



Mental Health Task Force of Northwest Florida

Community Alignment and
Strategic Planning Project

Strategic Plan and Roadmap Report

DRAFT

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University of West Florida

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Introduction

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Project overview

In November 2022, Ernst & Young LLP (EY) was engaged to conduct background research, engage stakeholders and develop a future state strategic plan and roadmap focused on the alignment and delivery of behavioral health (BH) services in Escambia County and Santa Rosa County, Florida – also referred to as the EscaRosa region and the greater Pensacola community. This project is intended to support the efforts of the Mental Health Task Force of Northwest Florida (the Task Force), a volunteer group convened to bring greater focus to the topic and identify opportunities to improve behavioral health services for individuals and families in the region.

Process

The project consisted of two phases – research and strategy – and two primary deliverables.

CLIENT COLLABORATION AND STAKEHOLDER ENGAGEMENT



Background research
and discovery



Visioning and
strategic plan



Deliverables
(reports)

- ▶ **Phase 1. Background research and discovery:** consisted of leading practices research from Florida and other states; a review of more than 30 reports, studies and other publicly available data sources; conversations with more than 110 stakeholders via interviews; focus groups; and workshops
 - ▶ **Deliverable:** Background Research and Discovery report that summarizes quantitative and qualitative findings
- ▶ **Phase 2. Visioning and strategic plan development:** involved the formulation of a future state vision for the behavioral health continuum of care and a strategic framework with priorities, goals and services, initiatives and enhancements that can help foster greater alignment within the BH ecosystem
 - ▶ **Deliverable:** Strategic Plan and Roadmap report that will provide a comprehensive description of the envisioned BH continuum of care, strategic framework and initiatives, as well as implementation guidance to advance priorities and realize goals

About the report

This report is composed of two primary sections, along with an appendix that includes a summary of research provided in the Background Research and Discovery Summary report.

The first section includes a **future state vision and strategic plan** that includes a framework for BH alignment opportunities that coincide with the BH continuum of care and key capacity-building considerations. A range of programs, services and initiatives has been identified for enhancement and/or implementation with the potential to elevate the continuum, as well as the quality and delivery of BH care in the EscaRosa region.

The second section includes an **implementation roadmap** summarizing considerations around specific actions referenced in the strategic plan that BH providers and partners in the community can advance to achieve the strategic opportunities that have been outlined. The roadmap includes general timeframes for initiating and/or implementing certain activities, delineations between organizations that are in a leading or supporting role pertaining to the services, programs and initiatives, and possible performance metrics.

Sources of input that contributed to the understanding of the BH landscape and considerations for the vision and strategic plan include the following:

- ▶ A review of more than 30 reports, studies and other publicly available data sources
- ▶ Conversations with more than 110 stakeholders via interviews, focus groups and workshops
- ▶ Future state visioning sessions with members of the Mental Health Task Force of Northwest Florida and other BH leaders and partners

Research shows the EscaRosa region has made progress in recent years to create a more complete BH continuum of care, but opportunities for improvement and innovation remain. A clear vision and strategic plan, with shared priorities among local partners, can help elevate behavioral health in the greater Pensacola community.



Future state vision and strategic plan

Envisioning the future of behavioral health care

In visioning workshops with the Task Force and other stakeholders, input was gathered to formulate a vision that describes the desired future state of behavioral health care in the EscaRosa region. The strategic framework is constructed to assist the BH community in realizing the vision by investing in, and enhancing, key services, programs and initiatives that hospitals, providers and other partners can organize around to advance behavioral health care in the community.

Future state vision

The EscaRosa region is a leading community in the nation for the provision of comprehensive behavioral health care and improved patient outcomes.

Strategic framework

Based on background research and input from an array of stakeholders, the strategic plan includes a two-tiered framework designed to elevate comprehensive behavioral health care and foster greater alignment among providers and partners in the greater Pensacola community. Achieving an enhanced level of BH quality involves **two foundational opportunities**.

First, **optimizing the continuum of care** by improving and expanding patient options in key delivery areas is essential. The BH continuum includes prevention and intervention programs and services, crisis and recovery-based offerings, and wraparound supports to contribute to positive mental health and wellbeing.

Second, **building capacity** across the EscaRosa region is vital for developing a continuum of care that meets individuals' needs. Capacity can be strengthened by growing the behavioral health workforce, improving infrastructure and data systems, and expanding access and awareness. Having the capacity to achieve the complete continuum of care will also require sustained funding and collaboration among local, state and federal partners.

The following pages explore both goals of the strategic framework and key services and initiatives that can help actualize the opportunities. Leading practices are shared for each item, with budgetary information if publicly available.

Vision

The EscaRosa region is a leading community in the nation for the provision of comprehensive behavioral health care and improved patient outcomes.

Tiers	Goals	Considerations
Optimizing the continuum of care	An optimized continuum of care will include a full spectrum of services and supports that are easily accessible, seamlessly coordinated and highly responsive.	<ul style="list-style-type: none"> ▸ Prevention ▸ Intervention ▸ Crisis ▸ Recovery ▸ Wraparound support
Building capacity	The EscaRosa region has robust capacity to support a full continuum of care, including a skilled workforce, modernized data systems and impactful communications.	<ul style="list-style-type: none"> ▸ Enhancing workforce availability ▸ Strengthening technology and systems ▸ Expanding access and awareness

The following pages go in depth on each of the tiers and expand on their proposed considerations, possible sources of funding and leading national practices.

About NWF Health Network

NWF Health Network (NWFHN) serves as the behavioral health managing entity (BHME) for 18 counties in Northwest Florida, including Escambia County and Santa Rosa County. According to the State of Florida Legislature (F.S. 394.9082) it is recognized that:

- a) Local communities have made substantial investments.
- b) BHME is a regional management structure to facilitate a comprehensive and cohesive system of coordinated care.
- c) BHME's purpose is to plan, coordinate and contract for the delivery of community mental health and substance abuse services; to improve access to care; to promote service continuity; to purchase services; and to support efficient and effective delivery of services.

NWFHN is the BHME for the EscaRosa region, which includes local governance through its board of directors including Representative Michelle Salzman and Dr. Mark Stavros, M.D.

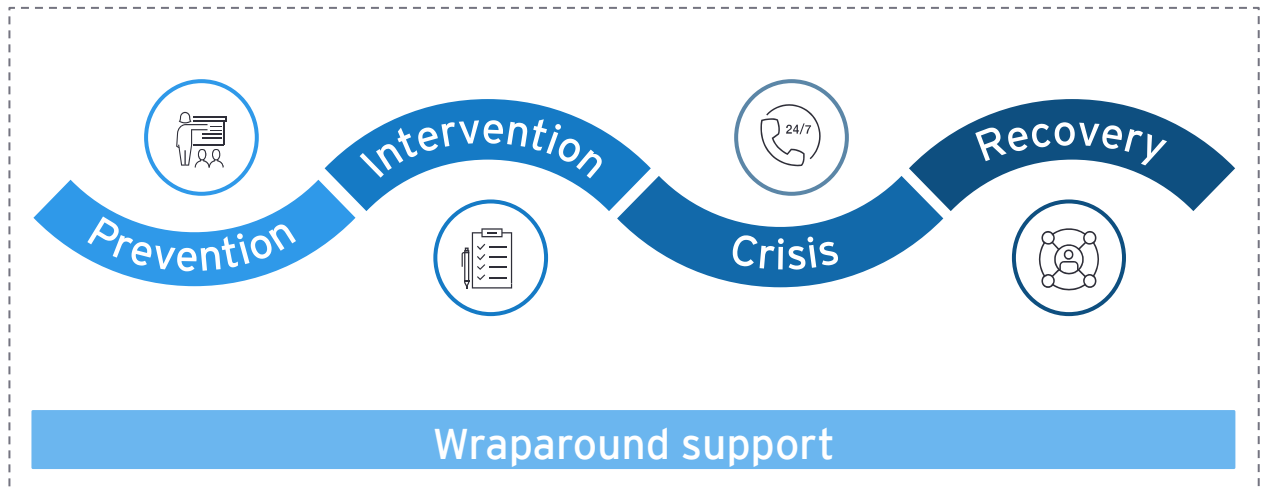
F.S. 394.9082 also states that behavioral health managing entities have the following intent and purpose:

- a) The Legislature finds that untreated behavioral health disorders constitute major health problems for residents of this state, are a major economic burden to the citizens of this state, and substantially increase demands on the state's juvenile and adult criminal justice systems, the child welfare system, and health care systems. The Legislature finds that behavioral health disorders respond to appropriate treatment, rehabilitation, and supportive intervention. The Legislature finds that local communities have also made substantial investments in behavioral health services, contracting with safety net providers who by mandate and mission provide specialized services to vulnerable and hard-to-serve populations and have strong ties to local public health and public safety agencies. The Legislature finds that a regional management structure that facilitates a comprehensive and cohesive system of coordinated care for behavioral health treatment and prevention services will improve access to care, promote service continuity, and provide for more efficient and effective delivery of substance abuse and mental health services. It is the intent of the Legislature that managing entities work to create linkages among various services and systems, including juvenile justice and adult criminal justice, child welfare, housing services, homeless systems of care, and health care.
- b) The purpose of the behavioral health managing entities is to plan, coordinate, and contract for the delivery of community mental health and substance abuse services; to improve access to care; to promote service continuity; to purchase services; and to support efficient and effective delivery of services.

As the designated BH managing entity for the EscaRosa region, NWFHN is positioned to play a vital role in the advancement of services and initiatives described in this strategic plan.

Optimizing the continuum of care

Goal: An optimized continuum of care will include a full spectrum of services and supports that are easily accessible, seamlessly coordinated and highly responsive.



The behavioral health continuum of care in Florida can be described as a private marketplace comprised of for-profit and not-for profit providers. A comprehensive BH continuum is characterized by its ability to provide individuals and families with services and supports that meet myriad behavioral health needs and help participants lead fulfilling lives. Providers and partners in Escambia County and Santa Rosa County are steadily working toward the realization of the full spectrum of BH services and supports, but additional investment is needed. The strategic plan outlines key service and program areas in the continuum of care, including those related to prevention, intervention, crisis, recovery and wraparound support. Through enhanced and expanded service offerings in these and other areas, a more optimal continuum of care in the region can be fostered.

While there are other vital services in the continuum, including wellness and maintenance treatment services, as well as those related to outpatient, medication management and case management, the service areas outlined in the illustration above emerged most prominently in background research and discovery phase of the project, including the input shared by stakeholders. The considerations put forth are informed by stakeholders and national leading-practices research.

Possible “actions and next steps,” as well as funding source considerations, are included to assist with advancing the opportunities discussed. Task Force members, including providers, partners and other stakeholders, are encouraged to continuously evaluate programs and services, and target populations and resources to make any necessary adjustments in terms of the prioritization and emphasis applied to the following opportunities. It is also essential that BH professionals responsible for delivering services across the continuum of care are consulted and included in the collective efforts.

1. Prevention

According to the Florida Administrative Code (FAC, <https://www.flrules.org/>), prevention services are provided to at-risk individuals who are identified as having minimal but detectable signs or symptoms indicating possible mental health or substance use disorders. Target participants for prevention services are at-risk individuals who do not meet clinical criteria for mental health or substance use disorders. Such services are intended to preclude, forestall or impede the development of mental health or substance use disorders. Services can be related to education, problem identification, referral and other services.

Below are considerations and possible funding sources to help support prevention efforts in the EscaRosa region:

Considerations:

- ▶ Expand school-based and community-based prevention services and programs
- ▶ Establish a regionwide, substance use disorder (SUD) prevention initiative

Possible funding sources:

- ▶ SAMHSA (samhsa.gov) provides regularly available grant funding in support of a range of prevention services and supports for which behavioral health providers can apply. One of many currently available funding opportunities is the National Strategy for Suicide Prevention. The purpose of this program is to implement suicide prevention and intervention programs by enhancing collaboration with key community stakeholders. The EscaRosa region's community-based primary care and/or BH care providers, along with the Florida Department of Health, may be eligible to apply. The anticipated award is up to \$400,000 per year.
- ▶ The Florida Department of Children and Families (DCF, myflfamilies.com) contracts with NWF Health Network as the behavioral health managing entity and can provide grant funding that can help contribute to and sustain prevention programs and services.

