

Strategic Plan Implementation Report

Strengthening the Behavioral Health Continuum
Across Escambia and Santa Rosa Counties



Version Date: June 2026

Reporting Period: July 2023 – June 2026

MENTAL HEALTH TASK FORCE OF NORTHWEST FLORIDA





ABOUT THIS REPORT

This report documents implementation progress, system development, and collaborative activity across the Mental Health Task Force's Strategic Plan period. It reflects verified partner activity and system level readiness and is intended to support transparency, shared accountability, and future strategic planning.

PREPARED FOR:

Mental Health Task Force of Northwest Florida

ACKNOWLEDGMENTS

The Mental Health Task Force acknowledges the contributions of lead and supporting partners whose collaboration made this work possible. Compilation and coordination support were provided by the MHTF Coordinator.



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A woman with brown hair styled in a bun is speaking at a white podium. She is wearing a light-colored sleeveless top and a watch on her left wrist. She is holding a microphone in her right hand. The background is a blurred indoor setting. The text '1. EXECUTIVE SUMMARY' is overlaid in white on the image.

1. EXECUTIVE SUMMARY

The Mental Health Task Force of Northwest Florida was convened in 2021 by Representative Michelle Salzman to strengthen and better coordinate behavioral health services across Escambia and Santa Rosa counties. In 2022, Ernst & Young LLP was engaged to facilitate stakeholder input and develop a comprehensive Strategic Plan and Roadmap, which was finalized in June 2023 and implemented over the period July 2023 through June 2026. The plan reflected the collective efforts of a broad coalition of lead and supporting partners representing healthcare, education, public safety, social services, and community based organizations committed to improving behavioral health outcomes for individuals and families in the region.

The Strategic Plan was anchored in two core priorities: **optimizing the behavioral health continuum of care**—from prevention and early intervention through crisis response, recovery, and wraparound support—and **building system wide capacity** through workforce development, infrastructure enhancement, and public awareness. Over the course of the plan period, partners advanced meaningful progress across all goal areas, with most goals completed and the remaining goals demonstrating active implementation and foundational progress.

Key accomplishments included significant expansion of school based and community prevention efforts, establishment and strengthening of coordinated crisis response systems, implementation of new levels of care within the treatment continuum, and expansion of peer support and workforce training initiatives. Notable system advances included the launch and staffing of co responder services, the opening and utilization of the state's first community based bifurcated Crisis Receiving System, increased mobile response and residential treatment capacity, and improved integration of behavioral health services within primary care settings. Partners also made progress toward longer term system improvements, including data sharing infrastructure, non emergency transportation coordination, and talent development initiatives to address workforce shortages.

Progress throughout the implementation period was assessed using standardized status definitions and verified through a structured methodology that included partner interviews, documentation review, and cross checks with available data sources. While many goals were completed as planned, implementation timelines and scope were influenced by contextual factors such as workforce constraints, funding and grant administration complexities, policy changes affecting training availability, data interoperability challenges, and the readiness of systems and partners to scale new initiatives. These factors were carefully considered when assigning goal status to ensure progress

assessments reflected real world feasibility and sustainability.

Available county level indicators from the Florida Department of Health and other sources suggest stabilization or early improvement in key mental and behavioral health measures during the plan period, including suicide death rates and mental health–related emergency department utilization. While these trends cannot be directly attributed to a single initiative, their timing aligns with expanded prevention reach, improved crisis response, increased service capacity, and stronger coordination across the regional behavioral health system.

Together, the accomplishments documented in this report reflect substantial system building progress and a strengthened foundation for continued collaboration beyond the current strategic plan period. The work of the MHTF demonstrated the value of cross sector partnership, shared accountability, and adaptive implementation. Lessons learned and identified next steps provide a clear roadmap for sustaining gains, addressing remaining gaps, and guiding future strategic planning to further enhance behavioral health outcomes across Escambia and Santa Rosa counties.

This report documents implementation progress across the Mental Health Task Force’s Strategic Plan from July 2023 through June 2026. Each goal includes a defined objective, implementation narrative, identified barriers, and next steps to support transparency and shared accountability. Progress status reflects verified partner activity and system level readiness rather than attribution of outcomes to any single initiative.



A man with glasses and a beard, wearing a grey plaid suit jacket over a blue shirt and tie, is gesturing with his hands as if speaking. He is in the foreground, looking slightly to the right. In the background, a woman with blonde hair, wearing a pink top, is looking down. The image has a blue overlay and the text "2. BACKGROUND AND CONTEXT" is centered in white.

2. BACKGROUND AND CONTEXT

Formation of the Mental Health Task Force

The Mental Health Task Force of Northwest Florida (MHTF) was convened in 2021 by Representative Michelle Salzman to bring focused attention to mental and behavioral health needs across Escambia and Santa Rosa counties. The Task Force was established to identify gaps in services, improve coordination across systems, and advance practical, community driven solutions to strengthen the regional behavioral health continuum for individuals and families.

Strategic Planning Process

In November 2022, Ernst & Young LLP was engaged to support the MHTF by conducting background research, facilitating stakeholder engagement, and developing a future state Strategic Plan and Roadmap focused on aligning and improving the delivery of behavioral health services across the two counties. The planning process included extensive partner input and analysis of existing services, system gaps, and best practices. The final Strategic Plan and Roadmap were presented to the Mental Health Task Force on June 6, 2023, and established a formal implementation period spanning July 2023 through June 2026.

Partners and Collaborative Structure

Implementation of the Strategic Plan relied on a broad, cross-sector coalition of regional partners. Lead Partners included: **Baptist Health Care (Baptist); Community Health NWF (CHNWF); CDAC Behavioral Health (CDAC); Escambia County Public Schools (ECPS); Escambia County Sheriff's Office (ECSO); Escambia County EMS (Escambia EMS); Florida Department of Health – Santa Rosa County (DOH SRC); Health & Hope Clinic (H&H); HCA Florida West; Homelessness Reduction Task Force of NWF (HRTF); Hope Above Fear; Lakeview Center (Lakeview); National Alliance on Mental Illness Emerald Coast (NAMI EC); NWF Health Network (NWFHN); Offensive; Santa Rosa County District Schools (SRCDS); the Health Information Exchange (HIE); and the University of West Florida Usha Kundu, MD College of Health (UWF UKCOH).**

Supporting Partners included: **Agency for Persons with Disabilities; Ascension Sacred Heart Hospital (Ascension Sacred Heart); CareerSource EscaRosa; Center for Independent Living (CIL); Children's Home Society; Council on Aging of West Florida; Emerald Coast Regional Transportation Council; EscaRosa Suicide Prevention Coalition (ERSPC); Escambia County; Escambia County Area Transit (ECAT); Escambia County TEAM Court and First Judicial Circuit**

Court; Florida Department of Children & Families (DCF); Florida Department of Health - Escambia County (DOH-Esc); Greater Pensacola Chamber of Commerce (GPCC); LocaliQ; Northwest Florida Area Agency on Aging; Opening Doors; Santa Rosa County; and United Way of West Florida (UWWF).

Together, these partners brought healthcare, education, law enforcement, social services, transportation, housing, workforce, and community perspectives to the work.

Guiding Principles

The Strategic Plan was grounded in the principle that solutions should be locally informed and community driven. Lead and supporting partners live and work in the region and brought direct knowledge of system strengths, challenges, and opportunities. Partners played an active role in shaping each goal and implementing strategies, and as the work evolved, some elements of the original plan were adapted to better reflect real world conditions and community needs. This flexible, collaborative approach was intentional and ensured that outcomes were practical, sustainable, and responsive to the populations served.

Monitoring and Coordination Approach

To support coordinated implementation and accountability, NWF Health Network hired a dedicated consultant to serve as the MHTF Coordinator. The Coordinator was responsible for organizing partner engagement, supporting goal implementation, and tracking progress across the Strategic Plan. A centralized Project Tracker was used to document action items, tasks, milestones, and data associated with each goal. The Coordinator worked closely with partners on a regular basis and distributed monthly progress reports that summarized overall plan progress as well as goal specific updates, providing transparency and supporting continuous course correction throughout the implementation period.

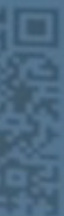
E PANEL

3. METHODOLOGY FOR ASSESSING PROGRESS

ate
tor

Janice George
Circuit 1 Behavioral
Health Supervisor

Mark Sherrod
Circuit 1 Youth Behavioral
Health Care Coordinator



SCAN TO ASK QUESTIONS
OR PROVIDE FEEDBACK



Overview: This section outlines the data sources, standardized status definitions, and verification approach used to assess progress across the Mental Health Task Force’s Strategic Plan and ensure consistent, credible reporting. Progress assessments were grounded in partner-reported activity, supporting documentation, and available quantitative data, with contextual factors and known limitations considered to reflect real world feasibility and system conditions.

Data Sources

Multiple qualitative and quantitative data sources were used to inform goal status determination and narrative reporting. Data sources varied by goal and reflected the nature of implementation activities and outcome measures.

Primary data sources included:

- Lead and supporting partner interviews and data submissions (monthly or quarterly, depending on goal)

Goal-specific data sources included:

- **Goal 1:** ECPS and SRCDS databases; ERSPC, CDAC, and NAMI EC data collection
- **Goal 2:** Florida Health CHARTS; Escambia EMS; Florida Youth Substance Abuse Survey; NWF SafePath Network Community Scan; Florida Highway Patrol; District 1 Medical Examiner’s Office; DAWN report
- **Goal 3:** Lakeview CIT and Co Responder data; ECSO Co Responder data
- **Goal 4:** Lakeview data warehouse and residential service data
- **Goal 5:** Lakeview data warehouse; CAT and LEAP service data
- **Goal 6:** CHNWF monthly reports on extended hours visits and consultations; Health & Hope Clinic monthly visit reports
- **Goal 7:** HCA Florida West program data
- **Goal 8:** Lakeview CSU and CRF data; Baptist Emergency Dept & Behavioral Health Unit data
- **Goal 9:** Lakeview Mobile Response Team service data
- **Goal 10:** Lakeview Community Needs Assessment data

- **Goal 11:** Clubhouse International; Florida Clubhouse Coalition; ROC Tallahassee
- **Goal 12:** NAMI EC, DCF, and NWFHN peer training data
- **Goal 13:** HMIS (2023–24); Point In Time Counts (2023 & 2024); City of Pensacola Housing Inventory Survey; HUD / Shimberg Center; JDConsultancy (2024)
- **Goal 14:** TEAM Court data; Lakeview data
- **Goal 15:** ECAT; Center for Independent Living; Agency for Persons with Disabilities; Baptist; CHNWF
- **Goal 16:** Organizational data from Lakeview, CHNWF, NWFHN, Baptist, HCA Florida West, Ascension Sacred Heart, WFAHEC, Health & Hope Clinic, Overflow Alliance, and USF
- **Goal 17:** Partner surveys, workforce data reports, and committee input
- **Goal 18:** Achieve Dashboard
- **Goal 19:** GPCC; CareerSource EscaRosa; WFAHEC; HCA Florida West; Florida Center for Behavioral Health Workforce (FCBHW)
- **Goal 20:**
 1. **Clinical:** Ascension Sacred Heart, Baptist, HCA Florida West, Health & Hope Clinic, CHNWF, Lakeview, Medicaid claims data, Walton County Rural Hospital
 2. **Non Clinical:** Opening Doors, United Way of West Florida, Manna Food Bank, Feeding America, Waterfront Rescue Mission, DCF
- **Goal 21:** Lakeview, HCA Florida West, Baptist, Health & Hope Clinic, NWFHN, CHNWF, ECSO, LocaliQ

Status Definitions

To promote consistency and transparency, each goal was assigned a standardized status based on documented progress and partner input. These definitions were applied uniformly across the Project Tracker and narrative reporting.

Status Categories:

- **Complete:** All planned activities and deliverables finalized and verified through documentation or partner confirmation
- **In Progress:** Active implementation, partial milestone completion, or ongoing data collection
- **Delayed:** Progress hindered due to timeline misalignment, resource gaps, or external dependencies
- **Not Started:** No documented activity or engagement (Note: No goals fell into this category)

Goal status reflects implementation progress relative to scope and feasibility during the Strategic Plan period and does not imply success or failure of the underlying strategy.

Verification Approach

Goal status was verified through a structured, multi step process designed to ensure accuracy, consistency, and credibility.

Verification methods included:

- **Partner Interviews:** Direct confirmation of progress and implementation status from lead and supporting agencies
- **Source Data Cross Checks:** Review of reported metrics against service logs, dashboards, or raw datasets
- **Triangulation:** Validation of progress using multiple independent data sources (e.g., surveys, reports, tracker entries)
- **Documentation Review:** Audit of submitted materials to confirm deliverables, timelines, and outcomes
- **Status Interpretation Audit:** Review for consistent application of status definitions across goals

Monthly and quarterly partner updates were analyzed alongside available data to ensure alignment between reported activity and documented evidence.

Contextual Factors

Progress across strategic goals was influenced by a range of contextual factors affecting implementation timelines, scope, and outcome interpretation.

Key factors included:

- **Workforce shortages and capacity constraints,** particularly affecting co responder services (Goal 3) and behavioral health–primary care integration (Goal 6a)

- **Funding and policy dependencies**, including grant deployment timing (Goals 3, 13, 14, 16 and 20) and limited access to SOAR training (Goal 16)
- **Data limitations and interoperability challenges**, especially for co responder outcomes (Goal 3) and data sharing initiatives (Goal 20)
- **System readiness and coordination challenges**, influencing goals related to clubhouse development (Goal 11) and non emergency transportation (Goal 15)

These factors were considered during verification to ensure goal status reflected real world feasibility and sustainability.

Limitations

Several limitations affected the assessment process and were considered during analysis.

- Data completeness varied across goals and partners
- Manual Project Tracker entry created the potential for delays or gaps in status reflection
- Some goals lacked clearly defined outcome measures at initiation, requiring interpretive judgment during verification

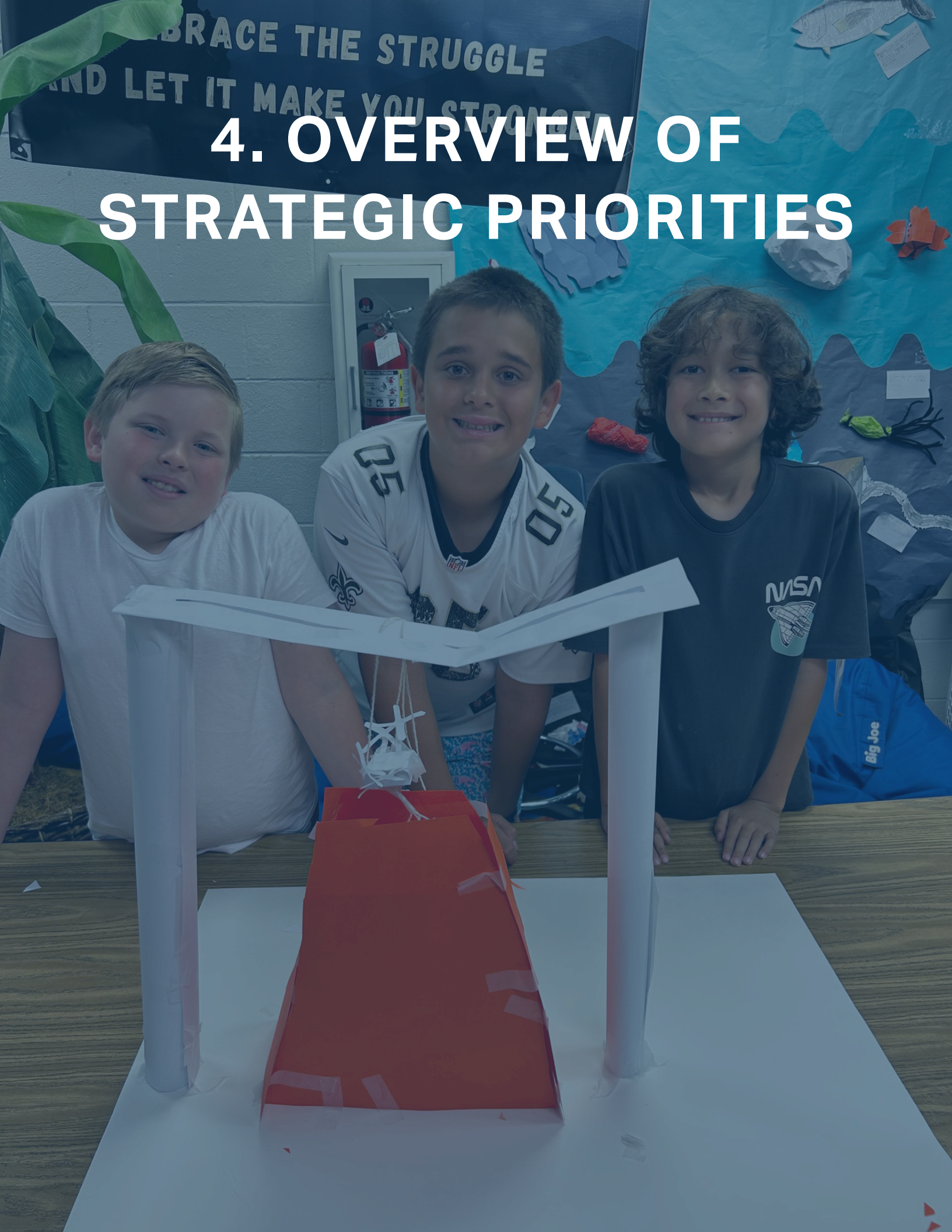
Where possible, supplemental partner input was used to mitigate these limitations and clarify progress.

What This Report Does Not Do

This report documents implementation progress, system development, and collaborative activity across the Mental Health Task Force's Strategic Plan period. It does not evaluate causal relationships or attribute population level outcomes to individual goals or initiatives. Mental and behavioral health outcomes are influenced by a range of social, economic, and systemic factors, and this report is intended to reflect verified partner activity and system level readiness rather than serve as a formal impact or outcomes evaluation.

Summary: Together, these methods provided a structured and transparent framework for evaluating progress across the Mental Health Task Force Strategic Plan, balancing rigor with practical consideration of real world conditions, data variability, and partner engagement.

