The Florida Senate

COMMITTEE MEETING EXPANDED AGENDA

BUDGET SUBCOMMITTEE ON HEALTH AND HUMAN SERVICES APPROPRIATIONS
Senator Negron, Chair
Senator Rich, Vice Chair

MEETING DATE: Wednesday, February 23, 2011
TIME: 1:00 —6:00 p.m.
PLACE: *Toni Jennings Committee Room,* 110 Senate Office Building

MEMBERS: Senator Negron, Chair; Senator Rich, Vice Chair; Senators Gaetz, Garcia, Oelrich, Richter, and Sobel

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	Budget Work Session		Discussed
2	Discussion on Medicaid Reform Discussion of Draft Legislation Public Testimony on Draft Legislation		Discussed

Medicaid Benefits Plan

Roberta K. Bradford
Deputy Secretary for Medicaid

Presented to the Senate Health and Human Services Appropriations Committee
February 23, 2011

The Federal Medicaid Program

- Federal Medicaid laws and regulations mandate certain benefits for certain populations and states must administer their programs under federally approved state plans.
- To participate, states are required to cover certain mandatory populations and services, while federal matching funds are available if a state chooses to cover other optional populations and services.

The Federal Medicaid Program

- States must submit a Medicaid State Plan to the federal Centers for Medicare and Medicaid Services (CMS) and administer their programs under federally approved state plans.
- The Plan outlines current state eligibility standards, services, coverage policies and reimbursement methodologies.
  - Services must be sufficient to achieve their purpose

Flexibility in Administering Medicaid

- Determining coverage limits for mandatory services
- Determining coverage and coverage limits of optional services
- Determining coverage limits for optional eligibility groups
  - Current MOE
- Determining reimbursement rates and methodologies

Flexibility in Administering Medicaid

- Program efficiencies
  - Utilization management
  - System edits
  - Prior authorizations
  - Selective Contracting
  - Managed Care
- Use of waiver(s) to obtain additional flexibility
  - 1115 Research and Demonstration Waivers
  - Maintenance of Effort

Options to Develop Benefit Packages

- Three different benefit models
  - Historical Benefit Package
    - e.g., State Plan benefits
    - Ability to change coverage
  - Benchmark Benefit Packages
    - New State Plan option under Deficit Reduction Act
  - 1115 Waivers
    - Provides more flexibility than State Plan amendment (SPA)
    - Coverage of services otherwise not eligible for match
    - Ability to target coverage to select groups

Medicaid State Plan

- State must operate in accordance of the State Plan
  - State Plan serves as a contract with CMS to provide high level details regarding the administration and operation of a Medicaid Program

- State Plan:
  - Designates a single State Medicaid Agency
  - Establishes eligibility standards
  - Establishes services covered and coverage requirements
  - Establishes payment rates

State Plan Amendment

- To implement a change to a currently approved State Plan or implement a new State Plan Option, the State would need to submit an SPA.
- Timeline for Review
  - CMS has 90 days to approve, deny, or send a written request for additional information (RAI) to the State beginning on the day CMS receives the plan amendment.
  - If CMS does send the State an RAI, the State has 90 days to respond in writing to the RAI.
  - Once CMS has received the State's response, CMS has an additional 90 days to review the State's response.
- As a result, it can take 9 months to obtain approval.

Waiver Authority

- Authority given to the State to "waive" one or more Medicaid requirements.
- There are three different waiver types:
  - 1115 Research and Demonstration Waiver
  - 1915(b) Freedom of Choice Waivers;
  - 1915(c) Home and Community-Based Services Waivers; and
- Each waiver authority, contains detailed language regarding what provisions may be waived.
- States may use more than one waiver authority to operate a program – example, 1915(b)/(c) Combination Waivers
- States may operate more than one waiver

Florida Medicaid: Service Limitations

- Under an approved State Plan, states can limit services to non-pregnant adults.
- States can place service limits on both mandatory and optional services. Services must be sufficient to reasonably achieve it's purpose.
- For state plan recipients (those not eligible through a home and community based or other waiver) services must be available statewide in the same amount, duration and scope.
- States can impose different services limits or offer different optional services for those recipients enrolled in Medicaid through a home and community based, other waiver (such as the Family Planning waiver or the MEDS AD waiver), or Medically Needy enrollees.

Florida Medicaid- Mandatory Services

Projected Expenditures FY 2011-2012 Based on December 2010 SSEC

Advanced Registered Nurse Practitioner	$5,905,717
EPSDT	$192,622,387
Family Planning	$27,509,446
Home Health Care	$170,981,224
Hospital Inpatient	$4,379,859,457
Hospital Outpatient	$1,097,015,560
Independent Laboratory and Portable X-Ray	$103,120,255
Skilled Nursing Facility	$729,440,832
Personal Care	$44,186,520
Physician Services	$1,191,095,291
Private Duty Nursing	$202,180,342
Respiratory, Speech, Occupational and Physical Therapy	$109,508,298
Rural Health & FQHC	$110,937,005
Therpeutic Services for Children	$70,352,167
Transportation	$142,240,067

Note: Includes expenditures for both children and adults.

