

RON DESANTIS
Governor

TAYLOR HATCH
Secretary



Comprehensive, Multi-Year Review
of the Revenues, Expenditures, and
Financial Positions of the Managing Entities
Including a System of Care Analysis

**Florida Department of Children and Families
Office of Substance Abuse and Mental Health**

November 1, 2025

Biennial Comprehensive Review of Managing Entities Finances

In accordance with section 394.9082(4)(i), Florida Statutes (F.S.):

“Every 2 years, the Florida Department of Children and Families (Department or DCF) shall conduct a comprehensive, multi-year review of the revenues, expenditures, and financial positions of managing entities (ME) covering the most recent 2 consecutive fiscal years. The review must include a comprehensive system-of-care analysis. The department shall submit the review to the Governor, the President of the Senate, and the Speaker of the House of Representatives by November 1 of every other year, beginning in 2023.”

The multiyear review, aligning with the state fiscal year (FY) schedule, presents a comprehensive analysis of the financial position of the system of care for FY 2023-2024 and FY 2024-2025. By analyzing revenues, expenditures, and service delivery across two consecutive fiscal years, the review supports transparency, fiscal accountability, and informed decision making.

Managing Entities

The Florida Legislature determined that assigning responsibility for publicly funded behavioral health services to local entities would enhance access to care, ensure continuity, improve efficiency, and streamline administrative processes, resulting in cost saving and greater flexibility to tailor services to community needs. In response, the Office of Substance Abuse and Mental Health (SAMH) contracts with seven MEs to oversee regional behavioral health systems across the state.

The procurement of the ME contracts is governed by Chapter 287, F.S., along with Chapters 402.7305 and 394.9082, F.S., which provide specific provisions for behavioral health contracting. MEs are procured through a competitive process and awarded contracts that specify payment structures based on deliverables and performance. MEs are permitted to carry forward up to eight percent of state general revenue funds from one FY to the next over the duration of the contract term. In alignment with the Department’s organizational structure, the SAMH Program Office is responsible for managing these contracts, ensuring that MEs achieve statewide performance objectives while also responding to the distinct behavioral health needs of their local communities.

Florida’s non-metro (rural) population is approximately 622,000, which is about three percent of Florida’s 21.9 million total population. Nearly 48 percent of Florida’s 67 counties, a total of 32 counties, are designated as rural. Two MEs, Lutheran Service Florida (LSF) and Northwest Florida Health Network (NFHN), are responsible for serving

26 of the 32 rural counties, representing approximately 81 percent of the state’s rural jurisdictions. LSF oversees the largest number of counties statewide (23 total), including 13 rural counties, while NFHN also serves 13 rural counties all concentrated in the Panhandle and Big bend area. By contrast, the Southeast Florida Behavioral Health Network (SEFBHN) includes only one rural county in its catchment area. Several other MEs such as Broward Behavioral Health Coalition (BBHC), Central Florida Cares Health System (CFCHS), and Thriving Mind South Florida (TMSF) operate exclusively in urban counties. Central Florida Behavioral Health Network (CFBHN) in their 14 counties have five rural and nine non-rural indicating a mixture of service responsibilities.

Identifying rural versus non-rural areas enables the development of tailored service strategies that account for regional differences in outreach needs, service accessibility, and workforce capacity.

Table 1 displays the distribution of Florida’s rural and non-rural counties across each ME’s service area.

Table 1: Number of Florida Counties by Managing Entity				
Managing Entity	DCF Region(s)	Rural Counties	Non-Rural Counties	Total Counties
Broward Behavioral Health Coalition (BBHC)	Southeast Region	0	1	1
Central Florida Cares Health System (CFCHS)	Central Region	0	4	4
Central Florida Behavioral Health Network (CFBHN)	Suncoast and Central Regions	5	9	14
Lutheran Services Florida Health Systems (LSF)	Northwest and Central Regions	13	10	23
Northwest Florida Health Network / Big Bend Community Based Care (BBCS)	Northeast and Northwest Regions	13	5	18
Thriving Mind South Florida (TMSF)	Southern Region	0	2	2
Southeast Florida Behavioral Health Network (SEFBHN)	Southeast Region	1	4	5
Entire State of Florida		32	35	67
<i>Reference: Florida Department of Health 2023-https://floridahealth.gov/programs-and-services/community-health/ documents/Rural Counties February 2023.pdf</i>				

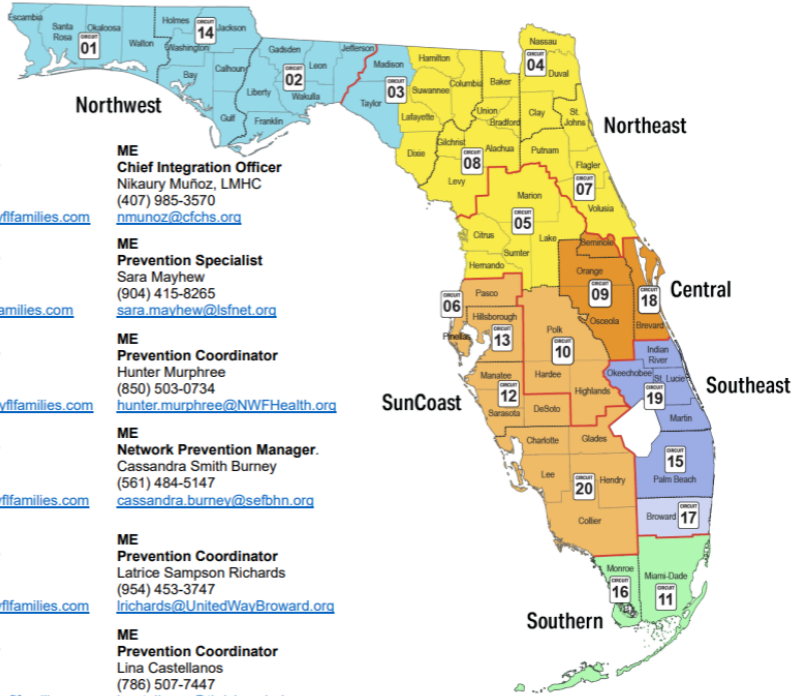
Figure 1 represents the ME and their service area.



Substance Abuse and Mental Health Managing Entities, with DCF Regions and Circuits

- Central Region**
 Central Florida Cares
 Health Systems
- Northeast Region**
 Lutheran Services Florida
- Northwest Region**
 Northwest Florida
 Health Network
- Southeast Region**
 Southeast Florida
 Behavioral Health Network
- Southeast Region II**
 Broward Behavioral
 Health Coalition
- Southern Region**
 Thriving Mind South Florida
 (South Florida Behavioral Network)
- Suncoast Region**
 Central Florida
 Behavioral Health Network

<p>DCF Regional Director Morgan Schell (407) 840-4037 morgan.schell@myflfamilies.com</p>	<p>ME Chief Integration Officer Nikairy Muñoz, LMHC (904) 985-3570 nmunoz@cfchs.org</p>
<p>DCF Regional Director Idris Gaines (904) 477-1709 idris.gaines@myflfamilies.com</p>	<p>ME Prevention Specialist Sara Mayhew (904) 415-8265 sara.mayhew@isfnet.org</p>
<p>DCF Regional Director Amber Wookey (850) 819-1448 amber.wookey@myflfamilies.com</p>	<p>ME Prevention Coordinator Hunter Murphree (850) 503-0734 hunter.murphree@NWFHealth.org</p>
<p>DCF Regional Director Jessica Durant (954) 809-5472 jessica.durant@myflfamilies.com</p>	<p>ME Network Prevention Manager Cassandra Smith Burney (561) 484-5147 cassandra.burney@sefbhn.org</p>
<p>DCF Regional Director Jessica Durant (954) 809-5472 jessica.durant@myflfamilies.com</p>	<p>ME Prevention Coordinator Latrice Sampson Richards (954) 453-3747 richards@UnitedWayBroward.org</p>
<p>DCF Regional Director Lourdes Dorado (305) 389-6079 lourdes.dorado@myflfamilies.com</p>	<p>ME Prevention Coordinator Lina Castellanos (786) 507-7447 lcastellanos@thrivingmind.org</p>
<p>DCF Regional Director Melissa Leslie (813) 857-1971 melissa.leslie@myflfamilies.com</p>	<p>ME Prevention Program Manager Kristin Carson (813) 325-1628 kcarson@cfbhn.org</p>



Revised 2/21/2025

Revenues

Table 2 outlines ME funding allocations for FY 2023–2024 and FY 2024–2025, presented in millions of dollars.

Table 2: Managing Entity Funds by State Fiscal Year (FY) FY 2023-2024 through FY 2024-2025 (in \$ millions)		
Florida Department of Children and Families Contract Funds	FY23-24	FY24-25*
ME Administrative Costs	\$24.9	\$25.4
Other ME Operational Cost	\$12.8	\$8.8
Total Administration	\$37.7	\$34.2
Administrative Percentage from Total Year Allocation	3.1%	2.85%
Mental Health Core Services	\$339.3	\$335.4
Substance Abuse Core Services	\$242.6	\$213.5
Total Core Services	\$581.9	\$548.9
Mental Health Discretionary Grants	\$9.4	\$7.8
Mental Health Proviso Projects	\$48.5	\$23.8
Mental Health Targeted Services	\$267.3	\$314
Substance Abuse Discretionary Grants	\$83.1	\$97.3
Substance Abuse Proviso Projects	\$6.9	\$7.5
Substance Abuse Targeted Services	\$171.5	\$157
Supplemental Disaster Behavioral Health Response Funds	\$7.0	\$6.23
Fiscal Year allocation	\$1,213.3	\$1,197.0
Carry Forward Balance from Previous Year	\$73.2	\$116.6
Total Funds Available	\$1,286.5	\$1313.6
<i>Amount of Non-recurring Funding in Total Core Services Funding</i>	\$78	\$39.2

ME funding allocations were slightly higher in FY 2024-2025 compared to the previous year in terms of total funds available. There were slight decreases observed in total administrative funding, total core services, and fiscal year allocation, the increase in total funds available was primarily driven by the carry forward balance from FY 2024-2025.

Expenditures

Table 3 presents ME administrative costs as a percentage of total expenditures for the FY 2023-2024 and FY 2024-2025.