4. OVERVIEW OF STRATEGIC PRIORITIES



Overview: The Mental Health Task Force Strategic Plan was organized around two complementary priority areas designed to strengthen the regional behavioral health system and support sustainable, coordinated improvement across Escambia and Santa Rosa counties. Together, these priorities addressed both direct service delivery across the continuum of care and the foundational system capacity required to sustain and scale behavioral health services over time.

Priority Area 1: Optimizing the Continuum of Care

Prevention, Early Intervention, Crisis Response, Recovery, and Wraparound Support

This priority focused on strengthening the behavioral health continuum of care across all stages, from prevention and early intervention through crisis response, recovery, and wraparound supports. The underlying rationale was to reduce system fragmentation and ensure that individuals and families could access timely, coordinated, and appropriate care regardless of their point of entry into the system.

Expected outcomes included improved crisis stabilization, increased diversion from emergency departments and the criminal justice system, expanded use of co-responder and mobile response models, and stronger care navigation and follow up supports. This priority aligned with broader state and regional initiatives aimed at reducing emergency department overutilization, improving crisis response efficiency, and enhancing transitions between levels of care for high utilizing and high need populations.

Priority Area 2: Building System Capacity

Workforce Development, Technology and Data Systems, Access, and Public Awareness

This priority addressed the foundational system elements necessary to sustain and scale behavioral health services across the region, including workforce availability, technology and data infrastructure, and community awareness. The rationale was to ensure that service expansions and system improvements achieved through the Strategic Plan could be maintained over time despite persistent workforce shortages, data limitations, and access barriers.

Goals within this priority emphasized expanding training and education pipelines, strengthening data sharing and interoperability, improving coordination across partners, and increasing public awareness to reduce stigma and improve help seeking behavior. This work supported broader regional workforce development efforts and aligned with state level goals related to integrated care, digital access, and system modernization.

Cross Goal Themes

Across strategic priority areas, several cross cutting themes emerged that shaped implementation and progress. Workforce constraints consistently influenced timelines, scale, and sustainability across service expansion, crisis response, and integration efforts. Transportation access and data interoperability surfaced as persistent, system wide gaps affecting care coordination and equitable access to services. At the same time, the Strategic Plan reflected a clear shift toward prevention, early intervention, and community based crisis diversion, reducing reliance on emergency departments and the criminal justice system. Finally, progress across goals underscored the value of shared governance and cross sector collaboration, demonstrating that **sustained system improvement depends on coordinated leadership rather than isolated programmatic solutions.**



5. PROGRESS SUMMARY DASHBOARD

NWF Health
Network

Effective.

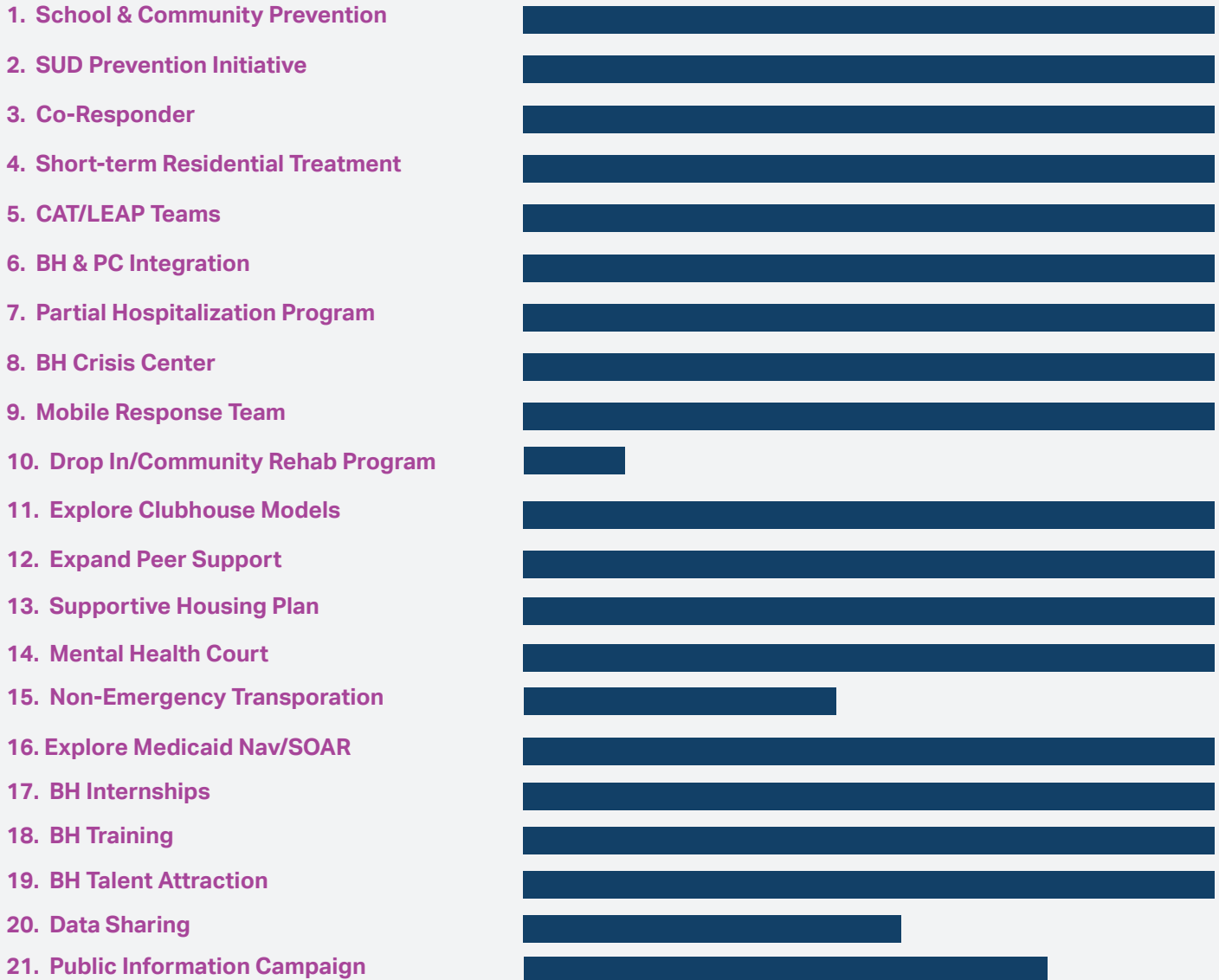
Accountable.

Compassionate.



NWF Health Network serves as the Network
Management agency for the total welfare and
behavioral health services to members

STRATEGIC PLAN PROGRESS BY GOAL: MAY 2026



#	GOAL TITLE	LEAD PARTNER(S)	STATUS	KEY OUTCOME MEASURES
1	Expand school-based and community-based prevention services and programs	<ul style="list-style-type: none"> a. Escambia County Public Schools (ECPS) b. Santa Rosa County District Schools (SRCDS) CDAC, ERSPC, DOH-SRC, NAMI EC	Completed	<ul style="list-style-type: none"> a. ECPS - Increased Tier I/II interventions by May 2026 b. SRCDS - 10% increase in services by May 2026 c. Community Partners - 10% increase in collaboration by December 2025
2	Establish a regionwide substance use disorder prevention initiative	<ul style="list-style-type: none"> • CDAC • CHNWF • Escambia EMS • DOH-SRC • Health & Hope • Clinic • Hope Above • Fear • Lakeview • NAMI EC • Offentsive 	Completed	<ul style="list-style-type: none"> 1. Stakeholder group and leadership team established by July 2024 2. Name, logo and website implemented for NWF SafePath Network by June 2024 3. Regular meeting schedule established and sustained by July 2024 4. CDC funding application submitted for Youth Coalition by April 2026
3	Enhance co-responder capabilities	<ul style="list-style-type: none"> • ECSO • Lakeview 	Completed	<ul style="list-style-type: none"> 1. Established dedicated Co-Responder Unit by August 2024 2. Successfully secured DJJ grant funding by July 2024 3. Created data collection framework by October 2023
4	Increase Transitional Residential Treatment	<ul style="list-style-type: none"> • Lakeview 	Completed	<ul style="list-style-type: none"> 1. Relocated SRT to larger facility, increasing licensed bed capacity from 20 to 24 beds by April 2024 2. Hired 4.25 additional full-time staff 3. Achieved 18% increase in average daily census by August 2025 (exceeding 10% goal)

#	GOAL TITLE	LEAD PARTNER(S)	STATUS	KEY OUTCOME MEASURES
5	Expand CAT and LEAP Teams	<ul style="list-style-type: none"> Lakeview 	Completed	<ol style="list-style-type: none"> Expanded CAT, adding Early CAT by July 2023 Awarded Opioid Abatement funding to add AIM program by July 2025 Exceeded 10 FTEs for LEAP, adding 12 by December 2025
6	Expand Behavioral Health and Primary Care integration	<ol style="list-style-type: none"> CHNWF Health & Hope 	Completed	<ol style="list-style-type: none"> CHNWF <ol style="list-style-type: none"> Expanded service hours by January 2025 Integrated behavioral health services into three primary care sites by August 2025 Health & Hope <ol style="list-style-type: none"> Established full-time Behavioral Health Manager position in November 2023 Completed a new Health & Wellness wing in January 2025 224.7% increase in mental health visits from 2023 to 2024 with 1,297 total visits in 2025
7	Implement Partial Hospitalization Program (PHP)	<ul style="list-style-type: none"> HCA Florida West 	Completed	<ol style="list-style-type: none"> PHP launched by May 2024
8	Establish a Community-Based Behavioral Health Crisis Center (Central Receiving System & Crisis Stabilization Unit)	<ul style="list-style-type: none"> Lakeview Baptist 	Completed	<ol style="list-style-type: none"> Lakeview & Baptist created Florida's only bifurcated Crisis Receiving System by April 2024 Lakeview opened the Crisis Stabilization Unit in April 2024 Lakeview completed 7,500 screenings between April 2024 and April 2026; Baptist completed 8,171 in the same time frame Law enforcement drop off time was reduced to ~11 minutes at both locations

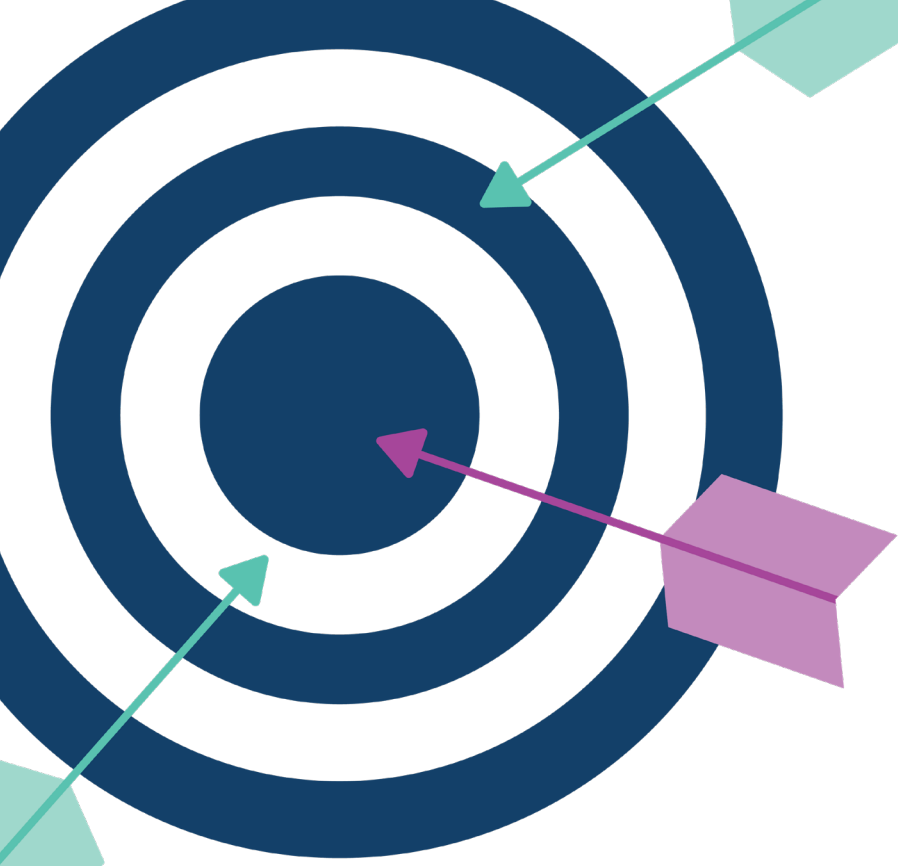
#	GOAL TITLE	LEAD PARTNER(S)	STATUS	KEY OUTCOME MEASURES
9	Expand Mobile Response Team	<ul style="list-style-type: none"> Lakeview 	Completed	1. \$563,596 in additional funding (22% increase) enhanced access to services by adding 11 new positions, increasing efficiency after-hours and on weekends and stabilizing dedicated response staff by January 2025
10	Community Rehab Program	<ul style="list-style-type: none"> Lakeview 	Delayed	1. Drop-in center changed to community rehab program; needs assessment conducted; barriers limited feasibility; potential for next strategic plan.
11	Explore the development of clubhouses	<ul style="list-style-type: none"> NAMI 	Completed	1. Structured research led to March 2026 determination of an independent, freestanding clubhouse as best model for Escambia and Santa Rosa counties
12	Expand peer support services	<ul style="list-style-type: none"> NAMI DCF NWFHN 	Completed	<p>1. 147 Peers trained in 2023-2024 through NAMI EC using Helping Others Heal</p> <p>2. 18 Peers trained through DCF/NWFHN from 2025-2026 progressing towards certification as Certified Peer Specialists</p> <p>3. 417 trained in one or more levels of WRAP training by May 2026</p>
13	Expand supportive housing	<ul style="list-style-type: none"> Homelessness Reduction Task Force of NWF 	Completed	<p>1. Supportive Housing (SH) Workgroup convened May 2024; integrated into HRTF Housing Subcommittee</p> <p>2. Advancement of regional alignment around supportive housing</p> <p>3. SH formally incorporated into CoC Housing Committee</p>

#	GOAL TITLE	LEAD PARTNER(S)	STATUS	KEY OUTCOME MEASURES
14	Strengthen TEAM (Mental Health) Court	<ul style="list-style-type: none"> First Circuit Court 	Completed	<ol style="list-style-type: none"> 1. Separate SRC Team Court not feasible 2. Increased communication between TEAM Court and Lakeview 3. Identification of and preparation for application to Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant
15	Improve nonemergency transportation	<ul style="list-style-type: none"> Facilitated by MHTF Coordinator 	In Progress	<ol style="list-style-type: none"> 1. Ongoing need for dedicated Non- Emergency Transportation Work Group 2. Addressed systemlevel barriers 3. Community Transportation Guide and cross-county transportation explored.
16	Increase Medicaid Navigation & SOAR staff	<ul style="list-style-type: none"> Facilitated by MHTF Coordinator 	Completed	<ol style="list-style-type: none"> 1. Diligent work and outreach to local state delegation failed to secure funding, but strengthened coordination 2. Identified and established local contacts within Social Security Administration office to assist with SOAR application processes
17	Develop regional behavioral health assistantship	<ul style="list-style-type: none"> UWF 	Completed	<ol style="list-style-type: none"> 1. Workforce Subcommittee and short-term task force identified challenges and opportunities 2. Workforce analysis report in March 2024 identified priority areas 3. Internships and agreements increased including with Lakeview and the Military Veterans Resource Center at UWF

#	GOAL TITLE	LEAD PARTNER(S)	STATUS	KEY OUTCOME MEASURES
18	Enhance Behavioral Health training	<ul style="list-style-type: none"> UWF 	Completed	<ol style="list-style-type: none"> 1. Collaboration between UWF UKCOH and Haas Center to promote AHER dashboard as tool for understanding behavioral health workforce trends 2. Promotion of existing training opportunities for behavioral health professional skill development
19	Create Behavioral Health talent attraction initiative	<ul style="list-style-type: none"> Facilitated by MHTF Coordinator 	Completed	<ol style="list-style-type: none"> 1. Alignment made with existing health-related talent attraction initiatives 2. Two behavioral health programs identified to directly support workforce recruitment goals
20	Improve interoperability & data sharing	<ul style="list-style-type: none"> The Health Information Exchange 	In Progress	<ol style="list-style-type: none"> 1. Clinical and nonclinical partners defined data elements for integration 2. Significant momentum towards full interoperability by June 2026
21	Broaden public information campaign	<ul style="list-style-type: none"> Facilitated by MHTF Coordinator 	In Progress	<ol style="list-style-type: none"> 1. Identification of social media partners, outreach to MHTF partners and creation of social media content completed



6. GOAL-BY-GOAL NARRATIVE



GOAL 1

Expand School-Based and Community-Based Prevention Services and Programs

Goal Structure

This goal was divided into Goal 1a, 1b, and 1c to distinguish between Escambia County Public Schools, Santa Rosa County District Schools and community-based efforts.



Goal 1a: Escambia County Public Schools

Goal Objective

Escambia: Increase and expand Tier I and Tier II interventions for K–12 campuses.

Lead Partner(s)

Escambia County Public Schools (ECPS)

Progress Summary

During the reporting period, ECPS implemented a **comprehensive set of targeted initiatives to strengthen student mental health**, safety, and trauma informed practices across campuses. Satchel Pulse screeners and intervention tools were deployed at five campuses during the 2024–25 school year and at two additional campuses in 2025–26, with teacher completion rates monitored to assess

engagement and implementation fidelity. Elementary students participated in the Monique Burr Child Safety Matters curriculum, with pre and post tests used to evaluate learning outcomes. In addition, 7Dippity facilitated needs assessments and resource mapping informed by principal feedback to support data driven planning; this initiative is scheduled to conclude in June 2026.

ECPS also invested in **workforce development** to support sustainable, trauma responsive school environments. Trauma Sensitive Classroom training was delivered across seven campuses in two phases, with educator and district feedback guiding program refinement and planned expansion in the 2026–27 school year. Youth Mental Health First Aid was offered districtwide, and participation data were used to measure reach and effectiveness. Collectively, these efforts were coordinated by school counselors, mental health coordinators, and trauma support advocates, reflecting a coordinated, districtwide approach to student wellbeing and staff capacity building, while recognizing that long term sustainability remains dependent on continued funding.

