



SunCoast Region Triennial Plan overview

I. Organizational Profile

The SunCoast Region (SCR) Florida Substance Abuse and Mental Health (SAMH) Program Office has statutory responsibility for the planning, oversight, and administration of the behavioral health system in Circuits 6, 12, 13, and 20. The counties included in this area, by circuit, are:

- Circuit 6: Pasco, Pinellas
- Circuit 12: Sarasota, Manatee, De Soto
- Circuit 13: Hillsborough
- Circuit 20: Charlotte, Lee, Glades, Hendry, Collier

To correlate with Judicial Circuits, SCR SAMH contracts behavioral health services for three additional counties: Polk, Highland, and Hardee in Circuit 10 (C10). The managing entity for SCR and Circuit 10 is Central Florida Behavioral Health Network (CFBHN).

II. SunCoast (SCR) Region's Strategic Priorities

A. Recovery-Oriented Systems of Care (ROSC)

ROSC continues to be a priority commitment with the SCR SAMH, CFBHN, and network service providers (NSPs). The finalized guidance document and monitoring tools initiated the Recovery-Oriented Quality Improvement Monitoring (ROM) in F/Y21-22. ROM is a collaborative monitoring process that includes Recovery-Oriented Quality Improvement Specialists (ROQIS) and CFBHN.

SCR SAMH and CFBHN work closely with NSPs to create an array of services and supports to meet an individual's chosen pathway to recovery and to promote recovery principles, which aligns with the F/Y20-21 Enhancement Plan. Engaging work programs/clubhouses throughout the SCR/C10 is a pivotal service for individuals to help them develop skill sets.

Through care coordination efforts, NSPs can increase diversion from acute care settings to alternative community resources. SCR SAMH and CFBHN have also worked with the NSPs

on utilizing voucher funding to pay for identified items and/or services to assist clients with stabilization and meeting their treatment goals. Each month, CFBHN convenes their providers to discuss trends and opportunities of improvement with the network providers implementing care coordination services.

SCR SAMH along with CFBHN explored opportunities to contract with Recovery Community Organizations (RCOs) within the community to build further supports for individuals with lived experience and promote recovery principles and concepts. CFBHN has contracted with Recovery Epicenter Foundation and continues to look for opportunities to increase RCO's throughout the SCR and C10.

CFBHN participated on a State Hospital (North Florida Evaluation and Treatment Center) ROSC initiative committee with the primary goal to increase networking and collaboration between the MEs, state hospitals, and community stakeholders for promoting warm handoffs to assist individuals being discharged from state hospitals and reentering into their communities.

B. Enhance “no wrong door” model to optimize access to care for priority populations.

Section 394.4573(1)(d), F.S., defines the No Wrong Door model as “a model for the delivery of acute care services to persons who have mental health or substance use disorders, or both, which optimizes access to care, regardless of the entry point to the behavioral health care system.” Florida’s designated receiving systems (commonly referred to as central receiving facilities) effectively function as no-wrong-door models for the delivery of services to individuals and families who have mental health and/or substance use disorders. Enhancing “no wrong door” philosophy throughout the SCR and C10 for a coordinated access to those experiencing crisis continues to be a priority. The acute care providers and local receiving facilitates, transportation companies and law enforcement have agreements in place to ensure the most efficient and least impactful process to the individual. The commitment for the concept to “no wrong door” was fully implemented during the contract negotiations with the Central Receiving Systems (CRS) in Hillsborough and Manatee Counties. Although the concept is throughout the region, and ongoing training and contract requirements are in place, services offered at the current CRS facilities represent a more advanced model that reaches across professions, providers, and service providers- including medical services which CFBHN prioritized in their F/Y19-22 Needs Assessment as well as F/Y21-22 Enhancement Plan.

C. Certified Recovery Peer Specialists

Through the State Opioid Response (SOR) grant, SCR SAMH hired a Recovery-Oriented Quality Improvement Specialist (ROQIS) who supports the region with the ROM.