Table 3: Managing Entity Expenditures by State Fiscal Year (FY) FY 2023-2024 through FY 2024-2025* (in \$ millions)		
Reported Expenditures by Fiscal Year (including Carry Forward Expenditures)	FY23-24	FY24-25
ME Administrative Costs - GAA	\$20.4	20.4
Other ME Operational Cost	\$9.1	\$7.6
Administrative Expenditures	\$29.5	\$28
Administrative percentage from total year allocation	2.7%	2.3%
Mental Health Core Services	\$332.8	\$329.9
Substance Abuse Core Services	\$233.0	\$202.7
Core Services Expenditures	\$565.8	\$532.6
Mental Health Discretionary Grants	\$7.4	\$5.6
Substance Abuse Discretionary Grants	\$75.95	\$92.7
Mental Health Proviso Projects	\$40.86	\$22.7
Substance Abuse Proviso Projects	\$6.62	\$5.9
Mental Health Targeted Services	\$243.63	\$293.0
Substance Abuse Targeted Services	\$125.17	\$122.9
Supplemental Disaster Behavioral Health Response Funds	\$2.13	\$0.0
Fiscal Year Expenditures	\$1,097.06	\$1,075.3
Carry Forward Expenditures	\$46.01	\$49.0
Total Expenditures	\$1,143.1	\$1,124.3

For FY 2024-2025, The Department reflects a slight decrease in total expenditures overall, with increases noted in specific areas such as, Mental Health targeted services and Substance Abuse Discretionary Grants.

Table 4 presents FY 2023-2024 and FY 2024-2025 ME expenditures.

Table 4: FY 2024 - 2025 Managing Entity Expenditures						FY 2024 - 2025 Carry Forward		
Managing Entity	Budget	Expenditures			% unearned funds	Carry Forward funds at Beginning FY	% carry forward expended during Fiscal Year	% of annual allocation
		Operational expenditures	Direct Services	Unearned Funds				
Northwest Florida Health Network	139,088,533	2,626,250	124,286,750	12,175,533	8.75%	9,925,324	88.14%	7.14%
Lutheran Services Florida	256,490,586	5,810,004	232,764,587	17,915,995	6.99%	30,629,483	47.72%	11.94%
Central Florida CARES Health Systems	130,360,969	3,461,411	118,061,403	8,838,155	6.78%	14,193,083	27.48%	10.89%
Southeast Florida Behavioral Health Network	121,137,859	4,104,128	106,707,921	10,325,811	8.52%	11,277,315	26.81%	9.31%
Broward Behavioral Health Coalition	102,374,020	3,288,254	90,686,756	8,399,010	8.20%	9,192,540	86.36%	8.98%
Thriving Minds	142,904,009	5,451,394	125,635,316	11,817,300	8.27%	13,984,223	29.48%	9.79%
Central Florida Behavioral Health Network	304,692,618	3,325,074	277,390,685	23,976,859	7.87%	27,473,759	78.20%	9.02%
Total	\$1,197,048,594	\$28,066,514	\$1,075,533,417	\$93,448,663	7.81%	\$116,675,727	54.71%	9.80%

Table 4 provides a summary of the FY 2023-2024 and 2024-2025 expenditures and carry forward activity across Florida’s seven MEs. Collectively, they manage over one billion dollars in behavioral health funding, dedicating the vast majority to direct services that support prevention, treatment, and recovery efforts across the state of Florida. Operational costs represented a small portion of total expenditures, underscoring a continued emphasis on directing funds towards client centered care. Unearned balances were consistent with prior fiscal years. Carry forward balances from the prior year were strategically applied through the fiscal year, with most MEs activity utilizing the funds to sustain or expand critical behavioral health programs.

The expenditures align with the behavioral health needs assessment completed by the seven MEs; expenditure trends demonstrate a strong alignment with statewide priorities to enhance access to treatment, expand capacity, and strengthen the behavioral health workforce to meet the needs of individuals receiving care. The consistent focus on directing funds toward direct care and delivery highlights a commitment to meeting the most pressing needs within Florida’s behavioral health system.

Chart 1 presents a two-year comparison of expenditures by all seven MEs for FY 2023-2024 and FY 2024-2025. The orange bar represents the total expenditures for the individual FYs. The blue bar is the ME administrative costs. In FY 23-24 the ME administrative cost was 2.70% and it then reduced to 2.57% in FY 24-25.

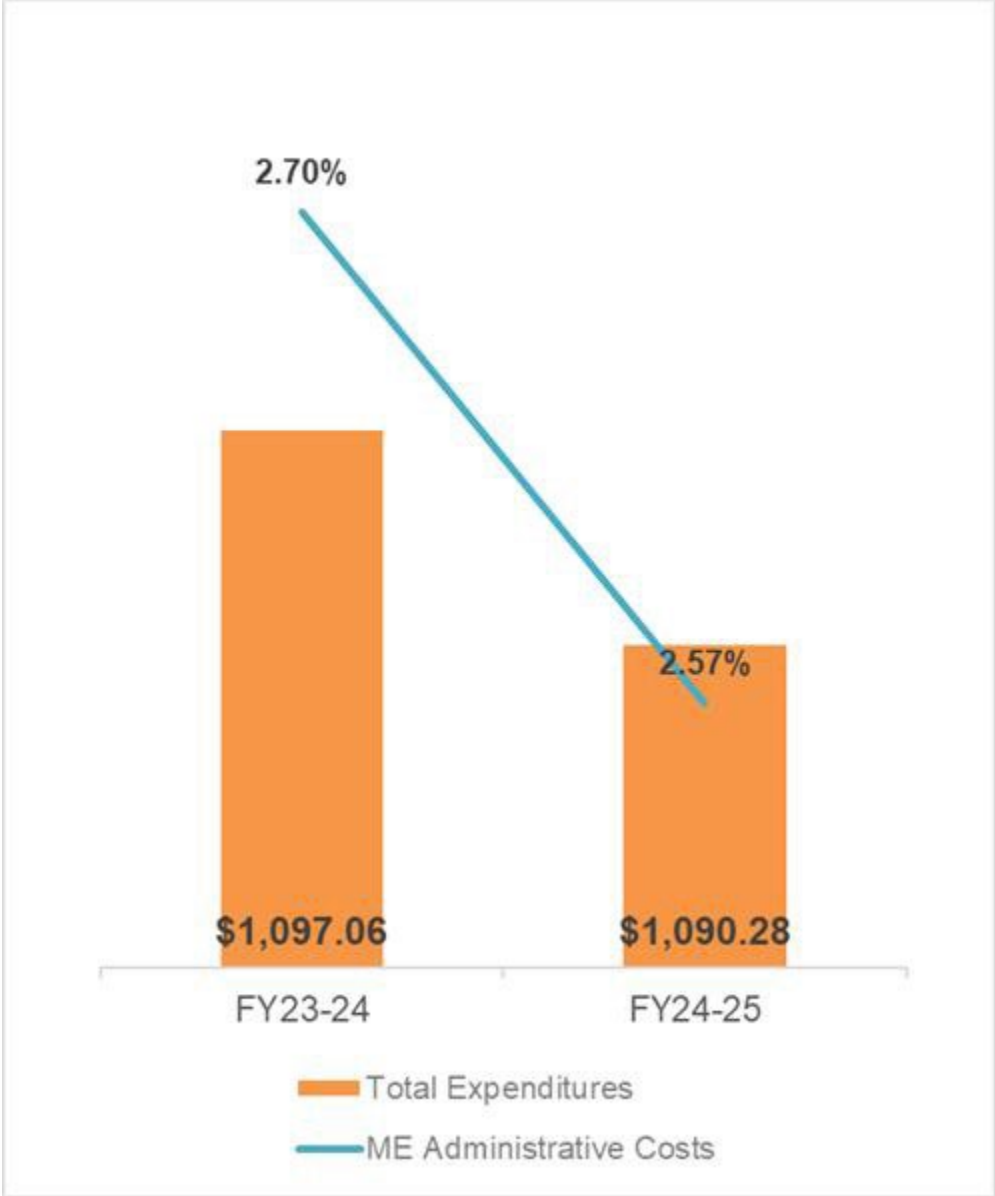


Chart 2 presents the percentage of funds spent by all seven MEs in each category for FY 2023-2024 and FY 2024-2025.

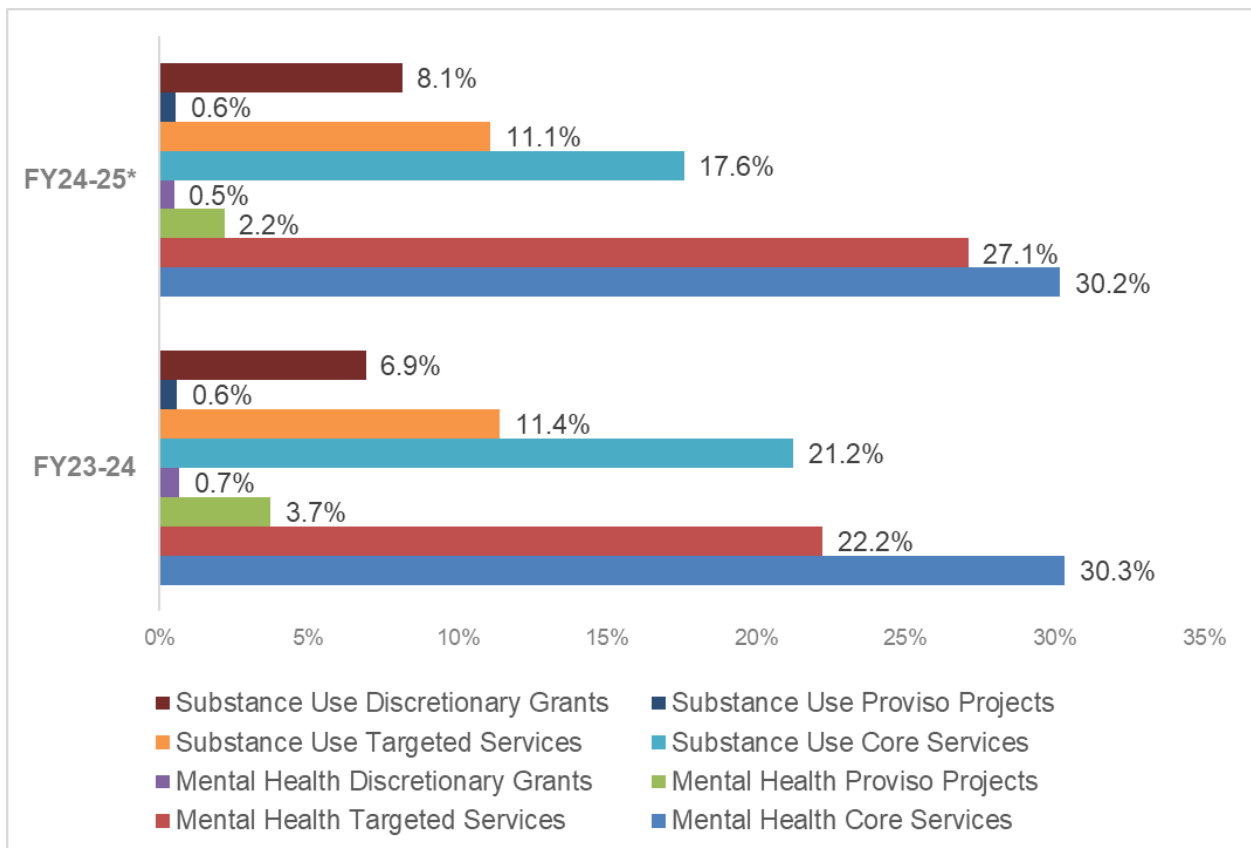


Chart 3 presents the rate of ME Expenditures by Category for FY 2023-2024 and FY 2024-2025.