The following pages provide more details on the proposed considerations, including additional actions to take along with leading national practices.

1.1 Expand school-based and community-based prevention services and programs

According to stakeholders, there is a need to increase prevention services for students in K-12 grade levels, as well as college-age adults and others in the broader community. Educational prevention programs can be customized based on grade and/or age level to target early identification and proactively alleviate mental health and substance use problems before they develop. While school-based and community-based prevention services and programs may be led by different entities, coordination between these efforts could help enhance overall impact for youth and adults.

Actions and next steps to consider:

- ▶ Host interagency mental health and wellness events in schools and throughout the community to provide accessible information and resources to youths and adults to support enhanced behavioral health.
- ▶ Facilitate programs and activities during Red Ribbon Week (<https://www.redribbon.org/>), a nationally recognized substance use prevention awareness campaign that occurs annually. The campaign focuses on community collaboration and highlights programs and activities in support of a drug-free lifestyle. Resources and support with programming are available via the organization.
- ▶ Community BH providers can deliver educational webinars that encourage positive behavioral health in terms of self-care, stress management and resource awareness. Webinars can be short, recorded 15- to 20-minute informational sessions that are posted on the websites of providers and partners, along with links to relevant resources.
- ▶ Increasing translations for bilingual residents and those who have a primary language other than English could be helpful for reaching specific demographics.
- ▶ Align prevention efforts with community public information campaign (described on page 47).



Leading practice

The SOURCE at Red Bank Regional High School Little Silver, Monmouth County, New Jersey

The SOURCE is a school-based youth services program that provides a free program to support the mental health, wellbeing and educational success of students at Red Bank Regional High School. The SOURCE offers educational, mental health, health and wellness, and career development services. The mental health services include several different forms of counseling and are available to students during and after the school day. It offers social events and programs that address mental health and awards scholarships to students that have utilized services from the SOURCE. The SOURCE has connected with more than 550 individuals through its events and programs, graduated 625 students from the Signs of Suicide program, and connected 59 students to preventive health care. Students report very positive experiences with the SOURCE and its services on their website through testimonials.

Website: <http://www.thesourcerbrhs.org/site>

Budget: The SOURCE had an annual budget of approximately \$188,000 in 2020 (ProPublica).

Leading practice

Texas Health and Human Services Commission Behavioral Health Awareness e-Learning Texas (Statewide)

In 2021, the Texas Health and Human Services Commission (HHSC) launched a behavioral health awareness campaign in the form of a free online e-Learning series. HHSC worked with the UT Health Science Center at San Antonio to develop the e-Learning series, which is available in English and Spanish and includes 10 interactive learning modules that educate Texans about the signs of mental illness and decrease stigma. Topics of e-Learning modules include depression, trauma and PTSD, aging and behavioral health, substance use disorders, and more.

Website: <https://mentalhealthtx.org/learn/>

1.2 Establish a regionwide, substance use disorder (SUD) prevention initiative

A consistent theme heard from stakeholders across Escambia and Santa Rosa counties was the need for prevention services and early intervention supports targeting SUDs. A regionwide SUD prevention initiative could help address this need through preventive programs focused on increasing awareness and access to services, reducing overdose risk, provision of Naloxone kit training for first responders, implementing a peer “warm line” (non-crisis line) and other non-clinical focused activities. Peer-led clubhouses may also be used for prevention purposes if funded.

Actions and next steps to consider:

- ▶ Establish a local Red Ribbon Campaign steering committee that will focus efforts on increasing awareness and organizing activities in support of a drug-free lifestyle via prevention and wellness-themed activities and provision of information in Escambia and Santa Rosa county schools, and in the greater Pensacola community.
- ▶ Incorporation of the Sources of Strength curriculum may be useful for school-based activities targeting anti-bullying and SUD prevention, as well as suicide prevention.
- ▶ The steering committee could include university faculty, BH providers and peers, and law enforcement partners to enhance coordination around SUD prevention programs aimed at reducing overdoses.
- ▶ Facilitate a regional needs assessment of risk behaviors for binge drinking and substance use among the 9- to 25-year-old population, incorporating use of emergency best practices and evidence-based practices for early identification of BH risk.
- ▶ Increase access to Naloxone; provide additional Naloxone kits and training for law enforcement (police/sheriff), and EMS first responders.
- ▶ Increase community-based opioid prevention via access to naloxone distribution programs and fentanyl test strip distribution.
- ▶ NWF Health Network providers in partnership with NAMI could collaborate to operationalize a peer warm line (call center), with widely publicized information on accessing the text and talk line that is multilingual. This partnership can also support the operationalization of a peer-led clubhouse, inclusive of non-clinical, prevention and addiction support groups.

Leading practice

Utah State University Extension's Health Extension: Advocacy, Research, & Teaching Initiative (HEART) Salt Lake, Weber, Davis, Box Elder, Cache, Carbon, Emery, Tooele and Utah Counties, Utah

Utah State University Extension's HEART initiative is an example of an academic institution utilizing its knowledge and research to support community priorities – in this case, addressing the opioid epidemic and other public health issues. HEART provides unique academic resources to the nine counties it serves, and partners with health departments, research experts, community coalitions and other key stakeholders to promote awareness and prevention for opioid use. HEART works within four main pillars: Prevention and Education, Stigma Reduction, Strengthening Community Ties, and Harm Reduction. Within these pillars, past efforts have included supporting 36 at-risk youth with health and wellness programs, creating 10 community fact sheets about the opioid epidemic, collecting narratives from community members for their opioid stories project, creating the Carbon and Emery Opioid and Substance Use Coalition, and distributing 854 Narcan kits in 2022.

Website: https://extension.usu.edu/news_sections/impacts/heart#Intro

Budget: Budget information is unavailable for HEART, but it did receive approximately \$3.5 million in federal, state and internal funding to expand its programming (2019-2020 HEART annual report).



2. Intervention

Intervention services focus on the reduction of risk factors generally associated with the progression of substance misuse and mental health problems. Intervention can occur through early identification of persons at risk, basic individual assessments and providing supportive services that emphasize short-term counseling and referral. These services are targeted toward individuals and families. A service provider's personnel may receive clinical supervision by a professional qualified by degree, licensure, certification or specialized training in the implementation of this service (FAC).

Transitional Residential Treatment (TRT) is a short-term residential intervention that supports individuals transitioning from inpatient settings back into the community. Stakeholders have expressed that TRT can help address a current service gap in the community. Individuals who no longer meet hospital admission criteria but still need supported living while engaging in skill-building activities to achieve independent living would benefit from TRT. The program is generally connected to a community behavioral health provider. TRT functions as a step-down approach to help individuals transition to a less intense setting.

Below are considerations and possible funding sources to help support intervention efforts in EscaRosa region:

Considerations:

- ▶ Enhance co-responder capabilities
- ▶ Expand Transitional Residential Treatment (TRT)
- ▶ Expand Community Action Team (CAT) and Link, Engage, Assess, Plan (LEAP)

Possible funding sources:

- ▶ SAMHSA routinely provides regularly available grant funding in support of a range of community-based BH intervention services and supports.
- ▶ Through the Mental Health Awareness Training Grant, SAMHSA aims to increase the number of individuals prepared and trained to safely, and appropriately, respond to individuals with mental health needs, with a focus on building safe, and healthy communities, reinforcing partnership between law enforcement and communities, increasing public trust, and enhancing public safety. The anticipated award amount is up to \$200,000 per year.

- In some states, elements of TRT are reimbursable as community residential rehabilitation via the state Medicaid program.
- NWFHN funding can also support an array of intervention programs and services.

The following pages go in depth on the proposed considerations and include additional actions to take and leading national practices.



2.1 Enhance co-responder capabilities

The co-responder model can be effective in helping individuals receive an appropriate intervention response. This model facilitates connection of people to services and supports, and provides de-escalation, which can reduce the use of avoidable police force or 911 emergency response. Co-responder BH clinicians provide brief rapid screening and assessment, as well as linkage to appropriate services and supports. Initial efforts toward implementation have been taken in Escambia County and could be advanced.

There is an opportunity to broaden a co-responder approach in Escambia County and Santa Rosa County in partnership with law enforcement. Hiring of additional co-responder BH clinicians who can work in a ride-along capacity with police and sheriff officers across multiple shifts throughout both counties is needed.

Actions and next steps to consider:

- ▶ Leverage funding approved by NWF Health Network to support expansion of a co-responder program that enhances collaboration between BH providers and law enforcement. This would include a licensed mental health professional partnering with law enforcement to provide a co-response. Some states include Peer Specialists as part of the co-responder team.
- ▶ Coordinate with NAMI Pensacola's developing qualified peer network. These peers will have the 40-hour certification as provided by Certified Peer Specialist (CPS) training funded via DCF.

Photo credit:
University of West Florida



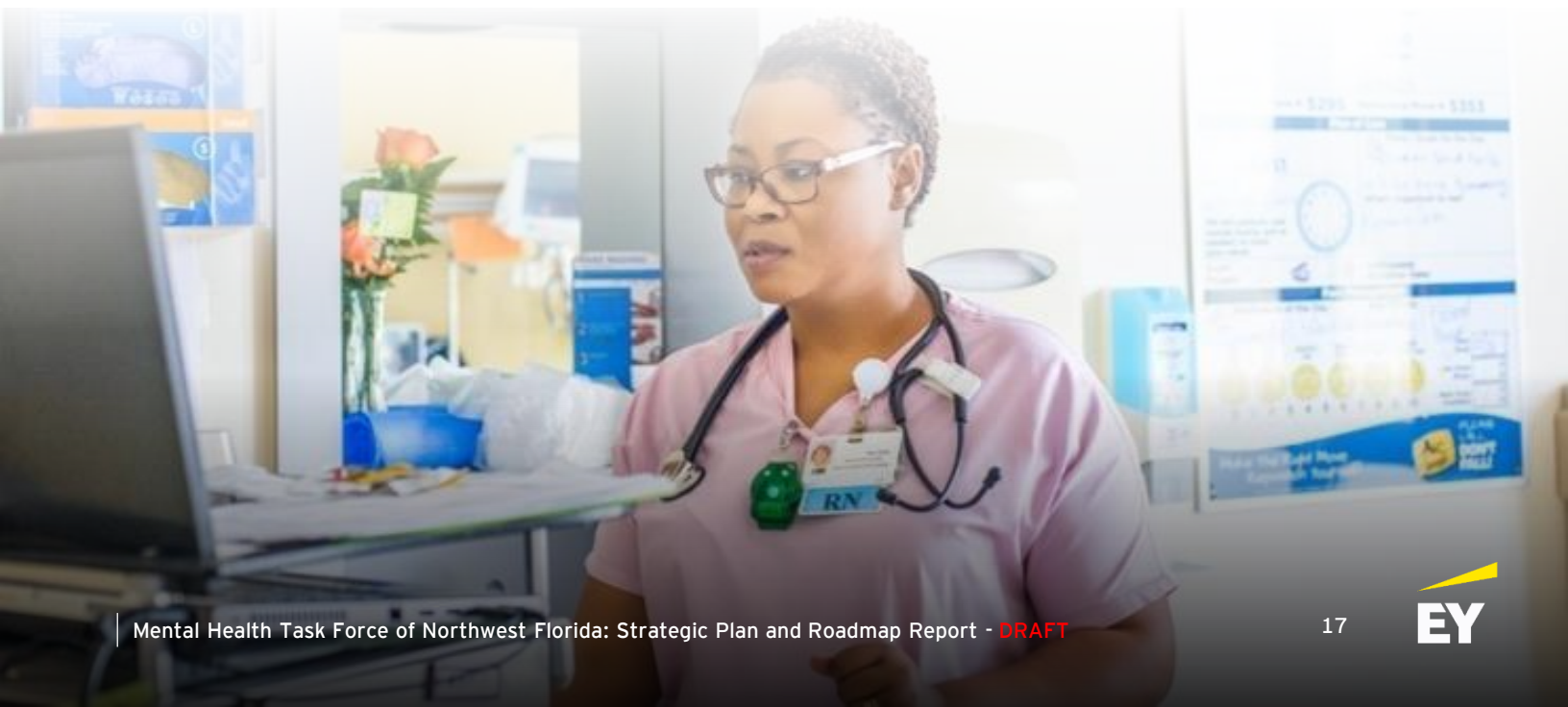
Leading practice

Sedgwick County Integrated Care Team (ICT) -1 Wichita, Sedgwick County, Kansas

ICT-1 is a multidisciplinary co-responder program created by Sedgwick County and the City of Wichita that sends a qualified mental health professional, a law enforcement officer and a paramedic to provide resources to community members experiencing a mental health crisis. ICT-1 services are available Monday through Thursday from 8 a.m. to 6 p.m., and the team seeks to provide the most appropriate resources and care to individuals experiencing behavioral health issues. One year after the program started in 2019, the Wichita Police Department reported that implementing the ICT-1 program freed up 690 911 resources for Sedgwick County. ICT-1 is currently surpassing its goal to resolve 50%-60% of calls with treat in place with 63% of calls resolved with treat in place in 2022.