Challenges

- **Securing Funding:** securing sustainable funding to maintain—and where possible, expand—school based mental health services remains the most significant challenge.

Next Steps

- **Pilot Program Evaluation:** ECPS will continue evaluating the effectiveness and limitations of pilot programs to inform decision making for the 2026–27 school year.
- **2026-27 Program Implementation:** Trauma Sensitive Classroom training will be expanded, Youth Mental Health First Aid will continue districtwide, the Children’s Functional Assessment Rating Scale screener will be implemented in schools, and Resiliency and Character Education for grades K–12 will be sustained, including continued use of the Monique Burr Child Safety Matters curriculum.

STATUS

COMPLETED



Goal 1b: Santa Rosa County District Schools

Goal Objective

Santa Rosa: Increase direct mental health services in SRC schools by 10% each year.

Lead Partner(s)

Santa Rosa County District Schools (SRCDS)

Supporting Partner(s)

CDAC Behavioral Health

Progress Summary

SRCDS significantly **expanded school based prevention services** through a strategic partnership with CDAC Behavioral Healthcare, ensuring mental health service providers are embedded in every school to deliver individual and group support.

Key initiatives included the **establishment of Hope Squads** in all middle and high schools to promote peer to peer suicide prevention, with a goal of reducing student suicides by 10% compared to the 2022–23 school year. Implementation of Hope Squads was supported through grant funding from a local nonprofit; however, this funding will conclude at the end of the 2025–26 school year. Schools electing to continue Hope Squads beyond that period will be required to support the program using individual school site funds.

To ensure continued access to prevention programming across all grade levels, the District identified and offered an alternative prevention model through Erika’s Lighthouse, expanding availability to elementary schools serving grades 4–5 in addition to middle and high schools. District empowerment clubs utilizing the Erika’s Lighthouse model are scheduled to launch during the 2026–27 school year, reinforcing a K–12 continuum of prevention and student engagement.

Referral systems were strengthened to increase access to CDAC counselors, targeting a 5% rise in new and continuing referrals across K–12 campuses. This referral process remains in active use and is functioning effectively, supporting timely connections to school based and community mental health services for students in need. Mental health education and substance use awareness efforts

reached thousands of students through coordinated, age appropriate outreach. Assemblies led by FentanylFathers.org were presented to approximately 10,000 high school students, focusing on the risks of non prescribed medications and fentanyl related overdose deaths. During the 2025–26 school year, the District further reinforced prevention messaging by showing Hope Above Fear’s public service announcement (PSA) video to all middle and high school students in observance of Fentanyl Awareness Day.

Crisis support awareness was expanded through annual 988 outreach efforts. Through Hope Squads, approximately 17,000 988 Suicide & Crisis Lifeline stickers were distributed to middle and high school students, with the District making a concerted effort to replenish 988 materials each year so that students continue to have access to crisis contact information.

These efforts were coordinated by the SRCSD Mental Health Services Coordinator, and reflect a comprehensive, district wide commitment to prevention, early intervention, and student empowerment.

Challenges

- **Securing Funding:** Significant reductions in the District’s Mental Health Allocation projected for 2026–27—from prior annual increases of approximately \$100,000 to an estimated \$5,800—will constrain SRCDS’s ability to sustain and expand school based mental health services, including adding counselors to support a new high school and addressing existing K–8 counselor capacity challenges.
- **Care Coordination:** Additional system level challenges include the need for strengthened care coordination with healthcare facilities when students are hospitalized following suicide attempts or admitted for inpatient behavioral health or Baker Act evaluations. While partners continue to work toward improved communication and information sharing processes, inconsistent notifications can limit schools’ ability to provide timely and appropriate follow up supports when students return.
- **Complex Cases:** The District is experiencing an increase in highly complex cases requiring higher levels of care, alongside limited availability of residential treatment options for students with intensive needs. While partnerships and service options continue to evolve, cost considerations and insurance limitations can restrict access to appropriate levels of care for some families.

Next Steps

- **Maintain Current Provider:** Continue the contract with CDAC Behavioral Healthcare to provide direct mental health services and trauma informed counseling for students.
- **New Peer Support Program:** Implement Erika's Lighthouse Empowerment Clubs at schools to promote mental wellness, peer participation, and peer to peer support.
- **Strengthen Collaboration:** Maintain and strengthen collaboration with community behavioral health partners to ensure students are connected to appropriate supports and services as needs arise.

STATUS

COMPLETED





Goal 1c: Community Based Prevention

Goal Objective

Community Based: Identify prevention services by March 2025 and increase collaboration by 10% by December 2025.

Lead Partner(s)

EscaRosa Suicide Prevention Coalition, CDAC, NAMI Emerald Coast

Supporting Partner(s)

Lakeview, Florida Department of Health (Santa Rosa County)

Progress Summary

Several organizations focused on **strengthening community based prevention efforts** by identifying key resources and aligning collaborative initiatives. Community resource mapping was conducted to identify prevention services and programs across Santa Rosa and Escambia Counties. Key partners included the NWF SafePath Network, Achieve Healthy EscaRosa (AHER), NAMI Emerald Coast, EscaRosa Suicide Prevention Coalition, the Florida Department of Health (Escambia and Santa Rosa counties), and CDAC Behavioral Health.

A 10% increase in collaboration was targeted through intentional alignment of goals and efforts among these organizations. All partners were actively represented on the Mental Health Task Force, working together to **unify prevention strategies and improve community impact**.

Challenges

- **Delay in Engagement:** Early partner alignment required adjustment to ensure prevention focused leadership, extending the time needed to engage appropriate community partners.

Next Steps

- **Prevention Leadership:** Achieve Healthy EscaRosa (AHER) will take the lead on several prevention efforts moving forward as one of the community's top collective impact projects.
- **Continue Collaboration:** Maintain close collaboration between ERSPC, CDAC, and NAMI

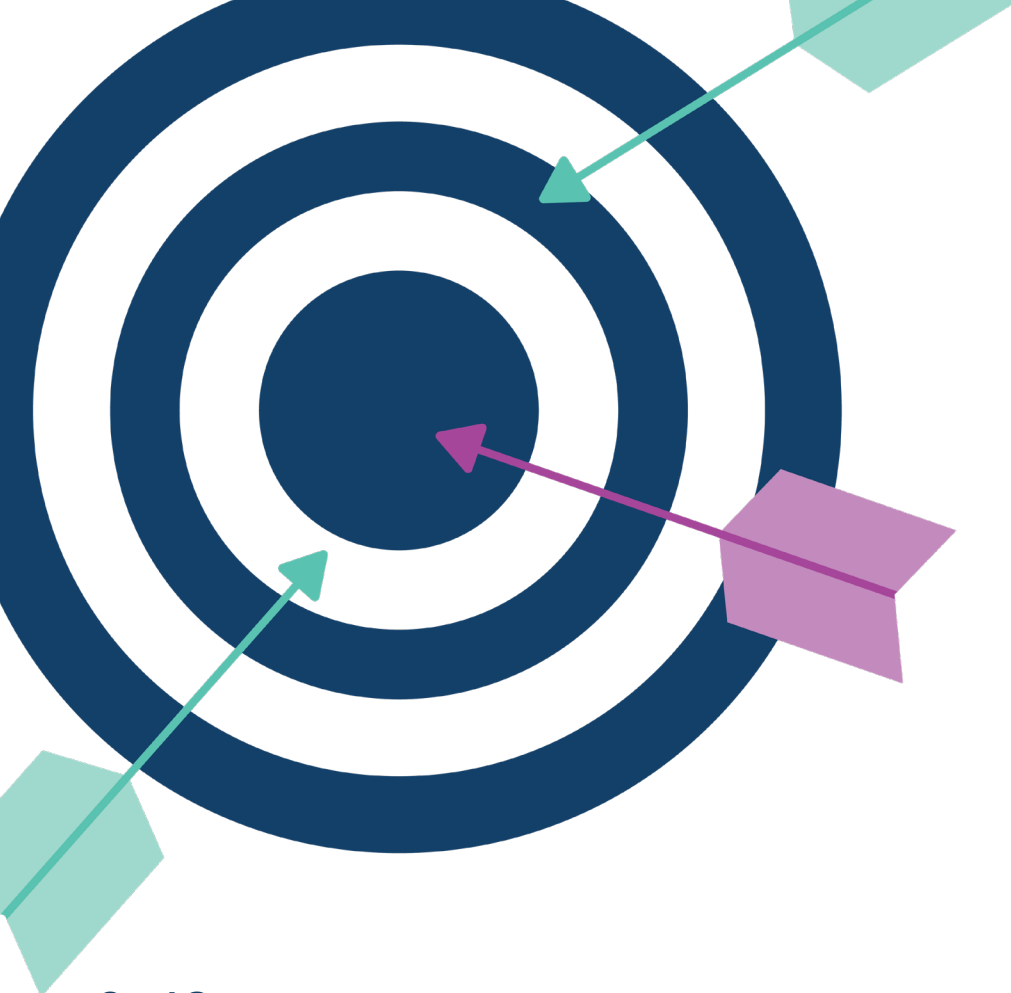
Emerald Coast.

- **Shared Calendar:** Explore development of a shared calendar of prevention events and a centralized community prevention resource hub accessible to schools, families, and stakeholders.

STATUS

COMPLETED





GOAL 2

Establish a Regionwide SUD Prevention Initiative

Goal Structure

Establish a regionwide substance use disorder prevention initiative by December 2025, including a leadership team and all key stakeholders.

Lead Partner(s)

CDAC, CHNWF, DOH-SRC, Escambia EMS, Health & Hope Clinic, Hope Above Fear, Lakeview, NAMI EC, Offensive

Supporting Partner(s)

Achieve Healthy EscaRosa (AHER), EscaRosa Suicide Prevention Coalition (ERSPC), United Way of West Florida

Progress Summary

Significant foundational progress was made toward establishing a regionwide substance use disorder (SUD) prevention initiative with defined leadership, stakeholder engagement, and a coordinating structure. During the reporting period, lead and supporting partners were identified and expanded beyond those originally named in the strategic plan, reflecting a **broader prevention**

focused coalition across public health, emergency services, healthcare, and community based organizations. Outcome measures and data sources were identified early to support accountability and future evaluation.

Stakeholder engagement advanced through Short Term Goal 2a, with convenings beginning in April 2024 and a regular meeting schedule established by June 2024. By July 2024, partners finalized the initiative's name, logo, and initial goals, formally establishing the **NWF SafePath Network** with shared vision and mission statements. In parallel, work under Short Term Goal 2b focused on leadership development, including convening an initial leadership team and outlining governance structures to support sustained coordination.

Following its establishment, the NWF SafePath Network formalized into two branches—an Adult Branch and a **Youth Branch, now known as the NWF SafePath Youth Coalition**—and continued meeting on a quarterly basis. As part of early implementation, the Youth Coalition submitted an application for a **Drug Free Communities (DFC)** Grant, positioning the region to potentially scale and sustain youth prevention efforts. Although network activities continue beyond the reporting period, Goal 2 was achieved through the successful establishment of a regionwide SUD prevention initiative with ongoing collaborative momentum.

Challenges

- **Lead Identification Delay:** Early implementation required a reassessment of leadership for communitywide SUD prevention, as the originally designated lead did not align with prevention focused coordination and no single organization initially emerged to serve in that role, resulting in the MHTF Coordinator serving as a convener while a shared leadership model was established among partners.
- **Additional Lead Challenge:** Extended time was required to identify a primary Point of Contact for the Adult Branch, and the individual initially selected ultimately determined after several months that they were unable to continue in the role.

Next Steps

- **Adult Branch Point of Contact:** Identify and formally designate a primary Point of Contact (POC) for the Adult Branch of the NWF SafePath Network.
- **Transfer Administrative Coordination:** Transition responsibility for administrative coordination and organizational leadership from the MHTF Coordinator to a designated lead organization or

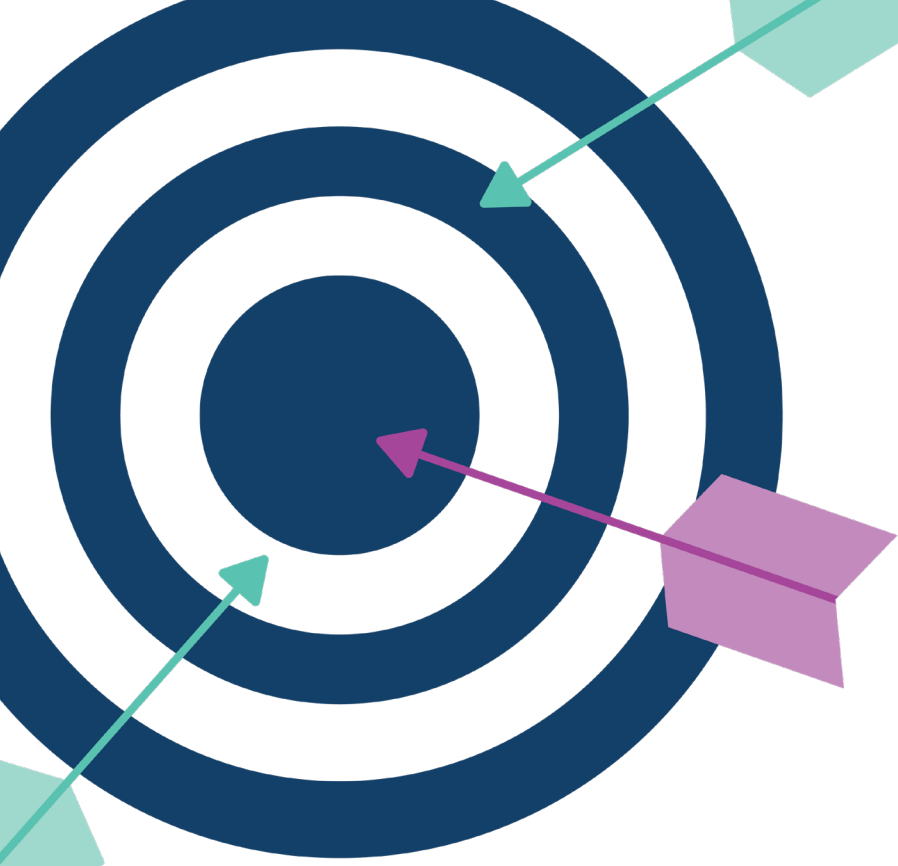
shared leadership structure within the Network.

- **Drug Free Communities Grant:** If the Drug Free Communities (DFC) grant is awarded, implement the five year grant requirements for the Youth Coalition and integrate early sustainability planning to ensure continuity beyond the grant period

STATUS

COMPLETED





GOAL 3

Enhance Co Responder Capabilities

Goal Structure

Establish a Co Responder Unit within the Escambia County Sheriff’s Office (ECSO) by July 1, 2024.

Lead Partner(s)

ECSO, Lakeview

Progress Summary

Goal 3 focused on strengthening co responder capabilities through the establishment of a **dedicated Co Responder Unit** within the ECSO, in partnership with Lakeview. The objective of this initiative was to **improve behavioral health crisis response and patient outcomes** for residents of the two-county region, with a Goal Objective targeting establishment of the unit by July 1, 2024.

Substantial progress was achieved toward meeting this goal. All major planning, staffing, and operational activities identified in the project tracker were completed in alignment with the established timeline. To support Short Term Goal 3a, all required Department of Juvenile Justice (DJJ) grant documentation—including the Unit Policy Manual, PNI Guide, and SIM Report—was completed in May 2024, ahead of the June 1 documentation deadline. Completion of these materials supported the **successful pursuit of grant funding** by the July 1, 2024 target date, with

coordination jointly led by ECSO and Lakeview.

Progress under Short Term Goal 3b centered on staffing and operational readiness. ECSO recruited and trained three deputies by December 31, 2023, and Lakeview completed recruitment of three mental health clinicians by August 31, 2024. Together, these efforts supported the establishment of a **fully staffed Co Responder Unit**.

ECSO also established the unit's data collection framework, identifying required data elements and initiating data collection by October 1, 2023. **This ensured the availability of performance and outcome data** to support ongoing evaluation and continuous improvement.

Challenges

- **Clinician Recruitment and Retention Lag:** While staffing was achieved, the delay in clinician recruitment—concluding in August 2024 versus the July 1 target—reflects the challenges of a competitive labor market for licensed mental health professionals and the need for ongoing efforts to prevent burnout in high stress crisis environments.
- **Information Sharing and HIPAA/CJIS Compliance:** Navigating the intersection of law enforcement (CJIS) and healthcare (HIPAA) data systems continues to present barriers to seamless information exchange while maintaining patient privacy and deputy safety.
- **Inter Agency Cultural Integration:** Aligning operational cultures between law enforcement and clinical social work required ongoing joint training and adaptation to balance scene safety with clinical intervention.

Next Steps

- **Expansion:** Expand operational hours and coverage, including consideration of 24/7 service or additional staffing based on call volume.
- **Impact Reporting:** Formalize a data driven evaluation framework and produce annual impact reporting on outcomes such as reduced arrests and hospitalizations.
- **Cross-Training:** Implement advanced, scenario based cross training for deputies and clinicians to strengthen de escalation and coordinated response.
- **Community Awareness:** Increase community awareness through public engagement and

education on the Co Responder Unit's role and availability.

STATUS

COMPLETED





GOAL 4

Implement Transitional Residential Treatment

Goal Objective

Increase licensed capacity to four beds and average daily census by 10% by August 2025.

Lead Partner(s)

Lakeview

Progress Summary

Goal 4 was successfully achieved through the expansion of short-term transitional residential treatment (SRT) capacity within the continuum of care. Lakeview secured \$2.2 million in state funding by September 2023 and relocated the SRT program to a larger facility, increasing licensed bed capacity from 20 to 24 beds by April 2024. This **relocation enhanced both service capacity and the therapeutic environment**, creating a stronger foundation for meeting community needs and improving patient outcomes.