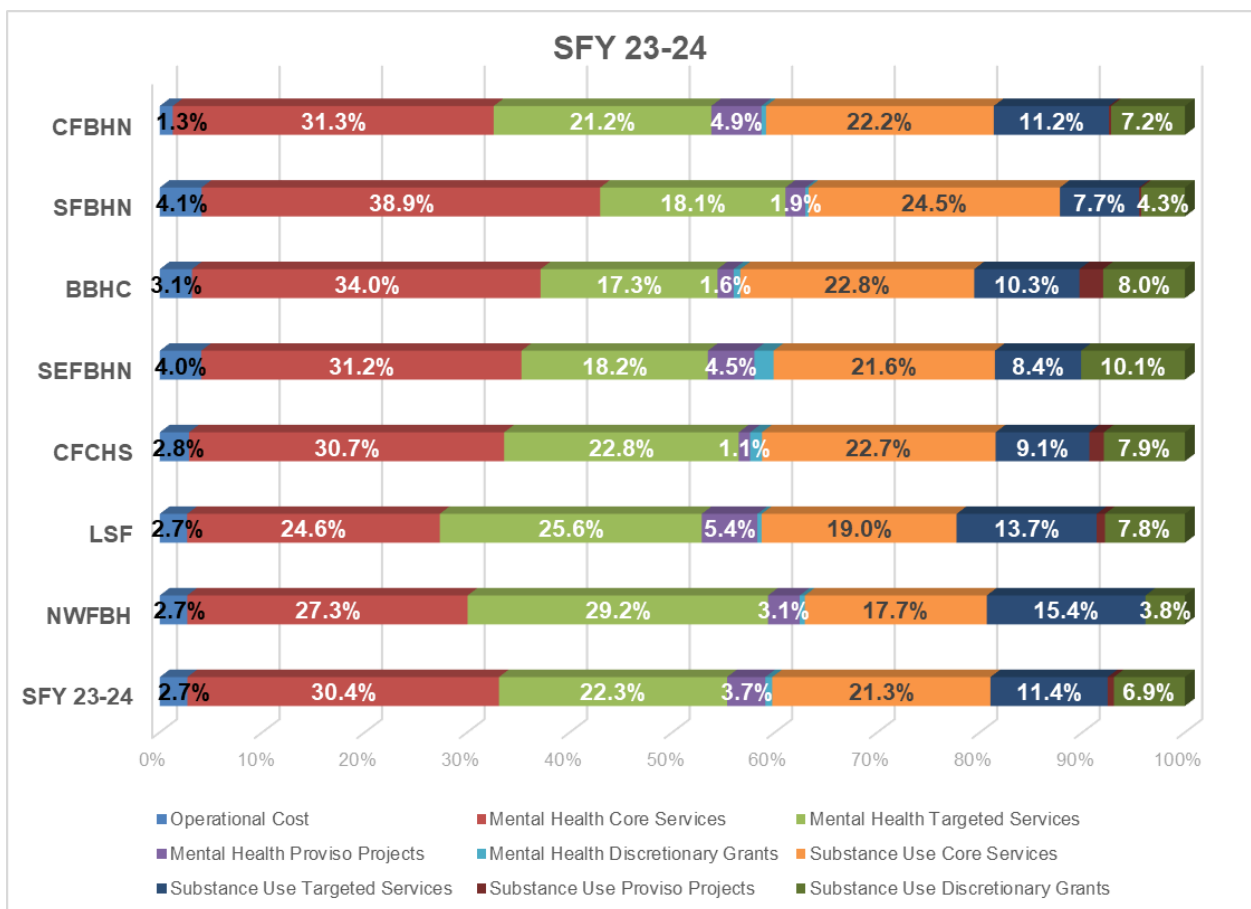
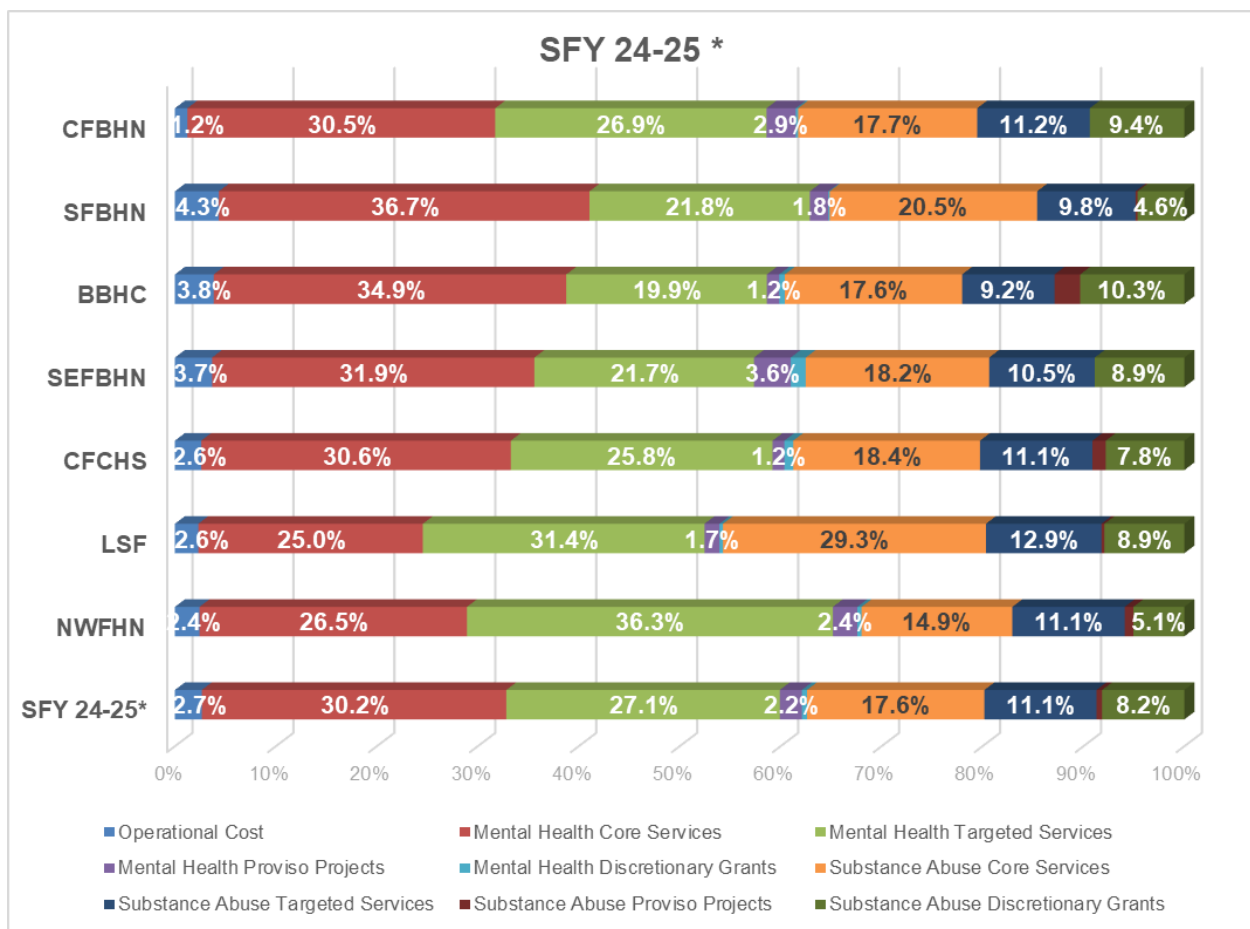


Chart 4 presents the rate of ME Expenditures by Category for FY 2023-2024 and FY 2024-2025 by Managing Entity.



The Florida Department of Children and Families Substance Abuse and Mental Health System of Care

The Department serves as the single state authority overseeing the comprehensive system of care for substance use and mental health services across Florida. Through SAMH program office, the Department leads the development, regulation, and coordination of prevention, treatment, and recovery support services designed to meet the diverse behavioral health needs of Floridians.

Florida's system of care emphasizes community-based, person-centered approach, ensuring that services are accessible, responsive, and integrated with other health and social supports. The Department partners with a broad network of state agencies, local governments, nonprofit organizations, and service providers to create a coordinated infrastructure that addresses the full continuum of behavioral health care, from prevention and early intervention to acute treatment and long-term recovery.

The Department is responsible for developing a statewide strategic plan, adopting rules and standards, and managing funding streams to optimize behavioral health outcomes. This includes oversight of licensed substance use treatment providers, and designation of a Baker Act receiving facilities, ensuring all services meet quality and safety standards.

The system of care is funded through a combination of state appropriations and federal dollars. Federal support is primarily provided through two block grants administered by the Substance Abuse and Mental Health Services Administration (SAMHSA): the Substance Abuse Prevention and Treatment (SAPT) block grant and the Community Mental Health Services (CMHS) block grant. These grants are essential in supplementing other funding sources such as Medicaid, Medicare, and private insurance, particularly for uninsured and underinsured individuals. The funding supports a broad array of services and initiatives, including public education, prevention programs, community-based treatment, recovery supports, data collection, and program evaluation.

To ensure effective service delivery, the Department contracts with seven regional MEs for the planning, coordination, and management of community based behavioral health services. MEs serve as the operational foundation of the system, subcontracting with local providers to offer a comprehensive spectrum of services tailored to the unique needs of their communities. This structure promotes efficiency, service continuity, and responsiveness to the regional variation in demand and resources.

The Florida behavioral health system prioritizes a holistic integrated model of care that addresses co-occurring mental health and substance use disorders, supports individuals across the lifespan, and incorporates family and peer supports. Emphasis is placed on

recovery-oriented practices, trauma informed care, and interventions to enhance engagement and promote sustainable recovery outcomes.

