



# 2025-2028 CFBHN Behavioral Health Needs Assessment



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## **Introduction**

Central Florida Behavioral Health Network, Inc. (CFBHN) is a CARF-accredited, not-for-profit organization contracted by the Florida Department of Children and Families (DCF) to manage and oversee the delivery of state-funded behavioral health services. These services include prevention, treatment, and recovery support for individuals and families experiencing mental health and substance use disorders across Florida’s SunCoast Region and Circuit 10.

CFBHN’s mission statement is *managing a quality behavioral health system of care that brings hope, help and recovery to individuals, families and communities*. Vision statement is *envisioning communities where accessible behavioral healthcare enhances the lives of all*.

To advance this mission and fulfill contractual obligations with DCF, CFBHN conducts a comprehensive Community Needs Assessment every three years. The 2025 Needs Assessment offers critical insights into service availability, unmet needs, system gaps, and regional priorities. The findings will inform you of the CFBHN Strategic Plan and serve as a roadmap for initiatives and system development over the next three years.

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## **Role and Regional Structure**

CFBHN serves as a Managing Entity, rather than a direct service provider. It subcontracts funding to a network of behavioral health providers operating within the SunCoast Region and Circuit 10. This regional network spans five judicial circuits in southwest Florida, each consisting of one or more counties.

While services are evaluated at the circuit level, funding contracts are managed at the county level. This structure enables CFBHN to ensure effective service monitoring, optimize resource allocation, and maintain a responsive safety-net behavioral health system across the region.

### **Judicial Circuits and Corresponding Counties:**

- **Circuit 06:** Pasco and Pinellas Counties
- **Circuit 10:** Hardee, Highlands, and Polk Counties
- **Circuit 12:** DeSoto, Manatee, and Sarasota Counties
- **Circuit 13:** Hillsborough County
- **Circuit 20:** Charlotte, Collier, Glades, Hendry, and Lee Counties

### **Quick Facts that distinguish CFBHN from other Managing Entities**

- Largest in population
- 2<sup>nd</sup> largest in land mass
- Serves the largest number of uninsured and under insured people.
- Submits approximately 50% of all Substance Abuse & Mental Health (SAMH) data for the state.
- Region includes Tampa Bay with a population of about 3.2 million people, making it the 2nd largest metro in Florida.
- Region also includes Glades County with the fourth smallest populated county in Florida with an estimated population of 13,432.

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## **Purpose and Scope of the Needs Assessment**

The 2025 Community Needs Assessment was conducted to evaluate the behavioral health needs of both adults and children across the region. The assessment aims to identify service gaps, prioritize strategic goals, and uncover opportunities for system

integration and innovation. This process is foundational to maintaining a coordinated, effective, and equitable continuum of care.

### **Assessment Objectives:**

- Assess regional behavioral health needs and unmet demand
- Identify system priorities, integration opportunities, and improvement strategies
- Evaluate current service availability and effectiveness
- Align strategic goals with community needs and state priorities

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### **Data Collection and Sources**

The needs assessment draws upon a combination of quantitative and qualitative data sources to ensure a comprehensive understanding of the behavioral health landscape. Data was collected and synthesized from the following key sources:

- **Florida CHARTS (Community Health Assessment Resource Tool Set)**
- **U.S. Census Bureau**
- **Carisk Health Partners**

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### **Key Components of the 2025 Assessment:**

- Executive Summary of Major Findings
- Analysis of Waitlists and System Capacity
- Review of Regional Initiatives and Accomplishments
- Identification of Prioritized Goals and Integration Strategies
- Demographic Trends and Population Growth Patterns
- Utilization Metrics and Service Outcomes
- Trends in Suicide Rates
- Comparative Analysis of Multi-Year Funding Allocations

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This assessment provides CFBHN, its provider network, and stakeholders with a shared understanding of the region's current behavioral health system and the challenges it faces. It serves as a foundation for data-driven decision-making, policy development, and strategic planning to improve the quality, accessibility, and effectiveness of behavioral health services across the region.

## **Executive Summary**

Florida's population continues to grow at a steady pace, with the SunCoast Region and Circuit 10 experiencing rates of growth that exceed the state average. As these communities expand, so too does the demand for behavioral health services, including prevention, treatment, and recovery support for individuals experiencing mental health and substance use disorders.

This increasing demand is reflected in regional service utilization data, which shows a consistent year-over-year rise in the number of individuals accessing behavioral health services across CFBHN's 14-county service area. In response to this trend, Central Florida Behavioral Health Network, Inc. (CFBHN) conducts annual estimates to assess the number of residents in need of behavioral health care.

According to the U.S. Census Bureau's Selected Characteristics of Health Insurance Coverage Report: 2019–2023 5-Year Estimates, approximately:

- 716,392 uninsured adults and
- 89,492 uninsured youth reside within the CFBHN service region, which includes the following counties: Charlotte, Collier, DeSoto, Glades, Hardee, Hendry, Highlands, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, and Sarasota.

While CFBHN-funded provider networks served 287,596 adults and 50,047 children in need of behavioral health treatment services during the assessment period, a significant unmet need remains. Based on estimates derived from prevalence and service data (Carisk, 2025):

- 428,796 adults and
- 39,445 children with diagnosable mental illness or substance use disorders were not reached through existing funded services.

These findings underscore the critical need to expand access, address service gaps, and enhance capacity within the behavioral health system. They also highlight the importance of strategic investments and system coordination to meet the growing and evolving needs of communities throughout the SunCoast Region and Circuit 10.

## **Trends in Service Delivery and Funding**

Over the past three fiscal years, Central Florida Behavioral Health Network, Inc. (CFBHN) has served a total of 337,643 unique individuals across its 14-county region. The most significant growth in service utilization has occurred among adults with substance use disorders, reflecting both increased prevalence and improved outreach and engagement efforts.

## **Behavioral Health Funding Trends**

In response to rising demand and increased system complexity, funding for behavioral health services has also grown substantially. From FY 2021–2022 to FY 2024–2025, CFBHN’s total behavioral health funding increased from \$239,962,802.37 to \$308,054,054.83, representing a 28% overall increase in financial resources allocated to the region.

The largest area of funding growth was in substance use disorder (SUD) services for adults, which increased by \$34,135,297.12, reaching a total of \$118,929,561.69—a 40% increase over the three-year period. This increase aligns with the expanded scope and scale of services required to address the complex needs of individuals with substance use disorders and the broader public health impacts of substance misuse in Florida.

### **Children’s Substance Use Services: A Notable Decline**

In contrast, the funding allocated to Children’s Substance Use services experienced a decline of 18% during the same period. The number of children served in this service category also fell by 1,226 served over the past three years. Several factors have contributed to this reduction, including:

- A decrease in the number of children accessing substance use treatment,
- Ongoing workforce and sustainability challenges faced by Network Service Providers, and
- Difficulty in maintaining specialized programs designed to deliver this level of care.

This downward trend underscores the need for targeted reinvestment and strategic support to rebuild provider capacity and address emerging youth behavioral health challenges, especially in underserved communities.

## **Summary**

Overall, the increase in adult substance use funding reflects growing system demands and the urgency of addressing addiction-related concerns across the region. However, the decline in both funding and utilization for children’s substance use services indicates a critical area for future system review and strategic action.

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## **Role and Purpose of the Needs Assessment**

As population growth and service demands evolve across Florida’s SunCoast Region and Circuit 10, the triennial Community Needs Assessment conducted by Central



Florida Behavioral Health Network, Inc. (CFBHN) serves as a foundational tool for strategic planning, program development, and resource allocation.

Developed in close collaboration with provider partners, community stakeholders, and internal staff, the 2025 Needs Assessment ensures that planning efforts are grounded in both data and community voice. It enables CFBHN and its network to remain responsive to emerging behavioral health trends, service gaps, and system strengths across the 14-county region.

### **Community Engagement and Data Collection**

To ensure meaningful input from a broad range of stakeholders, CFBHN deployed a regional survey using SurveyMonkey™. The Survey was distributed in English, Spanish and Creole and distributed through two key channels:

- Direct email invitations to stakeholders, including providers, advocates, and system partners
- A publicly accessible link posted on the CFBHN website to allow open participation

Respondents were asked to share their perspectives on key aspects of the behavioral health system, including:

- Accessibility of services
- System navigation and coordination
- Wait time and service capacity
- Treatment outcomes and recovery support
- Unmet needs within their communities

The aggregated feedback provides valuable insights into community-level priorities and areas for system improvement.