Website: <https://www.sedgwickcounty.org/comcare/ict-1/>

Budget: A report from the Kansas Legislature found that the annual cost of running the ICT-1 program for seven days a week (up from the current four days a week) is estimated at \$425,000 for the first year and \$386,000 for subsequent years. The ICT-1 program is expected to collectively save local law enforcement agencies, the COMCARE Community Crisis Center, EMS and local fire departments in the city and county almost \$435,000 per year.



2.2 Expand Transitional Residential Treatment (TRT)

Expanding the existing limited short-term residential offerings by developing a TRT program can help enhance the intervention service capabilities in the greater Pensacola community. BH providers report a need for more transitional residential options. TRT can be an effective service that supports the successful discharge of individuals out of psychiatric inpatient beds and into supported community living options, allowing for shortened inpatient lengths of stay and supported community transition.

Actions and next steps to consider:

- ▶ Evaluate a potential expansion of units at existing short-term residential sites.
- ▶ Explore the submission of a state plan amendment to the Florida Agency for Health Care Administration to include residential rehabilitation as a reimbursable service.

2.3 Expand Link, Engage, Assess, Plan (LEAP) and Community Action Team (CAT)

Stakeholders expressed a need for additional funds to support the expansion of CAT and LEAP programs to serve individuals and provide wraparound support. Currently, there is one LEAP team that supports a maximum of 75 adults for all of Escambia and Santa Rosa counties. There is one CAT program covering Escambia and Santa Rosa counties that supports children and adolescents. The addition of another LEAP and CAT program could benefit those who need community-based mental health and substance use disorder services. Both services could deliver community-based wraparound services and supports for individuals.

Actions and next steps to consider:

- ▶ Expand ACT and LEAP programs for transition-aged youth and adults with a serious mental illness (SMI) or serious emotional disturbance (SED). Both services can improve behavioral health outcomes for individuals by reducing rates of hospitalization, substance misuse, homelessness and involvement with the criminal justice system.
- ▶ Consider funding an additional ACT team and an additional LEAP team so that there is at least one of each program to support both Escambia County and Santa Rosa County.

Leading practice

Capacity Builders Assertive Community Treatment Initiative (ACTi) Farmington, San Juan County/Four Corner Region, Arizona & New Mexico

Capacity Builders, Inc. is a nonprofit based in Farmington, NM, that provides community services to residents of the Four Corners region, particularly the Native American population. It offers services that are focused on public and behavioral health as well as youth programming and mentorship. In 2017, Capacity Builders, Inc. was awarded an almost \$4 million grant from SAMHSA to develop an assertive community treatment program, which was launched in September 2017 as the Assertive Community Treatment Initiative (ACTi). With approximately \$678,000 in funding over the course of five years, Capacity Builders, Inc. will serve 40 Native American adults diagnosed with serious mental illnesses each year. ACTi provides a case manager and peer support specialist who connects program participants to various community services such as job readiness, housing assistance, education and life skills development.

Website: <https://capacitybuilders.info/>

Budget: Capacity Builders, Inc. had a budget of \$4.6 million in 2020 (ProPublica).



3. Crisis

Crisis stabilization includes acute care services offered 24 hours per day, seven days per week that provide brief, intensive mental health residential treatment services. The services address the needs of individuals who are experiencing an acute crisis and who, in the absence of a suitable alternative, would require psychiatric hospitalization (FAC).

Crisis support/emergency services involve non-residential care that is generally available 24 hours per day, seven days per week, or some other specific time period, to intervene in a crisis or provide emergency care. Examples include crisis/emergency screening, mobile response, telephone or telehealth crisis support, and emergency walk-in (FAC).

Meeting the needs of individuals experiencing a BH crisis requires a place for them to walk in and have their needs met in a timely manner without necessarily being transported by police or having to sit for hours in an emergency department awaiting prioritization of their BH needs. Having a resource that provides interface with Peer Specialists and BH professionals who can de-escalate and provide treatment in one setting is ideal. A crisis center that meets the needs of people with both mental health and substance use disorder needs with provision of de-escalation, detox, temporary observation and short-term admission in one setting optimally meets individuals' needs and does not require transfer to other settings.

Below are proposed considerations and possible funding sources to help support crisis efforts in the EscaRosa region:

Considerations:

- ▶ Establish a community-based Behavioral Health Crisis Center (BHCC)
- ▶ Expand mobile response team (building upon current successes)

Possible funding sources:

- ▶ In addition to regularly available SAMHSA funding opportunities to support community-based BH crisis services, Capital Development grants support health center efforts to expand their capacity to provide health services to underserved communities.
- ▶ Additional funds could be legislatively allocated to support the need for community-based, comprehensive crisis services.

The following pages go in depth on the proposed considerations and include additional actions to take and leading national practices.

3.1 Establish a community-based Behavioral Health Crisis Center (BHCC)

There is a need for increased access to comprehensive crisis services that support both the mental health and SUD needs of individuals, followed by coordinated linkage, follow-up and access to after-care services post-discharge. BHCCs can be considered enhanced versions of CSUs. BHCCs are full-service crisis stabilization centers that combine 24/7 walk-in services, de-escalation, crisis assessment, temporary observation, stabilization, therapeutic education, peer support, treatment and linkage to after-care in one setting. BHCCs serve as a non-hospital, community-based emergency receiving facility (ERF) for adults experiencing a behavioral health crisis. There are multiple benefits of a BHCC model, including co-located walk-in services, temporary observation and stabilization beds, all available in one facility, which allows for a seamless flow between levels of care, without transferring to a different location. Operation of a co-located temporary observation unit provides an alternative for individuals not needing a CSU admission, and it relieves the overuse of CSU and inpatient beds. Additionally, individuals can access services and support without the stigma often attached to hospital-based care. Several stakeholders have expressed concerns about gaps in transition and the need for enhanced care coordination to support discharge, follow-up and service engagement. SAMHSA offers grant funding to support community-based BH crisis services.

Actions and next steps to consider:

- ▶ To combat the stigma of hospital-based BH care and lengthy ER waits for individuals seeking BH crisis services, and to provide for the needs of non-Baker Act BH walk-ins in a non-hospital-based community setting, a community BH provider lead agency may pursue startup funding to support a BHCC.
- ▶ Exploration of a three component, co-located BHCC; 24/7 BH crisis walk in - living room model, temporary observation unit inclusive of detox beds; and CSU (ERF) services.
- ▶ Hiring of peer specialists, nurses (LPN/RN/NP), MD, facility support staff, and facility location identification.

Leading practice

Recovery Innovations Recovery Response Center Peoria, Maricopa & Yavapai Counties, Arizona

It was first established in 1996 as Recovery Innovation's (RI) first Crisis Recovery Center (now called a Recovery Response Center) and saw reasonable success, but in 2002 it decided to shift gears from focusing on procedures and diagnoses to adopting the living room model. In the living room model, Recovery Innovations hoped to address the emotional pain and issues that their patients were dealing with in addition to mental health issues, so it made changes like revamping the facility to feel less medical and sterile and feel more welcoming and brought in new staff members like Peer Specialists to provide additional support for patients. In 2014, RI made the switch to a never-reject approach by making changes to their facility and intake process to immediately evaluate patients brought in, allowing law enforcement to return to their jobs and connecting patients to the care they need without having to wait hours or days in a facility or jail. RI's Recovery Response Center saw law enforcement drop-offs double between 2014 and 2019 from around 2,200 to approximately 4,800, which has increased law enforcement's trust in the RI facility and programming and makes RI a preferable option for law enforcement rather than the emergency room or jail.

Website: <https://riinternational.com/listing/recovery-response-center-living-room-1-peoria/>

SAMHSA case study: <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>

Budget: Recovery Innovations (the organization as a whole) had a budget of approximately \$81 million in 2020 (ProPublica).

3.2 Expand Mobile Response Team

Mobile Response Teams (MRTs) operate with the purpose of providing timely response and provision of BH care to individuals in their community. MRTs are also referenced as mobile crisis response teams in many states and deliver a community-based intervention including brief, rapid screening, de-escalation and linkage to appropriate services. When individuals are experiencing a crisis and need rapid service to prevent further decompensation or escalation of crisis, MRTs must reach the individual in a timely manner. Otherwise, individuals may experience an increase in BH symptoms that could result in admission to an emergency department or law enforcement intervention. Lakeview Center currently operates the only MRT in Escambia County. Some stakeholders expressed varying experiences with rapid MRT response. To effectively deliver this service that can achieve diversion, there should be enough MRTs to respond 24/7 to individuals within the EscaRosa region area within 60 minutes.

Actions and next steps to consider:

- ▶ Hire Peer Specialists (CPSs) to work with licensed BH MRT staff.
- ▶ Increase funding to hire and retain BH licensed staff with SUD and MH experience.
- ▶ Increase awareness of how to access MRT as part of the public information campaign (see p. 47).

Leading practice

CAHOOTS (Crisis Assistance Helping Out on the Streets) Eugene, Lane County, Oregon

CAHOOTS (Crisis Assistance Helping Out On The Streets) is a mobile crisis intervention program staffed by White Bird Clinic personnel with the use of City of Eugene vehicles. This partnership has been in place for about 30 years and is well established in the community. CAHOOTS provides support for police department personnel by taking on social service-related calls, including crisis counseling. Personnel often provide initial contact and transportation for people who are intoxicated, mentally ill or disoriented, as well as transport for necessary non-emergency medical care. CAHOOTS serves as the model for the federal government's Medicaid-covered mobile crisis incentive program. In 2021, the service was utilized for almost 16,500 calls for service.

Website: <https://www.eugene-or.gov/4508/CAHOOTS>

USC-Brookings Schaeffer on Health Policy case study:

<https://www.brookings.edu/blog/usc-brookings-schaeffer-on-health-policy/2022/01/06/building-a-sustainable-behavioral-health-crisis-continuum/>

Budget: The CAHOOTS program budget is about \$2.1 million annually (White Bird Clinic).

4. Recovery

Recovery services are comprised of nonclinical activities that assist individuals and families in recovering from and maintaining recovery from substance use and mental health conditions. Activities include peer support, linkage to and coordination with service providers, life skills training, wellness and recovery planning, coaching, education on mental illness and substance use disorders, assisting individuals using digital therapeutics approved by the U.S. Food and Drug Administration, and other supports that help improve recovery capital and wellness for an improved quality of life. Recovery supports may be provided by a certified Peer Specialist prior to, during and after treatment, and can be delivered as support and/or coaching for an individual to regain or develop skills to successfully live independently in the community (FAC).

Stakeholders consistently identified peer support as an integral component of recovery. Local leaders expressed that increased funding and an emphasis on public outreach to educate the provider and consumer community on peer services and supports could increase the availability of peer support at all levels of BH treatment and improve the EscaRosa continuum of care. Clubhouses offer support to children, adolescents or adults providing an environment for individuals to engage in safe and therapeutic socialization with peers, while offering services for individuals in need of recovery supports.