Following the facility expansion, Lakeview secured the remaining funding necessary to fully operationalize the expanded program and hired 4.25 additional full-time staff to support service delivery. The four additional beds were opened and utilized as planned, resulting in an **18 percent**

increase in average daily census by August 1, 2025. Collectively, these accomplishments strengthened access to short-term residential services across the region and fulfilled the Goal Objective for increasing transitional residential treatment capacity.

Challenges

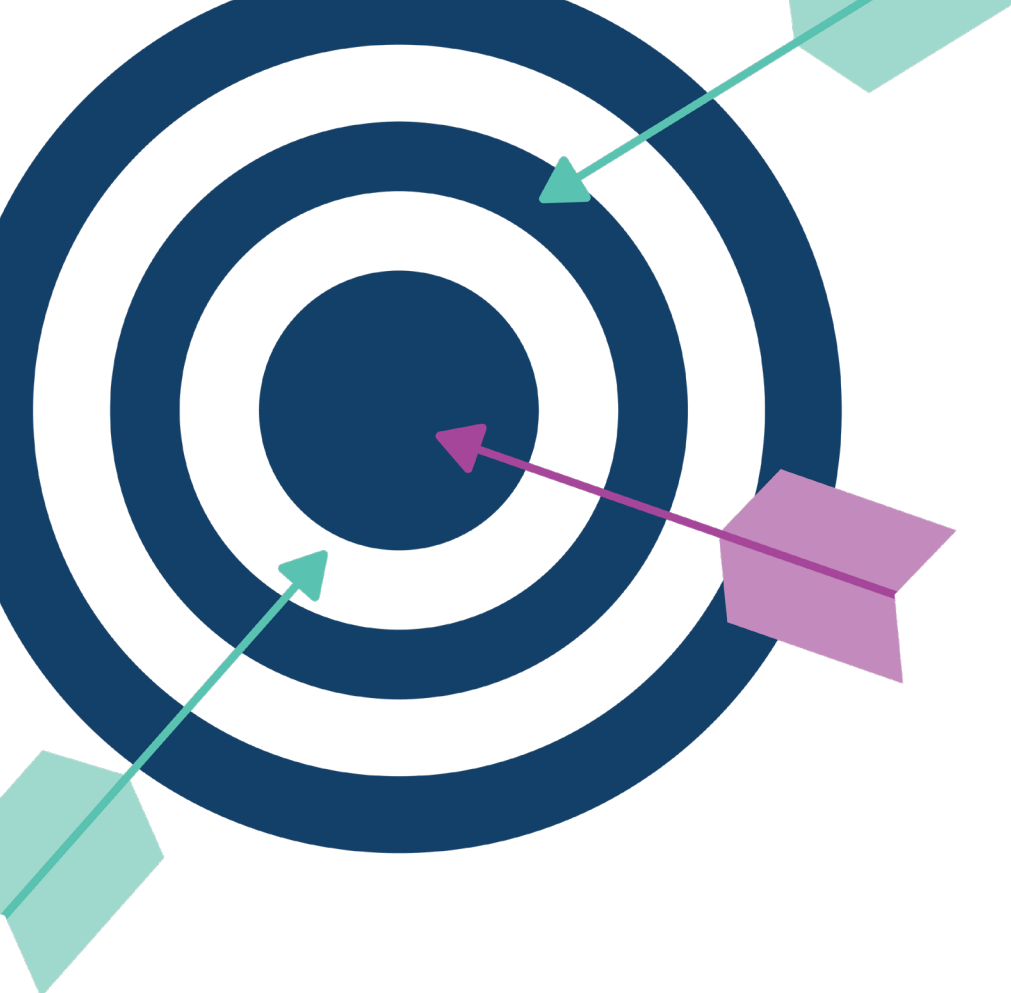
- **Recruitment and Retention:** Workforce recruitment and retention challenges, particularly for licensed clinical staff, may create pressure on maintaining full utilization of expanded capacity.
- **Continued Funding Advocacy:** Ongoing operational costs associated with the larger facility, including staffing, utilities, and maintenance, may require continued funding advocacy.
- **Consistent Census Levels:** Fluctuations in referral patterns or external system capacity could impact consistent census levels despite increased bed availability.

Next Steps

- **Monitor Trends:** Continue monitoring census trends to ensure sustained utilization of expanded capacity.
- **Workforce Strategies:** Maintain proactive workforce strategies focused on staff retention, training, and clinical support.
- **Referral Partnerships:** Strengthen referral partnerships to support consistent and appropriate admissions.
- **Long-term Sustainability:** Explore opportunities for additional funding or reimbursement enhancements to support long-term sustainability.

STATUS

COMPLETED



GOAL 5

Expand CAT and LEAP Teams

Goal Objective

Implement Early CAT, secure AIM funding, and increase LEAP capacity by 10 individuals by December 1, 2025.

Lead Partner(s)

Lakeview

Progress Summary

Significant progress was made toward **expanding Community Action Team (CAT) services and strengthening LEAP capacity**. Early CAT services were implemented, and sustained funding was secured to support ongoing operations by July 2023. Additionally, Escambia County Opioid Abatement funds totaling \$258,264 were successfully obtained to implement and expand the AIM program by July 2025, enhancing early intervention and outreach efforts. These advancements increased Lakeview's ability to respond proactively to community needs and provide timely engagement and assessment services.

The **LEAP program also achieved its workforce and service expansion targets**. Five full-time

LEAP team positions were filled, strengthening staffing capacity and supporting service growth. Client engagement goals were exceeded, with **12 additional individuals served by December 2025, surpassing the original target of 10**. Collectively, these accomplishments expanded service reach, improved continuity of care, and reinforced Lakeview's role in delivering comprehensive, community-based behavioral health services.

Challenges

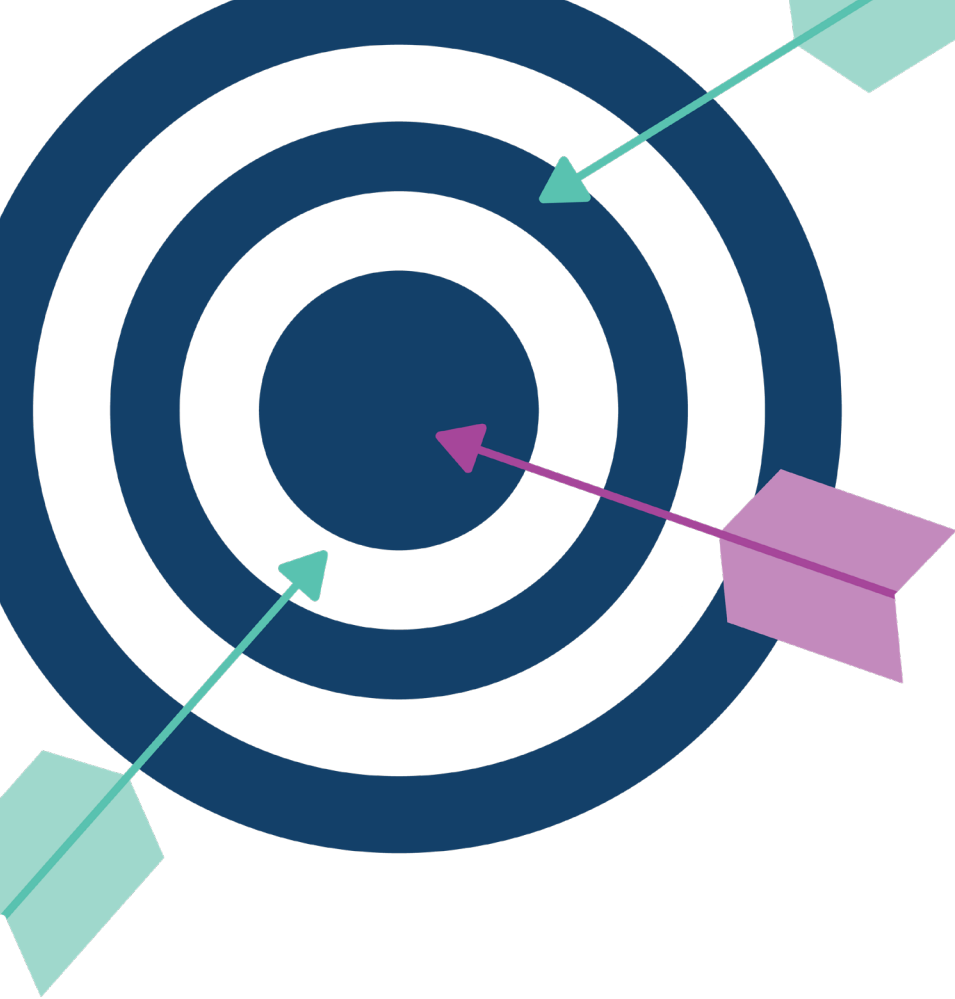
- **Service Continuity:** Ongoing workforce shortages and staff turnover may affect service continuity as programs grow.
- **Capacity Expansion:** Increasing service demand could strain existing infrastructure and require additional supervisory or administrative capacity.
- **Sustainable Funding:** Funding sustainability beyond current grant or abatement funding sources may present future challenges.
- **Care Navigation:** Coordinating engagement across multiple systems and partners may create complexity in care navigation for high-need individuals.

Next Steps

- **Future Monitoring:** Monitor staff caseloads and service demand to inform future staffing or program adjustments.
- **Funding Diversification:** Continue diversifying funding sources to support long-term program stability.
- **Inter-Agency Coordination:** Strengthen inter-agency coordination protocols to support seamless engagement and follow-up.
- **Service Expansion:** Evaluate program outcomes to identify opportunities for service refinement or expansion.

STATUS

COMPLETED



GOAL 6

Expand Behavioral Health and Primary Care Integration

Goal Structure

This goal was divided into Goal 6a and Goal 6b to distinguish between the work of CHNWF and Health & Hope Clinic.



Goal 6a – CHNWF

Goal Objective

In one year, create a detailed framework for extending clinic hours and increasing health service accessibility, with measurable outcomes including a 20% increase in patient visits during extended hours and the establishment of consultation agreements with at least five primary care sites for integrating behavioral health services.

Lead Partner(s)

CHNWF

Progress Summary

During the reporting period, Goal 6a was implemented to **expand the integration of behavioral health and primary care services** and improve access to care across the EscaRosa region. A structured framework for extending clinic hours was developed within the first six months through patient and staff assessments. At least 25 patients were surveyed to assess demand for extended hours, and all behavioral health staff were surveyed to evaluate availability and willingness to participate in modified schedules. **Findings supported the feasibility of expanded service hours**, and logistical assessments identified key operational considerations, including security, facility management, and staffing coverage, resulting in a documented plan addressing multiple implementation challenges.

Based on assessment findings, a proposed extended-hours schedule was drafted that included a minimum of two new service time slots. Several providers successfully implemented modified hours, including early morning and evening appointments (7:00 AM, 12:00 PM, 5:00 PM, and 6:00 PM), demonstrating practical adoption of the framework.

Leadership reviewed and approved the extended-hours model, supporting progress toward the Goal Objective of increasing accessibility and **achieving a targeted increase in patient visits during nontraditional hours by January 2025**.

In conjunction with access expansion, Goal 6a **advanced the integration of behavioral health services within primary care settings**. A comprehensive consultation framework was completed and utilized to support partner clinics. **By August 2025, three primary care sites had successfully established integrated behavioral health services**, with ongoing efforts toward engaging a minimum of five sites within the project period. Multiple consultations were conducted, follow-up support was provided to partner sites, and evaluation activities were initiated with plans to implement at least three service improvements based on consultation feedback. These measurable outcomes reflected meaningful progress toward coordinated care delivery and strengthened partnerships across the regional health system.

Challenges

- **Burnout Risk:** Workforce capacity and scheduling constraints required staff flexibility beyond traditional clinic hours and increased burnout risk.

- **Time- and Labor-Intensive:** Operational and security considerations for extended hours required careful planning and monitoring.
- **Variation in Readiness:** Variation in readiness among primary care partners slowed engagement across all five targeted sites.

Next Steps

- **Track Data:** Monitor and refine extended-hours utilization based on patient demand, visit volume, and staff feedback.
- **Expansion:** Continue outreach and consultation to expand behavioral health integration across additional primary care sites.
- **Scale Consultation:** Formalize and scale consultation and evaluation processes to support continuous quality improvement.

STATUS

COMPLETED





Goal 6b – Health & Hope Clinic

Goal Objective

Increase mental health services in collaboration with primary care within the Clinic by December 2025.

Lead Partner(s)

Health & Hope Clinic

Supporting Partner(s)

Community partners, including NAMI EC

Progress Summary

Goal 6b focused on **expanding the integration of behavioral health and primary care** services within the clinic to improve access, coordination, and patient outcomes. During the implementation period, the clinic strengthened its integrated care model by **establishing a full-time Behavioral Health Manager position** in November 2023, expanding mental health counseling capacity, and increasing collaboration between behavioral health and primary care providers. A **new Health and Wellness Wing was completed** in January 2025 and became fully operational, allowing for expanded behavioral health, wellness, and supportive service offerings.

Significant progress was also made through **workforce development, community partnerships, and service expansion**. The clinic increased its use of volunteers, interns, and telehealth services; added support groups and holistic wellness programming; and strengthened partnerships with community organizations such as NAMI and educational institutions. Process improvements, including satisfaction surveys, incentive programs, and enhanced case management, supported sustained integration and patient engagement. Collectively, these activities led to **increased service utilization, improved continuity of care, and a substantial rise in the value of free mental health services** provided to the community, demonstrating meaningful advancement toward integrated behavioral health and primary care delivery.

Over the past three years, the clinic has seen a dramatic rise in demand for mental health services. Total mental health visits increased from 308 in 2023 to 1,000 in 2024, representing a 224.7% surge as the clinic expanded access and strengthened behavioral health programming.

Growth continued into 2025, with visits rising to 1,297, a 29.7% increase over the prior year. This upward trend demonstrates both the community’s growing need for mental health support and the clinic’s ability to scale out services to meet that need.

Table A. Mental Health Visits: 3-Year Performance

YEAR	TOTAL VISITS	YEAR-OVER-YEAR CHANGE
2023	308	
2024	1,000	+224.7%
2025	1,297	+29.7%

Challenges

- **High Demand:** High demand for services resulted in capacity strain as the clinic rapidly scaled to meet community need
- **Patient Engagement:** Patient engagement challenges included no-shows and inconsistent follow-through with care
- **Complex Social Determinants of Health:** Complex issues impacted access, consistency, and treatment outcomes
- **Psychiatric Care:** Limited access to psychiatric services particularly for higher levels of care and medication management
- **Optimize Integrated Care Workflows:** Ongoing need to optimize integrated care workflows across behavioral health and primary care

Next Steps

- **Expansion and Quality:** Continue expanding behavioral health capacity while maintaining quality, patient-centered care
- **Patient Engagement:** Strengthen patient engagement strategies to improve attendance, follow-through, and continuity of care

- **Preventive Program Expansion:** Expand preventive and holistic programming, including support groups and wellness services, to support early intervention and reduce barriers
- **Psychiatric Services:** Increase access to psychiatric services through strengthened partnerships and streamlined referral pathways
- **Integrated Care Enhancement:** Enhance integrated care processes to ensure seamless collaboration and coordinated, whole-person care

STATUS

COMPLETED





GOAL 7

Implement Partial Hospitalization Program (PHP)

Goal Objective

Implement PHP by June 2024.

Lead Partner(s)

HCA Florida West

Progress Summary

Goal 7 focused on the **successful implementation of a Partial Hospitalization Program (PHP)** to expand access to comprehensive behavioral health services in the EscaRosa region. Led by HCA Florida West, the initiative established a Goal Objective to implement the PHP by June 2024, using HCA Florida West data sources to monitor progress. Planning and development activities began in January 2023, culminating in the launch of the PHP on May 2, 2024. Under the coordination of the program director, the PHP was initiated as scheduled, representing a **significant advancement toward improving patient outcomes and strengthening the regional continuum of behavioral health care.**

Challenges

- **Sustaining Adequate Staffing Levels:** Ongoing recruitment and retention of licensed clinical staff is essential to maintain PHP operations, particularly given regional behavioral health workforce shortages and competition for qualified personnel.

- **Fluctuating Volume and Patterns:** Ensuring consistent and appropriate referrals from emergency departments, inpatient units, and community providers is necessary to maintain optimal census levels and maximize program impact.
- **Care Coordination:** Coordinating transitions between inpatient care, PHP, intensive outpatient services, and community-based providers requires continued alignment to prevent gaps in care and reduce the risk of readmission.