### **Strategic Importance**

The Needs Assessment plays a critical role in shaping:

- Strategic planning for CFBHN and its provider network
- Funding priorities and resource allocation decisions
- Policy direction and program development
- Collaborative initiatives with state and local partners

- By identifying key needs and opportunities, the assessment helps ensure that limited resources are directed toward high-impact strategies that improve outcomes and advance health equity.

### **Purpose of the 2025–2028 Assessment**

The purpose of the 2025–2028 Needs Assessment is to:

- Establish a comprehensive understanding of behavioral health needs across the region
- Identify service gaps and system-level barriers
- Highlight community strengths and opportunities for collaboration
- Inform measurable objectives and realistic action plans
- Support the development of a coordinated, person-centered, and recovery-oriented system of care

This assessment reflects the voices of consumers, providers, stakeholders, and CFBHN staff, and serves as the foundation for targeted planning at the local, regional, and organizational levels. It also informs the work of the CFBHN Board of Directors, who use this data to guide decision-making and monitor progress toward system-wide goals.

As part of CFBHN's ongoing strategic planning cycle, the information contained in this report will be regularly reviewed and updated as needed to reflect changing needs and priorities.

### **Waitlist Information and Resource Utilization Strategies**

CFBHN maintains an ongoing commitment to timely access and service equity by closely monitoring waitlists across its provider network. Waitlist data is collected and analyzed using the Carisk Partners waitlist and service data system, allowing CFBHN to track service demand by population and service type. This information supports responsive system management, strategic allocation of resources, and collaborative problem-solving with provider partners. The following data represents FY 22/23 through FY 24/25.

<b>Substance Use Services</b>	<b>Residential Treatment</b>	
<b>Substance Use Special Populations</b>	<b>Number Placed on Waitlist</b>	<b>Average Days on Waitlist</b>
Pregnant Women who inject drugs	0	0
Pregnant women	0	0
Adults who inject drugs	16	6.41
All other adults	50	5.03

<b>Substance Use Services</b>	<b>Outpatient Treatment</b>	
<b>Substance Use Special Populations</b>	<b>Number Placed on Waitlist</b>	<b>Average Days on Waitlist</b>
Pregnant Women who inject drugs	0	0
Pregnant women	0	0
Adults who inject drugs	35	15.15
All other adults	267	26.4

<b>Mental Health Services</b>	<b>Residential</b>	
<b>Mental Health Special Population</b>	<b>Number Placed on Waitlist</b>	<b>Average Days on Waitlist</b>
Adult	39	37.35
Children	1	3

<b>Mental Health Services</b>	<b>Outpatient</b>	
<b>Mental Health Special Population</b>	<b>Number Placed on Waitlist</b>	<b>Average Days on Waitlist</b>
Adult	14	71
Children	762	96.2

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## **Strategies to Reduce Waitlists for Substance Use Disorder Services**

To reduce wait times and promote timely access to care, CFBHN has implemented a variety of strategic interventions and system management practices:

- **Daily waitlist review:** CFBHN Utilization Care Management staff monitor the Carisk waitlist daily and follow up with providers to expedite access to services.
- **Care coordination with community partners:** behavioral health consultants embedded within community-based care organizations help identify individuals in need of services, facilitate referrals, and support case planning—particularly for families involved in child welfare.
- **Family-focused services:** When appropriate, referrals are made to Family Intervention Specialists or Family Intensive Treatment (FIT) Teams to better serve complex family systems.
- **FIT Team Expansion:** Additional funding has supported the expansion of FIT Teams in four counties and the launch of new teams in two additional counties.
- **Priority placements for special populations:** For high-priority populations (e.g., pregnant women, IV drug users), Utilization Care Managers actively seek placements outside of the standard network to ensure timely access.
- **Residential bed utilization monitoring:** Staff review cases where individuals have been in residential care for more than 90 days and coordinate with providers to identify those ready for discharge, helping to free up bed capacity.
- **Service access audits:** "Secret Shopper" calls are conducted to evaluate service accessibility. Findings are shared with providers, and technical assistance is offered when gaps or delays are identified.
- **Flexible funding reallocation:** When provider agencies are unable to fully utilize allocated funds, CFBHN may reallocate resources to other providers or programs in need, ensuring system responsiveness and alignment with community priorities.

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## **Strategies to Reduce Waitlists for Mental Health Services**

CFBHN has implemented a comprehensive suite of interventions to manage demand for mental health services and address barriers to care for both adult and youth populations:

- Enhanced system coordination: CFBHN supports coordinated care planning across case management, Mobile Response Teams (MRT), and network service providers to ensure continuity and prevent service delays.
- Team-based service expansion:
  - New CAT (Community Action Teams) have been added in Centerstone (Manatee County, Sarasota County, Desoto County, Hendry County and Glades County) and Peace River Center (Polk County).
  - Tiered CAT 3 programs were introduced at Centerstone (Manatee County, Sarasota County and DeSoto County).
  - Ibis Healthcare (Hillsborough County), Suncoast Center (Pinellas County) and Peace River Center (Polk County) received Forensic Multidisciplinary Teams to serve individuals involved in the justice system.
- Residential access prioritization: CFBHN oversees admissions to regional residential programs, prioritizing individuals diverted from or waiting for state hospital placement. This approach has successfully reduced the State Hospital Seeking Placement list.
- Children's capacity expansion: ACTS within Hillsborough County received funding to add 12 residential beds for children, helping address long wait times in pediatric mental health services.
- FACT (Florida Assertive Community Treatment) team oversight:
  - CFBHN program managers coordinate admissions and discharges for FACT teams.
  - A minimum of 10 annual discharges per FACT team is required to ensure turnover and new admissions.
  - An additional FACT team was launched within Ibis Healthcare for Polk and Hillsborough County.
- Evidence-Based Practice expansion: Multi-Disciplinary Teams specializing in Functional Family Therapy (FFT) through North American Family Institute (NAFI) within Polk County; Multisystemic Therapy (MST) through Crisis Center of Tampa Bay within Hillsborough County, and High-Fidelity Wraparound through Directions for Living within Pinellas County to provide effective alternatives to residential care.

- Service evaluation and feedback: Secret Shopper calls are regularly conducted and reviewed, with technical assistance provided to improve service delivery and navigation.
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### **Funding and Reallocation Practices**

CFBHN's funding management approach allows for strategic realignment of resources based on community needs, provider capacity, and state priorities. Key practices include:

- Reallocation of underutilized funds between providers or programs to ensure full expenditure of state-allocated dollars.
- Funding adjustments in response to provider-submitted reallocation requests, with oversight to ensure alignment with regional priorities.
- Incorporation of stakeholder feedback into funding decisions to ensure community voices are reflected in resource planning.

### **Community Feedback: Overview and Methodology**

In 2025, Central Florida Behavioral Health Network, Inc. (CFBHN) conducted a comprehensive community needs assessment to identify service gaps, assess system performance, and establish goals for improvement across the behavioral health network. A core component of this process involved gathering direct input from community members, families, and service users.

To maximize participation and data quality, CFBHN staff ensured that the survey was clear, user-friendly, and free of technical jargon—making it accessible to individuals across a wide range of educational backgrounds and lived experiences.

Survey topics included:

- Types of behavioral health services accessed (mental health, substance use, or both)
- Experience with accessing services within the community
- Length of waiting times before receiving services
- Outcomes and effectiveness of services received
- Barriers and unmet needs

### **Respondent Demographics and Characteristics**

A total of 175 participants responded to the survey. Respondents represented a diverse cross-section of the community, including individuals with lived experience, caregivers,

and those seeking services for family members or others. Below is a summary of respondent categories:

<b>Population of Respondents of Survey</b>	
None of the descriptions describe the participant	49
Parent or Guardian of a child that have received mental health or substance use services	24
Parent or Guardian of an adult that received mental health or substance use services	19
Parent or Guardian of an adult that received mental health or substance use services	26
Family member, take care of, or represent an adult or child that received mental health or substance use services	49

### **Key Findings**

Respondents provided valuable insights into the effectiveness and accessibility of behavioral health services across the region. Key highlights include:

- 94.4% of respondents reported that the services they or their family member received helped them feel better
- Only 0.02% reported that the services did not help
- Wait time challenges, service navigation difficulties, and access limitations were cited as ongoing barriers for some families
- Respondents emphasized the need for increased availability of specialized services for children, transitional youth, and individuals involved in child welfare or the justice system

### **Call and Referral Support (FY 2024–2025)**

In addition to survey feedback, CFBHN staff managed 458 direct calls from individuals seeking behavioral health services for themselves, family members, or others. These calls were triaged based on urgency and geographic location and referred to the most appropriate service provider. All calls were logged and tracked to ensure appropriate follow-up and care coordination, regardless of payer source.