Below are considerations and possible funding sources to help support recovery efforts in the EscaRosa region:

Considerations:

- ▶ Establish a drop-in center.
- ▶ Explore the development of clubhouses.
- ▶ Expand peer support services.

Possible funding sources:

- ▶ SAMHSA provides regularly available grant funding in support of a range of intervention services and supports for which BH providers can apply. One recent funding opportunity is the Statewide Consumer Network Grant Program. The purpose of this program is to enhance statewide mental health consumer-run organizations to promote mental health and related service system capacity and infrastructure development to be consumer-centered and targeted toward recovery and resiliency, and consumer-driven by promoting the use of consumers as agents of transformation. The anticipated award amount is up to \$120,000 per year per award.
- ▶ DCF funding can support an increased capacity of CPS training.

The following pages go in depth on the proposed considerations and include additional actions to take and leading national practices.

4.1 Establish a drop-in center

A drop-in center is a community-based setting for adults, or for youths and adolescents. Drop-in centers are peer-operated, recovery-oriented environments in the community that provide a safe place where people with similar experiences of behavioral health needs are supported. A drop-in center, also sometimes called a peer resource center or self-help center, provides socialization programs and other services. The centers often provide basic needs such as food, clothing and other essentials, and link individuals with social support services. Drop-in centers generally operate 365 days of the year, offering recreational and social activities to individuals in varying stages of recovery. Individuals should not be in an active crisis state when accessing drop-in support.

Actions and next steps to consider:

- ▶ NWFHN could identify the lead community behavioral health provider and peer advocacy organization to partner in this implementation.
- ▶ Identify certified peer specialists to be hired in the drop in center

Photo credit:
University of West Florida

4.2 Explore the development of clubhouses

The clubhouse model is an evidence-based practice. A clubhouse provides structured support to people living with behavioral health needs. Clubhouses are community-based settings staffed by behavioral health professionals and paraprofessionals, including case managers. They are intended to improve quality of life through offering meaningful activities that help create purpose and connection within their community. While clubhouses are not currently available in the EscaRosa region, many stakeholders have suggested that this approach could supplement both adult day services and youth services. Overall peer-led behavioral health services are lacking within the region, according to stakeholders. There are existing support groups for peers and family members, as well as peer training, but these initiatives are not integrated across the continuum of BH services.

Actions and next steps to consider:

- ▶ Task Force partners could convene a project workgroup to evaluate the clubhouses as a model to adapt in the community, assess resources needed and determine target population(s) to be served.
- ▶ Consider partnering with a higher education institution and/or youth-serving community organization for youth clubhouses. Transportation for students between K-12 schools and clubhouses may be needed.
- ▶ Develop and engage youth peers as employees and volunteers.

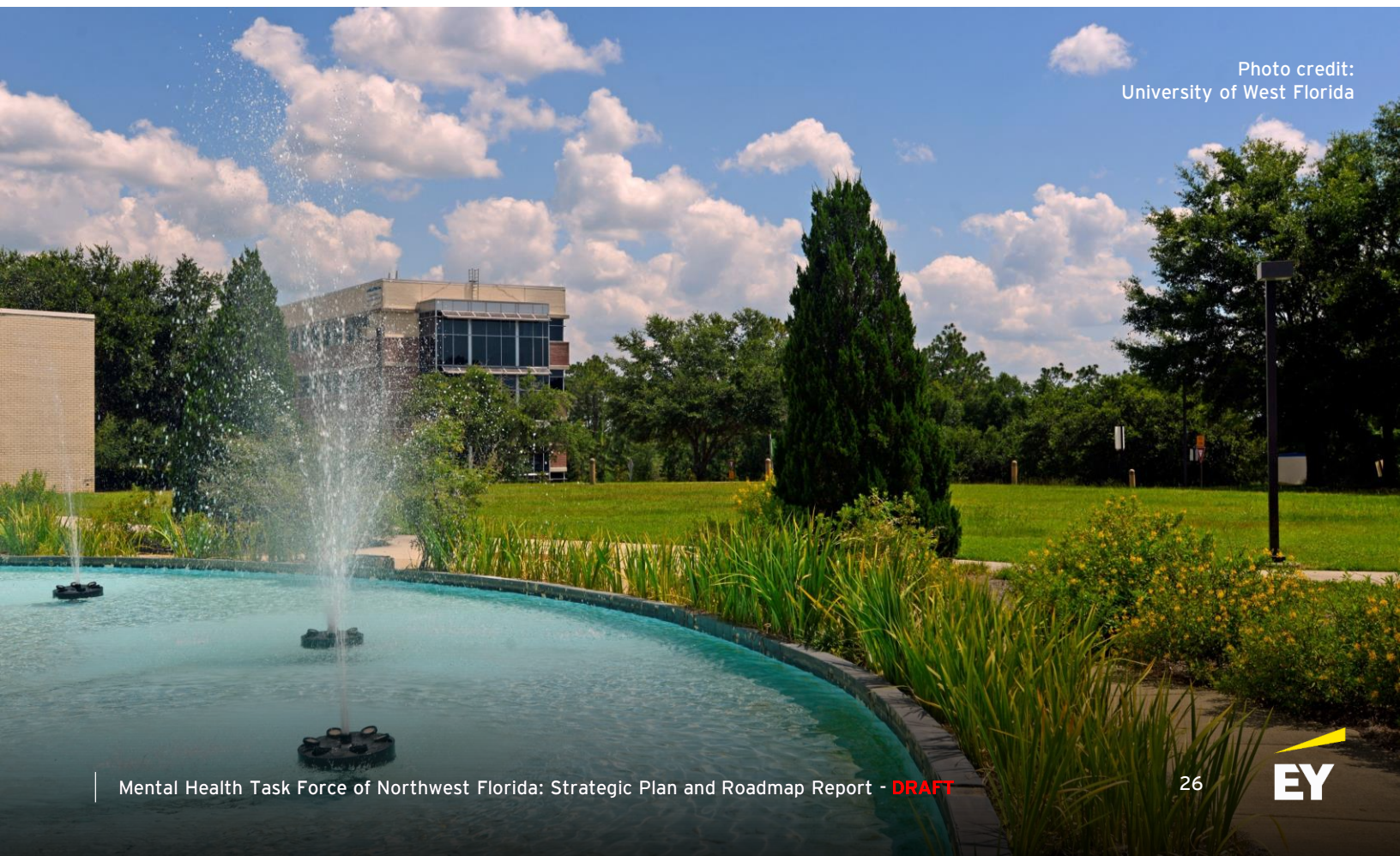


Photo credit:
University of West Florida

Leading practice

Independence Center St. Louis, St. Louis County, Missouri

Independence Center is a community-based rehabilitation program for adults that follows the clubhouse model and is accredited by Clubhouse International. Independence Center is the second-largest clubhouse in the world and offers several programs for members, including rehabilitation services, case management, housing support, employment services, education, daily meals and social opportunities. In addition to following Clubhouse International's core tenets, Independence Center activities are also defined by the belief that everyone deserves a chance to secure meaningful employment, that everyone deserves to live in an affordable and decent home, and that adults should be engaged in age-appropriate social opportunities. In 2022, Independence Center served 281 new members (a 19% increase from 2021), saw 22% of members that were previously unhoused receive housing, and provided almost 400 hours of free consultations with a primary care physician.

Website: <https://independencecenter.org/>

Budget: Independence Center had an approximate budget of \$8.5 million in 2022 (Independence Center 2022 Annual Report).

Photo credit:
University of West Florida

4.3 Expand peer support services

According to stakeholders, there is a need for training and hiring additional Peer Specialists for the delivery of outpatient, inpatient and crisis services. Inclusion of specialists into the workforce is a valuable step toward a recovery-oriented continuum of care. Increasing the number of Certified Peer Specialists (CPSs) through increased hiring and training to work at all levels of care can enhance a recovery-oriented BH continuum. CPS training is a standardized 40-hour training that prepares individuals with lived experience in BH recovery to appropriately use their experience in service of others. Based on a review of leading practices and other research, the peer specialist movement across the US has become an effective strategy for addressing stigma.

Actions and next steps to consider:

- ▶ Seek additional state-funded CPS training for BH provider agencies to recruit and hire CPSs to work in outpatient, inpatient and crisis settings.
- ▶ Increase enrollment of peers in the existing CPS training.
- ▶ Engage NAMI as a key partner in CPS recruitment and training, as well as peer specialist speakers to raise awareness around job opportunities for CPSs across the BH continuum.
- ▶ Develop a regional recovery plan in collaboration with NAMI targeting recruitment, training, community education and hiring initiatives.

Leading practice

Maryland Coalition of Families Columbia, Howard County, Maryland

Maryland Coalition of Families (MCF) is a nonprofit that is based in Howard County but offers services across the entire state to individuals and families experiencing behavioral health challenges. MCF offers family peer support services, which allow families experiencing behavioral health challenges to connect with others to offer emotional support, guidance and skill-building with those currently struggling. MCF also engages in advocacy efforts and provides families with guidance on how to engage with local and state elected officials to help influence mental and behavioral health policies in Maryland.

Website: <https://www.mdcoalition.org>

Budget: The Maryland Coalition of Families had a budget of almost \$5 million in 2020 (ProPublica).

5. Wraparound support

In the greater Pensacola community, initiatives that are non-clinical but support the needs of individuals with BH challenges include a Veterans Court and programs geared toward the homeless population, including a homeless coalition and homeless task force, as well as one housing and treatment program. Housing assistance for individuals experiencing behavioral health challenges is a significant community need, according to stakeholders, as well as a need for more permanent supported housing options for people to live independently in the community.

Below are proposed considerations and possible funding sources to help support wraparound efforts in the EscaRosa region:

Considerations:

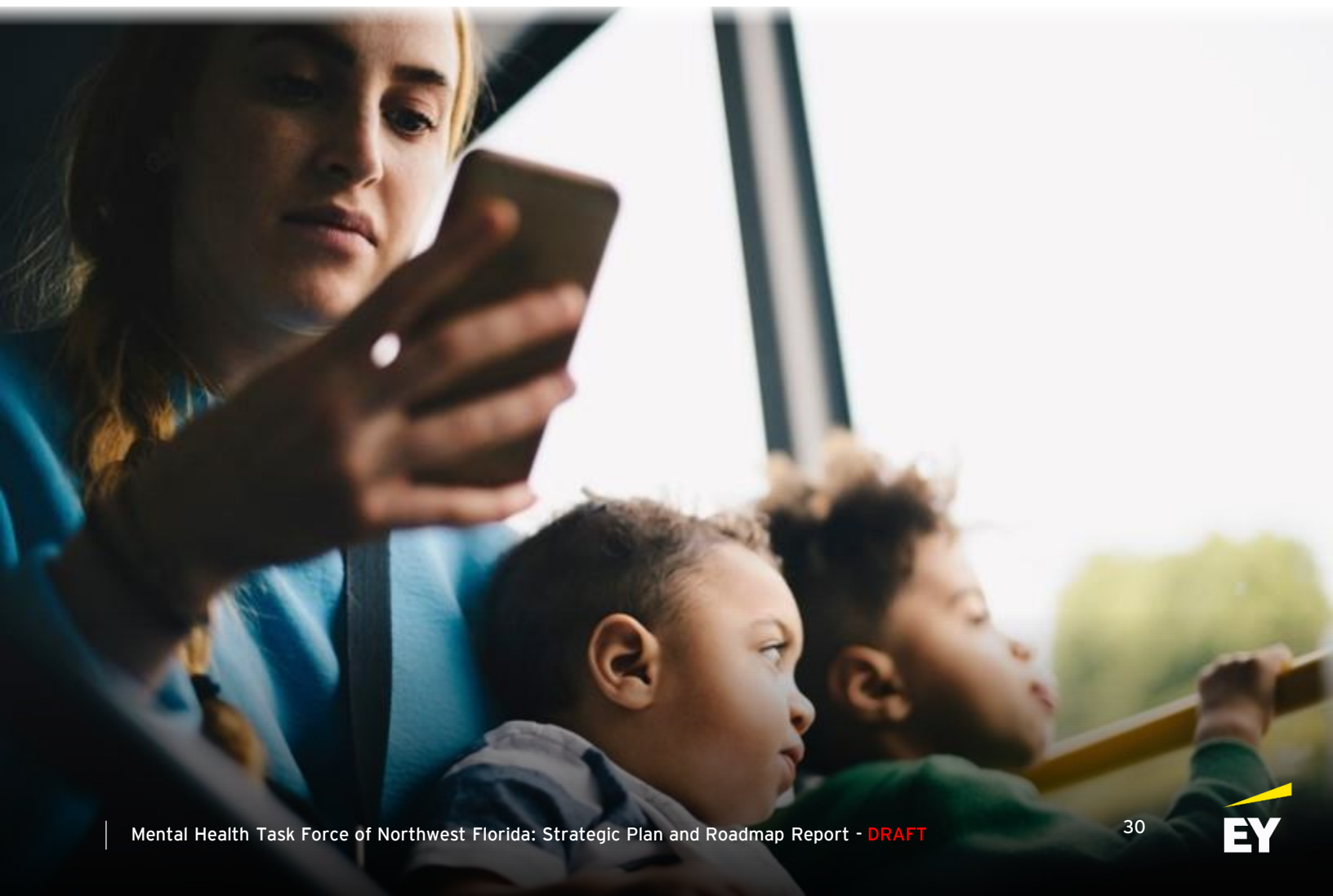
- ▶ Expand permanent supported housing
- ▶ Establish Mental Health Treatment Courts (MHTCs), also known as Accountability Courts or Diversion Courts
- ▶ Enhance non-emergency transportation assistance program