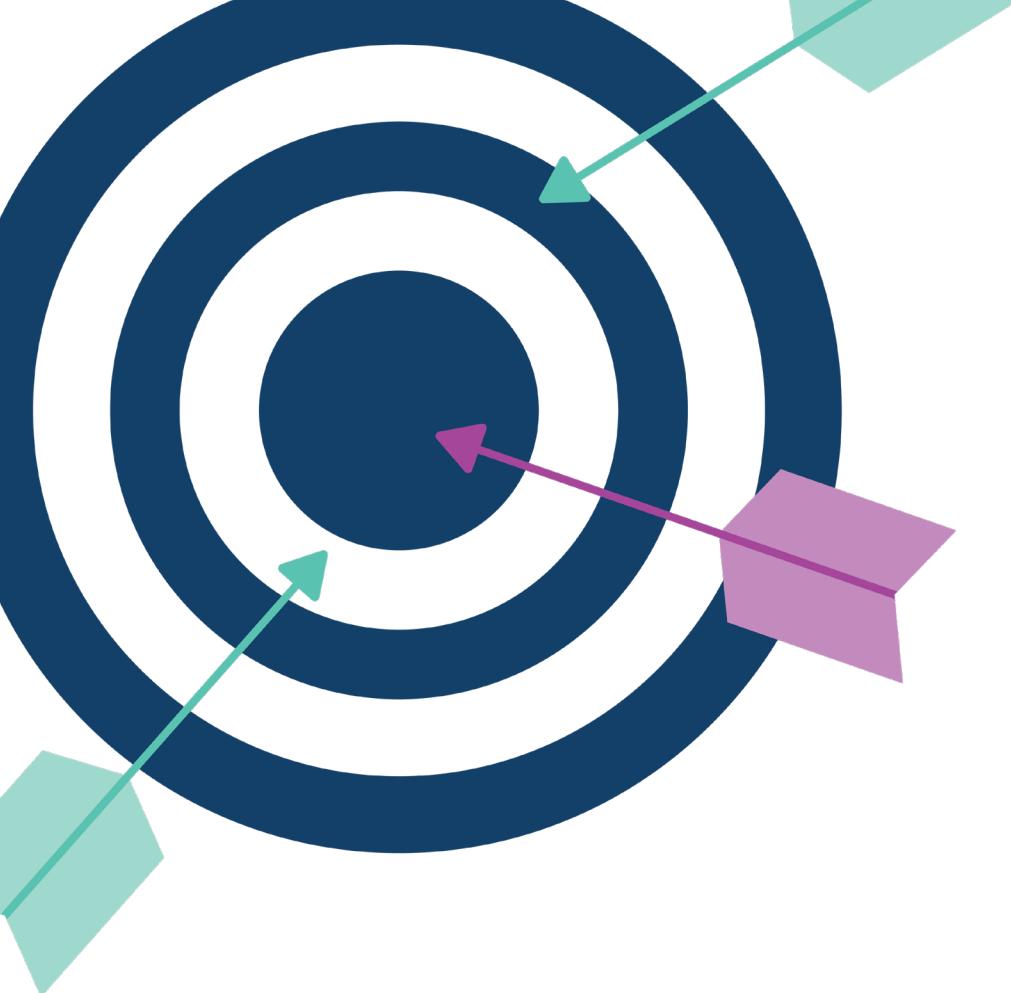
Next Steps

- **Monitor Utilization and Outcomes:** Track referral sources, census levels, length of stay, and patient outcomes to assess program performance and inform quality improvement efforts.
- **Strengthen Referral Pathways:** Continue outreach and education to hospitals, emergency departments, and community providers to promote appropriate and timely referrals to the PHP.
- **Enhance Continuity of Care:** Formalize transition protocols and communication pathways with outpatient and community-based providers to support seamless step-down care and sustained recovery following PHP participation.

STATUS

COMPLETED





GOAL 8

Establish a Community-Based Behavioral Health Crisis Center

Goal Objective

Establish a community-based behavioral health crisis center by April 2024.

Lead Partner(s)

Lakeview, Baptist

Progress Summary

As part of Goal 8, Lakeview **established the region’s adult Crisis Receiving Facility (CRF), creating one half of Florida’s only bifurcated Crisis Receiving System.** Under this model, Lakeview serves adults experiencing a behavioral health crisis, while **Baptist operates the corresponding pediatric and adolescent crisis receiving services.** This coordinated structure ensures individuals are directed to age-appropriate, specialized care at the point of crisis, improving safety, clinical appropriateness, and system efficiency across Escambia and Santa Rosa counties. Lakeview’s CRF provides timely Baker Act screenings and rapid assessment, allowing individuals to be connected quickly to the most appropriate level of care while reducing reliance on hospital emergency departments.

Since opening, **Lakeview’s CRF has completed more than 7,500 Baker Act screenings in just two**

years and Baptist's Emergency Department and Behavioral Health Unit have conducted 8,171 in the same time frame (2,895 youth assessments and 5,276 adult assessments), demonstrating both the growing regional need for crisis services and the facility's capacity to respond effectively. **Law enforcement drop-off times for both locations have been reduced to an average of approximately 11 minutes**, enabling officers to return to patrol far more quickly than when emergency departments served as the primary intake point. **In April 2024, Lakeview strengthened this crisis continuum further by opening an on-campus Crisis Stabilization Unit (CSU)**, expanding inpatient capacity—particularly for uninsured individuals—and improving transitions from crisis intervention to stabilization and recovery. Together, **the CRF and CSU represent a pivotal advancement in the region's crisis response infrastructure and were made possible through sustained collaboration with hospitals, law enforcement agencies, local government, and judicial partners.**

Challenges

- **Ongoing Pressure:** High demand for crisis services may place ongoing pressure on staffing, space, and operational resources.
- **Workforce Burnout Risk:** Workforce recruitment and burnout risks may increase due to the intensity of crisis response work.
- **Inter-Agency Coordination:** Sustaining inter-agency coordination across hospitals, law enforcement, and the judicial system requires continual communication and alignment.
- **Funding for Expansion:** Funding constraints may limit future expansion or service enhancements.

Next Steps

- **Ongoing Evaluation:** Continue evaluating service utilization and outcomes to guide capacity planning.
- **Wellness and Retention:** Explore workforce wellness and retention strategies tailored to crisis service environments.
- **Formalize Coordination:** Formalize and update inter-agency agreements to strengthen system coordination.
- **Identify Funding:** Identify opportunities for additional funding to support service sustainability and improvement.

STATUS

COMPLETED



GOAL 9

Expand Mobile Response Team

Goal Objective

Increase response staff to enhance community-based emergency support by January 2025.

Lead Partner(s)

Lakeview

Progress Summary

Significant progress was made toward expanding the Mobile Response Team to better meet community-based emergency service needs. Lakeview successfully sought and secured additional funding through the contractual process with Northwest Florida Health Network to support existing Mobile Response Team staff positions. As a result, **\$563,596 in additional funding was obtained**, in January 2025, representing a **22% increase in resources** dedicated to mobile response services. This investment led to MRT **successfully adding 11 positions, significantly enhancing their capacity** to respond more efficiently across all four counties, including during after-hours and weekends.

The increased funding **enhanced access to timely, community-based emergency support services by stabilizing and expanding dedicated response staff**. These efforts improved Lakeview's ability

to provide rapid intervention, reduce unnecessary hospitalization or law enforcement involvement, and ensure individuals in crisis received appropriate care in the least restrictive environment.

This expansion has strengthened collaboration with patrol officers and contributed to increased diversion for residential calls, as well as those received through the 988 system. Collectively, these accomplishments advanced the goal of delivering responsive and effective mobile crisis support across the service area.

Challenges

- **Continued Demand Increases:** Geographic coverage demands may exceed current staffing levels despite funding increases.
- **Response Time Impact:** Recruitment and retention challenges for specialized crisis response staff may affect response times.
- **Team Capacity:** Rising call volume could strain team capacity during peak periods.
- **Coordination of Process Refinement:** Coordination with law enforcement and emergency services may require ongoing process refinement.

Next Steps

- **Data Monitoring:** Monitor response metrics and service volume to assess adequacy of current staffing levels.
- **Address Demand Variability:** Explore phased staffing growth or flexible scheduling models to address demand variability.
- **Strengthen Partnerships:** Continue strengthening partnerships with emergency responders and community stakeholders.
- **Training Expansion:** Assess opportunities to expand training or specialization within the Mobile Response Team.

STATUS

COMPLETED



GOAL 10

Establish a Drop-In Center or Community Rehabilitation Program

Goal Objective

Establish a drop-in center or community rehab program on Lakeview’s campus by April 1, 2026.

Lead Partner(s)

Lakeview

Supporting Partner(s)

NAMI EC

Progress Summary

Goal 10 was originally established to create a drop-in center to support recovery-oriented services; however, during the planning process, it was **determined that a community rehabilitation program would better address the needs of individuals** served by Lakeview. Exploration and preliminary planning efforts were undertaken to assess the feasibility of developing a community rehab program on Lakeview’s campus. These efforts included consideration of program design, potential partnerships, and client accessibility.

Despite these efforts, **several barriers were identified that limited feasibility at this time.**

Transportation challenges for potential clients emerged as a significant obstacle, creating concerns about consistent access and program utilization. After careful assessment, the project was determined not to be viable within the current strategic plan period. While the goal was not fully implemented, the exploratory work provided valuable insights and groundwork. The concept of a community rehab program may be revisited in the future and is anticipated to be a potential consideration for the Task Force's next strategic planning cycle.

Challenges

- **Transportation Barriers:** Transportation limitations for clients remain a significant barrier to consistent participation.
- **Cost and Funding:** Operational costs associated with launching and sustaining a new program may exceed available resources.
- **Competing Priorities:** Competing priorities within the strategic plan period limited feasibility.
- **Predicted Program Utilization:** Client accessibility and engagement concerns reduced anticipated program utilization.

Next Steps

- **Future Feasibility:** Document and retain findings from feasibility and planning efforts for future reference.
- **Explore Other Models:** Explore alternative service models, such as virtual, hybrid, or community-based partnerships, to address transportation barriers.
- **Next Cycle:** Reassess community needs and resource availability during the next strategic planning cycle.
- **Pilot or Phased Options:** Consider pilot or phased approaches if conditions become more favorable.

STATUS

DELAYED



GOAL 11

Explore Development of a Clubhouse Model

Goal Objective

Research clubhouse models and select an appropriate model for Escambia and Santa Rosa Counties by June 2026.

Lead Partner(s)

NAMI EC

Supporting Partner(s)

ERSPC, CHNWF

Progress Summary

Goal 11 focused on **exploring the development of a clubhouse model to support recovery-oriented services in Escambia and Santa Rosa counties.** During the reporting period, NAMI EC led a structured research process to better understand clubhouse models operating across the nation and within Florida. This work included internal planning meetings, a review of national and state-level resources such as Clubhouse International and the Florida Clubhouse Coalition, and outreach to organizations with direct experience in clubhouse operations. By mid-2025, multiple models from other states and

Florida were examined to understand their structure, impact, and funding approaches, laying the groundwork for an informed local proposal.

Building on this research, **partners engaged in direct learning opportunities and proposal development activities.** These efforts included site visit planning with the Tallahassee recovery organization, consultations with Vincent House leadership, and coordination with Clubhouse International to better assess best practices and sustainability. **By March 2026, the advantages and challenges of the identified models were reviewed to determine the most appropriate clubhouse approach for Northwest Florida.** Collectively, these activities strengthened regional readiness for future clubhouse implementation and aligned planning efforts with community needs and long-term recovery goals.

Based on research, partner consultations, and review of national and Florida-based models, stakeholders determined that a **freestanding, independent Clubhouse** would be the best fit for the Escambia and Santa Rosa County community. Under this model, the Clubhouse would not operate under any single existing organization; however, a designated lead organization will be needed to convene partners, support planning and governance, and advance implementation.

Challenges

- **Model Fit and Scope:** Identifying the most appropriate clubhouse model requires balancing fidelity to the Clubhouse International model with local population needs, service gaps, transportation access, and available workforce capacity, including determining whether a single regional clubhouse or multiple smaller models would best serve urban and rural populations.
- **Funding Sustainability:** Clubhouse models face ongoing sustainability challenges due to reliance on a mix of Medicaid, grants, philanthropic support, and local investment.
- **Startup and Capital Constraints:** Limited startup capital presents barriers related to facility acquisition or renovation, staffing, and overall program launch.
- **Governance and Leadership:** No single organization has been confirmed as the operational lead, delaying advancement of governance structures, site selection, and funding applications.
- **Workforce Availability:** Ongoing behavioral health workforce shortages may constrain staffing availability and limit operational capacity.

- **System Integration and Access:** Ensuring alignment with existing services is necessary to avoid duplication and promote system integration, while transportation and accessibility barriers may limit participation for individuals living outside core service areas.

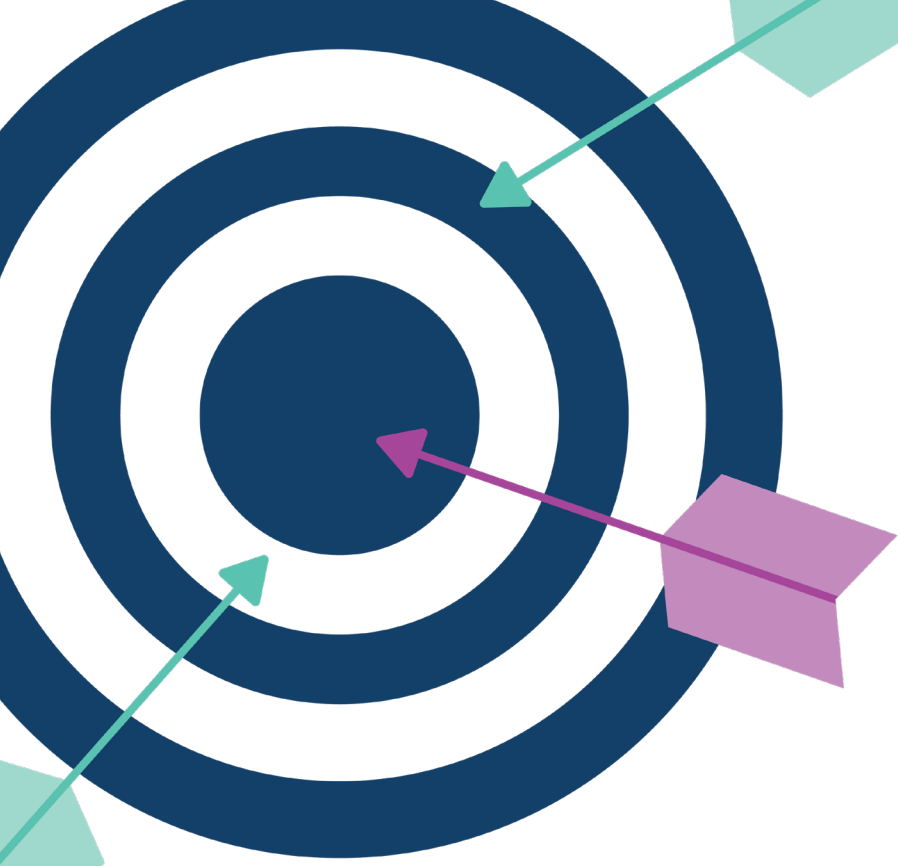
Next Steps

- **Focused Work Group:** Convene a focused working group to finalize the recommended clubhouse model, define the target population, service scope, and geographic coverage, and ensure alignment with existing recovery and peer support services.
- **Leadership Identification:** Identify a lead organization or shared-lead governance structure responsible for program development, oversight, and operations.
- **Funding Plan:** Develop a phased funding and sustainability plan, including startup grants, Medicaid reimbursement pathways, philanthropic support, and local investment to address both short-term and long-term needs.

STATUS

COMPLETED





GOAL 12

Expand Peer Support Services

Goal Objective

Train 345 Peers and educate 4 providers by June 2026.

Lead Partner(s)

NAMI, DCF

Supporting Partner(s)

Lakeview, ERSPC, NWFHN

Progress Summary

Goal 12 focused on expanding peer support services by **increasing the number of trained Peer Support Specialists and strengthening community capacity to implement peer-led roles**. During the reporting period, NAMI and its partners **successfully trained 147 Peer Support Specialists** through NAMI EC-funded efforts with the Helping Others Heal training, meeting the initial benchmark established in the strategic plan.

In parallel, a two-year funding proposal totaling \$225,000+ was submitted to the Florida

Department of Children and Families (DCF) to support WRAP I, WRAP II, and Advanced Level Facilitator trainings. While DCF did not continue funding for in-person training and transitioned peer training to an online model, progress continued through state referrals.

As of **September 2025**, 29 individuals had been referred in Circuit 1 to pursue Certified Recovery Peer Specialist (CRPS) training, including 19 individuals from Escambia and Santa Rosa Counties, with **15 local participants completing the training** by the end of the reporting period. Between **October 2025 and March 30, 2026**, there was a total of 17 individuals referred for Peer Training in Circuit 1 (the number provided previously reflected the total Northwest region). Of those 17 individuals, **three (3) have completed the training** and are in the process of becoming certified, and eight (8) are currently in progress.

Wellness Recover Action Plan (WRAP) training was also conducted during the reporting period with a combined **417 individuals trained in one or more of the three levels of WRAP training by May 2026**.

Table B. Peer Support Training Progress and Targets – Circuit 1

1. Completed and Ongoing Peer Training Activities

Training Program	Timeframe	Progress to Date	Status Notes
Certified Recovery Peer Specialist (CRPS) – Cumulative	Through Sept. 2025	29 referred in Circuit 1 19 from Escambia & Santa Rosa 15 completed	Reflects cumulative referrals prior to Oct. 2025
CRPS – New Referral Cohort (Circuit 1)	Oct. 2025 – Mar. 30, 2026	17 referred total 3 completed (in certification) 8 in progress 6 not started	Cohort-specific count for Circuit 1 only
Helping Others Heal (NAMI EC)	Completed during plan period	147 peers trained	NAMI-led peer training separate from CRPS pipeline

2. WRAP Training Targets and Implementation Timeline

WRAP Training Level	Training Period	Trained by May 2026
WRAP I – Peer Training	12/1/2024 – 4/30/2026	297 peers
WRAP II – Advanced Peer Training	12/1/2024 – 4/30/2026	112 peers
WRAP III – Advanced Lead Facilitators	12/1/2024 – 4/30/2026	8 facilitators

Note: Training counts reflect participation across multiple peer training pathways and are not mutually exclusive. Individuals may appear in more than one training category (e.g., CRPS referrals, Helping Others Heal, and WRAP trainings). As a result, figures should not be summed to represent unique individuals trained.

A total of 582 peer trainings were completed during the reporting period, reflecting the combined impact of CRPS referrals, NAMI-led Helping Others Heal training, and WRAP I, II, and III peer training initiatives across the region.

At the same time, several components of Goal 12 remained in progress. Community education efforts advanced through **NAMI Provider Education, with four individuals from community providers trained and presentations delivered to Baptist Health, Lovetags, and UWF Nursing,** contributing toward the longer-term goal of reaching four (4) community providers by June 2026. Collectively, both completed and ongoing activities demonstrated steady progress toward expanding peer support infrastructure while adapting to funding and system-level changes.