## **Funding Responsiveness**

In response to community feedback and ongoing monitoring, CFBHN maintains mechanisms for:

- Redirecting underutilized funds to higher-need programs or providers
- Temporarily reallocating resources to address urgent needs or unexpected system strain
- Reviewing provider requests to reallocate internal funding, ensuring alignment with system-wide priorities

These efforts support a responsive, community-informed system of care that continuously evolves to meet regional behavioral health needs.

## **Training and Technical Assistance Needs: Overview**

CFBHN is committed to supporting its provider network through ongoing training and technical assistance (TTA) that ensures high-quality, evidence-based, and compliant behavioral health service delivery. Training needs are identified through routine engagement with provider partners, participation in statewide initiatives, Continuous Quality Improvement (CQI) reviews, and stakeholder feedback. CFBHN also offers TTA in response to newly available funding, programmatic changes, or emerging service challenges.

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## **Substance Abuse Treatment: Training Needs Identification**

Training needs related to the Substance Abuse Prevention and Treatment (SAPT) Block Grant are assessed through:

- Regular meetings with provider partners and community stakeholders
- Annual CQI reviews
- Site visits and calls to Network Service Providers (NSPs)
- Review of compliance and performance data

When gaps are identified, CFBHN assigns appropriate staff to deliver on-site training and technical assistance, either reactively (in response to specific issues) or proactively (in response to system changes or new initiatives).

## **Training and Technical Assistance Offered**

CFBHN offers TTA to support compliance with SAPT block grant requirements and provider success. Key focus areas include:



- Program requirements and funding guidelines (new and existing)
- Carisk Health incidentals and billing guidance
- Outreach and HIV Early Intervention Services (EIS)
- Data reporting and documentation standards

In addition:

- Annual HIV and Women's Services Block Grant training is mandatory, requiring formal attestation upon completion
- Quarterly Behavioral Health Integration Workgroups are held across Circuits 6, 10, 12, 13, and 20. These workgroups enhance collaboration between child welfare and behavioral health, with a focus on:
  - Family Intervention Treatment (FIT) Teams
  - Family Intervention Specialists (FIS)
  - Behavioral Care Integration staff

These workgroups improve referrals, treatment access, interagency communication, and overall system coordination for families involved in the child welfare system.

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### **Substance Abuse Prevention: Training Needs Identification**

CFBHN identifies prevention-related training needs by participating in the following professional networks and forums:

- Florida Alcohol and Drug Abuse Association (FADAA)/Florida Behavioral Health Association (FBHA) Prevention Committee (monthly meetings)
- Statewide Prevention Meetings
- Hillsborough County Anti-Drug Alliance General Membership Meetings
- Prevention Summits and Conferences

### **Recent Prevention-Focused Training Initiatives**

In February 2025, CFBHN attended the 12th Annual National Prevention Summit, hosted by Drug-Free America Foundation, Inc. and Hillsborough County Anti-Drug Alliance. This summit featured presentations and workshops on:

- Prevention and recovery strategies
- Reducing access to substances

- Social norm transformation
- Evidence-based drug policy advocacy

### **Support for Prevention Service Providers**

CFBHN provides:

- Regular updates on programmatic and contract changes
- Monthly and quarterly prevention meetings
- Technical assistance on the prevention system platform and billing requirements

This ensures providers have the tools needed to deliver effective, high-impact prevention programming across the region.

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### **Mental Health Treatment: Training Needs Identification**

Training needs in the mental health system are assessed through:

- Participation in key forums, including:
  - Florida Coalition for Children
  - Florida Children’s Summit
  - Statewide CAT Conferences
- Engagement with regional councils and provider partners
- CQI reviews and regular calls with Mobile Response Teams (MRTs) across Circuit 10 and the SunCoast Region
- Input from stakeholders and feedback from individuals receiving care

### **Recent and Ongoing Training Initiatives (FY 2024–2025)**

- Limited Mental Health Certification Training for Assisted Living Facility (ALF) staff and administrators
- Mental Health System of Care Training delivered in Circuit 20 for providers, insurance partners, and child welfare staff
- Statewide Inpatient Psychiatric Program Training (April 2025) provided to Chrysalis Health staff on placement protocols
- Mental Health Disability Rights Florida Training (October 2024) focused on supporting Florida Assertive Community Treatment (FACT) and State Hospital voucher utilization

- Multidisciplinary, Family-Centered Program Training (April 2025) for Circuit 20 providers working with families

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### **Peer Support and Recovery-Oriented Systems: Peer Support Specialist Training and Certification**

From FY 2023–2025, CFBHN contracted with NAMI Pinellas to deliver the 40-hour Florida Certification Board (FCB) training required for Recovery Peer Specialist (RPS) certification, including the Wellness Recovery Action Plan (WRAP). In the southern region, NAMI Sarasota and Manatee served as subcontracted trainers.

<b>Training Period</b>	<b>Sessions Held</b>	<b>Individuals Trained</b>	<b>RPS Certifications Issued</b>
FY 2023-2024	20 sessions	126	14
FY 2024-2025	17 sessions	-	34
FY 2025 (ongoing)	-	31 (in certification process)	-

### **Ongoing Technical Assistance and Learning Communities**

- **Weekly Peer Support meetings** for aspiring RPSs
- **Monthly ROSC Learning Communities** for NSPs to enhance recovery-oriented service delivery
- **Wraparound 101 Trainings** delivered in partnership with Directions for Living and Chrysalis Health, reaching both providers and community stakeholders

These initiatives support CFBHN's mission to build a recovery-oriented system of care across its 14-county service area.

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### **Conclusion**

CFBHN's training and technical assistance strategy is dynamic, community-informed, and aligned with state and federal funding requirements. By maintaining continuous engagement with provider partners, investing in professional development, and offering timely guidance, CFBHN ensures that its network is equipped to deliver high-quality, coordinated behavioral health services.

### **System of Care**

The 2025 Needs Assessment for the SunCoast Region and Circuit 10 provides a comprehensive overview of service gaps and barriers within the behavioral health

system of care, with a particular focus on children, youth, and families. This assessment aligns with House Bill 945 (HB 945) and was conducted to inform CFBHN's strategic priorities and enhance ongoing efforts to improve access, coordination, and quality of behavioral health services across the region.

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### **Priorities for Service Needs and Gaps: Barriers to Receiving Assistance**

1. Shame and stigma
2. Financial constraints
3. Uncertainty about where to obtain help
4. Transportation Barriers
5. Childcare affordability
6. Services clustered in urban areas

### **Additional Identified Gaps**

- Difficulty using the internet to find assistance
- Communication challenges with providers (e.g., delays, misunderstandings)
- Long waitlists delaying critical care

Transportation continues to be a consistent barrier, echoing findings from the 2022 Needs Assessment. These challenges illustrate the multifaceted nature of access issues, including practical obstacles, cultural stigmas, and informational gaps.

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### **Children's Priorities and HB 945 Compliance**

In July 2020, House Bill 945 (HB 945) mandated the Department of Children and Families (DCF) and the Agency for Health Care Administration (AHCA) to:

- Identify children and adolescents using crisis stabilization services
- Address behavioral health needs of these children
- Develop coordinated system of care plans for these services
- Test Medicaid managed care provider network databases
- Verify outreach strategies before school-based removals or exclusions
- Assess quality of care in crisis stabilization units (Chapter No. 2020-107)

The HB 945 Managing Entity Plan serves as the foundation for addressing key behavioral health gaps for children and youth, based on input from consumers, community stakeholders, provider partners, and CFBHN staff. This plan is structured to guide and strengthen children's system of care efforts regionally.