CFBHN’s Consumer and Family Affairs Department and the ROQIS provide training to enhance and increase the pool of Certified Recovery Peer Specialists in the region. The promotion of Evidence-Based Practices (EBPs), such as Wellness Recovery Action Plan

(WRAP), also provides consumers with life skills to enable them to thrive while living with a mental illness or co-occurring disorder. The WRAP trainings during the first quarter of the F/Y 21-22 took place with C 6, 10, 12, and 13. CFBHN reported that approximately 80 participants attended each circuit presentation. Currently, Directions for Living, S4KF, and Chrysalis Health are the only three NSPs certified in the region and are contracted to deliver Wraparound with the Sunshine health plan.

D. Community Based Health Promotion and Prevention

SCR SAMH and CFBHN work closely with community stakeholders throughout the region. This includes active participation in county behavioral health consortiums, advisory councils, acute care meetings, and alliance meetings. SCR SAMH and CFBHN work with the Department of Juvenile Justice, Department of Corrections, Department of Health, Agency for Persons with Disabilities, Department of Education, Medicaid Managed Care, Judiciary, School Systems, Child Welfare and Adult Protection, State Mental Health Treatment Facilities, law enforcement, local hospitals and private providers, local governments, faith-based entities, coalitions, and various consumer and family groups. A detailed list of these collaborations is included in Section III. These partnerships allow for opportunities to utilize data from other appropriate entities like law enforcement (i.e., Sheriff Data Sharing Project, which is described below), as well as a project in Hillsborough, Pinellas, and Polk counties, comparing the booking data to other data sets to determine where individuals are contacting the various systems. The data sets used are medical examiner deaths by suicide and overdoses, county health plan data (where available), CFBHN service data and Baker Act data.

SCR SAMH and CFBHN continue to encourage NSPs in addressing the barriers to access by creating local partnerships, increasing in-home and on-site services, and as well as use of telehealth. To meet the needs of the community during and the pandemic, telehealth was vital in providing continuity of care.

SCR SAMH, CFBHN, and multiple stakeholders collaborate within the system of care on the Substance Exposed Prototype for a more holistic approach with families to prevent child welfare involvement. CFBHN has three substance exposed newborn care coordinators, subcontracted through First Step of Sarasota, where the prototype was launched. The prototype addresses the needs of adults and children, a priority of CFBHN's F/Y19-22 Needs Assessment and F/Y21-22 Enhancement Plan

The sheriff data sharing project evaluates how many individuals booked into the county jails are receiving or have received (within one year before arrest) services through the DCF SAMH funding administered by CFBHN. This data process was developed to help all stakeholders better understand how individuals move through the CFBHN funded system of care and the jails. The collaboration also allows for the development of community-wide measures that show the change in the number of jail days over time prior, during, and following treatment episodes.

Below are a few of the behavioral health supports initiated due to the pandemic within SCR:

- Thriving Minds collaboration in C 20
- Substance Abuse and Mental Health Services Administration (SAMHSA) COVID 19 Emergency Response for Suicide Prevention Grant at Centerstone (C 12)
- CFBHN's COVID support helpline for the 14 counties that CFBHN covers through the Crisis Center of Tampa Bay.

E. Children's Mental Health System of Care

SCR SAMH and CFBHN continue to work on integration within child welfare, schools, and law enforcement to support children and their families. CFBHN provides NSPs and community stakeholders education with updated children's mental health system of care recovery topics that support children and their families. CFBHN also facilitates high-fidelity Wraparound educational trainings, together with developing the coordinated children's care plan, based on HB 945, Ch 394.4955 F.S., a priority in CFBHN's F/Y19-22 Needs Assessment and F/Y21-22 Enhancement Plan.

Prevention programs and coalitions work collectively with community partners to maintain engagement in substance abuse prevention education to youth.