Moreover, the Department continuously monitors performance and outcomes to guide quality improvement initiatives and ensure accountability. Through these efforts, Florida’s system of care strives to reduce the impact of behavioral health conditions on individuals and families while promoting wellness, resilience, and community integration.

Table 4 presents standard Block Grant funding (recurring) for FY 2023-2024 and FY 2024-2025.

Table 4: Standard Block Grants Funding (Recurring) Federal Fiscal Year (FFY) 2022-2023 through 2025-2026 (in \$ millions)		
	Substance Abuse Prevention and Treatment Block Grant	Community Mental Health Services Block Grant
Award Year (Oct 1 - Sept 30)	Federal Fiscal Year	Federal Fiscal Year
Recurring 2022	\$112,320,687	\$55,973,788
Recurring 2023	\$116,814,207	\$65,481,738
Recurring 2024	\$116,818,124	\$66,029,996
Recurring 2025	\$116,790,010	\$71,592,218

**Note: Each standard block grant award has an allowable expenditure period of two years (based on FFY October – September).*

Table 5 presents the number of adults and children served across all seven MEs for FY 2023-2024 and FY 2024-2025.

Table 5: Individuals Served				
	07/01/2023-06/30/2024		07/01/2024-06/30/2025	
Population Served	Total	Percentage	Total	Percentage
Children	43,159	17%	44,347	18.6%
Adults	210,109	83%	193,389	81.4%
Total	253,268		237,736	

Through substance abuse and mental health funding, MEs’ network service providers served a total of 491,004 individuals across FYs 2023-2024 and 2024-2025. This support ensured that uninsured and underinsured individuals had access to behavioral health services, promoting recovery, stability, and overall wellbeing for Floridians.

Table 6 presents the unduplicated number of adults and children served across all seven MEs in the community setting for FY 2023-2024 and FY 2024-2025.

Table 6: Number of Unduplicated Individuals Served in the Community				
	07/01/2023-06/30/2024		07/01/2024-06/30/2025	
Service Setting	Total	Percentage	Total	Percentage
Community Mental Health	213,380	94.2%	242,849	93.6%
State Psychiatric Hospitals	5,751	2.1%	5,144	2%
Residential Treatment	13,067	3.7%	11,205	4.4%
Total	208,404		259,367	

Behavioral Health Services

Substance use services in Florida are governed by Chapter 397, F.S. and regulated through Chapter 65D-30, Florida Administrative Code (F.A.C.). The Department is statutorily responsible for licensing specified substance use service components. This allows for quality, safety, and effectiveness of services delivered across the state to individuals and families utilizing this service array.

Chapter 397, F.S., provides for a community-based system of care that reflects the principles of recovery and resiliency. This system promotes accessible, person-centered services designed to meet individuals' needs in the least restrictive environment and to support sustained recovery.

The Department's substance use system of care includes four broad categories of services:

- Primary prevention efforts to prevent or delay the onset of substance use through education, awareness campaigns, and community engagement.
- Intervention services aimed at identifying individuals at risk and providing timely support before a substance use disorder develops.
- Evidence-based treatment services, including detoxification, residential care, outpatient treatment, and medication assisted treatment (MAT).
- Recovery support ongoing services that help individuals maintain recovery, such as housing support, employment assistance, peer mentoring, and life skills development.

Florida law mandates the development and maintenance of a comprehensive system of care for individuals with serious mental illness (SMI) and serious emotional disturbance (SED). This system is designed to ensure access to effective, coordinated, and person-centered services that promote recovery and improve quality of life.

Pursuant to Section 394.453, F.S., the Legislature has declared: “It is the intent of the Legislature to authorize and direct the Department to evaluate, research, plan, and recommend to the Governor and the Legislature programs designed to reduce the occurrence, severity, duration, and disabling aspects of mental, emotional, and behavioral disorders.”

This statutory directive forms the foundation for Florida’s behavioral health system, which emphasizes early intervention, continuity of care, and support for individuals in the least restrictive and most appropriate settings.

The mental health system of care is structured to:

- Promote prevention and early intervention.
- Improve access to timely and appropriate treatment.
- Support recovery and resiliency across the lifespan.
- Ensure coordination among community-based services.
- Protect the rights and dignity of individuals receiving care.

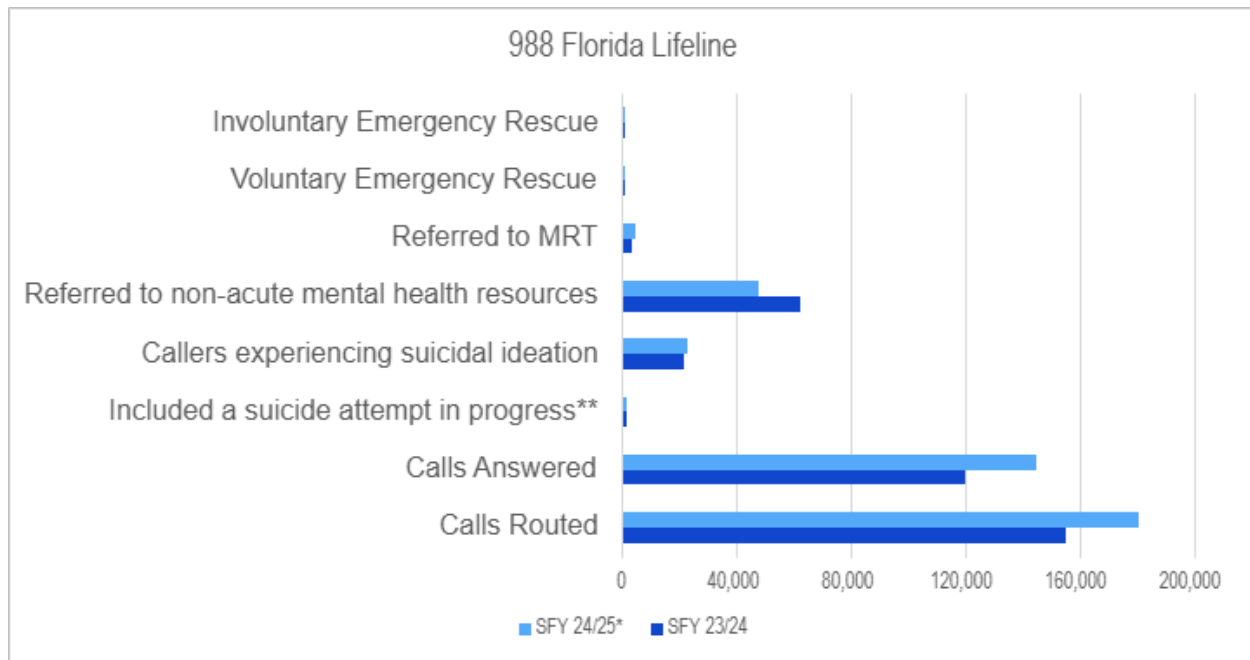
The continuum of services within the system include:

- Outpatient and inpatient mental health services.
- Crisis stabilization and mobile response teams.
- Case management and care coordination.
- Housing and supported employment.
- Peer support and recovery-oriented services.

Access to Local Crisis Call Centers

On October 17, 2020, The National Suicide Hotline Designation Act of 2020 amended the Communications Act of 1934 to designate 988 as the new, easy to remember three-digit dialing code for anyone experiencing a mental health, substance use, or suicidal crisis. Serving as an expansion of its eleven-digit predecessor (the National Suicide Prevention Lifeline), the 988 Florida Lifeline launched in July of 2022 as a free, confidential service providing a single-entry point to a crisis care continuum that serves individuals with a variety of needs through three essential elements: someone to talk to, someone to respond, and somewhere to go.

Chart 5 presents data on 988 for FY 2023-2024 and FY 2024-2025.



During this reporting period, 44,604 callers reported experiencing suicidal idealization, and 2,826 calls involved an active suicide attempt in progress, with every individual making to the next phase of care alive. To date, there have been zero deaths by suicide while on the phone with a 988 Florida Lifeline crisis counselor. Crisis counselors provided critical intervention, referring 109,876 callers to non-acute behavioral health resources and directing 6,569 individuals to Mobile Response Teams (MRT) for immediate onsite assistance.

Mobile Response Teams (MRTs)

MRTs are a critical component for behavioral health crisis response, providing assistance 24 hours, seven days a week for emergency behavioral health care to individuals experiencing emotional or behavioral health crisis in all 67 counties. MRTs aim to reduce trauma, prevent unnecessary psychiatric hospitalizations, and minimize involvement with the criminal justice system through interventions that are person-centered.

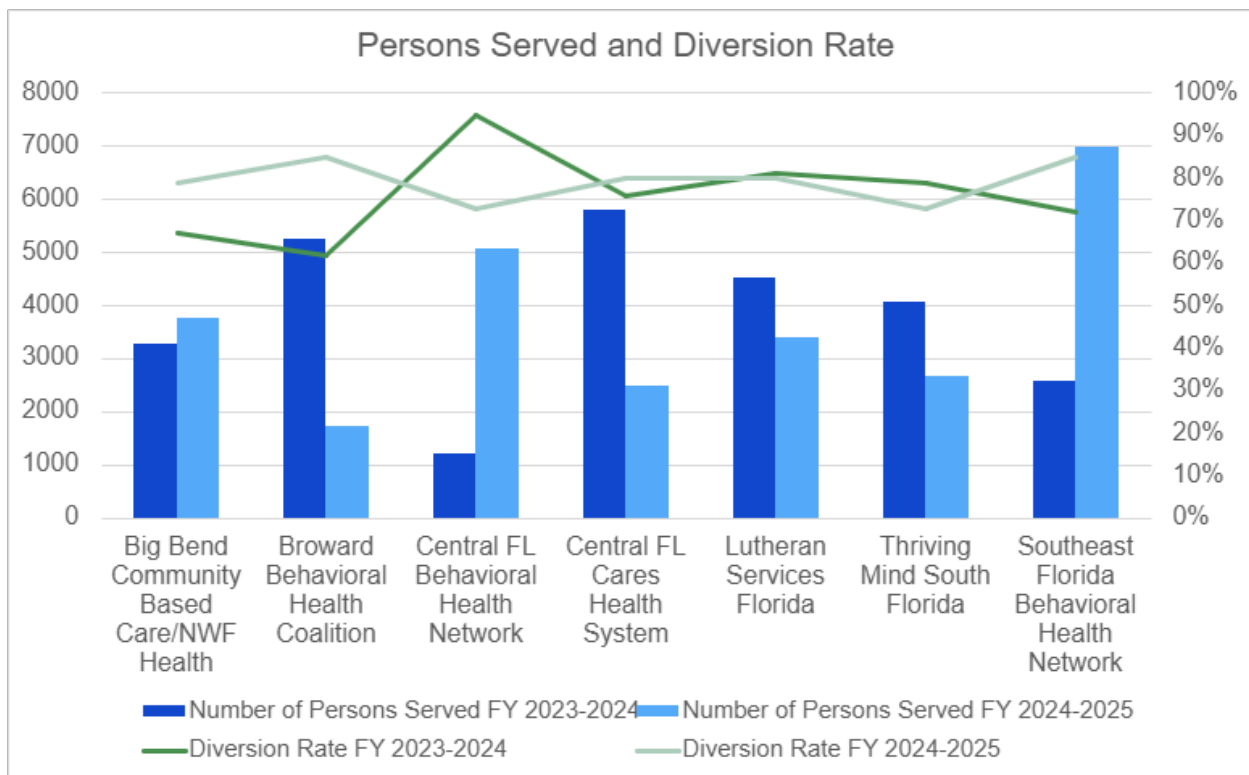
MRTs offer a range of crisis response services tailored to the needs of the individuals and families including:

- Screenings and assessments: evaluations for emotional disturbances, substance use, and mental health conditions such as depression and suicide risk.
- Crisis de-escalation and stabilization: utilization of evidence-based practices to de-escalate and respond to behavioral health challenges, facilitating recovery from

crisis.