The plan development occurred in three phases, including:

- Internal workgroup framework establishment
- Planning meetings with other Managing Entities (MEs) and the Florida Association of Managing Entities (FAME)
- Community-wide stakeholder meetings with state-funded agencies to identify and analyze system gaps

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### **Opportunities for Improvement**

The HB 945 Managing Entity Plan highlights the following areas for enhancement:

- Care coordination across multiple systems and platforms
- Universal release of information to facilitate inter-provider communication
- Flexible funding sources, including non-specific general revenue funds
- Reduction of out-of-county, regional, or state placements for children and youth requiring Specialized Inpatient Psychiatric Programs (SIPP)
- Expansion of high-fidelity wraparound-trained providers
- Recruitment and retention of qualified providers
- Availability of Partial Hospitalization and Group Home placements
- Development of specialized residential placements for youth
- Increase in respite care availability
- Addressing workforce shortages to meet contractual obligations
- Improved transportation options
- Affordable and available housing for staff and service recipients
- Enhanced specialized peer services support for youth and parents

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### **No Wrong Door Approach for Acute Care Services**

The No Wrong Door (NWD) model is designed to ensure that every entry point into the public behavioral health system provides appropriate access to care, regardless of

where an individual first seeks help. Defined in Section 394.4573(1)(d), Florida Statutes, the NWD model optimizes access to acute care services for persons with mental health or substance use disorders by offering direct services, linkage, and case coordination without unnecessary referrals to multiple agencies.

CFBHN's acute care providers have embraced the NWD philosophy by:

- Conducting assessments using co-occurring capable processes
- Linking individuals to the appropriate level and frequency of care, including treatment and social support
- Collaborating closely with local receiving facilities, transportation services, and law enforcement through formal agreements to ensure streamlined, least-disruptive processes

The NWD model is fully implemented in several SunCoast Region and Circuit 10 counties via Central Receiving Systems (CRS). These CRS facilities represent an advanced service model that spans multiple professions and service providers, including integration with medical services. Ongoing training and contract requirements support the sustainability and effectiveness of the NWD approach throughout the region.

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## **Summary**

As CFBHN advances, these findings will guide programming and funding priorities for the next three years, directly informing strategic planning and goal development to monitor progress in closing service gaps and improving the behavioral health system of care for the SunCoast Region and Circuit 10.

## **Recovery Oriented Systems of Care (ROSC)**

CFBHN utilizes The Department's *Recovery Oriented Quality Improvement Monitoring Blueprint* to track and advance the implementation of Recovery Oriented Systems of Care (ROSC) across the SunCoast Region and Circuit 10. Network Service Providers (NSPs) delivering direct services participate in Recovery Oriented Monitoring (ROM) every three years. Final reports and action plans are submitted to DCF, and CFBHN provides technical assistance to address improvement opportunities and promote the adoption of recovery management best practices.

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## **Strengths Identified in ROMs (Past Three Years)**

- Individuals report feeling welcomed by program staff; physical environments are perceived as inviting.

- Individuals indicate staff listen attentively to their needs and respect their treatment decisions.

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### **Opportunities for Improvement from ROMs**

- Enhance understanding of community integration and increase assertive connections to natural community-based recovery resources.
- Improve NSP staff documentation of active individual involvement in service planning, customization, and decision-making.

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### **Self-Assessment Planning Tool and Recovery Self-Assessment Surveys (SAPT/RSA)**

Every two years, CFBHN administers the SAPT/RSA surveys. In FY 24-25, CFBHN contracted the Behavioral Science Research Institute (BSRI) to conduct these surveys, providing individual reports for NSPs and a comprehensive regional report submitted to DCF. Technical assistance follows to address identified gaps and foster recovery best practices.

The SunCoast Comprehensive Report (available in the appendix) highlighted:

#### **Strengths:**

- Providers increasingly integrate recovery-oriented services into clinical supervision.
- Notable growth (2022-2024) in the use of ROSC measures (RSA/process) engaging persons served, indicating adoption within quality improvement processes.
- Family members gave the highest positive feedback on inviting physical space and staff interactions.
- Individuals served rated the “life goals” factor highest, reflecting positive staff engagement around recovery and future planning.

#### **Opportunities for Improvement:**

- Enhance staff training on community resources supporting employment, education, and community engagement.
- Encourage NSPs to publicize advisory board meeting dates/times in public areas and actively remind persons served and families.
- Engage providers in training that models active participation of persons served and family members to demonstrate meaningful involvement.

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## **Technical Assistance and Workforce Development**

CFBHN offers ongoing technical assistance through multiple forums:

- Recovery Oriented System of Care (ROSC) Learning Community (monthly)
- Collaborative Peer Network (monthly)
- One-on-one technical assistance upon request

CFBHN is committed to expanding the peer workforce by contracting with Recovery Community Organizations (RCOs) and NAMI Chapters to provide 40-hour peer certification training, including Wellness Recovery Action Plan (WRAP). Additional trainings include:

- The Department's *Reaching For Their Dreams Recovery Capital Training*
- Peer Supervision Training
- WRAP Seminar II

NSP staff are also required to complete DCF's Recovery Management Curriculum and attest to completion, as outlined in Guidance Document 35.

CFBHN's goal is to foster a comprehensive network of recovery supports and services through education and training, ensuring sustainable long-term recovery for individuals impacted by behavioral health disorders.

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## **Evidence-Informed Practices Utilized by Central Receiving Facilities**

Key practices include:

- Motivational Interviewing
- Motivational Enhancement Strategy
- Trauma-Focused Behavioral Therapy
- Wellness Recovery Action Planning
- Recovery Model
- Medically Supervised Methadone Maintenance

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## **Unmet Needs Identified Through Care Coordination Activities**

- Acceptable identification (state ID, driver's license, social security card)



- Access to affordable medications and ongoing assistance
  - Access to benefits
  - Affordable and stable housing
  - Easy access to medical (non-behavioral health) services
  - Residential services
  - Transportation barriers
  - Use of telehealth services (noted due to staffing shortages and rural community challenges)
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### **Incorporation of Identified Needs and Priorities into the Strategic Plan**

Following the 2025 needs assessment review, CFBHN will update its strategic plan accordingly. Changes may include organizational structure adjustments, refined goals, objectives, and action steps, building on current network efforts while incorporating newly identified needs.

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### **Summary of Housing Projects and Supportive Housing Programs**

To address housing issues revealed in the needs assessment, CFBHN collaborates with DCF and stakeholders to enhance safe, affordable housing in the SunCoast Region and Circuit 10.

Key actions include:

- Employment of a Housing and Community Engagement Program Manager collaborates with housing providers, homeless coalitions and Continuums of Care (CoCs), Supported Employment, Clubhouses, and SOAR programs.
- Partnerships with DCF and stakeholders to increase funding for Supported Housing/Living and Supported Employment services.
- Active participation in nine homeless CoCs and numerous committees and boards.

### **Jersey Commons Supportive Housing Project**

CFBHN participates in a pilot funded by Florida Housing Finance Corporation (RFA-2022-210) in Polk County. Jersey Commons targets high utilizers of acute public behavioral health services. Providers CASL and Tri-County Human Services offer supportive services to 15 residents in this Blue Sky Communities and Carteret Management Corporation-managed complex. This is a public-private partnership model.

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HUD Point-In-Time Count 2022-2024								
Year	Emergency Shelter	Transitional Housing	Unsheltered	Total	MH	SU	% MH	% SU
2024	2217	905	4243	7365	1774	1550	24%	21%
2023	2595	993	3606	7194	1500	1088	21%	15%
2022	2167	1010	3227	6354	1109	806	17%	13%
Total	6979	2908	11076	20913	4383	3444	21%	16%

HUD Housing Inventory Count 2022-2024							
Year	Emergency Shelter	Safe Haven	Transitional Housing	Perm. Supportive Housing	Rapid Rehousing	Other Perm. Housing	Total
2024	4126	85	1428	4217	2902	1385	14143
2023	4305	70	1633	4555	2435	1139	14137
2022	3626	70	1592	4659	3318	1450	14715

**Analysis and Implications**

- The growing homeless population, especially individuals with behavioral health needs, contrasts with relatively stable or declining housing resources tailored to these populations.
- Decreased permanent supportive housing stock may prolong stays in emergency shelters or increase unsheltered homelessness.
- Strategic focus is needed on expanding permanent supportive housing and related services, while maintaining emergency shelter capacity.

