCOTT@LSFNET.ORG

City State Zip

Speaking: ☐ For ☐ Against ☒ Information

Representing _____

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

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S-001 (10/20/11)

NE - Lutheran

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

2/7/13
Meeting Date

Topic Substance Abuse & Mental Health Bill Number _____ *(if applicable)*

Name Christian St-Clair Amendment Barcode _____ *(if applicable)*

Job Title VP of SAMH

Address 10450 San Jose Blvd Phone 904-900-1075
Street

Jacksonville FL 32257 E-mail CStclair@lsfnet.org
City *State* *Zip*

Speaking: ☐ For ☐ Against ☒ Information

Representing Lutheran Services FL

Appearing at request of Chair: ☐ Yes ☐ No Lobbyist registered with Legislature: ☐ Yes ☐ No

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S-001 (10/20/11)

Suncoast Central BHN

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date

Topic Managing Early Community Project

Bill Number _____ *(if applicable)*

Name Linda McKinnon

Amendment Barcode _____ *(if applicable)*

Job Title CEO, Central Florida Beh. Health Network

Address 719 US Hwy 301 S *Street*

Phone 813-740-4811

Tampa, FL 33619 *City* *State* *Zip*

E-mail LMcKinnon@CFBHN.org

Speaking: ☐ For ☐ Against ☒ Information

Representing Central Florida Beh. Health Network

Appearing at request of Chair: ☒ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/20/11)

Did Not Speak

Central BHN SunCoast

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date

Topic MANAGING Entity Community Project

Bill Number _____ (if applicable)

Name Michael Krause

Amendment Barcode _____ (if applicable)

Job Title DIR of Contracting

Address 719 US HWY S, (Street)

Phone 813.740-4811

TAMPA FL (City / State / Zip)

E-mail MKrause@CFBHN.ORG

Speaking: ☐ For ☐ Against ☑ Information

Representing Central FL Behavioral Health Network

Appearing at request of Chair: ☑ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

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S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

Central - Orlando

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date

Topic SAMH MG Projects

Bill Number *(if applicable)*

Name MARA BLEDSOE

Amendment Barcode *(if applicable)*

Job Title CEO

Address 707 NEWDHAM BLVD #104 *Street*

Phone 407-985-3561

ORLANDO *City* FL *State* 32835 *Zip*

E-mail mbledsoe@cflchs.org

Speaking: ☐ For ☐ Against ☐ Information

Representing Central Florida Comm Health System

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

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S-001 (10/20/11)

Did Not Speak

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date

Topic SAMH ME Projects

Bill Number *(if applicable)*

Name CLAUDIA MASON

Amendment Barcode *(if applicable)*

Job Title CFO

Address 707 MENDHAM BLVD #104 *Street*

Phone 407-985-3562

Orlando, FL 32835 *City* *State* *Zip*

E-mail cmason@cfchs.org

Speaking: ☐ For ☐ Against ☐ Information

Representing Central Florida Cerv Health System

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

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S-001 (10/20/11)

Southeast

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date

Topic SAMH Managing Entity Bill Number *(if applicable)*

Name Ann Berner Amendment Barcode *(if applicable)*

Job Title CEO, Southeast FL Bev. Hlth Network

Address 140 Intracoastal Pointe Dr., Suite 211 Phone
Street

Jupiter, FL 33477 E-mail ann_berner@sefbhn.org
City *State* *Zip*

Speaking: ☐ For ☐ Against ☒ Information

Representing Southeast ME

Appearing at request of Chair: ☒ Yes ☐ No Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

2-7-13
Meeting Date

Topic Mental Health ME

Name Bob Butterworth

Bill Number _____ *(if applicable)*

Amendment Barcode _____ *(if applicable)*

Job Title _____

Address _____ *Street*

_____ *City* *State* *Zip*

Phone 850-933-4760

E-mail _____

Speaking: ☐ For ☐ Against ☑ Information

Representing _____

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☐ Yes ☑ No

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S-001 (10/20/11)

Broward

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

2/7/13
Meeting Date

Topic 14 MH ME.