Challenges

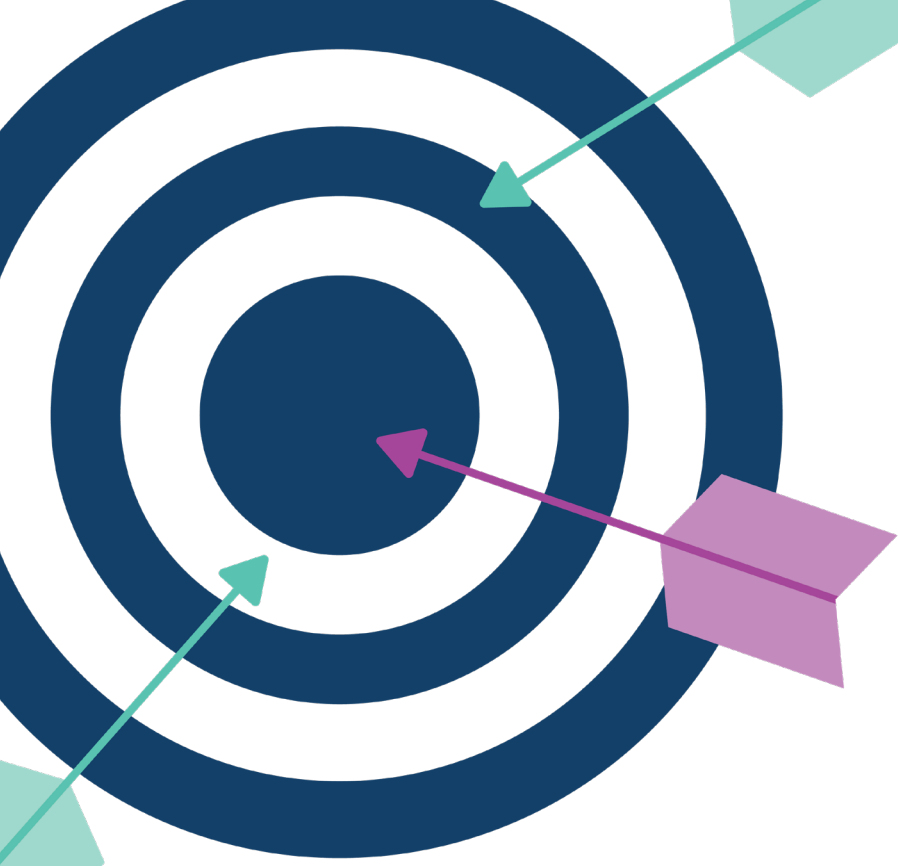
- **Understanding of Peer Role:** Understanding the value and appropriate use of Peer Support Specialists remains inconsistent across systems. This results in underutilization, role confusion, and missed opportunities to leverage lived experience.
- **Paying Peers a Living Wage:** Funding constraints, limited reimbursement pathways, and reliance on short-term grants make it difficult to offer sustainable wages for peers. Low compensation drives turnover and undermines stability despite the demonstrated value of peer services.
- **Statutory Probation-Free Requirements:** State law requiring an additional two-year probation-free period limits access to qualified peer workers and delays employment for individuals stable in recovery. This restriction reduces workforce capacity and conflicts with recovery-oriented principles.

Next Steps

- **Increase Education:** Implement targeted education efforts to clearly define what Peer Support Specialists do, how they complement clinical services, and the unique value of lived experience.
- **Advance Living Wage Strategies:** Identify and pursue sustainable funding mechanisms that allow Peer Support Specialists to be compensated at a living wage.
- **Advocate for Policy Change:** Engage in legislative and policy advocacy to address statutory probation restrictions.
- **Strengthen Career-Long Support:** Establish consistent supervision structures, mentorship opportunities, and professional development pathways.
- **Build Recovery Capital:** Expand access to recovery-focused training models.
- **Expand WRAP Trainings:** Promote and sustain WRAP trainings as foundational tools.
- **Integrate Peer Support in Next Strategic Planning Cycle:** Ensure peer support services are explicitly included in future MHTF strategic plans.

STATUS

COMPLETED



GOAL 13

Expand Supportive Housing

Goal Objective

Create sustainable infrastructure for expanding supportive housing (SH) by June 2026.

Lead Partner(s)

Homelessness Reduction Task Force of NWF (HRTF)

Supporting Partner(s)

Members of the Homelessness Continuum of Care (CoC): Opening Doors; 90Works; Santa Rosa County; City of Milton; Lakeview; CHNWF (CHNWF); Escambia County; City of Pensacola Housing

Progress Summary

Goal 13 focused on expanding supportive housing (SH) in Escambia and Santa Rosa counties through the **development of a sustainable and coordinated infrastructure**. This initiative was led by the Northwest Florida Homelessness Reduction Task Force in partnership with the City of Pensacola Housing Division and supported by a broad range of regional stakeholders. A **Supportive Housing Workgroup was convened in May 2024** and subsequently **integrated into the HRTF Housing Subcommittee** to ensure alignment with existing homelessness reduction

efforts and governance structures.

Throughout implementation, the initiative **emphasized collaboration, data-informed planning, and system integration to strengthen long-term SH capacity in the two-county region**. Data from HMIS, Point-in-Time counts, and local housing inventories were used to support shared understanding of need and to inform Continuum of Care discussions. These coordinated actions advanced regional alignment around SH and established a foundation for ongoing supportive housing planning and prioritization within the broader housing and homelessness response system.

Challenges

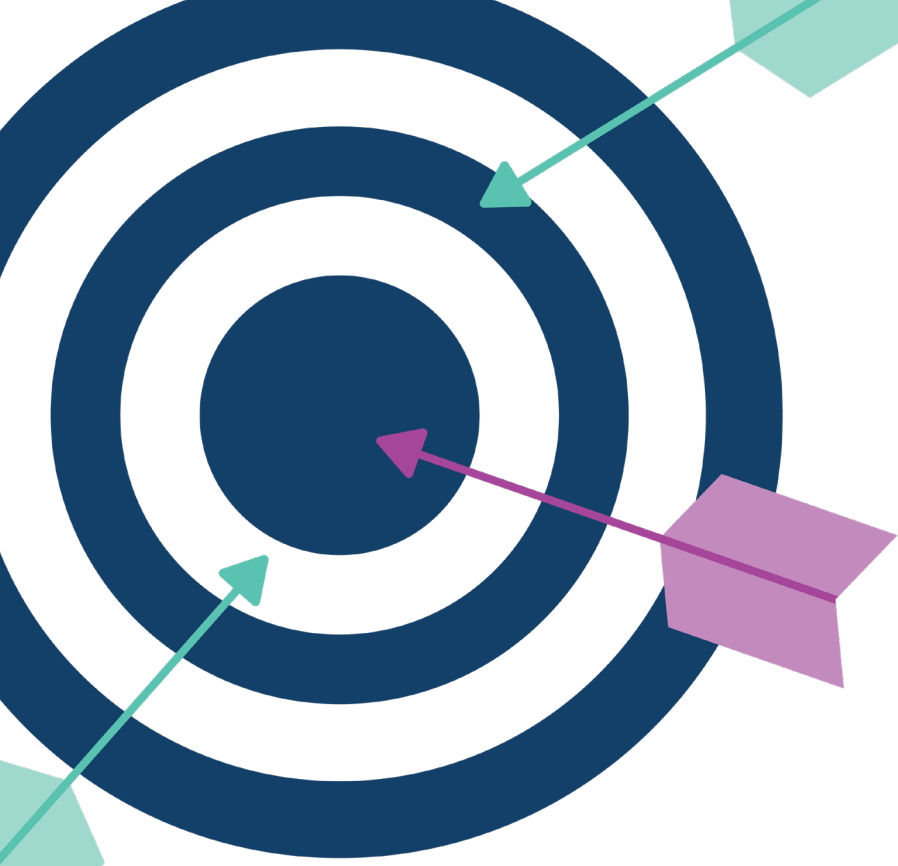
- **Delayed Timing:** Coordination across multiple jurisdictions and partner agencies required significant time and alignment, which slowed decision-making and resulted in gaps in service.
- **Financial Instability:** Expansion efforts were affected by reliance on time-limited federal funding and uncertainty regarding long-term financial sustainability.
- **Complicated Data Analysis:** Data gaps and inconsistencies across HMIS, Point-in-Time counts, and local housing inventories complicated comprehensive analysis and planning.
- **Transitional Planning:** The planned sunset of the Northwest Florida Homelessness Reduction Task Force necessitated careful transition planning to maintain momentum for SH efforts.

Next Steps

- **Performance Oversight:** The Continuum of Care (CoC) established two committees, with one focusing on Quality Improvement and Performance and the other on HMIS. This will bring quality data to the CoC, allowing thoughtful review of trends and capacity needs.
- **Sustainability:** Supportive housing was formally incorporated into the CoC Housing Committee to ensure long-term governance and sustainability.
- **Leadership Transition:** Leadership and accountability for SH expansion were transitioned from the NWF HRTF to the CoC Leadership.
- **Partners & Advancement:** Partner engagement was maintained to support continued collaboration and advancement of supportive housing initiatives across Escambia and Santa Rosa.

STATUS

COMPLETED



GOAL 14

Enhance TEAM (Mental Health) Court

Goal Objective

Improve access to TEAM Court and explore case management funding by June 2026.

Lead Partner(s)

Circuit 1 First Judicial Court

Supporting Partner(s)

Lakeview

Progress Summary

Under Goal 14, partners worked to establish access to mental health treatment court services for Santa Rosa County residents by **strengthening coordination with Escambia County's TEAM Court rather than creating a standalone Santa Rosa County Mental Health Treatment Court.** Through early consultation with the Specialty Courts Director, it was determined that a separate court was not feasible at this time; instead, efforts focused on increasing awareness and utilization of the existing Escambia TEAM Court by eligible Santa Rosa County residents.

Communication between TEAM Court staff and Lakeview was intentionally expanded through a

series of structured meetings beginning in January 2025, which prioritized identifying immediate operational improvements and longer-term funding needs.

In parallel, partners **explored sustainable funding to support case management services for TEAM Court participants**. The Criminal Justice, Mental Health, and Substance Abuse (CJMHS) Reinvestment Grant was identified as a primary funding opportunity, and technical assistance meetings were held to assess feasibility. Lakeview assumed a lead role in coordinating stakeholders, engaging grant technical assistance providers, and preparing for a competitive funding application through biweekly planning meetings extending into 2026.

At the time of final report preparation, the **application for the CJMHS Reinvestment Grant was on track** and scheduled for submission by the May 1 deadline, reflecting continued cross-partner coordination and readiness to move forward pending funding approval.

Challenges

- **Feasibility Determination:** Determination that a standalone Santa Rosa County Mental Health Treatment Court was not feasible in the short term
- **Funding for Case Management:** Limited availability of dedicated funding for TEAM Court case management
- **Grant Funding Dependency:** Dependence on external grant timelines and RFP release schedules
- **Multi-Agency Coordination:** Need for sustained multi-agency coordination across counties

Next Steps

- **Grant Implementation:** If funded, implement the CJMHS Reinvestment Grant
- **Inter-Agency Coordination:** Continue inter-agency coordination meetings to support grant implementation readiness
- **Santa Rosa County Outreach:** Increase outreach to ensure Santa Rosa County residents are informed of and referred to Escambia TEAM Court
- **Reassess SRC TEAM Court Feasibility:** Reassess feasibility of a Santa Rosa County-based

STATUS
COMPLETED





GOAL 15

Improve Non-Emergency Transportation

Goal Objective

Implement two strategies to address transportation gaps by May 2026.

Lead Partner(s)

Facilitated by MHTF Coordinator

Supporting Partner(s)

Lakeview, CHNWF, NWFHN, ECAT, Transportation Boards, Baptist, Agency for Persons with Disabilities, Center for Independent Living

Progress Summary

Goal 15 focused on improving non-emergency transportation across the EscaRosa region to address community-identified gaps. Although the goal was not completed within the strategic plan period, the work revealed a **clear and ongoing need for a dedicated Non-Emergency Transportation Work Group** and underscored the importance of coordinated planning to ensure equitable access to transportation for behavioral health and related services. Progress was made in convening partners and defining objectives; however, full implementation was delayed due to

structural and resource constraints, reinforcing that sustainable improvement requires long-term collaboration beyond the plan timeline.

Implementation efforts emphasized coordinated planning, stakeholder engagement, and gap identification across Escambia and Santa Rosa counties. Meetings with transportation providers, healthcare systems, behavioral health organizations, disability advocates, and community partners—including ECAT, CHNWF, Lakeview, NWF Health Network, Baptist Health, the Agency for Persons with Disabilities, the Center for Independent Living, regional transportation boards, and United Way of West Florida—documented **system-level barriers such as route accessibility, inter-county commuter options, behavioral health and hospital discharge transportation, and fragmented coordination.** In parallel, stakeholders advanced two improvement strategies: development of a **Community Transportation Guide** consolidating options and eligibility, and exploration of service, funding, and coordination solutions to **address identified gaps.** Together, these efforts strengthened regional alignment and laid the groundwork for continued progress through sustained leadership and collaboration.

Challenges

- **Stakeholder Alignment Challenges:** Aligning fragmented transportation providers required additional time due to differing eligibility rules, service scopes, and geographic coverage, slowing coordination and consensus on shared solutions.
- **Funding and Infrastructure Constraints:** Addressing system-level transportation gaps requires targeted funding for both service expansion and supporting infrastructure, including data tracking, performance monitoring, and coordinated planning.
- **Fragmented Eligibility and Service Criteria:** Non-emergency transportation programs vary widely by funding source, eligibility, geography, and trip purpose, creating confusion for clients, case managers, and providers.
- **Lack of Centralized Data and Tracking:** The absence of shared data systems limits the region's ability to track demand, utilization, unmet needs, and outcomes, hindering effective planning and impact measurement.

Next Steps

- **Continue Work Group:** Sustain the Non-Emergency Transportation Work Group beyond the

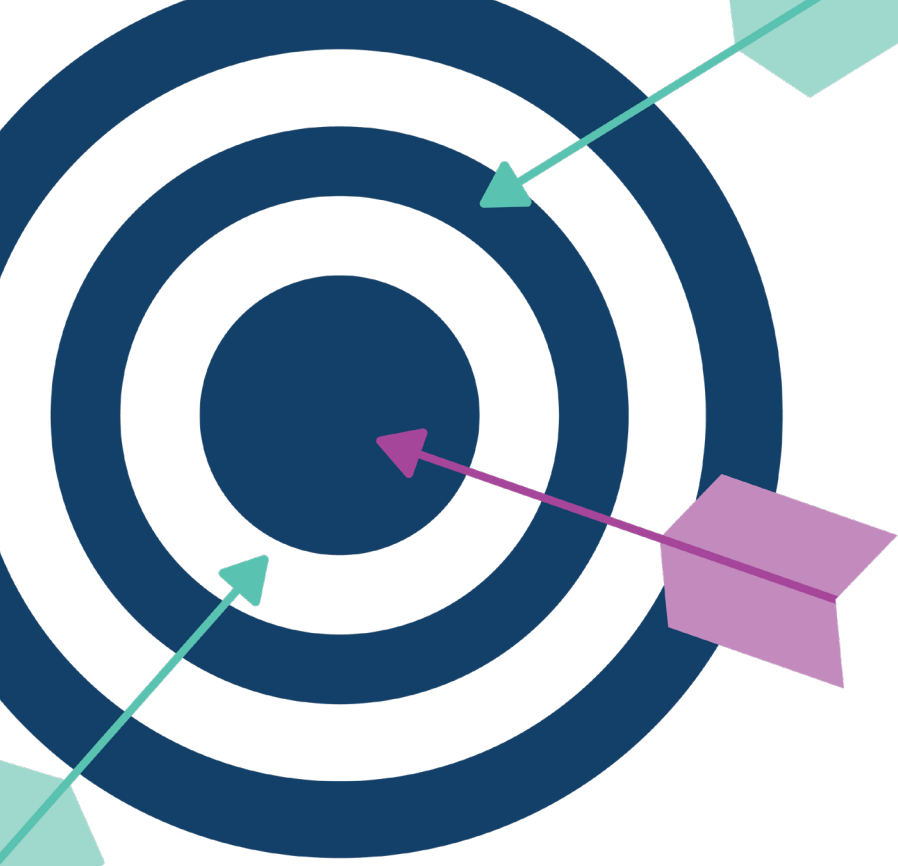
strategic plan period.

- **Leadership:** Establish long-term leadership and convening responsibility.
- **Develop Standardization:** Develop standardized eligibility guidance and referral pathways.
- **Establish Monitoring:** Establish data-informed planning and monitoring to support future funding advocacy and system improvements.

STATUS

IN PROGRESS





GOAL 16

Increase Medicaid Navigation & SOAR Trained Staff

Goal Objective

Increase SSA access for SOAR and add 3 Medicaid Navigator FTEs by May 2026.

Lead Partner(s)

Facilitated by MHTF Coordinator

Supporting Partner(s)

Lakeview, CHNWF, NWFHN, Baptist, HCA, Ascension Sacred Heart, West Florida AHEC (WFAHEC), Health & Hope Clinic, Overflow Health Alliance

Progress Summary

Goal 16 focused on increasing Medicaid Navigation and SOAR-trained staff to improve access to benefits and support services for individuals across the EscaRosa region. The team **worked diligently to secure funding for Medicaid navigators, including outreach to the local state delegation, but funding was ultimately not obtained. However, the group successfully identified and established a local contact within the Social Security Administration office to assist with SOAR application processes**—an important milestone that strengthened coordination and improved the foundation for future progress. These efforts built valuable partnerships and clarified the structural needs required to expand navigation capacity.

Throughout implementation, partners engaged in extensive discussion regarding access to SOAR training, particularly in light of changes at the federal level that have limited its routine availability. These discussions underscored the importance of identifying alternative pathways or resources to ensure the region can continue to build and sustain SOAR-trained capacity to support individuals with complex benefit navigation needs.

Although the goal was not fully completed, the work accomplished under this initiative provided a **clearer path forward for sustaining and expanding Medicaid navigation efforts**. Continued advocacy and collaboration will be essential to achieve the intended outcomes.