The Pasco and Hillsborough County School projects were developed through the tragic shooting at Marjory Stoneman Douglas High School in February 2018, Governor Scott through Executive Order 18-81. The schools by each school district began meeting with CFBHN to find ways to use the additional funding to help meet the needs of the youth and prevent youth from going deeper into services by providing behavioral health services, staffings of youth, and resources to the youth and families. The partnership promotes service coordination for children who are most in need, a priority of CFBHN's F/Y19-22 Needs Assessment.

From CFBHN's F/Y19-22 Needs Assessment, the Charlotte (Community Action Team (CAT) dollars, became recurring funding in the F/Y20-21 legislative budget. Data show the greatest need for expanding CAT in C6 and C10 where CFBHN directed the increased funds for F/Y21-22.

CFBHN provided technical assistance and participated in 89 interagency staffings the first quarter of the F/Y21-22, including critical case staffings, and youth at risk staffings which focused on diverting high-risk youth out of child welfare and deeper-end systems of care. Out of the 89 interagency staffings, 88 high risk youth were diverted from child welfare during the staffing. In addition, CFBHN facilitated Child Specific Staffing Team (CSST) staffings for 33 high-risk youth to identify resources available in the community and conduct referrals to the Statewide Inpatient Psychiatric Programs (SIPP) and Therapeutic Group Homes (TGH). Interagency staffings promotes children who are most in need, which is priority in CFBHN's F/Y19-22 Needs Assessment.

F. SMHTFs Improvement

Through diversionary efforts with SCR SAMH and CFBHN, 34 local receiving facilities, both public and private, as well as community case management agencies and FACT teams, work together to prevent SMHTF admissions as appropriate. Once an individual is admitted to the SMHTF, CFBHN and either the Case Management or FACT NSP direct their efforts toward decreased length of stay, communication with the SMHTF Recovery Team, and discharge planning. A 12 bed Short-term Residential (SRT) facility in Hillsborough County will be starting in F/Y21-22 as it was recently awarded the AHCA License and the DCF Designation. This will help with diversionary efforts from SMHTFs. Expansion of SRT beds is identified as a priority in CFBHN's F/Y19-22 Needs Assessment.

Through care coordination efforts, SCR SAMH and CFBHN continue to emphasize timely linkage to treatment for individuals discharging from a SMHTF. CFBHN has a goal for network providers to link to treatment within one to three days following discharge. Monthly care coordination webinars with network providers highlight goals and best practices, such as warm handoffs. CFBHN also includes goals to formalize "special staffing" conference calls between SMHTF, community provider and CFBHN for those cases posing a challenge for a positive outcome post discharge in their Plan for Reintegrating Discharge Ready Individuals. To maintain a continuity of care, CFBHN also communicates with all SMHTFs the existence of all community resources available in SCR/C10. This is to assist in accurate identification of discharge placements and to best coordinate all aspects of the system of care.

CFBHN funds a Forensic Multi-Disciplinary Team (FMT) as well as an Early Diversion Team pilot both housed in C13 to assist in diverting our forensic individuals from SMHTFs.

III. Collaboration and Communication

SCR SAMH and CFBHN are committed to serving and supporting the needs of the community through ongoing opportunities for partnership. CFBHN has created strategies that align with both the SunCoast Region and State priorities to improve and monitor the current behavioral health system of care. SCR SAMH interacts with CFBHN multiple times throughout the week, and correspondence is frequent by telephone, online meetings, including the monthly contract meeting, and e-mails. CFBHN is collaborative, responsive, and a supportive partner.

CFBHN works with many stakeholders throughout SCR and Circuit 10. Some of the collaborative projects include but are not limited to:

- The DCF SEN Prototype for a holistic approach for screened in and screened out calls to the DCF abuse hotline to help prevent child welfare involvement.
- Multiple stakeholders in the establishment of the Youth at Risk (YAR) Committees. Stakeholders include: law enforcement, Department of Juvenile Justice, Medicaid Managed Care plans, providers, school systems, judges.