Florida Medicaid – Optional Services

Projected Expenditures FY 2011-2012 Based on December 2010 SSEC

Adult Dental Services	$30,421,964
Adult Health Screening	$2,954,769
Ambulatory Surgical Centers	$17,805,852
Assistive Care Services	$26,179,861
Birth Center Services	$1,439,554
Adult Hearing Services	$3,752,598
Adult Vision Services	$15,319,823
Chiropractic Services	$1,714,138
Community Mental Health	$61,234,570
Clinic Services (CHD)	$166,186,894
Dialysis Facility Services	$21,457,485
Healthy Start Services	$23,641,947
Home and Community Based Services	$1,384,600,627
Hospice Care	$333,599,835
Intermediate Care Facilities/ DD	$344,557,599
Intermediate Nursing Home Care	$2,072,805,560
Physician Assistant Services	$10,935,258
Podiatry Services	$5,201,732
Prescribed Drugs	$1,555,884,727
PCCM/ MediPass	$22,377,967
Registered Nurse First Assistant	$8,771,410
School Based Services	$97,569,420
State Mental Health Hospitals	$9,468,283
Subacute Inpatient Psychiatric Program for Children	$61,382,891

Note: Includes expenditures for both children and adults.

Traditional Premium and Cost Sharing

- Traditional Cost Sharing Provisions (42 CFR 447.50 – 447.60)
  - States may charge nominal co-insurance, deductibles and co-payment
  - Co-payments are most commonly used and limited to .50 to $3.00 for non-institutional care
  - Specific eligibility groups and services are excluded from co-payments

Alternative Premiums and Cost Sharing

- Implements provisions in DRA provisions permitting new State Plan option to implement higher premiums and cost sharing
- States must exempt certain populations and services and may exempt additional populations from the alternative schedule
- Cost sharing is enforceable for individuals with a family income over 100% of FPL
- Cost sharing and premiums may not exceed 5% of each family's income for the month or quarter

Benchmark Benefit Package

- New State Plan option available under the Deficit Reduction Act (DRA)
- State may contract with an entity to provide benchmark benefit or actuarial equivalent benchmark packages
- State designs benchmark benefit package(s) which may result in different coverage limits than State Plan provided to different populations
- State may develop more than one benchmark
- A State may offer one or more benchmark coverage options and require specific recipients to enroll
- Benchmark benefit packages can be operated under a prepaid or fee-for-service environment

Benchmark Benefit Packages

- Federal Employees Health Benefit Plan Equivalent Health Insurance Coverage (FEHBP)
- State Employee Coverage
- An HMO with the largest insured commercial, non-Medicaid enrollment
- Secretary approved coverage with benefit categories only available under a benchmark coverage package or the standard full Medicaid coverage
  - States must submit a full description of the proposed coverage, including comparisons to one of the benchmark plans or the state's standard full Medicaid coverage package and a full description of the population receiving the services

Benchmark Equivalent State Plan Option

- Actuarial equivalent value of a benchmark plan
- Coverage of aggregate value equal to a benchmark plan including:
  - Inpatient and outpatient hospital services
  - Physician's surgical and medical services
  - Laboratory and x-ray services
  - Well-baby and well-child care, including immunizations
  - Other appropriate preventative services
- May include benefits in categories in the benchmark or Medicaid plan
- Must have 75% of the value of the following in the benchmark plan:
  - Prescription drugs
  - Mental health services
  - Vision services
  - Hearing services

1115 Waiver Authority

- 1115(a)(1) allows the Secretary to waiver compliance with most of the requirements in the Medicaid and SCHIP State Plans
- 1115(a)(2) allows the Secretary to regard as expenditures costs that would not otherwise be matchable under Medicaid or SCHIP

1115 – Limitation on Secretary's Authority

- Statutory Limitations
  - Services to Pregnant Women and Children under 19
  - Drug Rebate Provisions
  - FMAP Rate
  - Cost Sharing
  - SCHIP Allotments
- Policy Limitations
  - Budget Neutrality
  - Per member per month versus aggregate budget neutrality agreement

Use of 1115 Waiver Budget Authority

- 1115(a)(2) allows the Secretary to regard as expenditures costs that would not otherwise be matchable under Medicaid or SCHIP
- State may request authority to fund programs not otherwise eligible for federal payment with savings generated in a waiver

Use of 1115 Waiver Budget Authority

- May be used to obtain federal match to cover individuals not eligible (e.g. expansion population)
  - Family Planning Waiver
- May be used to obtain federal match for services not covered or only covered for select individuals
  - Select state have used authority to provider coverage of mental health services – generally outpatient
- May be used to obtain reimbursement for programs and/or reimbursement that do not meet federal requirements
  - DSH redirection
  - LIP funding
- Consideration regarding expansion is ability to manage the program within savings.