**Conclusions**

Point In Time (PIT) and Housing Inventory Count (HIC) data highlight an escalating homelessness crisis among individuals with mental health and substance use challenges. This underscores the urgency for strategic investments in housing infrastructure and support services to meet rising needs in the SunCoast Region and Circuit 10.

## **Acute Services**

Over the past three years, the SunCoast Region and Circuit 10 has seen a significant expansion in the availability of Centralized Receiving Facilities (CRFs). Charlotte Behavioral Health Care (Charlotte County), David Lawrence Centers (Collier County), and Lightshare (Sarasota County) have all integrated CRFs into their service delivery models. In 2025, Eleos (Pinellas County) was officially designated as a Centralized Receiving Facility, while BayCare (Pasco County) enhanced its acute care offerings through the establishment of a Behavioral Urgent Care Center.

This expanded network of acute care services has improved timely access to appropriate mental health and substance use treatment for individuals throughout both the SunCoast Region and Circuit 10

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## **Goals Identified in the 2025 Needs Assessment**

- **Develop Less Restrictive Funding for High Utilizers**  
Funding increased by 105% from \$2,036,436 in FY 21-22 to \$4,183,790 in FY 24-25. This increase supports maintaining individuals in the community by covering non-traditional behavioral health treatment needs, improving outcomes and reducing costs.
- **Increase Public Awareness of Service Access**  
Needs Assessment findings reveal many individuals' seeking mental health and substance use services lack knowledge on navigating the system. Collaborative efforts with CFBHN and NSPs will expand social media campaigns and targeted advertising to enhance public awareness of available support.
- **Enhance Social Media Efforts to Reduce Stigma**  
Expanding social media use to normalize help-seeking, share personal recovery stories, and provide education aims to reduce stigma and shame around mental health and substance use challenges, fostering a more informed and supportive community.

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## **Service Area Population**

Based on HB945 (2022 data):

Florida's population is growing rapidly, with the SunCoast Region and Circuit 10 outpacing the state's average growth rate. Correspondingly, demand for mental health and substance use disorder treatment is increasing.

- **Population Growth**

- Polk County grew by 32,225 residents between 2021 and 2022, the largest increase in the state.
- Baker County experienced the largest decline, with 870 fewer residents during the same period.
- Florida’s overall population grew 1.9% (from 21.8 million in 2021), compared to 23.4 million as of 2024 (0.4% growth rate for the U.S.)

- **Regional Population Estimates**

- 2022: 6,435,953 (SunCoast & Circuit 10)
- 2024 (most recent): 6,715,410

CFBHN regularly estimates the number of individuals needing treatment each year to align service capacity with population trends.

### **Total Number Served**

The following charts display unduplicated counts of adults and children served by various programs across Fiscal Years 2022/2023 through 2024/2025.

<b>2022-2023</b>		
<b>Program</b>	<b>Service Category</b>	<b>Year to Date Unduplicated Served</b>
Adult Mental Health	Residential Care	905
Adult Mental Health	Outpatient Care	49716
Adult Mental Health	Crisis Care	11510
Adult Mental Health	Peer Support Services	643
Adult Substance Use	Residential Care	2316
Adult Substance Use	Outpatient Care	18121
Adult Substance Use	Detoxification	4151
Adult Substance Use	Women Specific Services	238
Adult Substance Use	Injecting Drug Users	4694
Adult Substance Use	Peer Support Services	2837
Children Mental Health	Residential Care	0

Children Mental Health	Outpatient Care	10394
Children Mental Health	Crisis Care	3076
Children Substance Use	Residential Care	94
Children Substance Use	Outpatient Care	4246
Children Substance Use	Detoxification	252

<b>2023-2024</b>		
<b>Program</b>	<b>Service Category</b>	<b>Year to Date Unduplicated Served</b>
Adult Mental Health	Residential Care	941
Adult Mental Health	Outpatient Care	47944
Adult Mental Health	Crisis Care	11780
Adult Mental Health	Peer Support Services	1816
Adult Substance Use	Residential Care	2303
Adult Substance Use	Outpatient Care	19141
Adult Substance Use	Detoxification	4374
Adult Substance Use	Women Specific Services	246
Adult Substance Use	Injecting Drug Users	4430
Adult Substance Use	Peer Support Services	3431
Children Mental Health	Residential Care	11
Children Mental Health	Outpatient Care	9788
Children Mental Health	Crisis Care	2325
Children Substance Use	Residential Care	59
Children Substance Use	Outpatient Care	3453
Children Substance Use	Detoxification	211

2024-2025		
Program	Service Category	Year to Date Unduplicated Served
Adult Mental Health	Residential Care	945
Adult Mental Health	Outpatient Care	48690
Adult Mental Health	Crisis Care	10822
Adult Mental Health	Peer Support Services	2039
Adult Substance Use	Residential Care	2098
Adult Substance Use	Outpatient Care	19093
Adult Substance Use	Detoxification	3656
Adult Substance Use	Women Specific Services	286
Adult Substance Use	Injecting Drug Users	4110
Adult Substance Use	Peer Support Services	4320
Children Mental Health	Residential Care	23
Children Mental Health	Outpatient Care	10751
Children Mental Health	Crisis Care	1998
Children Substance Use	Residential Care	32
Children Substance Use	Outpatient Care	3190
Children Substance Use	Detoxification	144

**Suicide Rates and Behavioral Health Initiatives**

**Source:** Florida Department of Health, Division of Public Health Statistics & Performance Management

The suicide rates in the SunCoast Region and Circuit 10 consistently exceed the statewide rates across most years, as shown in the "Suicide Death Rate, Single Year Rates" data. This trend holds true for nearly all age groups, except for the 12-18 age group in 2022 and 2023, and the 19-21 age group in 2020, 2021, and 2023, where rates aligned more closely with or were below the state average.

Reducing suicides is a key behavioral health and wellness goal identified in the 2025 Needs Assessment, and multiple projects aimed at suicide prevention are currently underway within the region.

**Suicide Rate - SunCoast and Circuit 10 Region Information**

<b>Suicide Death Rate, Single Year Rates</b>				
	<b>Florida</b>		<b>SunCoast and C10 Region</b>	
<b>Years</b>	<b>Count</b>	<b>Rate</b>	<b>Count</b>	<b>Rate</b>
<b>2023</b>	3,558	16	1135	19.7
<b>2022</b>	3,445	15	1115	18.4
<b>2021</b>	3,325	15	981	16.7
<b>2020</b>	3,113	14	965	15.3
<b>Suicide Death Rate, Ages 12-18, Single Year Rates</b>				
	<b>Florida</b>		<b>SunCoast and C10 Region</b>	
<b>Years</b>	<b>Count</b>	<b>Rate</b>	<b>Count</b>	<b>Rate</b>
<b>2023</b>	89	5	26	4.2
<b>2022</b>	106	6	35	5.8
<b>2021</b>	94	5	26	8.0
<b>2020</b>	112	7	25	5.0
<b>Suicide Death Rate, Ages 19-21, Single Year Rates</b>				
	<b>Florida</b>		<b>SunCoast and C10 Region</b>	
<b>Years</b>	<b>Count</b>	<b>Rate</b>	<b>Count</b>	<b>Rate</b>
<b>2023</b>	80	10	22	6.9
<b>2022</b>	106	14	35	18.7
<b>2021</b>	114	15	32	12.6
<b>2020</b>	98	13	32	11.8

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## **Initiatives: BayCare Behavioral Health Urgent Care Center**

BayCare's Behavioral Health Urgent Care Center serves adults aged 18 and older who require urgent mental health or substance use services. They provide immediate access to outpatient care, including:

- Screening and triage
- Clinical evaluation
- Immediate short-term interventions
- Care coordination and referrals
- Medication-Assisted Treatment (MAT) consultation and initiation

Services are available on a walk-in basis, Monday through Friday, from 8:00 a.m. to 7:00 p.m.

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## **Recovery Community Organizations (RCOs) and Coordinated Opioid Recovery Network (CORE) Funding**

Over the past three years, CFBHN has supported the expansion of Recovery Community Organizations (RCOs) within the SunCoast Region and Circuit 10 by contracting with four additional RCOs. In Fiscal Year 2025-2026, two more RCOs are expected to join the network. At least one will begin providing direct services, and two others are exploring direct service provision.

CFBHN remains committed to encouraging existing RCOs to expand their service offerings while continuing to engage and support emerging RCOs in the region over the next three years.