Possible funding sources:

- ▶ Increases in state allocations to the Pensacola Housing Authority could help support the expansion of supported housing, Section 8/Housing Choice vouchers and emergency housing. Stakeholders expressed the need for development of new 811 Project Based rental assistance.
- ▶ There is an opportunity to collaborate with the Florida Housing Finance Corporation, Escambia County and City of Pensacola and Greater Pensacola Chamber of Commerce to explore incentives for developers that construct permanent supported housing.
- ▶ The Bureau of Justice Assistance (BJA) provides regularly available grant funding in support of a range of intervention services and supports for which BH providers can apply. One such recent funding opportunity is the Adult Treatment Court Grant Program. Through this opportunity, BJA seeks applications for funding to plan, implement and enhance substance use treatment courts, including service coordination, management of treatment court participants, fidelity to the model and recovery support services. Services and programs can receive up to \$900,000 per award for planning and implementation, including no-cost training and technical assistance (TTA). Up to \$1 million can be awarded for enhancement, including no-cost TTA. Up to \$2.5 million can be awarded for initiatives, including no-cost technical assistance.

- Medicaid covers transportation for eligible individuals to and from the doctor's office, the hospital or another medical office for Medicaid-approved care. This coverage is called "non-emergency medical transportation." The BH providers and other Task Force members could identify transportation companies willing to provide this service and ways to increase awareness of access to this resource for eligible individuals.

The following pages go in depth on the proposed considerations and include additional actions to take and leading national practices.



5.1 Expand permanent supported housing

While the Task Force has a primary focus on the BH continuum of care for Santa Rosa and Escambia counties, the impact of homelessness and shortage of affordable and safe housing for the population of individuals with BH needs should be considered with focus on partnering agencies.

There is an opportunity to develop more supported housing options for residents, including access to desired BH services. Currently, in Santa Rosa and Escambia counties, there are 2,539 total units of state-funded supported housing (Housing Choice and Section 8) with a waiting list of 1,345 for housing vouchers, and a total of 203 Veterans Administration Supported Housing (VASH) program vouchers. There is one 14-unit 811 Project Based development located in Santa Rosa County.

Based on available information, there does not seem to be a plan for developing new affordable housing developments in Escambia County. The Florida Housing Finance Corporation could explore a state allocation to support the development of more affordable housing. Housing First is an approach that prioritizes the provision of permanent supported housing (PSH) for people experiencing homelessness. State-funded housing vouchers could be used to flexibly provide rental assistance for eligible individuals who are unhoused with BH needs.

Actions and next steps to consider:

- ▶ Housing Authority and Organizations that operate Homeless Programs should consider further advocacy for state legislative funding allocation for the Housing Authority that can help provide access to more PSH rental assistance vouchers.
- ▶ The Pensacola Housing Authority and the Florida Housing Finance Corporation in partnership with BH community-providers could collaborate to increase the availability of state funded housing vouchers for the population of homeless individuals with a severe and persistent mental illness (SPMI) and seek additional state and federal housing allocations for PSH and emergency housing.
- ▶ With funding for an additional Projects for Assistance in Transition from Homelessness (PATH) team, a BH provider could prepare housing applications, support subsequent placement, and provide ongoing case management and engagement.

Photo credit:
University of West Florida

5.2 Establish Mental Health Treatment Courts (MHTCs), also known as Accountability Courts or Diversion Courts

MHTCs would be staffed with peer specialists and treatment coordinators (BH clinicians) who provide services and supports to individuals needing court-ordered BH treatment. The program allows nonviolent offenders who have behavioral health needs to be appropriately deferred from incarceration and into court-ordered BH treatment. According to stakeholders, there is an opportunity to expand programs that divert people with behavioral health needs away from the criminal justice system and into appropriate treatment. MHTCs are a wraparound support that could assist with meeting the BH needs of justice-involved individuals in the EscaRosa region.

Actions and next steps to consider:

- ▶ A lead BH provider could identify and partner with civil court judges and create an MHTC/accountability court team. The team could develop a work plan to address operational, coordination, resource, information management and evaluation needs, including policies and practices related to implementation. It could be helpful to identify and collaborate with the local council of accountability court judges.
- ▶ Cultivate a BH and criminal justice collaboration that includes a judge, public defender, prosecutor, treatment coordinator, law enforcement and BH provider.
- ▶ Develop and execute a Memorandum of Understanding (MOU) between all parties and update annually as needed.
- ▶ National Drug Court Institute and Substance Abuse and Mental Health Services Administration offer resources that support states in reducing recidivism of offenders with BH needs.

Photo credit:
University of West Florida



Leading practice

Community First! Village Austin, Travis County, Texas

Community First! Village is a 51-acre master planned community with more than 500 micro-homes and RV/Park homes that provides affordable, permanent housing for individuals in the Austin area coming out of chronic homelessness. Community First! Village creates employment opportunities for residents through opportunities like selling goods at their farmers and community market or leading volunteer groups, and community members are also encouraged to get involved and visit Community First! Village to volunteer, shop, sponsor a home or attend an event. There are currently 339 formerly homeless neighbors now living in Community First! Village, and since 2021, residents have earned more than \$1.2 million in dignified income through Community Works and other opportunities.

Website: <https://mlf.org/community-first/>

Budget: Mobile Loaves and Fishes Inc. (which manages Community First! Village) had a budget of almost \$16 million in 2020 (ProPublica).

Leading practice

Broward County Mental Health Court Location: Fort Lauderdale, Broward County, Florida

Broward County established the first mental health court in the US in 1997 with the goal of improving interactions between the criminal justice and mental health systems and connecting individuals to the mental health resources they need. Broward County initially established a misdemeanor mental health court but has since expanded to also have a felony mental health court so it can treat more individuals. Research has found that mental health courts can lead to fewer jail bookings, greater numbers of treatment episodes, more favorable interactions between the legal system and individuals, and less likelihood of an individual incurring new charges or being arrested compared to a similar group of individuals that did not access a mental health court.

Website: <https://www.17th.flcourts.org/11-mental-health-county-court/>

Budget: Not publicly available

5.3 Non-emergency transportation assistance program

Stakeholders throughout Escambia and Santa Rosa counties identified the need to improve transportation to and from behavioral health and primary health non-emergency care appointments. There is a void in this type of wraparound support, causing individuals who do not have access to private transportation and are relegated to public transportation (which seems to be limited in the region) to miss appointments. For the BH system to effectively deliver care, individuals must be able to get to and from their medically necessary appointments.

Actions and next steps to consider:

- ▶ Many state Medicaid plans include non-emergency transportation for enrolled individuals who have no other means of transportation to be transported to services covered under the Medicaid program.
- ▶ Exploration of a procurement for this service may be necessary given the void. There are non-emergency transportation companies in other Florida regions that could be approached for contracting.

Additional transportation companies could be recruited and contracted by NWF Health Network to increase availability and accessibility.

Leading practice

HealthTran, led by the Missouri Rural Health Association 3 regions encompassing 18 counties, Missouri

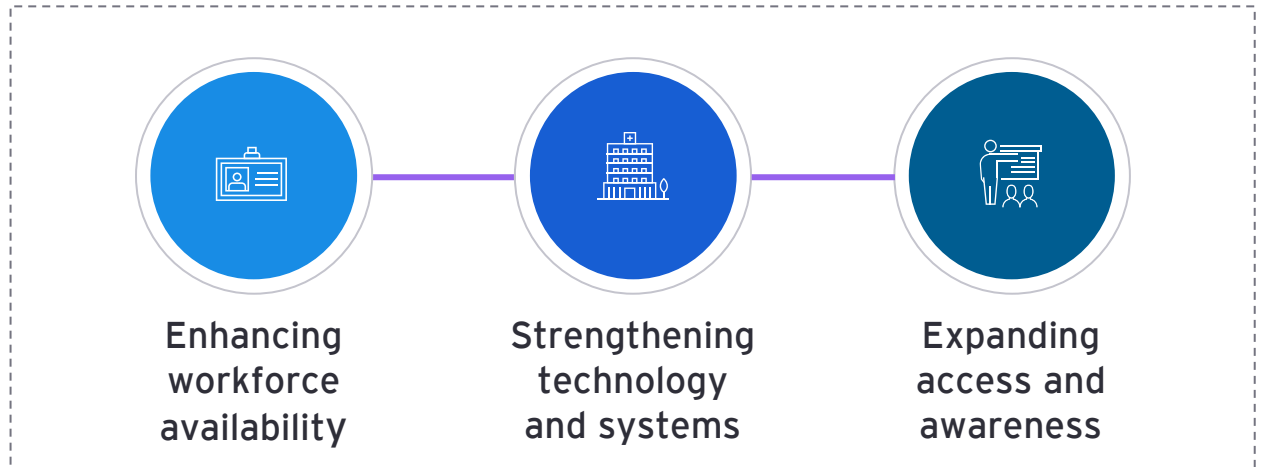
HealthTran is a volunteer program that helps close the transportation gap for individuals in rural Missouri by allowing them to schedule rides to and from health and wellness visits. HealthTran is led by the Missouri Rural Health Association, which works with local community members to connect health care, transit and volunteer organizations to implement the HealthTran model, which creates a one-stop online platform where rural residents can schedule rides to their health care appointments and are often driven by a volunteer. HealthTran saw significant growth during its pilot period from 2014-2017, with monthly riders increasing from four in the first month of implementation to a peak of 365 riders in April 2016, and now the program is being implemented in 18 counties across Missouri and looks to expand.

Website: <https://mrhassociation.org/healthtran/>

Budget: MRHA had a budget of approximately \$450,000 in 2020 (ProPublica).

Building capacity

Goal: The EscaRosa region has robust capacity to support a full continuum of care, including a skilled workforce, modernized data systems and impactful communications.



This second foundation of the strategic framework focuses on building the underlying capacity needed for all system-wide enhancements. The above areas of focus for capacity building were consistent themes in stakeholder conversations. As with the previous section, possible actions, next steps and funding sources are shared for consideration. Further evaluation of these and other opportunities is encouraged to optimize the BH continuum of care in the EscaRosa region.



Photo credit:
University of West Florida

1. Enhancing workforce availability

Among stakeholders' top concerns is the need for more credentialed behavioral health professionals who are prepared to provide high-quality care across the continuum of care. The region does have a solid baseline upon which to grow the BH workforce. Based on available data, there are almost 40 psychologists and 15 psychiatrists per 100,000 people in Escambia County in particular (Lightcast 2022; US Census 2021, adapted by EY, 2023). Like many other industries and sectors locally and nationally, there is a need to continually cultivate a skilled, educated workforce to meet consumer demand.