1115 Waivers

- States have widely used authorization to:
  - Expand managed care
  - Expand eligibility
  - Achieve and re-direct savings
  - Modify benefits
  - Impose cost sharing
  - Restrict choice of providers
  - Pay providers differently
- Must assist in promoting the objectives of the Medicaid or SCHIP statute, as determined by the Secretary
- Used to expand managed care while implementing the other changes

1115 Waivers

- Flexibility from statutory and regulatory requirements not available under SPAs or 1915(b) waivers
  - Test new, innovative ideas
  - Cover the uninsured and reduce the rate of uninsured
  - Enhance access, quality, and coordination of care
  - Provide a medical home, etc.
- In return for demonstration flexibility
  - State commitment to a policy demonstration that can be evaluated within allowed federal funds

Florida's 1115 Reform Waiver

- Health plans operating in Reform counties can offer differing benefit packages designed to appeal to recipients based on their individual needs. Plans have responded by offering additional services not available in traditional Medicaid.
- Additional Services provided by many plans – and examples include:
  - Over the counter pharmacy
  - Adult preventative dental
  - Adult vision
- Benefit packages differ for Children and Families and Aged and Disabled populations and for specialty plans.
- Enhanced Benefits.

Florida's 1115 Reform Waiver

- Customized Benefit Packages:
  - May vary in scope, amount and duration of benefits.
  - May cover services not traditionally covered by Medicaid.
- All medically necessary services for children and pregnant women are provided.
- Benefit packages must be prior approved by Agency and meet two criteria:
  - Actuarially equivalent to State Plan benefit value
  - Sufficiency of services required by Agency

Florida's 1115 Reform Waiver:

- Levels of amount, scope and duration flexibility:
  - Certain services must be provided at or above current coverage levels.
  - Other services must be provided to meet sufficiency standards for the population.
  - Remaining services must be offered, but amount, scope and duration are flexible.
- Reform plans have expanded certain services above current levels.
- Reform plans have added services not currently covered.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Questions?

CHARLES G. CURIE

P. O. Box 5722
Rockville, MD 20855

Office: (301)519-8961
curie@curiegroup.com

PROFESSIONAL EXPERIENCE

Principal/Founder, The Curie Group, LLC
Rockville, MD
August 2006 - Current

Founded The Curie Group, LLC, a consulting firm specializes in working with leaders of the healthcare field, particularly the mental health and substance use arenas to facilitate the transformation of services and to attain increasingly positive outcomes in the lives of people worldwide. Clients include various businesses, managed care organizations, international, national and state governments, service providers, consulting firms and various trade and professional associations.

Administrator, Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services, Rockville, MD
August 2001 – August 2006

Nominated by President George W. Bush and confirmed by the U.S. Senate in October 2001 as Administrator of the U.S. Department of Health and Human Services' (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA is the lead federal agency for improving the quality and availability of substance abuse prevention, addiction treatment and mental health services in the United States. SAMHSA works in partnership with states, communities and private organizations to achieve the vision of "a life in the community for everyone" and the mission "building resilience and facilitating recovery." To accomplish its vision and mission SAMHSA consists of the Center for Mental Health Services, Center for Substance Abuse Prevention, Center for Substance Abuse Treatment, and Office of Applied Studies. In Fiscal Year 2001, SAMHSA's budget was approximately $2.9 billion; the FY 2005 budget was just under $3.4 billion. The Agency employs nearly 520 staff members.

- Established a new vision, mission, and matrix of priorities and crosscutting management principles to guide the strategic planning process for the Agency's programmatic efforts and the conduct of SAMHSA's future activities to ensure best practices are provided for the communities the Agency serves.

- Advised the White House in the creation of the Presidential Commission on Mental Health to support President Bush's New Freedom Initiative. The commission was charged with conducting a comprehensive study of the nation's mental health service delivery system, including both private and public sector providers, and advising the President on methods to improve the system.

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- Developed and implemented the Federal Action Agenda for Mental Health System Transformation. The Action Agenda was informed by the Final Report of the Presidential Commission on Mental Health and includes 70 specific action steps developed in partnership with six cabinet level departments and the Social Security Administration (20 Federal agencies in total).

- Established and implemented policies and programs to achieve the demand reduction goals of the President's national drug control strategy. Including:

    - Implementation of President Bush's innovative initiative *Access to Recovery*, a new consumer-driven approach for obtaining substance abuse treatment and sustaining recovery through a State-run voucher program. This new three year, $300 million program is based upon consumer choice and a new set of outcome measures.

    - Creation of the Strategic Prevention Framework and issued the first state grants to implement the framework. This new five year, $230 million program is based on implementing a risk and protective factor approach in community based plans to guide funding decisions for substance abuse prevention, mental health promotion and mental illness prevention programs.

- Established a science-to-services agenda in partnership with the National Institutes of Health (NIH) to help move new scientific knowledge to community-based care in a timely fashion.

- Established a Data Strategy with ten domains for measuring outcomes for substance abuse prevention, treatment and mental health services. This strategy set the stage for obtaining national outcome measures for the mental health and substance abuse fields for the first time.

- Led the efforts on behalf of HHS and the Federal Government, in partnership with the United Kingdom, to provide technical assistance and aid to the new Iraqi government in establishing a system of mental health care for its citizens. Also, provided direct consultation to Iraqi medical and mental health professionals in Baghdad, Amman and London.

- Led mental health emergency response activities following 9/11, the anthrax attack, the aftermath of hurricanes Katrina, Rita and Wilma and the sniper shootings in Washington, D.C. metropolitan area. Awarded numerous grants to affected jurisdictions and the immediate deployment of agency personnel, convened two summits to increase capacity and coordination of programs among state and local mental health agencies. A summit was held in New York City "When Terror Strikes" in November 2001, successfully organized in six

weeks, resulted in concrete state plans to guide future activities in crisis/emergency situations.