## **Emerging Trends: Artificial Intelligence in Behavioral Health**

Artificial Intelligence (AI) is rapidly reshaping behavioral health through tools such as clinical decision support, predictive analytics, automated screenings, appointment reminders, and chat-based interventions. These technologies promise greater efficiency, enhanced access, and data-driven decision-making across care systems.

For managing entities serving uninsured and underinsured populations with state and federal funds, AI offers opportunities to streamline administrative processes, improve care coordination, and more effectively target resources to high-need groups.

However, integrating AI also presents challenges: investments in staff training, technology infrastructure, and data governance are necessary and may strain already tight budgets. Ensuring improved access, ethical use, and cultural competence in AI applications is critical to avoid leaving vulnerable populations behind.



Over the next three years, managing entities should carefully balance innovation with responsible stewardship of public resources to advance recovery and improved access to care for all Floridians.

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**Funding Trends: 2021-2022 to 2024-2025**

Overall behavioral health funding in the region has increased by 28%, from approximately \$239.96 million in FY 2021-2022 to \$308.05 million in FY 2024-2025.

*For detailed program funding changes, see Appendix A.*

*Adult Mental Health (AMH), Adult Substance Use (ASA), Children’s Mental Health (CMH) and Children’s Substance Use (CSA)*

<b>Program</b>	<b>2021-2022</b>	<b>2022-2023</b>	<b>2023-2024</b>	<b>2024-2025</b>	<b>% Change 2021/2022 to 2024/2025</b>
AMH	\$108,844,339.63	\$124,366,799.30	\$134,656,749.86	\$135,399,541.05	<b>24%</b>
ASA	\$84,794,264.57	\$94,685,527.55	\$111,236,990.22	\$118,929,561.69	<b>40%</b>
CMH	\$28,559,827.77	\$35,942,305.19	\$44,526,076.53	\$39,199,048.15	<b>37%</b>
CSA	\$17,764,370.40	\$16,946,175.00	\$16,606,504.62	\$14,525,903.94	<b>-18%</b>
<b>Grand Total</b>	<b>\$239,962,802.37</b>	<b>\$271,940,807.04</b>	<b>\$307,026,321.23</b>	<b>\$308,054,054.83</b>	<b>28%</b>

**Regional Funding by Program and Fiscal Year**

Between Fiscal Years 2021-2022 and 2024-2025, the SunCoast Region and Circuit 10 experienced significant funding increases across several mental health programs, including:

- Behavioral Health Network (BNET) services: +\$864,214
- Mental Health Care Coordination: +\$1,547,354
- FACT (Florida Assertive Community Treatment): +\$3,469,003
- Community Action Treatment (CAT): +\$2,625,002
- Supportive Employment: +\$300,000

- Mobile Response Teams: +\$6,351,106
- Central Receiving Facilities: +\$5,772,837

Additionally, Multi-Disciplinary/Evidence-Based Teams have been incorporated into the system of care.

In substance use programming, there was an increase of \$600,000 for Substance Use Care Coordination. New additions to the system include Family Intensive Teams and expanded opioid-related programming and funding.

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### **Conclusion and Next Steps**

The 2025 Needs Assessment has provided vital insights into the behavioral health system, identifying critical challenges such as housing instability, financial barriers, transportation issues, and limited-service access.

Behavioral health goals remain focused on reducing barriers to care and improving treatment outcomes for mental health and substance use disorders. Key priorities include combating stigma faced by service seekers and enhancing the system's capacity to meet increasing demand.

CFBHN is committed to collaborating closely with Network Service Providers to address these challenges and to strengthen the delivery of services across the full continuum of care.

**APPENDIX**

<b>Program and Covered Services</b>	<b>2022-2023</b>	<b>2023-2024</b>	<b>2024-2025</b>
<b>AMH</b>	<b>\$124,366,799.30</b>	<b>\$134,656,749.86</b>	<b>\$135,399,541.05</b>
Assessment	\$925,113.29	\$881,889.90	\$997,213.68
Care Coordination	N/A	N/A	\$80,000.00
Case Management	\$9,739,478.05	\$8,517,881.89	\$11,247,244.43
Central Receiving System	\$19,437.00	N/A	N/A
Crisis Stabilization	\$27,242,086.31	\$27,986,851.91	\$30,977,317.91
Crisis Support/Emergency	\$17,693,973.29	\$21,394,683.02	\$19,405,530.57
Day Treatment	\$555,780.71	\$592,392.02	\$1,012,619.20
Disaster Behavioral Health	\$2,501,021.89	\$2,747,331.39	N/A
Drop-In/Self-Help Centers	\$1,810,215.41	\$2,286,418.71	\$1,794,788.61
FACT Team	\$8,655,664.00	\$8,808,761.33	\$8,949,492.33
First Episode Psychosis Team	N/A	N/A	\$125,000.00
Forensic Multidisciplinary Team	N/A	\$1,956,000.00	\$1,956,000.00
Incidental Expenses	\$6,728,215.14	\$6,585,449.96	\$6,266,949.02
Information and Referral	\$2,445,265.92	\$3,996,843.29	\$2,991,014.89
In-Home and on-site	\$22,423.35	\$45,796.79	\$179,402.49
Intensive Case Management	\$289,539.58	\$329,883.23	\$416,872.04

Intervention - Group	\$3,624.10	N/A	N/A
Intervention - Individual	\$2,261,509.88	\$2,094,938.30	\$1,588,253.20
Local Diversion Forensic Project	\$167,000.00	\$199,211.00	N/A
Medical Services	\$6,829,414.09	\$7,199,717.03	\$6,711,560.34
Mental Health Clubhouse Services	\$2,829,732.17	\$2,794,182.00	\$2,975,971.00
Network Evaluation & Development	\$406,628.00	\$398,745.00	\$95,289.00
Other Bundled Projects	\$193,000.00	\$222,627.00	\$2,474,344.31
Outpatient - Group	\$242,998.21	\$226,304.02	\$265,230.07
Outpatient - Individual	\$3,863,765.11	\$3,452,782.05	\$4,577,972.89
Outreach	\$2,904,183.35	\$2,297,924.12	\$2,569,678.07
Provider Proviso Projects	\$1,750,000.00	\$3,467,590.00	\$2,633,623.33
Recovery Support - Group	N/A	\$8,495.81	\$11,982.34
Recovery Support - Individual	\$160,580.68	\$126,725.52	\$116,343.27
Residential Level I	\$2,839,098.77	\$4,080,000.00	\$3,724,657.66
Residential Level II	\$3,017,695.77	\$3,585,312.78	\$3,450,253.15
Residential Level III	\$487,925.49	\$456,904.00	\$76,662.90
Residential Level IV	\$2,708,921.51	\$2,583,893.21	\$2,246,906.14
Room and Board with Supervision Level II	\$6,056,101.67	\$6,128,194.29	\$5,856,253.52
Self-Directed Care	\$399,243.00	\$379,243.00	\$361,400.00

Short-term Residential Treatment	\$3,914,620.70	\$4,344,938.35	\$3,720,273.87
Start-Up Cost Reimbursement	\$602,377.00	\$36,383.00	\$1,226,055.00
Supported Housing/Living	\$3,245,747.24	\$4,120,614.65	\$4,092,205.82
Supportive Employment	\$259,529.93	\$321,841.29	\$225,180.00
Sustainability Payment for COVID related funds/services	\$594,888.69	N/A	N/A
<b>ASA</b>	<b>\$94,685,527.55</b>	<b>\$111,236,990.22</b>	<b>\$118,929,561.69</b>
Aftercare - Group	\$28,017.56	\$36,804.68	\$43,657.30
Aftercare - Individual	\$15,736.75	\$7,445.16	\$42,379.15
Assessment	\$427,892.28	\$465,475.59	\$595,807.33
Care Coordination	N/A	N/A	\$60,000.00
Case Management	\$4,683,966.70	\$4,977,987.48	\$4,993,488.22
Crisis Support/Emergency	\$3,085,430.18	\$4,905,989.05	\$3,455,224.25
Day Care	\$28,624.00	\$47,100.00	\$34,686.30
Day Treatment	\$101,935.00	\$4,385.00	N/A
Family Well-Being Treatment Teams	N/A	N/A	\$1,150,000.00
Federal Project Grant	\$396,399.00	\$303,465.00	\$1,244,418.00
Family Intensive Treatment	\$6,342,276.00	\$8,165,991.00	\$5,933,984.00
HIV Early Intervention Services	N/A	N/A	\$283,498.69