Enhancing workforce availability involves attracting, developing and retaining more professionals across the talent pipeline from students to BH professionals with multiple years of experience. Providing a competitive compensation package is necessary to recruit and retain BH professionals. Stakeholders have expressed challenges in their ability to offer attractive salaries in part because of an existing Medicaid reimbursement rate that does not support the cost-of-service delivery.

The University of West Florida (UWF) College of Health has a board of advisors that includes area hospitals, BH service providers and other educational partners. Many of the organizations represented on the board are also members of the Task Force. The creation of a board behavioral health committee focused on understanding and addressing BH workforce needs could be valuable in the exploration of the possible initiatives listed below and other opportunities, as well as coordinating efforts among employers, educational institutions and other participating organizations.

Below are proposed initiatives and possible funding sources to help workforce efforts in the EscaRosa Region:

Initiatives:

- ▶ Develop a regional undergraduate and graduate assistantship.
- ▶ Enhance training for existing BH professionals and others.
- ▶ Create a regional behavioral health talent attraction initiative.

Possible funding sources:

- ▶ SAMHSA provides regularly available grant funding in support of a range of BH services and supports for which BH providers can apply. One such recent funding opportunity is the Minority Fellowship Program. The purpose of this program is to recruit, train and support master's and doctoral level students in behavioral health care professions by: (1) increasing the knowledge of mental and/or substance use disorder behavioral health professionals on issues related to prevention, treatment and recovery support for individuals who are from racial and ethnic minority populations and have a mental or substance use disorder; (2) increasing the number of culturally competent mental and substance use disorders professionals who administer services and provide direct mental and/or substance use disorder services to racial and ethnic minority populations. The anticipated award amount is up to \$1,967,863 per year.

- BH providers may consider becoming a National Health Service Corps (NHSC) member site to receive funding support for scholarships and loan repayment. The NHSC also offers loan repayment programs through specific educational institutions for students pursuing certain health professions degrees.
- A regional workforce development fundraising campaign that includes a pilot initiative for BH talent attraction could be explored.



Photo credit:
Pensacola Christian College

1.1 Develop a regional undergraduate and graduate assistantship

Establishing a regional assistantship for those seeking undergraduate and graduate degrees in behavioral health-related fields, such as psychology and social work, could help attract and retain more aspiring and experienced BH professionals. This could be done in partnership with hospitals and other providers. The assistantship could provide an array of benefits to undergraduate and graduate students, including scholarships and fellowships, housing stipends, internships and other work-based learning, as well as loan forgiveness. Such a program could also help attract more entry-level and experienced BH professionals to the region.

Actions and next steps to consider:

- ▶ The UWF BH workforce committee in collaboration with the Task Force could explore and plan the development of the assistantship, as well as define the roles and contributions of each partner to bring it into fruition.
- ▶ BH providers may consider becoming National Health Service Corps (NHSC) member sites to receive funding support for scholarships and loan repayment by meeting certain eligibility criteria.
- ▶ The NHSC also offers loan repayment programs through specific educational institutions for students pursuing certain health professions degrees.
- ▶ The UWF BH workforce committee could assist with applications to the NHSC and other funding sources.
- ▶ If the assistantship moves forward, consideration could be given to marketing the opportunity as part of a regional BH talent attraction effort (as described on page 42).
- ▶ Task Force members in partnership with DCF and DMAS could explore facilitation of a Medicaid rate study and cost analysis. Outcomes could be used to make appropriate rate adjustments.

Photo credit:
Pensacola Christian College

Leading practice

Hogg Foundation for Mental Health - Funding Opportunities Texas (provides funding opportunities around the state)

The Hogg Foundation provides funding and support to communities and individuals across Texas to strengthen conditions that support mental health and eliminate conditions that harm mental health. It offers several grants and scholarships to encourage students, especially students of color, to pursue careers in behavioral health, including the Ima Hogg scholarship for students pursuing a master's degree in social work, the Stephany June Bryan: Bold Spirit of Achievement Scholarship for people of color personally impacted by mental health challenges, and the Harry E. and Bernice M. Moore Fellowship that provides \$20,000 in funding to a doctoral student at the University of Texas at Austin who is working on dissertations related to the mental health needs of Texans. Since October 2017, the Hogg Foundation for Mental Health has awarded almost \$5 million in scholarships for students studying to become behavioral health professionals across the state.

Website: <https://hogg.utexas.edu/>



Photo credit:
University of West Florida

1.2 Enhance training for existing BH professionals and others

A behavioral health workforce can be composed of licensed clinical providers, certified providers and unlicensed, non-certified (paraprofessional) providers. Licensed clinical BH providers include psychiatrists, psychologists, advanced practice psychiatric nurses, nurse practitioners, social workers, licensed professional counselors, marriage and family therapists, licensed addiction counselors, and other licensed providers. There may also be certified BH providers (e.g., certified addiction counselors, prevention specialists, peer recovery specialists) who can provide direct care to clients and/or support the licensed providers.

Cross-training, or task-shifting, to equip behavioral health professionals and others with the knowledge and skills needed to support varying levels of care delivery, including therapeutic interventions, is a workforce expansion opportunity to explore. This type of training often involves employing a psychiatric/mental health technician to augment required staffing patterns and the delivery of basic support duties.

Actions and next steps to consider:

- ▶ The UWF BH workforce committee in collaboration with the Task Force could develop a regional training program to increase the number of behavioral health care, licensed or unlicensed staff working in it.
- ▶ Establishing a shared tracking method (possibly as part of an interagency reporting system discussed on page 29) could help enhance understanding of BH workforce needs on an annual or semi-annual basis.
- ▶ Participating colleges, universities and training centers could create, update and/or expand related programs and modules to train and upskill BH professionals. Professional associations, such as the American Psychological Association (APA), National Association of Social Workers (NASW) and others have continuing education programs and resources that could be integrated into the enhanced training.

Leading practice

John H. Magill SC School Behavioral Health Academy South Carolina

The John H. Magill SC School Behavioral Health Academy received \$3.2 million in the fall of 2022 to fund its efforts for two years, which includes developing and deploying an online learning system, resource mapping and needs assessments for certain regions, and enhanced training for educators. These trainings and learning opportunities are designed to enhance knowledge of mental health for educators at all levels, from superintendents to maintenance staff, which will allow them to proactively and more effectively identify and support students with mental health issues. The program was started in recognition that students and adolescents need more mental health care and support, particularly after the COVID-19 pandemic, and that the education system could learn and implement skills and knowledge related to behavioral health without having to pursue an associate's or bachelor's degree. Online learnings are available to educators for free.

Website: <https://scsbha.org/>

Photo credit:
University of West Florida

1.3 Create a regional behavioral health talent attraction initiative

Local hospitals and providers who employ BH professionals are actively seeking to recruit and retain the workforce they need to provide quality services across the continuum of care. A coordinated talent attraction initiative between BH service providers and partners could contribute to an enhanced professional workforce consisting of undergraduate and graduate students, entry-level practitioners, and experienced professionals and leaders. In addition to marketing the Escarosa region as a great place for BH professionals to work and enjoy life, this type of campaign could be supplemented by a variety of incentives that could include tuition assistance and reimbursement, housing vouchers and behavioral health benefits for the professionals themselves. The campaign could be developed as a pilot the expand over time to address other health occupations, and possibly other industries (<https://www.advisory.com/daily-briefing/2022/03/03/employee-benefits>).

Actions and next steps to consider:

- ▶ See above SAMHSA grant.
- ▶ Florida West could play a leading role in piloting this initiative in collaboration with the Task Force members.
- ▶ It could be helpful to collaborate with service providers to understand current talent acquisition efforts, as well as target colleges/universities and geographies for marketing efforts.
- ▶ With an understanding of current talent acquisition efforts underway by the organizations that employ BH talent, a collective talent attraction marketing plan could be developed, including identification of effective communication channels for target higher education institutions and markets.
- ▶ Communication channels could include social media, internet advertising and content streaming platforms, with information disseminated by colleges and universities, among other conduits.
- ▶ Determine potential financial and other incentives that could be leveraged to generate additional interest among BH professionals to relocate to and/or stay in the greater Pensacola community.

Leading practice

Greater Fargo Moorehead Economic Development - Workforce Marketing Campaign

Fargo Moorhead region (Cass County, North Dakota and Clay County, Minnesota)

Through a North Dakota state grant, the Greater Fargo Moorehead Economic Development Corporation (GFMEDC) launched a targeted marketing plan focused on occupations in health care and manufacturing. GFMEDC conducted occupation focus groups to understand the interests of those working in the target industries and to develop a marketing plan that takes their preferences into consideration. The organization identifies and gathers information on candidates and cultivates connections trust through two-way email communication that supports their decision to move to the region. The campaign has a YouTube channel and two dedicated websites - one that provides a comprehensive overview of working and living opportunities (<https://liveinfmarea.com>), and another that provides a virtual tour of the community assets, such as recreation and entertainment, neighborhoods, education and health care). Beyond virtual engagement a live event was hosted in Minneapolis, MN.

GFMEDC has set a goal to fill an additional 300 open positions and attract up to 1,000 people in the market through the campaign. The organization also has talent retention partnership with Campus FM (<https://campus-fm.org>), which is an initiative that seeks to grow the metro area's workforce by retaining more college students.

Website: <https://gfmedc.com>

Budget: Initial investment for the workforce attraction initiative is \$600,000 (\$450,000 from through the state grant and \$150,000 from a GFMEDC fundraising campaign).

2. Strengthening technology and systems

There are essential systems needed to bolster the capacity and quality of behavioral health service delivery in the greater Pensacola community. Stakeholders shared a desire to improve data technology platforms. In particular, BH service providers seek more efficient ways to share individuals' data in a manner that is seamless and meets HIPAA guidelines. DCF plays a vital role in the management of data and measurement of outcomes and will likely be actively engaged in this effort.

Below are proposed initiatives and possible funding sources to help support technological efforts in the EscaRosa region:

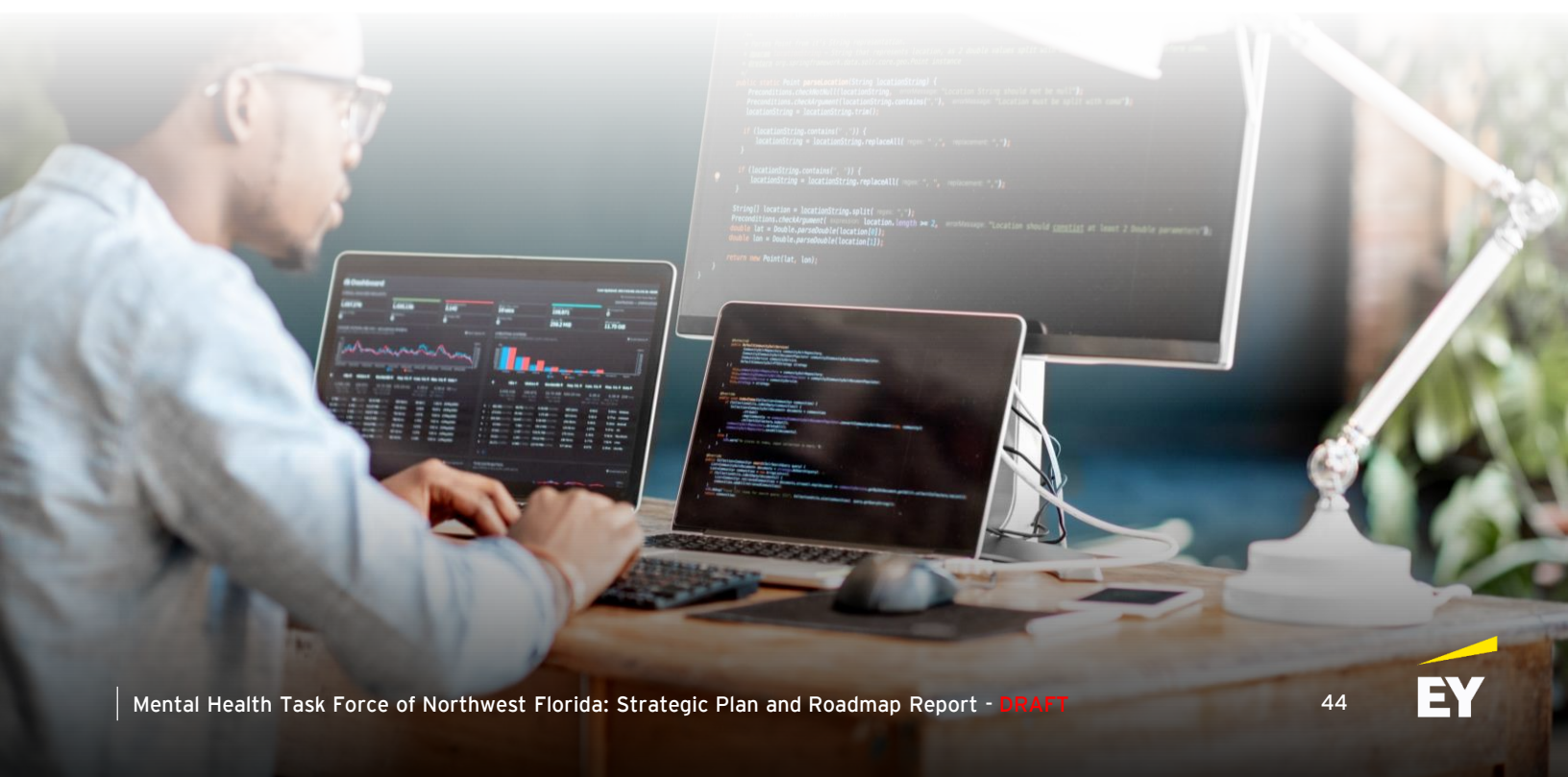
Initiatives:

- ▶ Improving interoperability and data sharing

Possible funding sources:

- ▶ Funding for some state Health Information Exchange (HIE) activities is already available to states through the Medicaid Electronic Health Records (EHR) Incentive Program as authorized by the American Recovery and Reinvestment Act (ARRA).
- ▶ DCF state funds could be legislatively allocated to support improvements in the region's BH data management system.

The following pages go in depth on the proposed initiatives, and include additional actions to take and leading national practices.



2.1 Improving interoperability and data sharing

Developing more effective interoperability to provide better information and data sharing among behavioral health, physical health and social service providers, as well as related government authorities, could contribute to a more optimal continuum of care. Better data integration could improve patient care, according to multiple stakeholders. This could entail implementing HIPAA-compliant information-sharing agreements among behavioral health, law enforcement/justice system entities and other partners.

There is also an opportunity to better integrate data around BH workforce supply and demand. An updated data system could also include inputs on provider workforce needs and the number of individuals who have acquired qualifying credentials and experience to fill various BH roles.

Actions and next steps to consider:

- ▶ Efforts to maximize the existing data warehouse could be taken. Enhancing the partnership with Strategic Health Intelligence (SHI) so that more BH providers can become affiliated partners could be a valuable step.
- ▶ Further partnership with SHI for BH data portal and dashboard development to support BH outcomes sharing and real time data reporting.
- ▶ Explore expansion of access to BH data for eligible providers and partners.
- ▶ Engaging professional services firms with health data and information technology specializations could be a vital step toward designing an integrated BH data system that meets the needs of BH providers and professionals, and the individuals they serve. This kind of system may have broader public health applications that could generate an even greater impact.
- ▶ Activation of data-sharing agreements could be enacted between law enforcement, EMS and BH agencies specific to the target population. Consideration for EHR interface/allowable PHI data is needed.
- ▶ Collaborating with colleges, universities and workforce development partners that have established access to large data systems can bolster BH workforce analysis and advance related data-sharing efforts.
- ▶ Leveraging the UWF Health Center state-level data dashboard is also a possibility.

Leading practice

Georgia Collaborative Administrative Services Organization (ASO) Georgia

Made up of three partner companies, including the Georgia Crisis and Access Line, Carelon Behavioral Health and Qlarant, the Georgia Collaborative ASO seeks to promote integrated behavioral health and developmental disability support services within the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) network of providers. The Georgia ASO is a repository of all data from DBHDD-contracted service providers statewide, inclusive of service delivery and outcomes. One key aspect of the Georgia Collaborative ASO's work is that they conduct several annual reviews that gather data on the availability and quality of behavioral health care, crisis stabilization, and intellectual and developmental disability services across the state. These reports consist of aggregated information from a variety of providers across the state to help the DBHDD and network of providers better understand how they are collectively meeting the needs of residents, as well as areas where they can improve in terms of service quality and delivery for patients of all ages in Georgia.

Website: <https://www.georgiacollaborative.com/>

Budget: The Georgia DBHDD total budget was \$1.4 billion in 2020; its administrative budget (including ASO) was \$2.3 million in 2021 (Georgia.gov).



3. Expanding access and awareness

Stakeholders stated that limited accessibility to affordable behavioral health care programs and services, as well as limited knowledge of those offerings, are challenges for many residents. While there are numerous areas that can be improved and expanded in the continuum of care, there are also existing valuable programs and resources that may not be reaching those who need them due to lack of awareness and other factors.

Below are proposed initiatives and possible funding sources to help support accessibility and awareness efforts in the EscaRosa region:

Initiatives:

- Broaden community public information campaign

Possible funding sources:

- SAMHSA provides regularly available grant funding in support of a range of BH services and supports for which BH providers can apply. A recent funding opportunity is the Mental Health Awareness Training Grant. The purpose of this program is to provide education on resources available in the community for individuals with a mental illness and other relevant resources, including how to establish linkages with school and/or community-based mental health agencies. Anticipated award amount: up to \$200,000 per year.
- Funds could be prioritized to support a targeted BH media campaign that seeks to improve public awareness, provision of information and de-stigmatization of help-seeking.

The following pages go in depth on the proposed initiatives, and include additional actions to take and leading national practices.

Photo credit:
University of West Florida



3.1 Broaden community public information campaign

Building upon the Task Force's current efforts to raise awareness around mental health and substance misuse can further advance the information and awareness campaign for the EscaRosa region. Creating public service announcements (PSAs) to help disseminate useful information on behavioral health through targeted, customized messaging for youth and adult audiences, as well as individuals from diverse cultural backgrounds, can contribute to greater access and awareness. Outlets to consider include radio, television, movie theaters, billboards, social media platforms and internet ads.

Actions and next steps:

- ▶ Task Force members could evaluate the effectiveness of the initial community campaign and coordinate with NWFHN to develop the next iteration of the campaign.
- ▶ Marketing, public relations and communications professionals from the hospitals and agencies could be invited to join the workgroup and assist with audience segmentation, identification of communication channels, content development and dissemination.
- ▶ Partnering with a professional services firm with marketing and public relations capabilities could also be considered.

Leading practice

Ad Council Mental Health Initiative United States (Nationwide)

The Ad Council has launched a multiyear Mental Health Initiative in partnership with the Huntsman Mental Health Institute. The council has experience with customized local mental health-related campaigns designed to reach a variety of age groups and communities. "Seize the Awkward" is one campaign it has sponsored that targets young adults. Through a series of PSAs distributed via online videos and social media the campaign shares tips, guides and resources to encourage young people to seek help, as well as encourage others to do so, when they need to understand and process a variety of emotions they may be navigating.

Another Ad Council campaign, "Don't Wait, Reach Out," aims to help reduce suicide rates among US military veterans. The campaign's website (<https://www.va.gov/REACH/>) makes guidance and support services more accessible, and provides resources for the family members and friends of veterans. Recent PSAs are specifically targeted to women and older veterans.

Website: <https://www.adcouncil.org>

Budget: The Ad Council campaign has a budget of \$65 million to support a variety of mental health and substance misuse campaigns.

Implementation roadmap

Overview

The future state strategic plan presents numerous opportunities to expand or improve upon the substantive work that is already underway in the area of behavioral health services, programs and support. The collaboration that has been fostered by the Task Force and other groups has played a significant role in the development of the BH continuum of care. Coordination and alignment around vital services and initiatives will contribute to elevated quality and results that benefit the health and wellbeing of individuals and families in the EscaRosa region.

The following implementation roadmap is intended to serve as a guide and working draft for future collaborative efforts. Specific actions, timeframes and partners may differ from what is listed, or change as a result of ongoing due diligence and planning. The Task Force is considered a valuable asset and conduit for continued and enhanced collaboration and alignment. Grant writing, funding advocacy and other efforts to secure financial resources may be relevant to numerous services, programs and initiatives.

As the region's behavioral health managing entity, NWF Health Network is well-positioned to serve as the “lead navigator” for the advancement of the strategic plan. In this role, NWFHN could work closely with lead and supporting partners by providing guidance, coordination and resources across the service areas and initiatives.

The plan and the roadmap could be updated periodically based on new data, emerging insights and changing conditions within the behavioral health landscape.

Optimizing the continuum of care

Prevention



Services and programs	Actions, next steps and timeframes	Lead partners	Supporting partners
Expand school-based and community-based prevention services and programs	<ul style="list-style-type: none">▶ Interagency mental health and wellness events, <u>2023 (Ongoing)</u>▶ Explore hosting events during Red Ribbon Week, <u>2023 (Start)</u>▶ Educational webinars for students in schools, and youth and adults in the community, <u>2024 (Start)</u>▶ Increase bilingual communications translations, <u>2023 (Ongoing)</u>▶ Prevention efforts can align with other plans, <u>2023 (Start)</u>	School-based <ul style="list-style-type: none">▶ Escambia County Schools▶ Santa Rosa County Schools Community-based <ul style="list-style-type: none">▶ Lakeview Center	

Optimizing the continuum of care

Prevention, *continued*



Services and programs	Actions, next steps and timeframes	Lead partners	Supporting partners
Establish a regionwide, substance use disorder (SUD) prevention initiative	<ul style="list-style-type: none">▶ Integrated into Red Ribbon activities, <u>2023 (Start)</u>▶ Consider Sources of Strength for school activities, <u>2023 (Start)</u>▶ Enhance coordination efforts for SUD prevention programs, <u>2024 (Start)</u>▶ Conduct needs assessment, <u>2024 (Start)</u>▶ Distribute Naloxone kits to emergency responders, <u>2024 (Start)</u>▶ Collaborate efforts for a warm line call center, <u>2024 (Start)</u>	<ul style="list-style-type: none">▶ Lakeview Center▶ NAMI	

Intervention

Lead navigator: NWF Health Network

Services and programs	Actions, next steps and timeframes	Lead partners	Supporting partners
Enhance co-responder capabilities	<ul style="list-style-type: none"> ▶ Collaborate with Escambia and Santa Rosa county police departments to conduct a needs assessment for enhanced capabilities, <u>2023 (Start)</u> ▶ Pilot a joint co-responder program between BH providers and local law enforcement, <u>2024 (Start)</u> ▶ Partner with NAMI and DCF, <u>2024 (Start)</u> 	<ul style="list-style-type: none"> ▶ Pensacola Police Department ▶ Escambia County Sheriff's Office ▶ Santa Rosa County Sheriff's Office ▶ Lakeview Center 	
Implement Transitional Residential Treatment (TRT)	<ul style="list-style-type: none"> ▶ Expansion of short-term residential sites, <u>2024 (Start)</u> ▶ State plan for residential rehabilitation as a reimbursable service, <u>2024 (Start)</u> 	<ul style="list-style-type: none"> ▶ Lakeview Center 	
Expand Community Action Team (CAT) and Link, Engage, Assess, Plan (LEAP)	<ul style="list-style-type: none"> ▶ Evaluation of current CAT and LEAP programs, <u>2023 (Ongoing)</u> ▶ Seek to establish a CAT and LEAP team for each county, <u>2024 (Start)</u> 	<ul style="list-style-type: none"> ▶ Lakeview Center 	