- Reorganized the Agency to support a one-SAMHSA, one-HHS vision as outlined by Health and Human Services Secretary Tommy G. Thompson by focusing on strengthening the role of the Administrator in the areas of policy, budget and communications, while reallocating staff to front-line positions and reemphasizing both internal and external customer services.

- Strengthened the role and participation of mental health and substance abuse stakeholders in the Agency's policy and program decisions by building and nurturing relationships with leaders of key organizations in the substance abuse and mental health services fields.

- Led the Federal mental health and substance abuse response to the gulf-coast region in the aftermath of hurricanes Katrina, Rita and Wilma. Activated the SAMHSA Emergency Response Center, coordinated efforts with the State mental health and substance abuse authorities, and facilitated the deployment of 500 response professionals to the region.

Deputy Secretary for Mental Health and Substance Abuse Services
Commonwealth of Pennsylvania, Department of Public Welfare, Harrisburg, PA
August 1995 - August 2001

Appointed by Governor Tom Ridge to serve as Commissioner of Mental Health for the Commonwealth of Pennsylvania. This senior administration office is responsible for the $1.8 billion state public mental health system and behavioral health managed care medical assistance program. The system includes 9 state mental hospitals, one long-term care facility, 46 county-based mental health programs, 5900 state employees, and mental health services to 205,000 individuals annually. Along with the management of the mental health system, it is also the responsibility of the deputy secretary to develop the public policy for mental health services and drug and alcohol treatment.

- Implemented a nationally recognized mental health and drug and alcohol Medicaid managed care program with a budget of over $800,000,000 covering over 750,000 lives.

- Reorganized the Office of Mental Health into the Office of Mental Health and Substance Abuse Services in order to establish the structures and capacities necessary to implement mandatory Medicaid managed care, effectively manage the state hospital system, and develop the needed focus on drug and alcohol services.

- Established and implemented a policy to reduce and ultimately eliminate the use of patient seclusion and restraint practices in the state hospital system.

    - Over a 4 year period, reduced the number of incidents of restraint by over 75% and the number of hours of restraint by 96%.

- This program won the 2000 **Innovations in American Government Award** and is sponsored by Harvard University's John F. Kennedy School of Government, the Ford Foundation, and the Council on Excellence in Government.

- Implemented a new Quality Risk Management Program throughout the state hospital system.

- Established a task force, which developed standards for an integrated treatment approach to serve individuals with co-occurring mental illness and substance abuse issues.

- Increased participation of mental health consumers and family members in policy development and program implementation.

- Assured that for the first time a consumer and family member were included as full voting members on the state managed care selection committee.

- Established several statewide consumer and family advisory committees to influence policy development for areas such as managed care, cultural competency, community support programs, and child and adolescent social service program (CASSP) development.

- Required counties and local mental health and drug and alcohol systems of care actively engage consumers and family members in program development and implementation.

- Downsized the state hospital system and concurrently increased community-based services for people with serious mental illness. Resulting in:

  - Reduce number of facilities (from 14 to 10).

  - A 42% decrease in the average daily patient census over a 5-year period (from 5000 to 2900).

  - A 38% decrease in the number of staff complement (from 8900 to 5700).

  - A transfer of $155,000,000 (annualized) from the state hospital budgets to the community-based budgets to assure adequate funding of community services.

- Led a delegation of mental health professionals to China through the *People to People Ambassador Program* in April 2001.

Director of Risk Management Services
Henry S. Lehr, Inc. (nka Brown and Brown Insurance), Bethlehem, PA
August 1990-August 1995

Directed the creation and management of a quality improvement/risk management consultation program for a national liability insurance retailer, which served over 350 human service/health, care agencies nationwide.

- Provided risk management consultation for a $22 million book of business.
- Conducted many local, state and national workshops and seminars covering various aspects of quality and risk management.
- Exceeded sales goal each year by selling professional liability and commercial coverages to health and human services agencies.

President/Chief Executive Officer
Helen H. Stevens Community Mental Health Center, Carlisle, PA
April 1988-August 1990

Responsible for the management of a comprehensive CMHC with 65 employees, providing services which included: individual, family and group outpatient treatment, drug and alcohol services, partial hospitalization, case management, social rehabilitation, home-based treatment, crisis intervention, hospital liaison services, residential services and education and consultation services.

- Led a community-based capital campaign for a new facility, which raised over $780,000.
- Conducted an organizational assessment that resulted in a reorganization of management and staff.
- Established an Intensive Case Management Program serving people with serious and persistent mental illness.
- Developed, marketed, and implemented an Employee Assistance Program (EAP), which covered over 1300 employees and their families within the first year.
- Implemented productivity standards for direct-care staff, resulting in a 25% average increase in individual productivity.
- Implemented a home-based treatment program for children and their families, including an intensive case management position for children.
- Developed a Board strategic planning process to enhance the agency's market posture.

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Executive Director/Chief Executive Officer
Sandusky Valley Center, Inc., Tiffin, OH
July 1982-April 1988

Responsible for overall management of a CMHC with 50 employees and five office locations serving a three-county area.