- Crisis counseling: short term therapy aimed at helping individuals cope with traumatic situations during the immediate aftermath of a crisis.
- Safety or crisis planning: development of coping strategies and support systems for individuals at risk of death by suicide or other behavioral health emergencies.
- Psychoeducation: providing information and support to individuals and their families about behavioral health conditions and treatment options.
- Care coordination: connecting individuals with local services and supports to improve overall well-being. Such as, behavioral health, primary care, housing, education, and vocational services.
- Community-based with an optimal service array: provide services in the least restrictive setting possible and ideally in the community. Individuals should be able to obtain any behavioral health service they need in their home community. Peer support is an important component of services.

Chart 6 presents MRT diversion and numbers served data compiled from all seven MEs for FY 2023-2024 and FY 2024-2025.



The data indicates that MRT services are experiencing growth in FY 2024-2025. The increase in individuals served highlights the program's growing reach and its enhanced capacity to address the needs of the community. MRT services have demonstrated

progress in diverting individuals from involuntary psychiatrist examinations. Diversion rates have continued to rise throughout the year reaching 78 percent for FY 2024-2025. This highlights MRT's increasing effectiveness in stabilizing individuals in crisis without the intervention of the Baker Act.

Availability of Short-term Crisis Receiving and Stabilization Centers

Crisis stabilization is a critical component of the behavioral health system. These services are delivered in Crisis Stabilization Units (CSUs) and Children's Crisis Stabilization Units (CCSUs) that operate 24 hours per day, seven days a week. They provide short term, acute psychiatric care to individuals of all ages who are experiencing severe behavioral health symptoms and are in need of immediate evaluation, stabilization, and treatment. Crisis stabilization services are designed to:

- Prevent the need for more restrictive inpatient hospitalization.
- Rapidly stabilize psychiatric symptoms.
- Provide a safe, structured, and therapeutic environment.
- Link individuals to ongoing outpatient or community-based services upon discharge.

Florida's Baker Act Law (Chapter 394, F.S.) authorizes the involuntary examination of individuals who are believed to be experiencing a behavioral health crisis and may pose a danger to themselves or others. Under this law, individuals may be transported to designated receiving facilities for emergency evaluation and treatment. As of June 2025, Florida has 125 designated Baker Act receiving facilities, encompassing both public and private providers across the state.

Crisis stabilization facilities play a vital role within Florida's broader system of care they serve as:

- Emergency access points for individuals in crisis.
- Diversion options from jails and emergency departments.
- Central components of mobile response systems and law enforcement coordination.

Many CSUs and CCSUs are integrated into local behavioral health networks coordinated by the state's seven MEs, which oversee regional mental health and substance use services. These partnerships ensure that individuals have access to wraparound services including follow-up care, case management, outpatient therapy, medication management, and peer support. All of which are essential to sustained recovery.

For individuals requiring extended stabilization, Short-Term Residential Treatment (SRT) services, which are co-located with a CSU and CCSU may be available. These individualized, acute, and immediately sub-acute care services provide short and

intensive mental health residential and rehabilitative services 24 hours a day, seven days per week. These services must meet the needs of individuals who are experiencing an acute or immediately sub-acute crisis and who, in the absence of a suitable alternative, would require hospitalization. Typically, the length of stay in this level of care is up to 90 days.

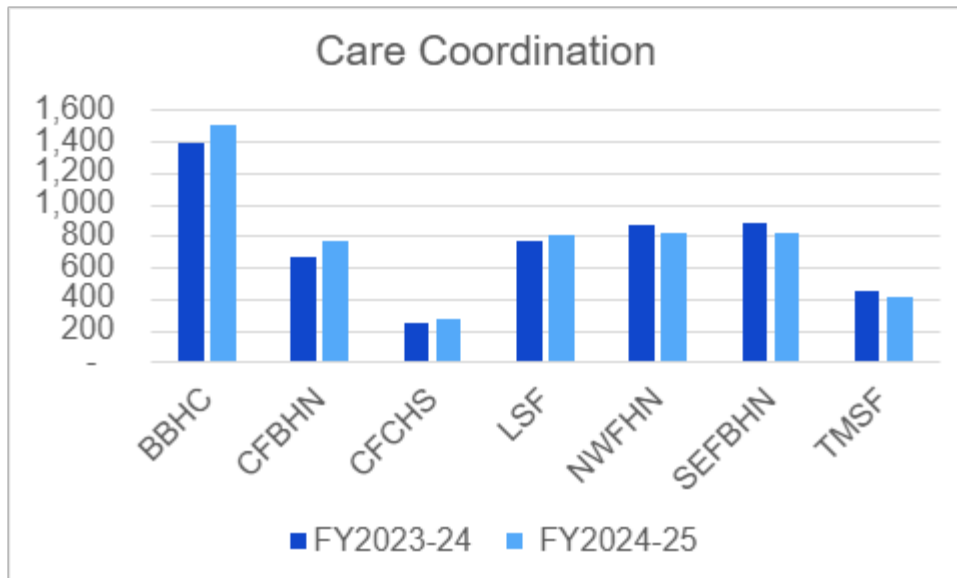
Care Coordination

Care coordination is a targeted, time limited service designed to support individuals in successfully transitioning from higher levels of care to stable, community-based treatment and supports. By connecting behavioral health, primary care, housing, education, justice systems, peer supports, care coordination provides a single point of contact focused on empowering individuals and ensuring seamless access to the services they need.

Prioritized populations include individuals with serious mental illness (SMI), substance use disorders (SUDs), serious emotional disturbance (SED), and co-occurring disorders who exhibit high utilization of acute care services or are at a risk of repeated crisis episodes. Care coordination also serves those involved with the criminal justice system, court ordered outpatient services, child welfare, and families with infants affected by substance exposure.

Through this integrative and personalized approach, care coordination aims to reduce hospitalizations, prevent unnecessary institutionalization, and promote long term recovery and community stability.

Chart 7 presents Care Coordination data compiled from template 21 submissions across all seven MEs for FY 2023-2024 and FY 2024-2025.



During FY 2023-2024 and FY 2024-2025, MEs collectively served 10,683 individuals through care coordination services including 2,842 children and 7,841 adults. The data indicates that adult care coordination continues to represent the predominant service area.

These patterns may reflect evolving service needs, regional dynamics, criteria of population served or the timing of service engagement.

Florida Assertive Community Treatment (FACT) Teams

FACT teams employ a transdisciplinary approach to deliver a comprehensive, person centered care for individuals with SMI. Rooted in recovery-oriented and strength-based principles, FACT teams support participants in achieving independent and integrated community living. Services are primarily delivered in participants' natural environments, such as their homes, workplaces, other preferred community settings. Services are available 24 hours a day, seven days a week.

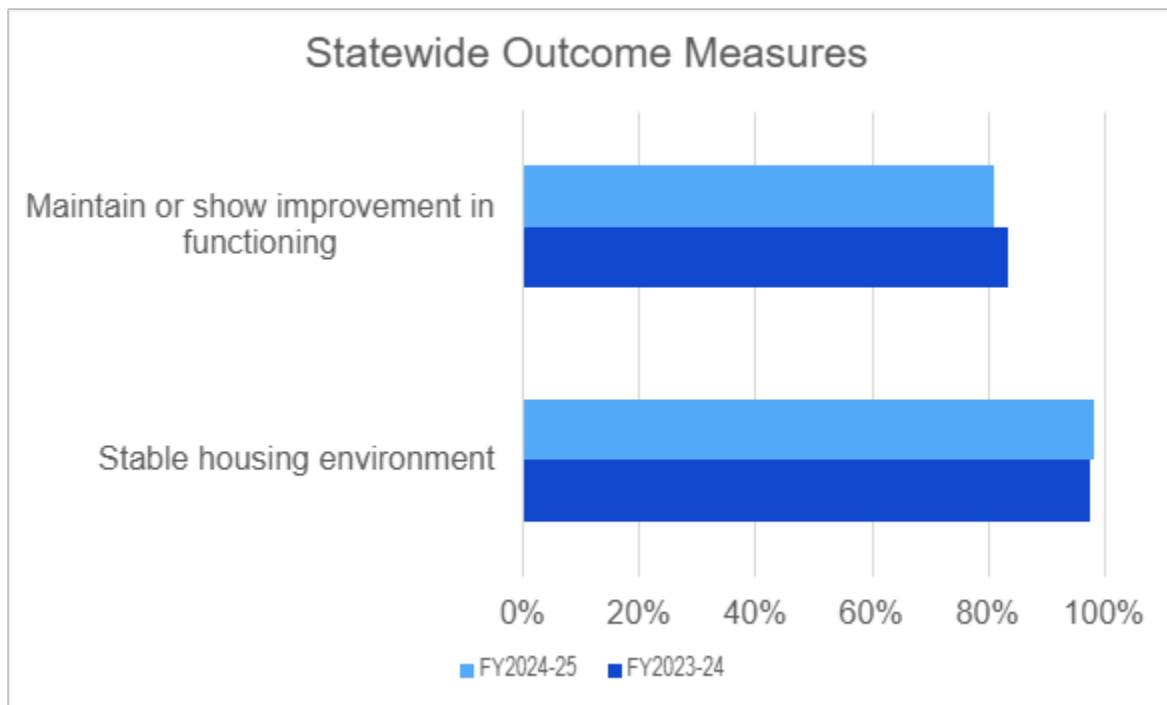
FACT teams offer a broad range of individualized services, including:

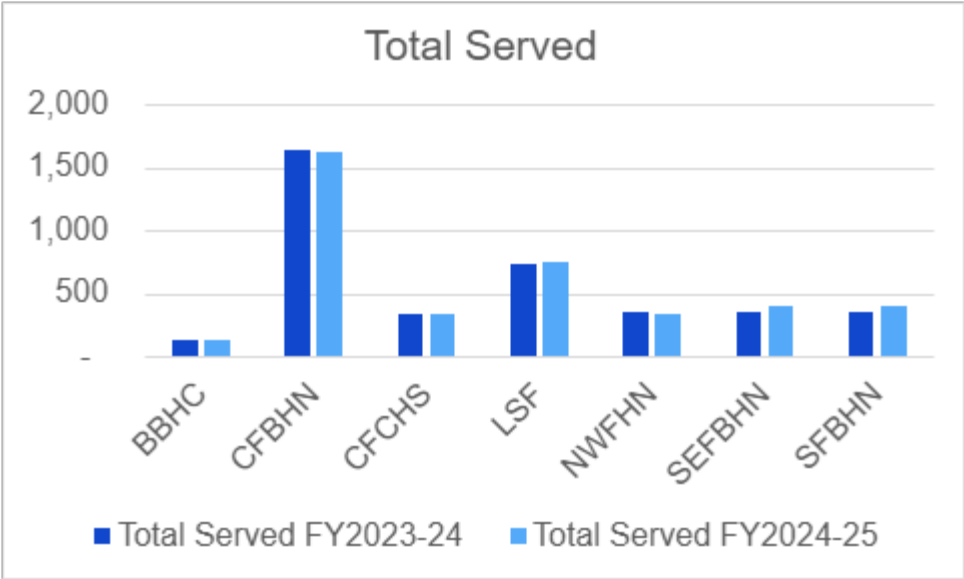
- Securing and maintaining safe stable housing.
- Supporting educational advancement and employment goals.
- Providing education on mental health conditions and treatment options.
- Addressing overall physical and behavioral health care needs.
- Assisting with co-occurring substance use recovery.
- Developing daily living and coping skills.
- Managing and monitoring psychiatric medications.
- Engaging families and natural supports systems in care.

Through this integrated model, FACT teams help individuals build skills and support networks necessary for long term recovery and community inclusion.

Intermediate Level FACT (FACT-IL) is a community-based service model that provides multidisciplinary behavioral health treatment and supports to adults with SMI. As a step down from traditional FACT team, FACT-IL offers clinical case management, medication services, wellness support, and recovery focused interventions. The model promotes continuity of care and facilitates transitions to less intensive, community-based services. FACT-IL is designed for individuals who no longer require full FACT services but still need structured support to prevent relapse or readmission into acute or residential settings.

Chart 8 presents FACT data compiled from all seven MEs for FY 2023-2024 and FY 2024-2025.



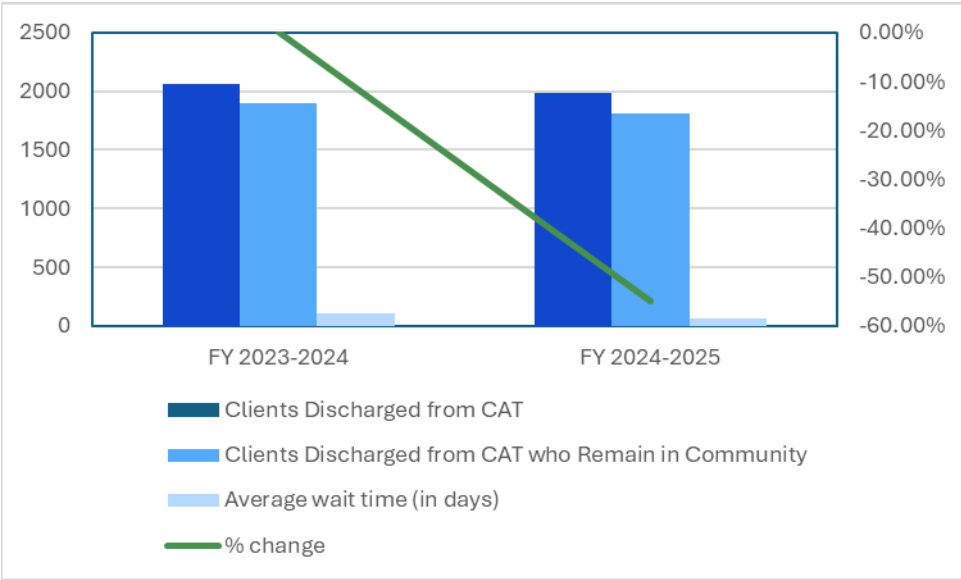
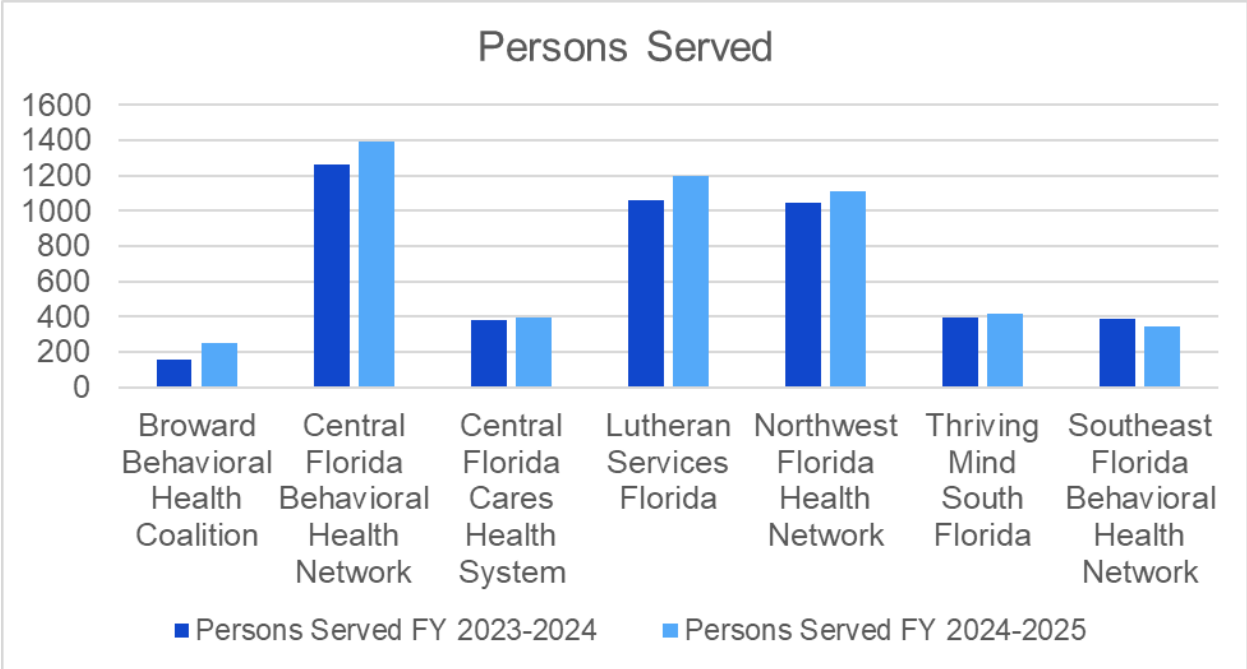


The FACT program continues to demonstrate strong outcome performance, maintaining high levels of housing stability and supporting improvements in an individual’s level of functioning. The steady growth in the number of individuals served reflects the program’s expanding reach and capacity to meet the needs of the community.

Community Action Treatment (CAT) Teams

The CAT model is an integrated, team-based approach that delivers intensive, community based behavioral health services for children, youth, and young adults, and their families. The program is structured into two age specific models serving children ages 0-10 and youth 11-21 years, enabling individualized, evidence-based interventions delivered by skilled professionals. The model emphasizes family engagement, individualized care planning, and cross agency collaboration to stabilize youth in their communities and improve long term outcomes.

Table 7 presents CAT data compiled from all seven MEs for FY 2023-2024 and FY 2024-2025



From FY 2023-2024 to FY 2024-2025, the CAT program experienced a 9 percent increase in individuals served. While total discharges decreased slightly, timely access to services improved significantly by 56 percent. Additionally, there was a modest increase in the proportion of successful discharges for individuals who remained in the community, highlighting the program’s continued effectiveness in supporting long term stability.

Family Intensive Treatment (FIT) Teams

FIT teams are a community-based service model designed to support families involved in the child welfare system where parental substance use is a concern. The teams provide

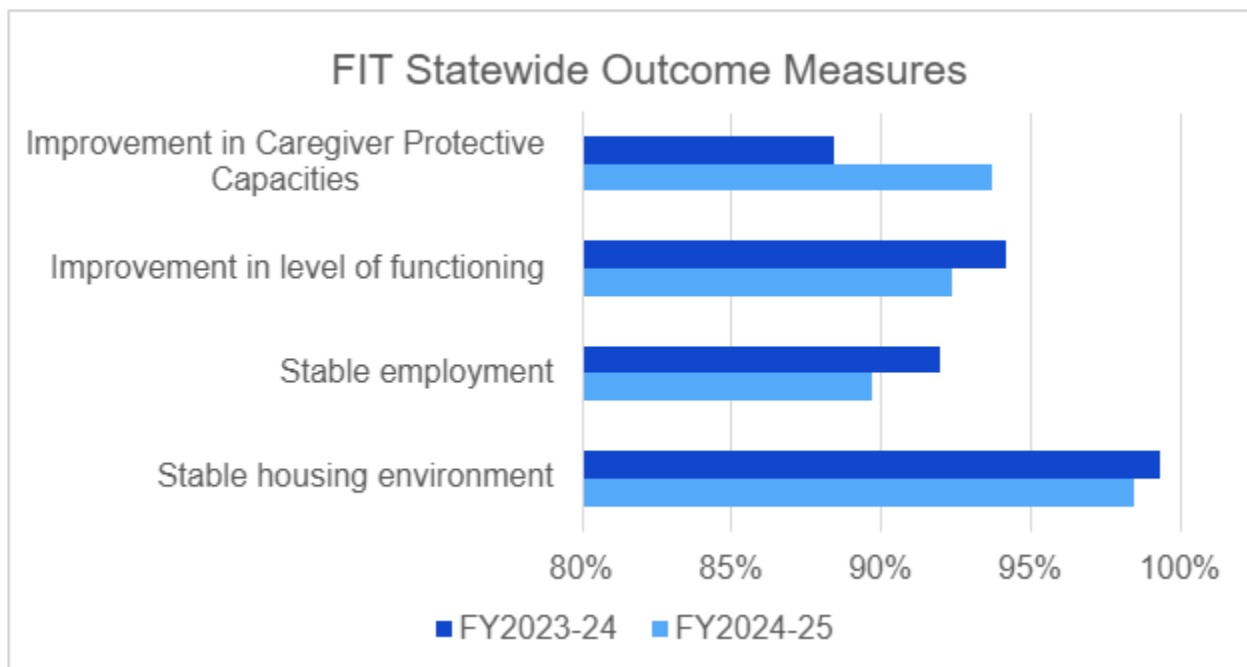
intensive, multidisciplinary behavioral health services that promote family recovery, child safety, and long-term stability.