Incidental Expenses	\$5,741,548.98	\$7,095,949.16	\$6,813,203.94
Indicated Prevention	\$141,642.04	\$161,494.70	\$126,054.46
Information and Referral	\$981,863.65	\$1,240,311.44	\$1,810,429.50
Intervention - Group	\$218,346.83	\$97,161.84	\$160,599.61
Intervention - Individual	\$2,878,605.32	\$3,278,617.80	\$2,256,941.09
Medical Services	\$10,874,289.54	\$7,511,846.03	\$9,166,842.38
Medication Assisted Treatment	\$13,256,319.44	\$9,189,573.63	\$10,737,929.10
Network Evaluation & Development	\$638,424.00	\$6,972,575.00	\$15,857,481.28
Other Bundled Projects	N/A	\$398,992.00	\$400,000.00
Outpatient - Group	\$714,971.61	\$612,331.76	\$557,678.46
Outpatient - Individual	\$2,824,907.68	\$3,210,435.47	\$3,223,986.45
Outreach	\$3,153,617.04	\$4,542,971.92	\$5,994,636.92
Provider Proviso Projects	N/A	\$595,253.00	N/A
Recovery Support - Group	\$340,383.45	\$526,104.00	\$657,608.11
Recovery Support - Individual	\$374,933.79	\$1,796,308.82	\$1,630,636.72
Residential Level I	\$4,373,731.81	\$4,266,580.49	\$4,664,954.55
Residential Level II	\$13,215,717.56	\$17,907,857.23	\$16,123,560.79
Residential Level III	\$2,633,993.09	\$2,312,528.16	\$2,088,359.70
Residential Level IV	\$608,903.23	\$612,794.27	\$668,220.68

Room and Board with Supervision Level II	\$729,929.22	\$453,910.82	\$355,278.87
Room and Board with Supervision Level III	\$163,919.89	\$63,700.10	\$28,841.45
Selective Prevention	\$357,467.18	\$342,958.42	\$343,915.29
Start-Up Cost Reimbursement	\$1,995,419.00	\$3,321,437.40	\$3,030,081.47
Substance Use Inpatient Detoxification	\$11,096,073.38	\$12,564,020.34	\$11,483,094.88
Supported Housing/Living	\$304,652.39	\$1,230,328.95	\$1,655,596.83
Sustainability Payment for COVID related funds/services	\$13,040.00	N/A	N/A
Universal Direct Prevention	\$396,160.64	\$343,056.07	\$178,467.00
Universal Indirect Prevention	\$1,546,389.32	\$1,673,248.44	\$1,078,018.92
<b>CMH</b>	<b>\$35,942,305.19</b>	<b>\$44,526,076.53</b>	<b>\$39,199,048.15</b>
Assessment	\$70,362.85	\$56,343.38	\$57,718.67
Behavioral Health Network	\$1,103,046.00	\$1,668,707.00	\$1,557,610.00
Care Coordination	N/A	N/A	\$20,000.00
Case Management	\$1,764,230.81	\$1,985,450.21	\$2,444,301.30
Community Action Team	\$14,141,650.98	\$17,437,314.00	\$13,012,422.00
Central Receiving System	\$20,000.00	N/A	N/A
Crisis Stabilization	\$1,884,583.46	\$3,000,660.47	\$3,096,222.57

Crisis Support/Emergency	\$11,716,854.97	\$10,661,604.22	\$9,734,478.90
Family First Prevention Services Act	N/A	N/A	\$1,838,919.01
First Episode Psychosis Team	\$2,249,999.99	\$2,324,175.00	\$2,199,174.00
Incidental Expenses	\$121,853.00	\$103,931.64	\$82,536.33
Information and Referral	\$93,835.50	\$121,551.09	\$112,876.06
In-Home and on-site	\$166,955.97	\$171,494.37	\$178,515.51
Intervention - Individual	\$85.90	\$357.00	\$1,712.40
Involuntary Services (HB7021 funding)	N/A	N/A	\$1,300,000.00
Medical Services	\$310,637.67	\$367,026.22	\$285,234.29
Network Evaluation & Development	\$108,172.00	\$704,441.00	\$799,946.00
Other Bundled Projects	\$193,000.00	\$222,626.00	\$193,000.00
Outpatient - Group	\$788.37	\$1,221.93	\$51.18
Outpatient - Individual	\$604,304.41	\$637,761.63	\$691,234.90
Outreach	\$185,066.32	\$226,685.37	\$123,000.99
Provider Proviso Projects	\$870,000.00	\$770,000.00	\$670,000.00
Recovery Support - Group	N/A	N/A	\$9,396.24
Residential Level I	N/A	\$173,214.00	\$691,264.80



Start-Up Cost Reimbursement	\$204,368.00	\$3,891,512.00	\$99,433.00
Sustainability Payment for COVID related funds/services	\$132,508.99	N/A	N/A
<b>CSA</b>	<b>\$16,946,175.00</b>	<b>\$16,606,504.62</b>	<b>\$14,525,903.94</b>
Aftercare - Individual	N/A	\$1,000.00	N/A
Assessment	\$38,571.98	\$16,869.96	\$10,918.65
Case Management	\$279,166.13	\$196,546.65	\$185,042.46
Crisis Support/Emergency	\$907,722.24	\$1,400,987.41	\$1,229,880.77
Incidental Expenses	\$39,350.00	\$30,076.00	\$29,865.00
Indicated Prevention	\$512,609.00	\$702,343.90	\$418,935.12
Information and Referral	\$581,104.75	\$644,917.91	\$585,386.12
In-Home and on-site	\$29,000.00	\$4,200.00	N/A
Intervention - Group	\$1,253.46	\$1,001.89	N/A
Intervention - Individual	\$1,269,139.64	\$1,274,697.15	\$1,303,591.06
Medical Services	\$169,381.24	\$85,485.86	\$79,889.71
Other Bundled Projects	N/A	\$300,000.00	\$300,000.00
Outpatient - Group	\$48,313.59	\$28,342.00	\$24,420.54
Outpatient - Individual	\$141,019.73	\$93,580.41	\$93,835.07
Outreach	\$1,308,091.89	\$1,226,821.41	\$1,204,294.29
Recovery Support - Group	\$2,449.53	\$10,000.00	\$7,276.46

Recovery Support - Individual	\$3,939.04	\$7,000.00	\$11,395.90
Residential Level II	\$1,307,368.60	\$1,312,616.43	\$480,163.02
Residential Level IV	\$23,279.66	\$20,762.61	\$6,164.36
Selective Prevention	\$1,873,241.23	\$1,872,612.72	\$1,621,603.93
Substance Use Inpatient Detoxification	\$1,142,527.60	\$1,138,948.00	\$1,110,184.00
Sustainability Payment for COVID related funds/services	\$485,565.31	N/A	N/A
Treatment Alternative for Safer Community	\$70,719.00	\$10,161.56	N/A
Universal Direct Prevention	\$4,161,276.92	\$3,934,434.85	\$3,413,776.47
Universal Indirect Prevention	\$2,551,084.46	\$2,293,097.90	\$2,409,281.01
<b>Grand Total</b>	<b>\$271,940,807.04</b>	<b>\$307,026,321.23</b>	<b>\$308,054,054.83</b>



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[https://link.bsrinstitute.org/CFBHN-ROSC\(ALL\)](https://link.bsrinstitute.org/CFBHN-ROSC(ALL))

# Central Florida Behavioral Health Network, Inc. Comprehensive ROSC Report

## Background

ROSC is a network of clinical and nonclinical services and supports that sustain long-term, community-based recovery. ROSC is a local and organic entity that is established from community partnerships who share goals that reflect their community's vision, priorities, and culture. It incorporates recovery principles in all aspects for structuring and sustaining a behavioral health system of care. The ROSC framework guides system transformation.

### SAPT

#### The Self-Assessment Planning Tool (SAPT)

The SAPT helps agencies to transform their traditional programs, policies, and procedures to recovery-oriented best practice changes; to implement and track key performance indicators and develop improvement strategies

Recommendations are based on the lowest five scoring items. All scores below three require action. Please see the dashboard to draft further recommendations.

### Recommendations for ROSC Action Plan

#### Administration

- Continue to support the provider network in using the RSA data to drive organizational process improvements through trainings and peer-to-peer assistance. This could include having organizations share out on how they use RSA data into change management.