- Increased staff productivity by over 25% within 1 year.
- Increased agency revenues 100% over a 4-year period.
- Developed and implemented a Quality Assurance Program rated among the three best in the State of Ohio.
- Facilitated the successful corporate merger of two health service organizations.
- Implemented an Employee Assistance Program for industry, which covered 4000 employees and their families.
- Expanded agency services to include drug/alcohol counseling, education and prevention programs, school-based programs, outreach services and specialized services to seniors.

Director of Transitional Services
Sandusky Valley Center, Inc., Tiffin, OH
May 1981-July 1982

Managed a three-county mental health day treatment and residential program.

- Increased number of client days by 20%.
- Increased community-based placements for people with serious mental illnesses.
- Supervised multi-disciplinary staff rendering service to people with serious and persistent mental illness.

Administrator/Clinical Social Worker
Sandusky Valley Center Inc., Tiffin, OH (Fostoria office)
July 1979-May 1981

Supervised the programming of the office, including clinical activities. Provided community education and consultation programs and individual, family and group therapy.

- Consistently attained the highest productivity of any office within the three-county area.

- Increased profile of office in the community resulting in a greater number of monthly referrals.

EDUCATION

Master of Arts, University of Chicago, June 1979, School of Social Service Administration, Chicago, IL

Bachelor of Arts, Huntington University, May 1977, Psychology and Sociology, Huntington, IN; graduated Magna Cum Laude

PROFESSIONAL CERTIFICATION

Certified by the Academy of Certified Social Workers (ACSW)

RELATED PROFESSIONAL EXPERIENCE

2009-	American Foundation for Suicide Prevention (AFSP), Board of Directors
2008-	Responsible Retailing Forum, Inc. (RRF), Board of Directors
2007-2009	Suicide Prevention Action Network, USA (SPAN USA), Board of Directors (merged with AFSP in 2009)
2007-	Deloitte Center for Health Solutions, Advisory Panel
2006-	Council on Social Work Education (CSWE), Board of Directors Member of Executive Committee, 2008 to present Chair of the Audit Committee, 2008 to present
2003-2007	Chair, Interagency Coordinating Committee on the Prevention of Underage Drinking, U S Department of Health and Human Services
2001-2003	Ex-Officio Member, U.S. President's New Freedom Commission on Mental Health
2001	Expert Panel Member to Review Standards for the Commission on the Accreditation of Rehabilitation Facilities (CARF)

1997-2001	Board Liaison to the Children and Youth Division of the National Association of State Mental Health Program Directors (NASMHPD)
1996-2001	Member, Board of Directors, NASMHPD
1996-2000	Professional Educational Series for state mental health policy and leadership development, through the National Association of State Mental Health Program Directors, Harvard University.
1997-1998	Member, President's Advisory Council on Excellence, Huntington University
1993-1996	Member, Lehigh Valley Mental Health Society
1993-1995	Member, Mental Health Advisory Committee, Northampton County MH/MR Program
1993-1994	Member, COMPEER Steering Committee, Lehigh Valley
1992-1995	Member, Legislative Committee for the Pennsylvania Community Providers Association (PCPA)
1991-1995	Member, Alumni Board of Directors, Huntington University; Vice President, 1992 - 1994
1989-1990	Chair of the Mental Health Committee for the Pennsylvania Association of Community Mental Health/Mental Retardation Providers (PACMH/MRP)
1989-1990	Appointed by the Secretary of Public Welfare to the Medical Assistance Advisory Committee for the Commonwealth of Pennsylvania
1988-1990	Member, Elected to Board of Directors, PACMH/MRP
1988-1990	Member of Medicaid Reform Advisory Committee for the Office of Mental Health of the Commonwealth of Pennsylvania
1988-1989	Member of the Mental Health Systems Design Committee for the PACMH/MR Providers
1986-1988	Member, Board of Trustees, Ohio Council of Community Mental Health Agencies
1986-1988	Member of the Political Action Committee of the Ohio Council of Community Mental Health Agencies

1986-1988	Member, Board of Directors, Midwest Healthcare Network
1986-1987	Delegate of the Ohio Council of Community Mental Health Agencies to the Ohio Department of Mental Health Common Concerns Group. Participated in the development of a new statewide financing plan for mental health services and wrote legislation for the unified mental health system in Ohio.
1985-1986	Chairman of the Special Committee of Membership Relations, Ohio Council of Community Mental Health Agencies
1985-1988	Instructor of Introductory Sociology, Heidelberg College, Tiffin, OH
1979-1984	Member of Fostoria Community Interagency Forum, Fostoria, OH; President, 1980-1981
1978-present	Member, National Association of Social Workers (NASW)

COMMUNITY AND CIVIC ACTIVITIES

1990	Member, Chairman of Selection Committee, Board of Directors of Leadership Carlisle, Carlisle, PA
1988-1990	Member of Steering Committee of Leadership Carlisle sponsored by the Greater Carlisle Chamber of Commerce
1989-1990	Member, Board of Directors, Greater Carlisle Chamber of Commerce
1989-1990	Chairman, Community Services Division, Greater Carlisle United Way Annual Campaign
1986-1990	Member, Rotary International, Tiffin, OH and Carlisle, PA Chairman of International Group Study Exchange, Carlisle Club
1984-1988	Member of Advisory Board, Tiffin Mercy Hospital, Tiffin, OH
1976-1977	President of Huntington University Student Union and Student Senate and Member, Huntington University Board of Trustees
1976-1977	President of Alpha Sigma Eta Fraternity, Huntington University