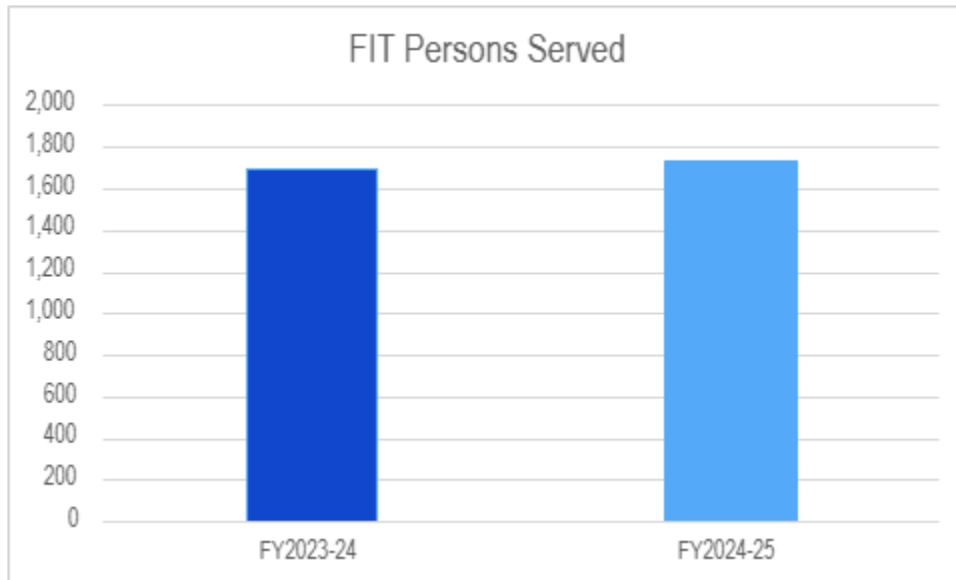
FIT teams emphasize early identification, engagement, and coordinated care by integrating clinical treatment with assistance in navigating the child welfare system. Services are family centered, culturally responsive, and designed to meet the needs of all household members. Treatment may include therapeutic interventions, peer recovery supports, parenting strategies, and connections to additional community resources.

The FIT model is designed to improve child and family outcomes through early access to services, coordinated care with child welfare and community partners, and promotion of family driven recovery. It supports reunification efforts when safe and appropriate, while aiming to reduce out-of-home placements and prevent re-entry into the child welfare system.

FIT teams operate 24 hours a day, seven days a week, they are implemented by community behavioral health providers in collaboration with Community-Based Care Lead Agencies (Lead Agencies), case management organizations, and other key partners in the child welfare system.

Chart 9 presents FIT data compiled from all seven MEs for FY 2023-2024 and FY 2024-2025.





The FIT data for FY 2023-2024 and FY 2024-2025 reflect positive trends with the number of individuals served growing. An impressive 98.5 percent of participants in this level of care are maintaining stable housing, demonstrating the program’s ability to support family’s stability. Additionally, care giver protective capacities rose from 88 percent to 94 percent, highlighting FIT’s success in equipping parents and guardians with the tools and resilience needed to create a safe and supportive living environment.

Forensic Multidisciplinary Teams (FMTs)

FMTs provide community-based recovery-oriented services to divert individuals from admission to Forensic State Mental Health Treatment Facilities (SMHTFs) or other residential forensic programs. Serving individuals in both pre- and post-adjudicatory phases, often those charged with lesser felonies and without a significant history of violence, FMTs aim to reduce institutionalization and support reintegration.

Adopted from the FACT model, FMTs deliver intensive, individualized care through a multidisciplinary team, focusing on stabilization, treatment of co-occurring disorders, and collaboration with the criminal justice system. Each team serves up to 45 individuals, primarily in out-of-office settings.

Key goals include reducing incarceration and hospitalizations, improving mental health outcomes, supporting stable community living, and promoting safety. Eligibility includes individuals found Incompetent to Proceed (ITP), Not Guilty by Reason of Insanity (NGI), or those at risk of forensic commitment and referred pre-adjudication by the justice system

stakeholders.

Coordinated Opioid Recovery (CORE) Network

The CORE Network represents a systems level innovation in the treatment of opioid use disorder. The CORE Network operates as a fully integrated continuum of care, including Emergency Medical Services (EMS), peer navigators, hospitals, acute intervention, stabilization, Medication Assisted Treatment (MAT), and long-term recovery treatment services. The model connects individuals to a broad spectrum of wraparound services, including but not limited to:

- Behavioral health.
- Peer support.
- Primary and dental care.
- Maternal health.
- Housing.
- Employment support.

This proactive, person-centered approach replaces the traditional fragmented episodic overdose response with a cohesive framework designed to reduce recidivism, support sustained recovery, and address the social determinants of health that influence health outcomes. The CORE Network reflects a paradigm shift towards scalable, public health informed, recovery-oriented systems equipped to support individualized needs.

Primary Prevention of Substance Use

Florida, in alignment with federal requirements, allocates a minimum of 20 percent of its SAPT block grant funding to primary prevention efforts targeting individuals not in need of substance use disorder treatment. This funding supports all six prevention strategies outlined by the Center for Substance Abuse Prevention:

- Information dissemination.
- Education.
- Alternative activities.
- Problem identification and referral.
- Community based processes.
- Environmental strategies.

The Department plays a central role in prevention by licensing substance use providers, establishing data driven statewide priorities, pursuing competitive grant opportunities, delivering training on evidence based and innovative prevention practices, leading initiatives to improve data quality, and partnering with other state agencies to enhance

surveillance and coordinated resources.

Fiscal Years 2023-2024 and 2024-2025 Summary of Expenditures by Managing Entity

Statewide Summary (in \$ millions)				
Schedule of Funds Group	FY23-24	FY23-24	FY24-25	FY24-25
	Budget	Expenditures	Budget	Expenditures
Managing Entity Operational Cost	\$37,723,426	\$29,510,549	\$34,243,846	\$28,066,514
Mental Health Core Services	\$339,291,104	\$265,636,203	\$335,338,787	\$329,997,624
Mental Health Discretionary Grants	\$9,419,293	\$7,392,721	\$7,831,692	\$5,616,214
Mental Health Proviso Projects	\$48,476,269	\$40,858,307	\$23,874,312	\$22,652,804
Mental Health Targeted Services	\$267,343,727	\$243,628,818	\$314,004,808	\$293,022,624
Subtotal Mental Health	\$664,530,393	\$624,646,350	\$681,049,599	\$651,289,265
Substance Abuse Core Services	\$242,601,444	\$233,046,035	\$213,513,751	\$202,684,179
Substance Abuse Discretionary Grants	\$83,064,838	\$75,950,288	\$97,355,492	\$92,713,199
Substance Abuse Proviso Projects	\$6,859,871	\$6,622,665	\$7,549,238	\$5,872,354
Substance Abuse Targeted Services	\$171,436,790	\$125,168,939	\$157,097,292	\$122,974,418
Subtotal Substance Abuse	\$503,962,943	\$440,787,927	\$475,515,773	\$424,244,150
Total	\$1,206,216,762	\$1,027,814,525	\$1,190,809,218	\$1,103,599,931
Supp: FEMA Crisis Counseling Funds	\$7,003,482.00	\$2,133,891	\$6,239,376	\$0
Grand Total	\$1,213,220,244	\$1,029,948,416	\$1,197,048,594	\$1,103,599,931

AHME2 Northwest Florida Health Network				
Schedule of Funds Group	FY23-24	FY23-24	FY24-25	FY24-25
	Budget	Expenditures	Budget	Expenditures
Managing Entity Operational Cost	\$3,721,995	\$3,414,859	\$3,064,763	\$2,626,250
Mental Health Core Services	\$35,526,926	\$34,875,270	\$33,617,101	\$32,895,399

Mental Health Discretionary Grants	\$642,713	\$632,980	\$520,023	\$520,023
Mental Health Proviso Projects	\$4,116,600	\$3,945,490	\$3,075,000	\$2,999,817
Mental Health Targeted Services	\$40,628,740	\$37,371,533	\$48,289,930	\$45,793,237
Subtotal Mental Health	\$80,914,979	\$76,825,273	\$85,502,054	\$82,208,476
Substance Abuse Core Services	\$23,792,194	\$22,628,989	\$21,087,301	\$19,119,943
Substance Abuse Discretionary Grants	\$5,400,838	\$5,243,336	\$7,362,823	\$6,783,700
Substance Abuse Proviso Projects	\$0	\$0	\$1,150,000	\$1,074,834
Substance Abuse Targeted Services	\$21,665,219	\$19,742,946	\$19,698,808	\$15,099,796
Subtotal Substance Abuse	\$50,858,251	\$47,615,271	\$49,298,932	\$42,078,274
Total	\$135,495,225	\$127,855,403	\$137,865,749	\$126,913,000
Supp: FEMA Crisis Counseling Funds	\$564,219	\$33,243	\$1,222,784	\$0
Grand Total	\$136,059,444	\$127,888,646	\$139,088,533	\$126,913,000