#### Treatment

- Provide clear guidance and sample protocols for providers to adopt around review of advance directives when persons receiving services experience relapse/incapacitation.

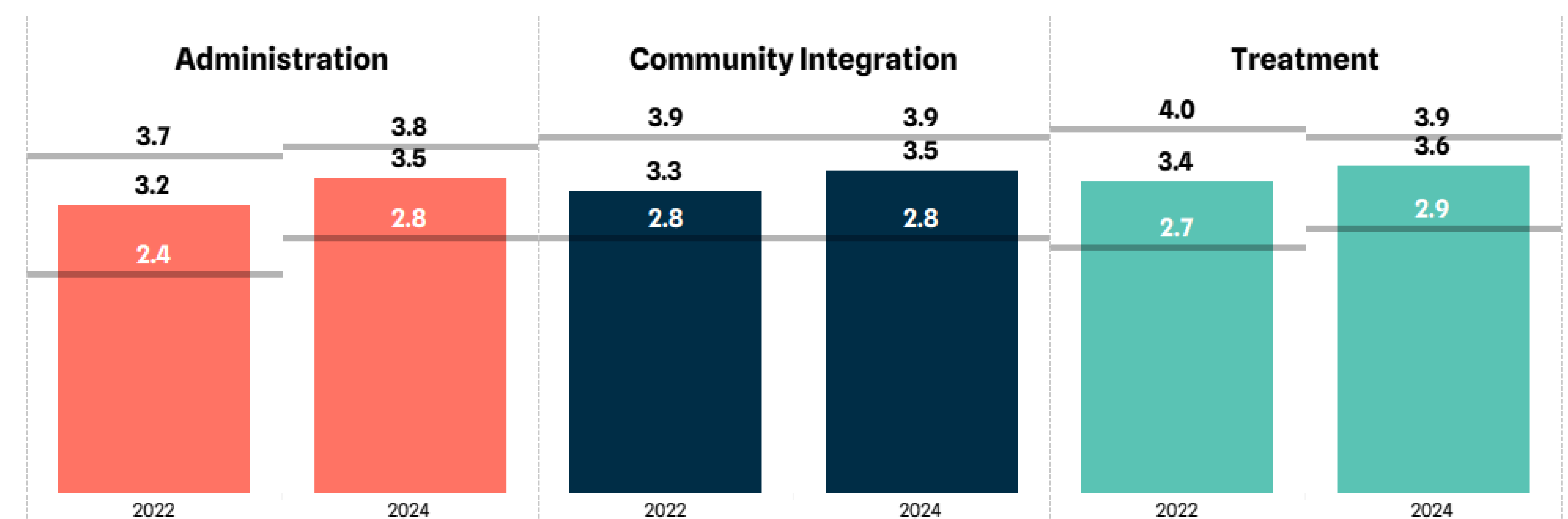
#### Community Integration

- All scores in this domain were at 3.5 and higher. CFBHN should continue to support providers in the network through supporting training opportunities for staff on community resources that support employment, education, and community engagement activities for persons served.

## Analysis (2022 & 2024)

### System-Wide SAPT Domain Averages for 2022 (N=230) & 2024 (N=428)

Comparison of Average Scores Across Survey Domains, Including Highest and Lowest Provider Scores



## Results / Findings

The figure above shows the average SAPT domain scores across all network providers and lowest and highest scores within each domain (the total range of scores across the network). For example, the average Administration score across all providers was 3.2, but individual provider scores range from 2.4-3.7. Findings below highlight lowest and highest scoring items. Please see the dashboard for a view of all the data.

#### Administration

- The highest scoring item improved from 3.2 in 2022 to 3.6, and reflected providers' inclusion of recovery-oriented services into clinical supervision.
- The largest growth from 2022 to 2024 was seen in the measurement of recovery processes through use of RSA/process that engages persons served. This indicates the use of ROSC measures has been adopted and incorporated into the provider network quality improvement processes.

#### Treatment

- **Treatment scores were the highest across all domains with several at 3.7. Common themes were around recovery-oriented culture (e.g., staff language) and strengths-based, positive service relationships.**
- Although improved from 2022, the lowest scoring item continued to be around codified processes for reviewing advance directives.

#### Community Integration

- All scores saw improvement between 2022 and 2024 with the top scoring item continuing to reflect staff supporting positive relationship development among persons receiving services.
- Community integration scores in 2022 and 2024 remained above the 3.0 threshold. The lowest scores increased from 3.2 to 3.5.

# RSA

## The Recovery Self-Assessment Tools (RSA)

The RSAs inform agencies about the degree to which programs implement recovery-oriented practices. The SAPT is designed to be used independently or together with the RSA-R. The SAPT helps agencies establish policies and practices that result in positive, recovery-oriented services outcomes. The RSA-R informs agencies about the degree to which they have achieved those outcomes. Applied together, the SAPT and RSA-R may be used to support processes for policy development, program planning, staff development, and outcome evaluation

\*Recommendations are based on the lowest five scoring items. All scores below three require action. Please see the dashboard to draft further recommendations.

## Recommendations for ROSC Action Plan

### Involvement

- Encourage Network Providers to post advisory board meeting dates/times in waiting rooms and other public areas, and reminding interested persons served and family members when meetings are happening. CFBHN could also produce sample fliers for providers to use.
- Engage providers in a staff training that incorporates persons served and family members as active participants so providers have an example of what this involvement might look like.
- Update physical space to be more inclusive or welcoming for person in recovery and the community.

### Life Goals

- Provide education to community employers about employing people with mental illness and/or addictions.

## Resources

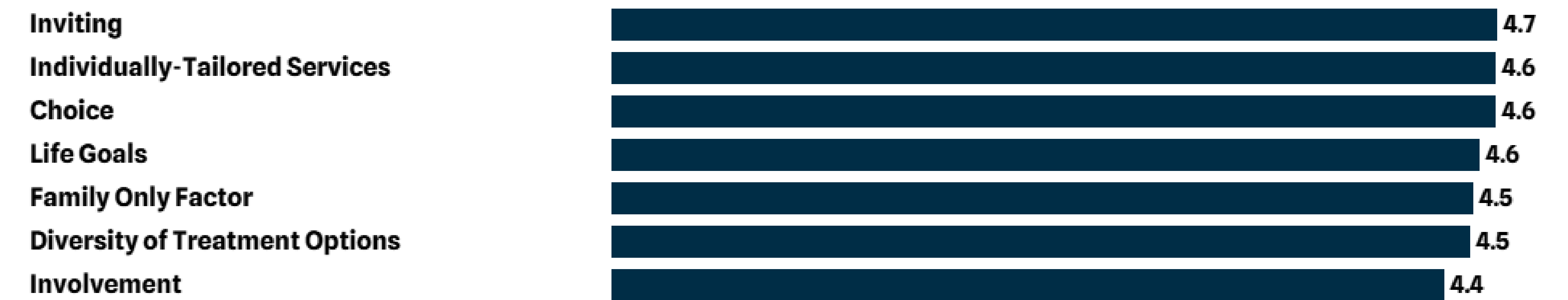
- [The Self-Assessment Planning Tool \(SAPT\)](#)
- [The Recovery Self-Assessment Tools \(RSA's\)](#)



## Analysis (2024)

### Family Member (N = 235)

Recovery Self-Assessment Factor Average



### Person in Recovery (N = 1,505)

Recovery Self-Assessment Factor Average



### Provider (N = 748)

Recovery Self-Assessment Factor Average



## Results / Findings

The figure above shows the **average responses across all network providers**, including responses from persons in recovery and the provider.

### Family Member

- **Family members had the most positive feedback on RSA factors with highest scores reflecting inviting physical space and staff.**
- Lowest scores were specific to the family member factor around involvement opportunities with organization advisory boards and staff training opportunities.

### Persons in Recovery

- **The life goals factor included all highest scoring items which centered on positive staff interactions about recovery and the future.**
- Similar to the family member RSA, lowest items were all within the involvement factor and related to engagement in advisory boards and staff training opportunities. One item related to finding employment (life goals) was also low for persons in recovery.

### Provider

- Like persons in recovery, the highest scoring items were in the life goals factor related to positive and hopeful staff engagement.
- Consistent with other RSA types, involvement had the lowest scores per advisory board meeting and staff training participation.