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HONORS AND AWARDS - - *Highlights only*

- Office for Addictive Disorders, State of Louisiana Fall Conference Honoree, November 2007
- Public Service Citation, University of Chicago Alumni Association, June 2005
- 2005 Visionary Award, On Our Own of Maryland, Inc., June 2005
- Distinguished Public Service Award, The National Council of Behavioral Healthcare Providers, March 2005
- The John P. McGovern Award for Substance Abuse Prevention, January 2005
- "Uplifting the Human Spirit" Award, Westcare Corp., October 2004
- Commissioned by Governor Ernie Fletcher as a "Kentucky Colonel," August 2004
- Public Service Award, The Society of Prevention Research, May 2004
- National Community Service Award, Vanguard Foundation, March 2004
- TASC President's Award, for leadership and commitment to serving people in the criminal justice and substance abuse treatment systems, 2002
- The Harvard/Ford Foundation Innovations in American Government Award, for the program implemented to reduce and eliminate seclusion and restraint practices within the PA state mental hospital system, October 2000
- Public Servant Award, National Alliance for the Mentally Ill of Pennsylvania, 1999
- Patients' Award for establishing the policy for the elimination of seclusion and restraint and improving the patients' quality of life at Allentown State Hospital, 1999
- Community and Support Program Award, Community Support Committee of Pennsylvania, 1998
- Public Service Award, Pennsylvania County Human Services Providers, 1997
- Pennsylvania Community Providers Association, President's Award, 1996
- Huntington University, Alumnus of the Year, 1996

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- ❖ Henry S. Lehr Quality Award, first recipient, 1995

PUBLICATIONS

Curie, C.G., *Mental Health Weekly*, guest author, January 2010

Curie, C.G., Various topics, *Behavioral Healthcare Tomorrow* blog, Fall 2008 to present

Curie, C.G. and Thornicroft, G., "Summative Evaluation of the National Mental Health Plan 2003-2008," National Government of Australia, submitted April 2007.

Curie, C.G., Hutchings, G., Minkoff, K., and Cline, C., "Best Practices: Strategic Implementation of Systems Change for Individuals with Mental Health and Substance Use Disorders," *Journal of Dual Diagnosis,* Vol. 1, Issue 4, 2005.

Curie, C.G., "Doctor's Standing Orders," *Psychiatric Services*, Vol. 56, No. 10, October 2005.

Curie, C.G., "SAMHSA's Commitment to Eliminating the Use of Seclusion and Restraint," *Psychiatric Services*, Vol. 56, No. 9, September 2005.

Curie, C.G., "A Life in the Community for Everyone: Making the Vision a Reality for America the Substance Abuse and Mental Health Services Administration," *U.S. Medicine*, March 2005

Curie, C.G., "A Life in the Community for Everyone: Making the Vision a Reality for America the Substance Abuse and Mental Health Services Administration," *Mental Health Weekly*, March 2005

Curie, C.G., "Transforming Behavioral Health Care from Community Programs to National Policy: Realizing the Hope and Promise through Partnerships," *National Council for Community Behavioral Healthcare Newsletter*, February 2004.

Curie, C.G., Brounstein, P. J., and Davis, N.J. "Resilience-building prevention programs that work: A Federal perspective." In Clauss-Ehlers, C., & Weist, M. (Eds., 2004). Articles on community planning to foster resilience in children. New York: Kluwer Academic/Plenum Publishers.

Curie, C.G., "Access to Recovery: Providing Hope," *Alcohol and Drug Abuse Weekly*, 2003.

Curie, C.G., and Clark, W.H., "The Challenge of Substance Abuse Prevention and Treatment: Building Resilience and Facilitating Recovery," *Southwest Journal*, 2003.

Curie, C.G., "Social Work and the Substance Abuse and Mental Health Services Administration: Creating a Life in the Community for People with Mental Illness," *National Association of Social Workers Newsletter*, 2003

Curie, C.G., "SAMHSA: Taking the Lead on Co-occurring Disorders," *Mental Health Weekly & Alcohol and Drug Abuse Weekly*, 2002.

"Curie, C.G., "Controlling Restraint Improves Quality of Care," *Behavioral Healthcare Tomorrow*, June 2000

As Director of Risk Management Services, Henry S. Lehr, Inc., authored over 30 articles published nationally (i.e., regularly featured in *Caring Magazine, Journal of the National Association of Homes and Services for Children*) and statewide regarding quality standards for clinical care and managing risk in a treatment setting; and developed a manual for use in establishing quality improvement and risk management programs.