Challenges

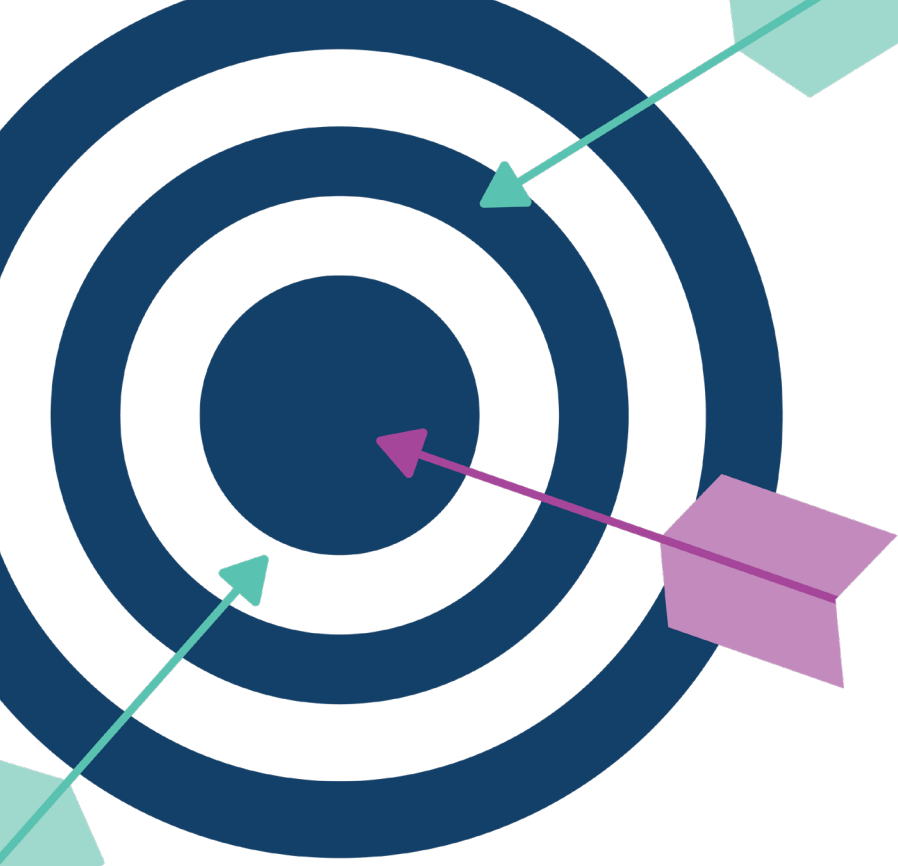
- **Limited Funding for Medicaid Navigation:** Funding to support dedicated Medicaid Navigator positions was not secured during the plan period, limiting the region's ability to build stable navigation capacity alongside SOAR-trained staff.
- **Complex Stakeholder Coordination:** Progress required extensive coordination with state and local partners to navigate changing requirements and explore alternative approaches to SOAR training and Medicaid navigation support.
- **Reduced Access to SOAR Training:** Changes at the federal level have limited routine access to SOAR training, constraining the region's ability to expand and sustain a SOAR-trained workforce without alternative pathways.

Next Steps

- **Pursue Sustainable Funding:** Continue efforts to secure state and local funding for dedicated Medicaid Navigator positions and strengthen benefits access infrastructure.
- **Sustain Partner Coordination:** Maintain coordinated engagement with state and local partners to address system barriers and advance solutions related to Medicaid navigation and SOAR training.
- **Establish Long-Term Leadership:** Identify sustainable leadership and coordination structures to support Medicaid navigation and benefits access beyond the strategic plan period.

STATUS

DELAYED



GOAL 17

Develop a Regional Undergraduate & Graduate Assistantship

Goal Objective

Convene a behavioral health subcommittee to understand workforce needs and expand student internships.

Lead Partner(s)

UWF

Supporting Partner(s)

Various community providers

Progress Summary

During the reporting period, **significant progress was made toward strengthening the regional behavioral health workforce through student engagement and internships.** The University of West Florida convened a behavioral health workforce subcommittee and identified key regional stakeholders to assess workforce needs. A short-term task force was established, and invitations were extended to community partners, resulting in focused discussions on current workforce challenges and opportunities for student placement.

Data were collected through subcommittee meetings, workforce surveys, and broader outreach to the regional mental health task force. These findings were synthesized into a **workforce analysis report, which was completed and delivered in March 2024**. The analysis identified priority areas where student internships could contribute most directly to workforce stabilization.

Based on these findings, efforts were undertaken to increase student internships in identified areas of need. New affiliation agreements were established, including a memorandum of understanding with Lakeview for Bachelor of Social Work students. Overall, the university **increased the number and scope of internship affiliations**, expanding placement opportunities across local and regional agencies. Notably, social work interns were successfully integrated into the Military Veterans Resource Center at UWF, demonstrating alignment between workforce needs and student training opportunities.

Challenges

- **Stakeholder Variability:** Variability in stakeholder availability limited the speed and consistency of data collection across community partners.
- **Organizational Readiness:** Differences in organizational readiness and capacity affected how quickly agencies could onboard student interns.
- **Extended Timelines:** The need for formal affiliation agreements extended timelines for placing interns in certain high-need settings.
- **Capacity Constraints:** Ongoing workforce shortages within partner organizations constrained staff capacity to supervise additional interns.

Next Steps

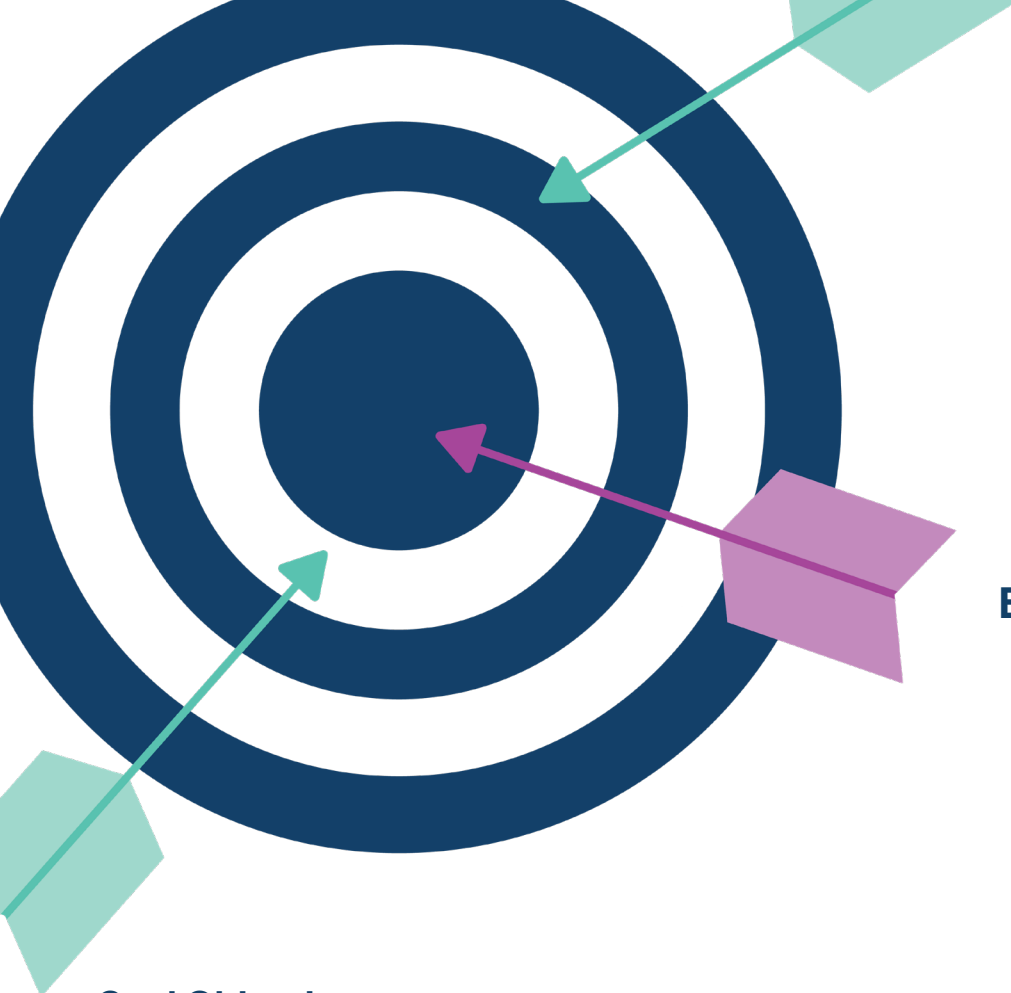
- **Expand Internship Opportunities:** Continue engagement with community providers to sustain and expand internship opportunities aligned with priority workforce needs.
- **Assess Impact:** Monitor and evaluate existing internship placements to assess their impact on workforce stabilization and student outcomes.
- **Agreements for Underserved Areas:** Pursue additional affiliation agreements with behavioral health partners in underserved areas.
- **Data-Informed Strategies:** Use workforce analysis findings to inform future planning

for regional undergraduate and graduate assistantships and guide long-term workforce development strategies.

STATUS

COMPLETED





GOAL 18

Enhance Training for Existing Behavioral Health Professionals

Goal Objective

Promote data sources (AHER Dashboard) to assist partners in understanding workforce trends.

Lead Partner(s)

UWF, Lakeview

Supporting Partner(s)

HAAS Center

Progress Summary

During the reporting period, progress was made to enhance access to workforce data and training resources for behavioral health professionals and community partners. The University of West Florida Usha Kundu, MD College of Health (UKCOH) worked collaboratively with the HAAS Center to **promote the use of the AHER Dashboard as a tool for understanding behavioral health workforce trends**. Engagement occurred through meetings and ongoing coordination to align dashboard content with the needs of behavioral health employers and stakeholders.

Behavioral health workforce categories were reviewed and prioritized to ensure that data critical to workforce analysis were clearly identified and accessible. Efforts were made to format and present dashboard information in a way that was easily navigable for stakeholders who were unfamiliar with the AHER Dashboard. These enhancements supported employers and partners in assessing current workforce conditions and anticipating future trends.

In parallel, **UWF UKCOH continued to promote existing training opportunities, including those offered by NAMI, to support skill development among current behavioral health professionals.** Stakeholder awareness of available data and training resources was further reinforced through presentations at AHER general meetings and outreach at community events. Informational sessions were also conducted, and plans were implemented to provide ongoing walkthroughs for organizations interested in accessing and utilizing behavioral health workforce data.

Challenges

- **Repeated Outreach:** Stakeholder familiarity with the AHER Dashboard varied, requiring repeated outreach and education efforts to ensure effective use of available data.
- **Competing Priorities:** Competing priorities among community partners limited participation in informational sessions and trainings.
- **Workforce and Time Constraints:** Behavioral health employers faced ongoing workforce and time constraints that reduced their capacity to fully engage with data tools and training opportunities.
- **Data Availability:** The need for continuous reinforcement of data availability remained a challenge, as awareness declined over time without ongoing engagement.

Next Steps

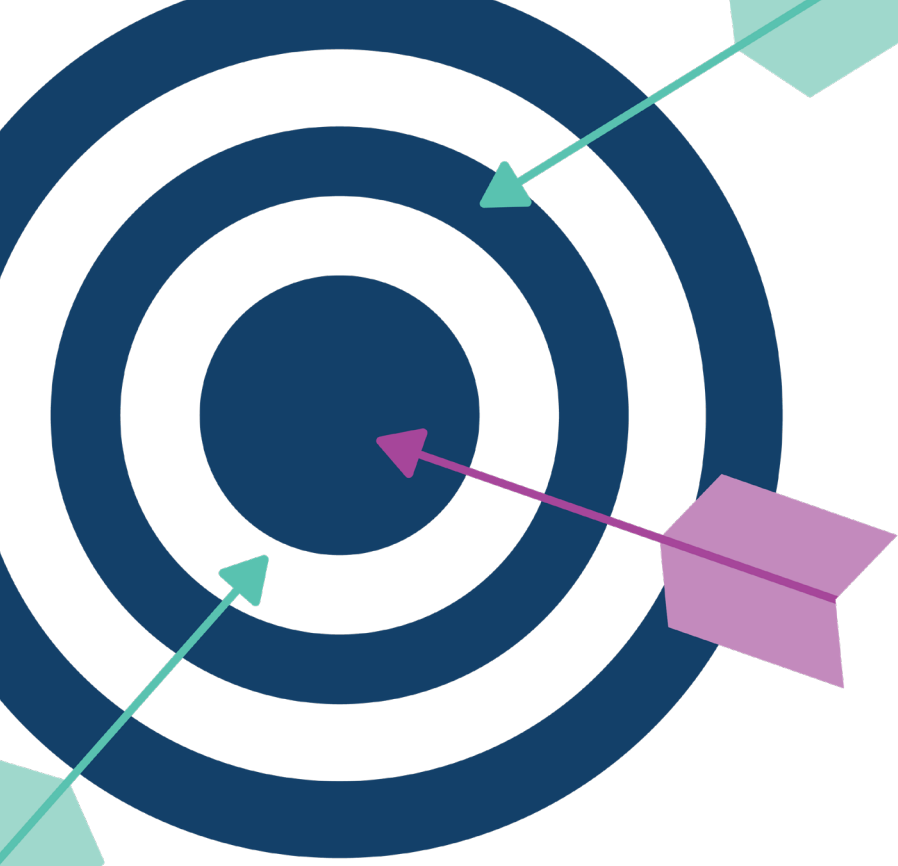
- **Continued Collaboration:** Continue collaboration with the HAAS Center to refine and update behavioral health workforce categories and ensure data remain relevant and accessible.
- **Expand Outreach:** Expand outreach efforts, including additional informational sessions and targeted communications, to improve stakeholder familiarity with the AHER Dashboard.
- **Promotion of Training Opportunities:** Maintain and enhance promotion of available training opportunities to support ongoing professional development in the behavioral health workforce.

- **Utilize Stakeholder Feedback:** Integrate stakeholder feedback to improve dashboard usability and guide future workforce training and data dissemination strategies.

STATUS

COMPLETED





GOAL 19

Create a Regional Behavioral Health Talent Attraction Initiative

Goal Objective

Create a behavioral health talent attraction initiative through collaboration with Greater Pensacola Chamber of Commerce (GPCC) and WFAHEC by June 2026.

Lead Partner(s)

Facilitated by MHTF Coordinator

Supporting Partner(s)

GPCC, WFAHEC, Florida Center for Behavioral Health Workforce

Progress Summary

During the reporting period, meaningful progress was made toward establishing a regional behavioral health talent attraction initiative through collaboration with key workforce and community partners. The Mental Health Task Force (MHTF) Coordinator facilitated engagement with the GPCC, WFAHEC, and the Florida Center for Behavioral Health Workforce to explore strategies for strengthening the behavioral health workforce in the EscaRosa region.

Initial coordination efforts **focused on alignment with existing health-related talent attraction**

initiatives already underway through GPCC. Meetings and communications were initiated to identify opportunities to integrate behavioral health providers into broader regional recruitment efforts, including workshops, health fairs, and employer-focused outreach activities.

Collaboration with WFAHEC and the Florida Center for Behavioral Health Workforce advanced efforts to enhance behavioral health talent pipelines by **exploring eligibility expansions within existing scholars' programs**. Engagement with workforce leaders supported research into additional behavioral health programs that could qualify for incentive-based workforce development initiatives, strengthening long-term recruitment and retention strategies across the region. **Two behavioral health programs eligible for inclusion in WFAHEC scholars' program were identified to directly support workforce recruitment goals.**

While a formal lead partner was not fully established, supporting partners actively contributed to progress through participation, consultation, and coordination efforts. Overall, the **groundwork was laid for a regional, collaborative behavioral health talent attraction framework** aligned with the Goal Objective timeline ending June 2026.

Challenges

- **Lead Partner Identification:** A formal lead partner was not finalized, as the Greater Pensacola Chamber of Commerce was ultimately designated as a supporting rather than lead partner, requiring the MHTF Coordinator to assume primary coordination responsibilities.
- **Competing Priorities:** Competing organizational priorities and scheduling constraints slowed early coordination efforts and delayed consistent engagement across partners.
- **Limited Data:** Limited availability of real-time workforce data made it challenging to immediately quantify outcomes related to talent attraction and program impact.

Next Steps

- **Advance Collaboration:** Continue strengthening collaboration with GPCC, WFAHEC, and the Florida Center for Behavioral Health Workforce to formalize roles, responsibilities, and ongoing communication pathways.
- **Support Implementation:** Support implementation of collaborative events (e.g., workshops, health fairs, employer outreach) to actively promote behavioral health career opportunities

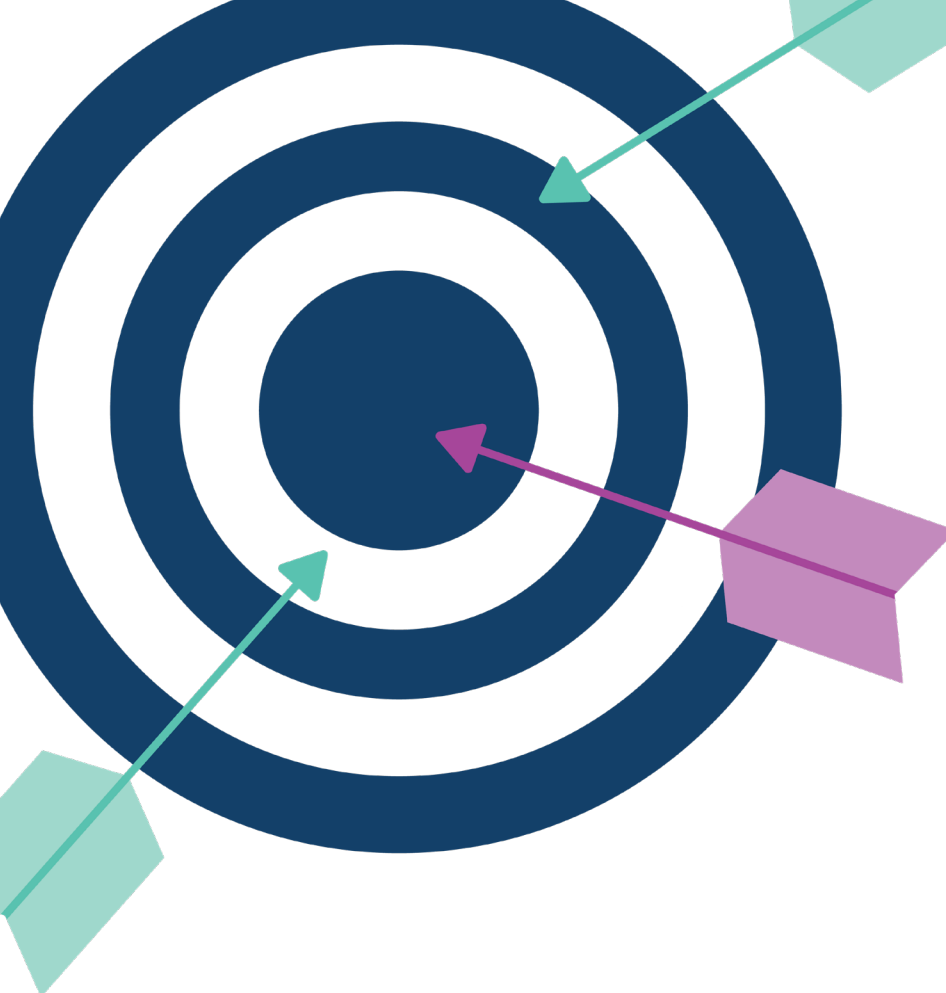
across the region.