Bill Number _____ *(if applicable)*

Name Silvia Quintana

Amendment Barcode _____ *(if applicable)*

Job Title Chief Executive Officer

Address 1715 SE 4th avenue
Street

Phone 9542793857

Fort Lauderdale
City *State* *Zip*

E-mail silvia.quintana@browardbehavioralhc.org

Speaking: ☐ For ☐ Against ☒ Information

Representing Broward Behavioral Health Coalition

Appearing at request of Chair: ☒ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/20/11)

South Florida

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date

Topic Community Issues Bill Number _____ *(if applicable)*

Name John DOW Amendment Barcode _____ *(if applicable)*

Job Title Pres. / CEO - South Florida Behavioral Network

Address 2205 NW 19 St Phone 305-858-3335

Street

Miami FL 33126 E-mail JDOW@SFBHN.ORG

City *State* *Zip*

Speaking: ☑ For ☐ Against ☑ Information

Representing South Florida Behavioral Health Network INC

Appearing at request of Chair: ☑ Yes ☐ No Lobbyist registered with Legislature: ☐ Yes ☐ No

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S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

2-7-13
Meeting Date

Topic Mental Health + Substance Abuse Bill Number _____ *(if applicable)*

Name Mark P. Fontaine Amendment Barcode _____ *(if applicable)*

Job Title Executive Director

Address 2868 Mahan Drive Phone 878-2196
Street

Tallahassee FL 32308 E-mail _____
City *State* *Zip*

Speaking: ☐ For ☐ Against ☒ Information

Representing Florida Alcohol + Drug Abuse Association

Appearing at request of Chair: ☐ Yes ☐ No Lobbyist registered with Legislature: ☒ Yes ☐ No

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S-001 (10/20/11)

CourtSmart Tag Report

Room: KN 412 **Case:** **Type:**
Caption: Senate Appropriations Subcommittee on Health and Human Services **Judge:**

Started: 2/7/2013 2:07:01 PM
Ends: 2/7/2013 4:58:24 PM Length: 02:51:24

2:07:05 PM	Meeting called to order
2:07:11 PM	Roll call
2:07:20 PM	Opening Remarks by Chairman
2:07:25 PM	Tab 1: Governor's Fiscal Year 2013-2014 Budget Recommendations
2:07:26 PM	Michael Anway, Policy Coordinator, Health and Human Services Unit, Office of Policy and Budget
2:49:00 PM	Tab 2A: Substance Abuse and Mental Health
2:50:00 PM	Rob Siedlecki, Assistant Secretary for Substance Abuse & Mental Health, DCF
3:05:16 PM	Tab 2B: Northwest Region Managing Entity
3:05:17 PM	Dr. Paul Rollings, Northwest Region, Substance Abuse and Mental Health Director, Pensacola, FL
3:22:35 PM	Tab 2C: Northeast Region Managing Entity
3:22:36 PM	Sam Sipas, CEO, Lutheran Services Florida, Tamap, FL
3:31:01 PM	Christina St. Clair, Vice President of Substance Abuse and Mental Health, Jacksonville, FL
3:51:01 PM	Tab 2D: Central Region Managing Entity
3:51:02 PM	Linda McKinnon, CEO, Central Florida Behavioral Health Network, Tampa, FL
4:07:15 PM	Tab 2E: Suncoast Region Managing Entity
4:07:16 PM	Maria Bledsoe, CFO, Central Florida Cares Health System, Orlando, FL
4:10:21 PM	Tab 2F: Southeast Region Managing Entity
4:10:22 PM	Ann Berner, CEO, Southeast Florida Behavioral Health Network, Jupiter, FL
4:15:29 PM	Tab 2G: Southern Region Managing Entity
4:15:30 PM	Bob Butterworth
4:17:09 PM	Silvia Quintana, Chief Executive Officer, Broward Behavioral Health Coalition, Fort Lauderdale, FL
4:23:05 PM	John Dow, President/CEO of South Florida Behavioral Network, Miami, FL
4:53:26 PM	Mark Fontaine, Executive Director of Florida Alcohol & Drug Abuse Association
4:57:20 PM	Meeting Adjourned

THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:
Appropriations Subcommittee on Education, *Chair*
Agriculture
Appropriations
Appropriations Subcommittee on Health and Human Services
Education
Gaming
Health Policy
Regulated Industries
Rules

SENATOR BILL GALVANO
26th District

February 6, 2013

Senator Denise Grimsley
306 Senate Office Building
404 South Monroe Street
Tallahassee, FL 32399

Dear Madam Chair Grimsley:

I am writing to request approval to be excused from the Appropriations Subcommittee on Health and Human Services meeting scheduled for February 7, 2013.

I appreciate your consideration in this matter.

Sincerely,

Bill Galvano

cc.: Scarlet Pigott

REPLY TO:
❒ 1023 Manatee Avenue West, Suite 201, Bradenton, Florida 34205
❒ 326 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5026

Senate's Website: *www.flsenate.gov*

DON GAETZ
President of the Senate

GARRETT RICHTER
President Pro Tempore