- Collaboration to increase the number of SSI/SSDI Outreach, Access, and Recovery (SOAR) applications and to increase training across the region.
- CFBHN and Homeless Coalitions data sharing and the identification of those individuals utilizing services from both systems of care to support and prevent deeper end care.
- The Hospital Bridge Program through the State Opioid Response Grant (SOR) program is the development of hospital bridge partnerships. This program has created an innovative medical/clinical pathway to provide MAT services for individuals entering hospital emergency rooms, currently there are 7 providers working with multiple hospitals throughout SCR and C10.
- Developed data sharing agreements with Homelessness Continuum of Care programs (CoCs). This is to develop a cross-system to identify highest needs individuals and families.
- Working with Homelessness CoCs, Homelessness Leadership Boards, local government, housing authorities, and local businesspersons to develop new housing projects.
- Working with the sheriff departments in Polk and Pinellas counties to help individuals with substance abuse and mental health issues to access care and reduce need for jail or law enforcement interventions.
- Development of the care coordination processes within CFBHN to improve outcomes and reduce need for ongoing high-end services.
- Diverted 26 individuals from state hospital through ongoing collaboration and communication with stakeholders for the first quarter of the F/Y21-22.
- The CFBHN UM/Care Coordination Team continues to collaborate with providers to clarify the Care Coordination roles and enhance interdisciplinary efforts to improve implementation of care coordination requirements.
- CFBHN continues to assist with collaborations between FACT teams in discharge planning and diversionary efforts to SMHTF's.
- CFBHN continues to collaborate on improving clinical services for high-risk youth and child welfare involved youth and coordination as a convener for MMA plans when appropriate.
- CFBHN is working with providers around the region to improve HIV services.

- CFBHN staff are developing and working with stakeholders on projects in Hillsborough, Pinellas, and Polk counties, comparing the booking data to other data sets to determine where individuals are contacting the various systems. One purpose of the project is to determine where interventions are needed to impact the community.
- Development of the peer workforce throughout the SCR/C10.
- CFBHN works with the county partners on blended and braided funding opportunities.
- Included in attendance at CFBHN board of directors' meetings are faith-based representatives to aid in collaboration and support for the community.

IV. Needs Assessment

CFBHN's next triennial needs assessment is due by October 31, 2022. CFBHN is on track with the planning and implementation of the needs assessment and is collaborating with the other ME's for a more uniform process. CFBHN also completes an annual Enhancement Plan that is submitted to the Department and outlines the priorities for the year. The priorities of the Enhancement Plan are updated to address emerging needs in the community and current funding of services. Both the Enhancement Plan and Needs Assessment offer opportunities for SCR to identify areas for improvement in the system of care.

V. Budget

Based on the 11/01/2021 Schedule of Funds, the total amount of DCF state funds contracted for mental health is \$100,546,125, substance abuse funding is \$32,386,154, and CFBHN's operational costs are \$5,853,639, a total of \$138,785,918 making it the largest ME contract in the state of Florida. CFBHN reports spending on the Cost Allocation Plan and through the monthly invoicing process.

Per Chapter 394 Florida Statutes, CFBHN is not required to competitively procure network providers. CFBHN posts procurement opportunities on their website: <https://www.cfbhn.org/contracting-procurement/>. Additionally, all procurement notices are sent out via e-mail to all CFBHN network providers, stakeholders and anyone else who has requested to be added to our distribution list. CFBHN's full Guidelines for Contracting New Funding can be found at <https://www.cfbhn.org/wp-content/uploads/2018/12/guidelines-for-contracting-new-funding-from-policy-and-procedure-manual.pdf>. CFBHN's Competitive Procurement Process can be found at <https://www.cfbhn.org/wp-content/uploads/2018/12/competitive-procurement-process-from-policy-and-procedure-manual.pdf>.