- **Refine Data Sources:** Develop and refine data sources and reporting mechanisms to track talent attraction outcomes and support evaluation aligned with the June 2026 Goal Objective timeline.

STATUS

COMPLETED





GOAL 20

Improve Interoperability & Data Sharing

Goal Objective

Create a sustainable data-sharing network by June 2026.

Lead Partner(s)

Health Information Exchange (HIE)

Supporting Partner(s)

Lakeview, Ascension Sacred Heart, HCA Florida West, Baptist, Health & Hope Clinic, NWFHN, CHNWF, Opening Doors, United Way of West Florida, Manna Food Bank, Feeding America, Waterfront Rescue Mission, Florida Department of Children and Families (DCF)

Progress Summary

Good progress has been made toward establishing a sustainable data-sharing network for Mental Health Task Force partners across Escambia and Santa Rosa counties. Under the leadership of the Health Information Exchange (HIE), **clinical and non-clinical partners have been engaged to define appropriate data elements for extraction, sharing, and integration.** Initial efforts have focused on connecting hospitals, clinics, and community-based organizations to enable the

inclusion of social drivers of health within the clinical chart and support coordinated care. Action steps related to partner outreach, data identification, and early connectivity have been initiated as planned, **positioning the network to support future surveillance and alerting functions.**

While implementation is ongoing, **foundational activities have created momentum toward achieving full interoperability and real-time alerting by mid-2026.** Continued collaboration among partners and phased technical integration remain central to advancing the network's functionality and ensuring it supports navigators and case managers in identifying and responding to client needs effectively.

Challenges

- **Readiness Disparities:** Variability in technical readiness and data infrastructure among clinical and non-clinical partners
- **Complex Alignment:** Challenges aligning data standards, formatting, and governance requirements across multiple systems
- **Capacity Constraints:** Resource and capacity constraints affecting the pace of data connection and integration
- **Privacy Compliance:** Complexity of ensuring compliance with privacy and data-sharing requirements across organizations

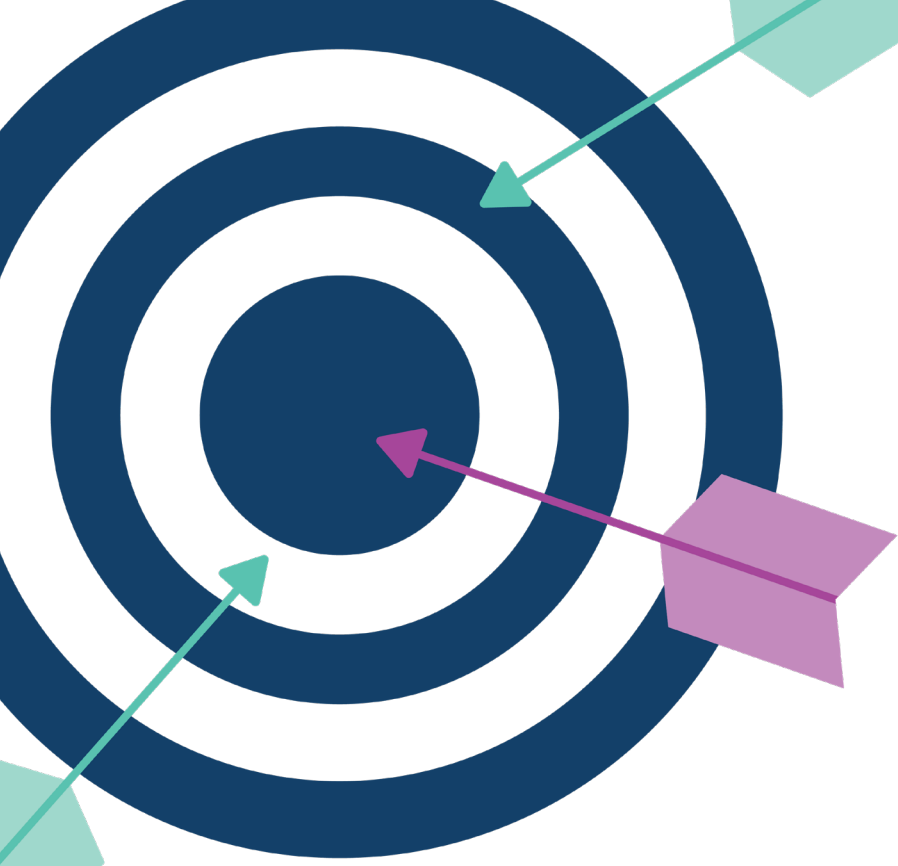
Next Steps

- **Finish Data Connections:** Complete remaining data connections with identified clinical and non-clinical partners
- **Complete Data Parsing:** Finalize data parsing and populate clinical charts with social drivers of health
- **Engage Key Personnel:** Identify and onboard key navigators and case managers across the region
- **Identify Optimum Implementation:** Determine preferred alert delivery methods and workflows for navigators and case managers
- **Launch Full Connectivity:** Operationalize surveillance and real-time alerts, with full network

STATUS

IN PROGRESS





GOAL 21

Broaden Community Public Information Campaign

Goal Objective

Create a broader public information campaign by June 2026.

Lead Partner(s)

Facilitated by MHTF Coordinator

Supporting Partner(s)

LocaliQ, UWF UKCOH

Progress Summary

Significant progress was made toward Goal 21, which focused on broadening a community public information campaign through coordinated social media efforts. Throughout the reporting period, key groundwork was completed, including **identification of a social media partner, outreach to MHTF partners to solicit content ideas, and coordination between participating organizations and UWF's social media contact.** Multiple partners were engaged to contribute content, and planning efforts advanced toward developing a cohesive campaign aligned with the MHTF mission and target audiences.

While content development and coordination activities were underway, the social media campaign had not yet been launched at the time the final report was due. Rollout timing was intentionally aligned with ensuring the MHTF website was fully updated and prepared to serve as a reliable central hub for information and resources. Because social media outreach is designed to direct community members to the website for accurate, consolidated content, launching prior to full readiness was determined to risk reduced effectiveness and a poor user experience. As a result, rollout was intentionally delayed to support readiness, sustainability, and long-term impact of outreach efforts.

Challenges

- **No Lead Partner Identified:** The MHTF Coordinator was required to take on a lead role in coordinating partners, timelines, content development, and external vendors, increasing workload and contributing to delays.
- **Content Delays:** Delays in receiving finalized social media content from partners impacted the campaign development timeline.
- **Website Updates:** The MHTF website required updates and functionality improvements before being suitable as a landing destination for social media engagement.
- **Cross-Sector Timing:** Aligning multiple partners and external contacts within planned timeframes proved challenging.

Next Steps

- **Confirm Website Functionality:** Complete updates and testing of the MHTF website to ensure functionality, accessibility, and up-to-date content.
- **Finalize Content:** Finalize and consolidate social media content from participating MHTF partners.
- **Campaign Coordination:** Coordinate with campaign developers to finalize campaign materials.
- **Establish Timeline:** Establish a confirmed launch timeline for the social media campaign once the website is fully operational.

- **Monitor Engagement:** Monitor initial engagement and adjust messaging as needed to improve reach and impact

STATUS

IN PROGRESS



7. SELECTED MENTAL AND BEHAVIORAL HEALTH INDICATORS

THE 6 PILLARS OF MENTAL HEALTH

Use this as a guide to take simple actions each day to help you improve your mental health as well as your well-being.

1: Eat For Wellness
Eating a well-balanced diet can increase your well-being. *Try packing a healthier lunch and make sure to drink lots of water!

2: Connect
Staying connected with others can help increase your mental well-being. *Call a Friend!

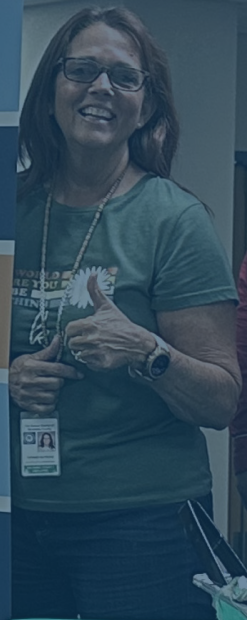
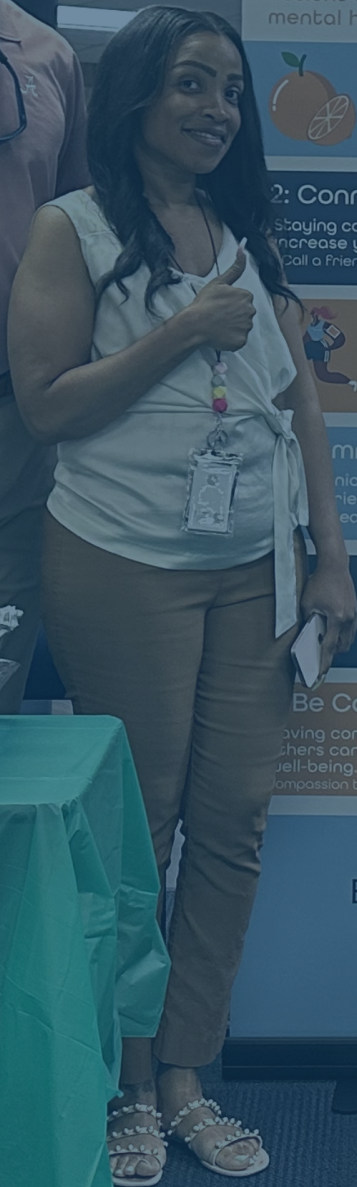
3: Keep Your Body Moving
Staying active can help keep your mental health positive so get up and move! *Take a walk on your lunch break!

4: Communicate
Communicating your needs and feelings is crucial in keeping your mental health positive. *Start a conversation!

5: Be Mindful
Being more mindful can help your mental well-being. *Tune into your senses, focus on your breath going in & out of your nose!

6: Be Compassionate
Showing compassion for yourself and others can help improve your mental well-being. *Consider how you can show compassion to yourself and others!

Escambia County Public Schools



Indicator	Data Source	Observed Trend (Escambia & Santa Rosa Counties)	Relevant MHTF Goals Strategies	Interpretive Note
Suicide Death Rate (per 100,000 population)	Florida Dept. of Health – FL HealthCHARTS Suicide & Behavioral Health Profile	After increases during 2020–2021, county-level suicide death rates stabilized and showed modest decline or plateauing during 2022–2024, particularly when viewed as multi-year averages.	Goal 1 (Prevention), Goal 2 (SUD Prevention), Goal 12 (Peer Support), Goal 21 (Public Awareness)	Suicide is multifactorial; stabilization coincided with expanded prevention, peer engagement, and crisis awareness efforts rather than a single intervention.
Mental Health Related Emergency Department (ED) Visit Rates	Florida Dept. of Health / AHCA via FLHealthCHARTS	Following pandemic-related peaks, ED visit rates for mental and behavioral health conditions plateaued and began to level off in 2023–2024, with some age groups showing early declines.	Goal 6 (BH– Primary Care Integration), Goal 8 (Crisis Receiving Facility), Goal 9 (Mobile Response Team)	ED trends suggest improved diversion to community-based crisis response and outpatient care rather than emergency settings.
Law-Enforcement Involvement in Behavioral Health Crises (Proxy Indicators)	FL Health CHARTS injury-related ED indicators; local Co-Responder program data	Stabilization or modest decline in arrest-related injury indicators alongside documented reductions in arrests during co-responder encounters.	Goal 3 (Co Responder Expansion), Goal 8 (CRF), Goal 9 (Mobile Response Team)	While CHARTS does not directly track co-responder arrests, combined proxy and program data support reduced criminalization of behavioral health crises.
Youth Suicide Risk & Crisis Awareness (Leading Indicators)	FL Health CHARTS Youth Behavioral Indicators; local school district reports	Flattening of youth suicidal ideation trends statewide and increased local penetration of prevention programming, 988 awareness, and peer-led prevention in Escambia and Santa Rosa schools.	Goal 1 (School-Based Prevention), Goal 2 (SUD Prevention), Goal 21 (Public Information)	Prevention reach increased during this period; youth indicators function as leading measures that precede downstream crisis outcomes.

Indicator	Data Source	Observed Trend (Escambia & Santa Rosa Counties)	Relevant MHTF Goals Strategies	Interpretive Note
Crisis System Capacity (Contextual Enabler)	FL Health CHARTS Health Resource Availability; MHTF partner data	Expanded crisis receiving, mobile response, residential, and integrated care capacity across the region during the plan period.	Goals 4–9, 12,16	Capacity indicators do not measure outcomes directly but provide essential context for observed stabilization in suicide and ED utilization trends.



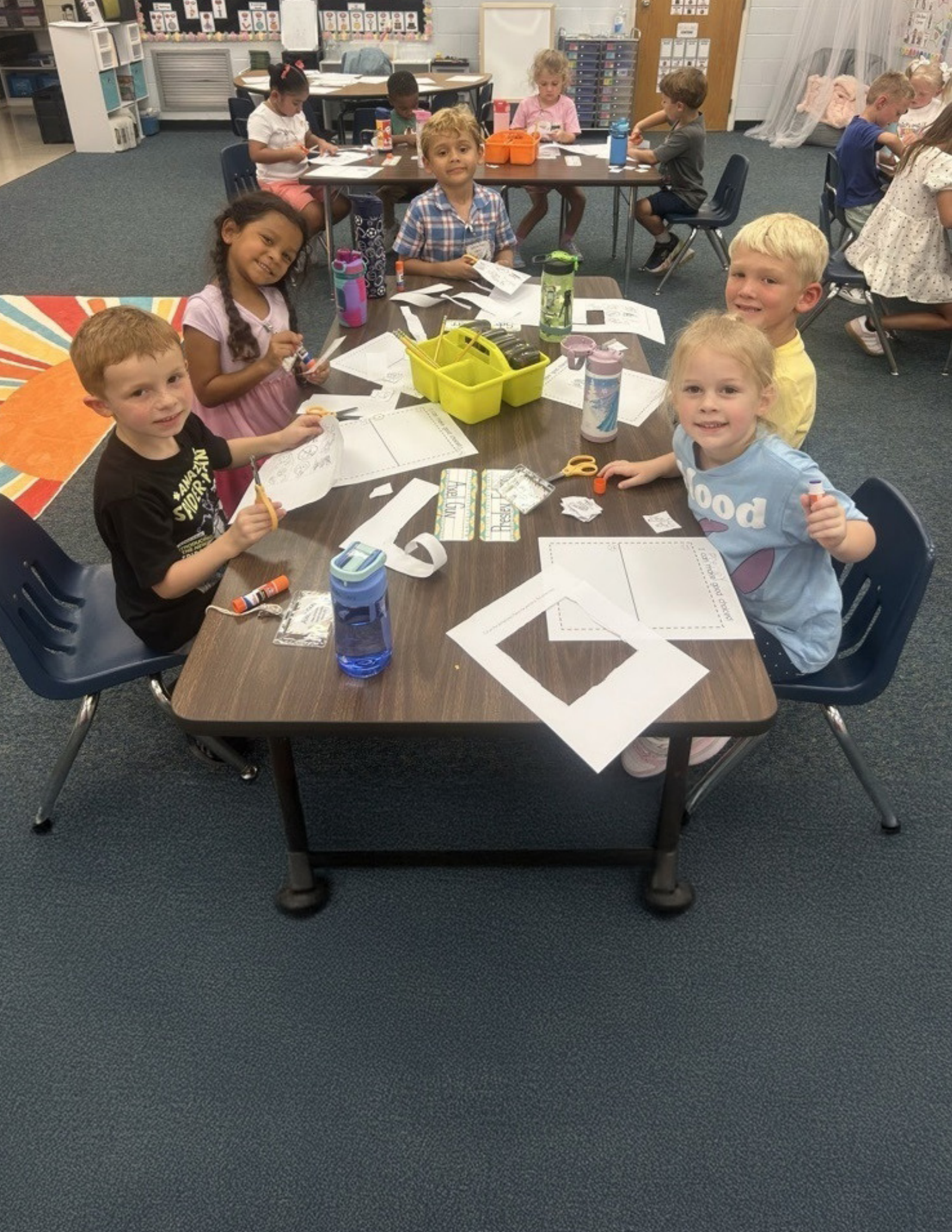
A photograph of two young boys in a classroom setting. The boy on the right is wearing a VR headset and holding a controller. The boy on the left is holding a piece of paper and a pencil. In the background, another child is also wearing a VR headset. A purple bulletin board with a 'TEAMWORK' sign and yellow caution tape are visible. The text '8. WHAT COMES NEXT' is overlaid in white on the image.

8. WHAT COMES NEXT



The work described in this report reflects meaningful progress in strengthening the behavioral health system across Escambia and Santa Rosa counties, while also underscoring the complexity of sustaining system-level change. Although many goals were completed and others advanced significantly, several priorities—particularly those related to workforce capacity, transportation access, data integration, and long-term sustainability—extend beyond the current strategic plan period. Moving forward, continued cross-sector collaboration, shared accountability, and adaptive planning will be essential to building on these gains. The accomplishments, challenges, and lessons documented here provide a clear foundation for future strategic planning, offering a roadmap to sustain momentum, address remaining gaps, and further improve mental and behavioral health outcomes for individuals and families in the region.







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