SELECTED PRESENTATIONS

- Diageo, North America Headquarters, Employee Forum, Expert Panel, "Alcohol and Public Policy: Current Issues," May 2010.
- Montgomery County, PA, Keynote Speaker for County's Behavioral Health Services Transformation Kick-off Meeting, May 2010.
- National Council for Community Behavioral Healthcare, Presenter and Panel Moderator, "Looking into the Future: How Will Behavioral Healthcare be Managed (or Not)," March 2010.
- National Council for Community Behavioral Healthcare, Expert Panel, "All Healthcare is Local: How States are Thinking about Healthcare Reform," March 2010.
- National Council for Community Behavioral Healthcare, Expert Panel, "Health Care Reform Around the Globe, Lessons Learned," March 2010.
- Harvard University, John F. Kennedy School of Government, Former Congressman Jim Ramstad's Study Group on Mental Illness, Addictions and Healthcare Reform, Guest Speaker, March 2009.
- New York City Behavioral Health Providers Annual Conference, Keynote Speaker, November 2008.
- State of Pennsylvania, Office of Mental Health and Substance Abuse Services, Regional Conference on Mental Health Preparedness for Potential Flu Pandemic, Keynote Speaker, Harrisburg, PA, April, 2007.
- Statewide Resiliency and Recovery Conference, Keynote Speaker, Nashville, TN, November, 2006.
- Park City Center for Public Policy, Winter Meeting, Overview of Mental Health and Substance Use Public Policy, Plenary Speaker and Panel Moderator, December, 2006.

- State of Illinois, Division of Mental Health, Statewide Recovery Planning Conference, Keynote Speaker, Chicago, IL, October, 2006.
- NASADAD/NPN/NTN Annual Conference, Plenary Speaker, Albuquerque, NM, June 2006.
- IIMHL Leadership Exchange, Opening Speaker, Edinburgh, Scotland, June 2006. International Congress on Crime and Drug Abuse Prevention, Plenary Speaker, Mexico City, Mexico, June 2006.
- National Association of Drug Court Professionals, 12th Annual Training Conference, Plenary Speaker, Seattle, Washington, June 2006.
- SAMHSA National Children's Mental Health Awareness Day, Keynote Speaker, Washington, DC, May 2006.
- Katrina Summit, SAMHSA, Keynote and Reception Speaker, New Orleans, May 2006.
- Stony Brook University School of Social Work Graduation Convocation, Commencement Speaker, Stony Brook, NY, May 2006.
- PRIDE 2006 World Drug Prevention Conference, Plenary Speaker, Washington, DC, April 2006.
- State Associations of Addiction Services (SAAS), First Annual Conference for Executives and Senior Managers in Addiction Services, Plenary Speaker, Chicago, IL, July 2006. First All-Pennsylvania Congress on Public and Community Psychiatry, American Association of Community Psychiatrists Winter Meeting, Plenary Speaker, Pittsburgh, PA, March 2006.
- United Nations Office on Drugs and Crime, Panama Conference, Third Regional Workshop of Project CAM H90, Panelist, Panama City, Panama, March 2006.
- SAMHSA Returning Veteran's Conference, "The Road Home: The National Behavioral Health Conference on Returning Veterans and Their Families. Restoring Hope and Building Resiliency", Keynote Speaker, Washington, DC, March 2006.
- CADCA National Leadership Forum XVI, Breakfast with the SAMHSA Administrator, Washington, DC, February 2006.
- American Correctional Association (ACA), Board of Governors Meeting, Plenary Speaker, Nashville, TN, January 2006.
- New York State Office of Alcoholism and Substance Abuse Services (OASAS) and The Alcoholism and Substance Abuse Providers of New York State (ASAP), Keynote Address, New York, NY, January 2006.
- Association of State Correction Administrators (ASCA), Winter Business Meeting, Plenary Speaker Nashville, TN, January 2006.
- Joint Commission on Accreditation of Healthcare Organizations and Joint Commission Resources, Inc., The Second National Conference on Behavioral Health Care: A Focus on Outcomes Research and the Use of Data, Plenary Speaker, Chicago, IL, December 2005.
- Midwestern Governors' Association, Regional Methamphetamine Summit, Plenary Speaker, December 2005, Indianapolis, IN, December 2005.
- U.S. – Mexico Bi-National Conference on Demand Reduction, Keynote Address, Mexico City, Mexico, November 2005
- Latin American Federation of Therapeutic Communities, Tenth Annual Conference, Keynote Address, San Juan, PR, November 2005