Crisis



Services and programs	Actions, next steps and timeframes	Lead partners	Supporting partners
Establish a community-based Behavioral Health Crisis Center (BHCC)	<ul style="list-style-type: none"> ▶ Community BH provider lead agency pursues start-up funding to support a behavioral health crisis center, <u>2024 (Start)</u> ▶ Facilitation of policy development to support the BHCC development, <u>2024 (Start)</u> ▶ Hiring of peer specialists, nurses and other staff, and facility identification, <u>2024 (Start)</u> 	<ul style="list-style-type: none"> ▶ Lakeview Center ▶ Baptist Hospital ▶ HCA Florida West 	
Expand mobile response team	<ul style="list-style-type: none"> ▶ Hire CPSs to work with licensed BH MRT staff, <u>2024 (Start)</u> ▶ Hire BH licensed staff with SUD and MH experience, <u>2024 (Start)</u> ▶ Increase awareness of how to access MRT, <u>2023 (Start)</u> 	<ul style="list-style-type: none"> ▶ Lakeview Center 	

Recovery

Lead navigator: NWF Health Network

Services and programs	Actions, next steps and timeframes	Lead partners	Supporting partners
Establish a drop-in center	<ul style="list-style-type: none"> ▶ Establish BH provider and community organization for implementation, <u>2024 (Start)</u> ▶ Hire certified peer specialists for this center, <u>2024 (Start)</u> 	▶ Lakeview Center	
Explore the development of clubhouses	<ul style="list-style-type: none"> ▶ Evaluate clubhouse models for community implementation, <u>2023 (Start)</u> ▶ Planning and development with location partner, <u>2024 (Start)</u> ▶ Engage youth peers for employment or volunteers, <u>2024 (Start)</u> 	▶ NAMI	

Recovery, continued



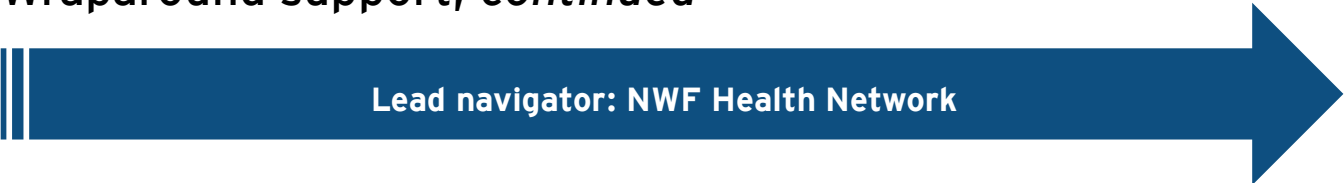
Services and programs	Actions, next steps and timeframes	Lead partners	Supporting partners
Expand peer support services	<ul style="list-style-type: none">▶ Increase enrollment of peers in existing CPS training, <u>2023 (Ongoing)</u>▶ Seek additional state-funded CPS training, <u>2023 (Start)</u>▶ Collaborate with partners to recruit and train more CPSs, and engage peer specialists in raising awareness around career opportunities, <u>2024 (Start)</u>	<ul style="list-style-type: none">▶ NAMI▶ DCF	

Wraparound support

Lead navigator: NWF Health Network

Services and programs	Actions, next steps and timeframes	Lead partners	Supporting partners
Expand permanent supported housing	<ul style="list-style-type: none"> ▶ Develop state legislative funding plan, <u>2024 (Start)</u> ▶ Initiate collaboration between PHA, BH agencies and more to provide specific housing vouchers, <u>2023 (Start)</u> ▶ Set up case management for individuals utilizing PSH, <u>2024 (Start)</u> 	<ul style="list-style-type: none"> ▶ Pensacola Housing Authority ▶ Homelessness Task Force 	
Establish Mental Health Treatment Courts (MHTCs)	<ul style="list-style-type: none"> ▶ Form court-judge and BH provider partnership, <u>2024 (Start)</u> ▶ Collaboration between BH and criminal justice groups, <u>2024 (Start)</u> ▶ Develop MOU between all groups, <u>2025 (Start)</u> ▶ Utilize national MHTC resources, <u>2025 (Start)</u> 	<ul style="list-style-type: none"> ▶ <i>TBD</i> 	

Wraparound support, *continued*



Services and programs	Actions, next steps and timeframes	Lead partners	Supporting partners
Non-emergency transportation assistance	<ul style="list-style-type: none">▶ Consider Medicaid plans for non-emergency transportation, <u>2024 (Start)</u>▶ Develop procurement for new services, <u>2025 (Start)</u>	<ul style="list-style-type: none">▶ DCF	

Performance metrics

Services and programs	Outcomes	Impacts	Data sources
Prevention	Increased number of student BH screening services	Decreased percentage of students entering elevated programs and services	<ul style="list-style-type: none"> ▶ Escambia County ▶ Santa Rosa County ▶ County school districts
Intervention	Increased number of people served via ACT and LEAP	Decreased rates of recidivism for ACT- and LEAP-enrolled individuals	<ul style="list-style-type: none"> ▶ NWF Health Network ▶ Providers ▶ Strategic Health Initiative (HIE)
Crisis	Decreased rate of law enforcement response to BH crisis	Increased engagement with BH prevention and intervention services	<ul style="list-style-type: none"> ▶ Providers ▶ Strategic Health Initiative (HIE)
Recovery	Increased number of individuals engaged in drop-in and clubhouse services	Decreased rate of inpatient recidivism	<ul style="list-style-type: none"> ▶ Providers
Wraparound support	Increased funding for new and enhanced supports	Increased number of individuals served	<ul style="list-style-type: none"> ▶ Providers

Building capacity

Enhancing workforce availability

Lead navigator: NWF Health Network

Initiatives	Actions, next steps and timeframes	Lead partners	Supporting partners
Develop a regional undergraduate and graduate assistantship	<ul style="list-style-type: none"> ▶ Collaboration between UWF BH workforce committee and Task Force, <u>2023 (Start)</u> ▶ Providers pursue NHSC membership in collaboration with colleges and universities, <u>2025 (Start)</u> ▶ Exploration of NHSC loan repayment options, <u>2025 (Start)</u> ▶ UWF BH workforce committee can provide administrative oversight, <u>2025 (Start)</u> ▶ Talent attraction marketing, <u>2025 (Start)</u> ▶ Further group collaboration and cost analysis, <u>2025 (Start)</u> 	<ul style="list-style-type: none"> ▶ University of West Florida (BH workforce committee) ▶ Pensacola Christian College ▶ Pensacola State Community College ▶ Lakeview Center 	

Building capacity

Enhancing workforce availability

Lead navigator: NWF Health Network

Initiatives	Actions, next steps and timeframes	Lead partners	Supporting partners
Enhance training for existing BH professionals and others	<ul style="list-style-type: none">▶ Task Force collaboration with higher ed, workforce partners and providers to develop training programs, <u>2023 (Start)</u>▶ Integrate workforce data sharing into interagency reporting system for the workforce, <u>2024 (Start)</u>▶ Partnerships with colleges/universities to expand trainings, <u>2024 (Start)</u>▶ State opportunities to focus on BH workforce initiatives, <u>2023 (Ongoing)</u>	<ul style="list-style-type: none">▶ University of West Florida▶ Pensacola Christian College▶ Pensacola State Community College	

Enhancing workforce availability, continued

Lead navigator: NWF Health Network

Initiatives	Actions, next steps and timeframes	Lead partners	Supporting partners
Create a regional behavioral health talent attraction initiative	<ul style="list-style-type: none"> ▶ Gather insights to understand current talent attraction and marketing efforts, as well as locations, <u>2023 (Start)</u> ▶ Pursue SAMHSA grant opportunities, <u>2023 (Start)</u> ▶ Coordinate with partners to plan initiative, <u>2024 (Start)</u> ▶ Align marketing and communications efforts with providers and higher ed institutions, <u>2024 (Start)</u> ▶ Identify media and communications channels, <u>2024 (Start)</u> ▶ Identify potential incentives for potential BH professionals, <u>2024 (Start)</u> ▶ Launch campaign, <u>2025 (Start)</u> 	<ul style="list-style-type: none"> ▶ Greater Pensacola Chamber of Commerce 	

Strengthening technology and systems

Lead navigator: NWF Health Network

Initiatives	Actions, next steps and timeframes	Lead partners	Supporting partners
Improving interoperability and data sharing	<ul style="list-style-type: none"> ▶ Leverage the existing data warehouse, <u>2023 (Ongoing)</u> ▶ Utilize UWF Health Center state-level data dashboard, <u>2023 (Ongoing)</u> ▶ Explore expansion of access to BH data for eligible providers and partners, <u>2023 (Start)</u> ▶ Engage professional services firms with health data and information technology specializations, <u>2024 (Start)</u> ▶ Activate data-sharing agreements between law enforcement, EMS and BH agencies, <u>2024 (Start)</u> ▶ Collaborate with colleges, universities and workforce development partners on BH workforce supply and demand data, <u>2025 (Start)</u> 	<ul style="list-style-type: none"> ▶ Lakeview Center ▶ Achieve Healthy EscaRosa 	

Expanding access and awareness



Initiatives	Actions, next steps and timeframes	Lead partners	Supporting partners
Broaden community public information campaign	<ul style="list-style-type: none">▶ Convene committee or project workgroup, <u>2023 (Ongoing)</u>▶ Participation of marketing, PR and communications professionals, and partnerships with firms with relevant expertise, <u>2024 (Start)</u>▶ Contract with a professional marketing firm, <u>2024 (Start)</u>	<ul style="list-style-type: none">▶ Mental Health Task Force members <i>[Can identify specific organizations if appropriate]</i>	

Performance metrics

Services and programs	Outcomes	Impacts	Data sources
Workforce availability	<ul style="list-style-type: none"> ▶ Increase in number of behavioral health professionals (e.g., psychologists, LCSWs, CACs, APRNs) ▶ Retention of BH workforce in positions at the 12-month interval 	<ul style="list-style-type: none"> ▶ Percentage decrease of annual BH job vacancies 	<ul style="list-style-type: none"> ▶ Providers ▶ Human resources data
Technology and systems	<ul style="list-style-type: none"> ▶ Increased data sharing among BH hospital and BH community providers ▶ Implementation of data sharing MOAs 	<ul style="list-style-type: none"> ▶ Decreased redundancy in data collection ▶ Enhanced comprehensive, timely service provision 	<ul style="list-style-type: none"> ▶ NWF Health Network ▶ Strategic Health Initiative (HIE)
Expanding access and awareness	<ul style="list-style-type: none"> ▶ PSAs disseminated through various channels (e.g., number of viewers, website visitors, social media impressions) ▶ Updated resource information for 211 	<ul style="list-style-type: none"> ▶ Increased community awareness of BH resources 	<ul style="list-style-type: none"> ▶ Estimated audience reach provided by media and advertising partners ▶ Social media platforms used ▶ Task Force-generated digital poll of residents (representative sample of community) to gauge awareness before and after elevated campaign elements



Conclusion



This project is evidence of Escambia County's and Santa Rosa County's ongoing commitment to providing access to high-quality behavioral health care for residents. The strategic alignment plan can help to reinforce the progress that is already being made to enhance the quality of mental health and substance misuse programs and services. The plan and supplemental roadmap provide opportunities and tangible steps to consider on the path toward actualizing an optimal continuum and fortifying collective capacity to achieve that aspiration.

The EscaRosa region has made considerable progress and is positioned to make an even greater impact in the provision of quality BH programs and services for all residents in the community.



Appendix placeholder: Summary of background research and discovery

Behavioral health landscape overview

The final strategic plan report will include a comprehensive summary of background research and discovery conducted during the project. Items to be included are:

- ▶ Background information review of 30+ documents and data sources
- ▶ Environmental scan of key services and programs currently available
- ▶ Aggregated summary of 110+ stakeholder perspectives
- ▶ Funding for behavioral health at a national and state level
- ▶ Summary of national models and leading practices, which are integrated into the strategic plan from the following communities:
 - ▶ Alabama (Madison County)
 - ▶ Florida (Manatee County)
 - ▶ Georgia (Chatham County)
 - ▶ Maryland (Howard County)
 - ▶ Minnesota (Anoka County)

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