EHME2 Lutheran Services Florida				
Schedule of Funds Group	FY23-24	FY23-24	FY24-25	FY24-25
	Budget	Expenditures	Budget	Expenditures
Managing Entity Operational Cost	\$6,464,506	\$6,408,016	\$5,909,810	\$5,810,004
Mental Health Core Services	\$56,615,424	\$59,046,004	\$58,370,812	\$59,621,608
Mental Health Discretionary Grants	\$1,057,797	\$983,979	\$891,407	\$891,407
Mental Health Proviso Projects	\$17,328,663	\$13,020,976	\$3,825,000	\$3,824,456
Mental Health Targeted Services	\$68,928,533	\$61,235,933	\$79,937,416	\$74,446,536
Subtotal Mental Health	\$143,930,417	\$134,286,892	\$143,024,635	\$138,784,007
Substance Abuse Core Services	\$46,555,552	\$45,564,955	\$41,947,841	\$40,697,111
Substance Abuse Discretionary Grants	\$18,884,584	\$18,709,561	\$22,998,303	\$22,739,626
Substance Abuse Proviso Projects	\$1,991,030	\$1,929,302	\$2,350,000	\$750,000
Substance Abuse Targeted Services	\$42,891,846	\$32,746,580	\$37,329,345	\$29,793,843

Subtotal Substance Abuse	\$110,323,012	\$98,950,397	\$104,625,489	\$93,980,579
Total	\$260,717,935	\$239,645,306	\$253,559,934	\$238,574,591
Supp: FEMA Crisis Counseling Funds	\$2,312,513	\$284,142	\$2,930,652	\$0
Grand Total	\$263,030,448	\$239,929,448	\$256,490,586	\$238,574,591

GHME2 Central Florida Cares Health System				
Schedule of Funds Group	FY23-24	FY23-24	FY24-25	FY24-25
	Budget	Expenditures	Budget	Expenditures
Managing Entity Operational Cost	\$4,031,836	\$3,318,417	\$3,461,411	\$3,461,411
Mental Health Core Services	\$36,899,695	\$35,880,528	\$35,603,063	\$35,573,815
Mental Health Discretionary Grants	\$1,364,188	\$1,343,528	\$1,097,155	\$1,097,155
Mental Health Proviso Projects	\$1,300,000	\$1,300,000	\$1,315,000	\$1,315,000
Mental Health Targeted Services	\$29,008,398	\$26,696,474	\$34,829,452	\$31,432,489
Subtotal Mental Health	\$68,572,281	\$65,220,530	\$72,879,870	\$69,418,459
Substance Abuse Core Services	\$27,643,662	\$26,589,528	\$22,634,210	\$22,488,362
Substance Abuse Discretionary Grants	\$9,849,383	\$9,585,732	\$12,406,101	\$10,977,411
Substance Abuse Proviso Projects	\$1,649,350	\$1,649,350	\$1,525,000	\$1,523,282
Substance Abuse Targeted Services	\$16,773,038	\$10,666,474	\$17,275,964	\$13,653,889
Subtotal Substance Abuse	\$55,915,433	\$48,491,084	\$53,841,275	\$48,642,944
Total	\$128,519,550	\$117,030,032	\$130,360,969	\$121,522,814
Supp: FEMA Crisis Counseling Funds	\$663,945	\$324,000	\$2,930,652	\$0
Grand Total	\$129,183,495	\$117,354,032	\$133,291,621	\$121,522,814

IHME2 Southeast Florida Behavioral Health Network				
Schedule of Funds Group	FY23-24	FY23-24	FY24-25	FY24-25
	Budget	Expenditures	Budget	Expenditures
Managing Entity Operational Cost	\$4,751,400	\$4,679,768	\$4,163,507	\$4,104,128
Mental Health Core Services	\$37,700,532	\$36,137,949	\$37,055,881	\$36,372,435

Mental Health Discretionary Grants	\$2,546,426	\$2,179,775	\$2,248,884	\$1,815,808
Mental Health Proviso Projects	\$5,480,687	\$5,230,687	\$3,642,700	\$3,642,700
Mental Health Targeted Services	\$21,724,755	\$21,044,475	\$24,520,078	\$22,697,133
Subtotal Mental Health	\$67,452,400	\$64,592,886	\$67,467,543	\$64,528,076
Substance Abuse Core Services	\$26,668,052	\$24,979,012	\$21,903,034	\$21,054,348
Substance Abuse Discretionary Grants	\$10,069,462	\$9,728,001	\$9,418,979	\$9,020,501
Substance Abuse Proviso Projects	\$0	\$0	\$0	\$0
Substance Abuse Targeted Services	\$17,259,216	\$11,717,850	\$17,532,946	\$12,104,996
Subtotal Substance Abuse	\$53,996,730	\$46,424,863	\$48,854,959	\$42,179,845
Total	\$126,200,530	\$115,697,517	\$120,486,009	\$110,812,048
Supp: FEMA Crisis Counseling Funds	\$0	\$0	\$651,850	\$0
Grand Total	\$126,200,530	\$115,697,517	\$121,137,859	\$110,812,048

JHME2 Broward Behavioral Health Network				
Schedule of Funds Group	FY23-24	FY23-24	FY24-25	FY24-25
	Budget	Expenditures	Budget	Expenditures
Managing Entity Operational Cost	\$4,929,828	\$2,992,337	\$3,991,937	\$3,288,254
Mental Health Core Services	\$33,644,736	\$32,343,472	\$33,837,184	\$32,288,599
Mental Health Discretionary Grants	\$620,658	\$620,658	\$513,046	\$499,994
Mental Health Proviso Projects	\$1,510,400	\$1,510,400	\$1,100,000	\$1,100,000
Mental Health Targeted Services	\$16,941,464	\$16,410,838	\$20,150,256	\$18,442,775
Subtotal Mental Health	\$52,717,258	\$50,885,368	\$55,600,486	\$52,331,368
Substance Abuse Core Services	\$24,295,361	\$21,692,507	\$21,420,641	\$18,715,191
Substance Abuse Discretionary Grants	\$7,585,396	\$7,585,396	\$9,335,001	\$9,335,000
Substance Abuse Proviso Projects	\$2,374,238	\$2,198,760	\$2,274,238	\$2,274,238
Substance Abuse Targeted Services	\$11,313,456	\$9,768,798	\$9,751,717	\$8,030,959

Subtotal Substance Abuse	\$45,568,451	\$41,245,461	\$42,781,597	\$38,355,387
Total	\$103,215,537	\$95,123,166	\$102,374,020	\$93,975,009
Supp: FEMA Crisis Counseling Funds	\$0	\$0	\$0	\$0
Grand Total	\$103,215,537	\$95,123,166	\$102,374,020	\$93,975,009

KHME2 South Florida Behavioral Health Network/Thriving Minds				
Schedule of Funds Group	FY23-24	FY23-24	FY24-25	FY24-25
	Budget	Expenditures	Budget	Expenditures
Managing Entity Operational Cost	\$5,616,731	\$5,082,923	\$5,762,394	\$5,451,394
Mental Health Core Services	\$52,267,236	\$48,435,975	\$50,882,173	\$48,232,579
Mental Health Discretionary Grants	\$1,064,886	\$383,197	\$857,609	\$163,885
Mental Health Proviso Projects	\$2,890,000	\$2,428,578	\$2,625,000	\$2,396,905
Mental Health Targeted Services	\$24,491,811	\$22,523,616	\$29,809,797	\$28,077,933
Subtotal Mental Health	\$80,713,933	\$73,771,366	\$84,174,579	\$78,871,302
Substance Abuse Core Services	\$31,425,661	\$30,539,525	\$30,178,340	\$26,915,297
Substance Abuse Discretionary Grants	\$5,504,526	\$5,310,058	\$6,454,279	\$6,221,306
Substance Abuse Proviso Projects	\$250,000	\$250,000	\$250,000	\$250,000
Substance Abuse Targeted Services	\$16,832,038	\$9,639,174	\$16,084,417	\$13,377,410
Subtotal Substance Abuse	\$54,012,225	\$45,738,756	\$52,967,036	\$46,764,013
Total	\$140,342,889	\$124,593,046	\$142,904,009	\$131,086,709
Supp: FEMA Crisis Counseling Funds	\$0	\$0	\$0	\$0
Grand Total	\$140,342,889	\$124,593,046	\$142,904,009	\$131,086,709

QHME2 Central Florida Behavioral Health Network				
Schedule of Funds Group	FY23-24	FY23-24	FY24-25	FY24-25
	Budget	Expenditures	Budget	Expenditures
Managing Entity Operational Cost	\$8,207,130	\$3,614,229	\$7,676,411	\$3,325,074
Mental Health Core	\$86,636,555	\$86,047,308	\$85,972,573	\$85,013,189

Services				
Mental Health Discretionary Grants	\$2,122,625	\$1,248,604	\$1,703,568	\$627,941
Mental Health Proviso Projects	\$15,849,919	\$13,422,175	\$8,291,612	\$7,373,926
Mental Health Targeted Services	\$65,620,026	\$58,345,948	\$76,467,879	\$72,132,521
Subtotal Mental Health	\$170,229,125	\$159,064,035	\$172,435,632	\$165,147,577
Substance Abuse Core Services	\$62,220,962	\$61,051,520	\$54,342,384	\$53,693,928
Substance Abuse Discretionary Grants	\$25,770,649	\$19,788,205	\$29,380,006	\$27,635,654
Substance Abuse Proviso Projects	\$595,253	\$595,253	\$0	\$0
Substance Abuse Targeted Services	\$44,701,977	\$30,887,116	\$39,424,095	\$30,913,526
Subtotal Substance Abuse	\$133,288,841	\$112,322,094	\$123,146,485	\$112,243,108
Total	\$311,725,096	\$275,000,358	\$303,258,528	\$280,715,759
Supp: FEMA Crisis Counseling Funds	\$3,462,805.00	\$1,492,505.55	\$1,434,090	\$0
Grand Total	\$315,187,901	\$276,492,864	\$304,692,618	\$280,715,759

Conclusion

Florida's substance use and mental health system of care is a comprehensive, community-based network designed to ensure access to a full continuum of behavioral health services for individuals and families across the state. Administered by the Department, the system supports prevention, intervention, treatment, and recovery services.

The Department oversees this system through contractual relationships with regional MEs, which coordinate and monitor the local service providers. This structure promotes a responsive, data informed, and person-centered approach to care, emphasizing individual treatment planning, including continuity across care settings. The system prioritizes recovery, resiliency, and the least restrictive, community integrated service delivery ensuring that individuals receive the right level of support at the right time.

Collaboration with community partners, law enforcement, child welfare, and health care systems enhance the system's effectiveness in addressing complex needs and improving outcomes for Florida residents.

This comprehensive, multi-year review of the revenues, expenditures, and financial

positions of the MEs, combined with a thorough system of care analysis, provides critical insights to guide strategic decision making and ensure the continued effectiveness and sustainability of the behavioral health services to meet the need of the individuals we serve.