- National District Attorneys Association Board Meeting, Opening Remarks, Chicago, IL, November 2005
- Montana Conference on Mental Illness, Opening Remarks, Great Falls, MT, November 2005
- Carter Center Annual Mental Health Symposium, Opening Keynote Address, Atlanta, Georgia, November 2005
- National Summit for States on Prevention and Reduction of Underage Alcohol Use, Opening and Closing Address, Washington, DC, October 2005
- Organization for Attempters and Survivors of Suicide, Suicide Prevention Action Network, Keynote Address, Memphis, TN, October 2005
- National Resource and Training Center on Homelessness and Mental Illness, 2005 National Conference "Addressing Homelessness for People with Mental Illness and/or Substance Use Disorders", Keynote Address, Washington, DC, October 2005
- U.S. Department of Education Workshop Series, "Helping Gulf Coast Schools Recover," Opening Remarks, Jackson, MS and Mobile, AL, October 2005
- National TASH and ARC, Teleconference on "Positive Behavior Supports and Eliminating the Use of Seclusion and the Inappropriate Use of Restraint," Featured Speaker, Rockville, MD, October 2005
- Hurricanes Katrina and Rita Mental Health and Substance Abuse Relief and Recovery Efforts, Teleconference Briefing for the U.S. Congress, Rockville, MD, October 2005
- PRISM Awards Capitol Hill Showcase, Remarks, Washington, DC, September 2005
- Suicide Prevention Action Network 10th Anniversary National Awareness Event, Keynote Address, Arlington, VA, September 2005
- National Association of State Drug and Alcohol Abuse Directors' National Prevention Network Annual Meeting, Keynote Address, New York, NY, August 2005
- Alcoholics Anonymous International Convention, Featured Speaker, Toronto, Canada, July 2005
- National Association of Counties, 2005 Annual Conference Symposium on Methamphetamine Use, Featured Speaker, Honolulu, HI, July 2005
- Town Hall Meeting on Substance Abuse and Mental Health, Featured Speaker, Honolulu, HI, July 2005
- NAADAC – The Association for Addiction Professionals, Keynote, Corpus Christi, TX, July 2005
- National Indian Health Service/SAMHSA Behavioral Health Conference on Alcohol, Substance Abuse and Mental Health, Keynote, San Diego, CA, June 2005
- SAMHSA National Advisory Council Administrator's Report, San Diego, CA, June 2005
- Penn Foundation 50th Anniversary Conference "Shaping the Future", Keynote Address, Sellersville, PA, June 2005
- Presidential Advisory Council on HIV/AIDS, Testimony, Washington, DC, June 2005
- U.S. Conference of Mayors 73rd Annual Meeting, Joint Meeting of the Standing Committee on Children and Health and Human Services Taskforce, Featured Speaker, Chicago, IL, June 2005

- On Our Own of Maryland, Inc. Acceptance of the 2005 Visionary Award Remarks, Ocean City, MD, June 2005
- U.S. House of Representatives, Subcommittee on Labor, Health and Human Services, and Education, Appropriations Committee, Testimony on the President's Proposed Budget for SAMHSA for FY 2006, Washington, DC, April 2005
- U.S. House of Representatives, Subcommittee on Criminal Justice, Drug Policy and Human Resources, Committee on Government Reform, Testimony on SAMHSA Prevention Programs, April 2005
- U.S. Senate, Subcommittee on Labor, Health and Human Services, Education, and Related Agencies, Committee on Appropriations, Testimony on Prevention and Treatment of Methamphetamine Abuse, April 2005
- Action Planning Conference for Iraq Mental Health, "Leadership & Team Building in Mental Health Services: What Works," Opening Plenary Keynote, Amman, Jordan, March 2005
- National Council for Community Behavioral Healthcare 35th Annual Training Conference, Acceptance of the Distinguished Public Service Award, San Francisco, CA, March 2005
- NAADAC – The Association for Addiction Professionals Annual Meeting, Luncheon Keynote, Washington, DC, March 2005
- Suicide Prevention Resource Center Regional Conference, Opening Plenary Keynote, Portland OR, February 2005
- Treating Co-occurring Substance Use and Mental Disorders, Press Conference, Featured Speaker, Washington, DC, January 2005
- Community Anti-Drug Coalitions of America Annual Leadership Forum, Opening Plenary Keynote, Washington, DC, January 2005
- Center for Substance Abuse Prevention/SAMHSA, Community Prevention Day Training, Luncheon Keynote, Washington, DC, January 2005
- NAMI New York State 22nd Annual Conference, Keynote, "Achieving the Promise: Transforming Mental Health Care for New Yorkers," White Plains, NY, October 2004
- U.S. Senate Subcommittee on Substance Abuse and Mental Health, Committee on Health, Education, Labor and Pensions, Testimony on Performance Measurement and Management, Washington, DC, July 2004
- American Mental Health Counselors Association Annual Conference, Keynote Address, Washington DC, July 2004
- National Center on Substance Abuse and Child Welfare 1st National Conference on Substance Abuse, Child Welfare and the Dependency Court, Opening Remarks, Baltimore, MD, July 2004
- California Social Work Education Center, California Mental Health Directors Association and the National Association of Social Workers Mental Health Initiative Summit, Keynote Address, Riverside, CA, July 2004
- MADD National Board of Directors Meeting, Keynote Address, Washington, DC, June 2004
- National Association of State Mental Health Program Directors Annual Meeting and Georgetown University Training Institute, Opening Remarks, San Francisco, CA, June 2004

- Florida Alcohol and Drug Abuse Association and State Association of Addiction Services National Conference on Older Adults and Substance Abuse Issues, Keynote Address, Ft. Lauderdale, FL, June 2004
- Florida D.A.R.E. Officers Association Annual Training Conference, Keynote Address, Marco Island, FL, June 2004
- Coalition for Evidence-Based Policy/Council for Excellence in Government National Policy Forum, Keynote Address, Washington DC, June 2004
- Indian Health Service/SAMHSA Behavioral Health Conference, Opening Remarks, San Diego, CA, June 2004
- National Association of State Alcohol and Drug Abuse Directors Annual Meeting, Keynote Address, Portland, ME, June 2004
- National Association of Drug Court Professionals 10th Annual Conference, Opening Remarks, Milwaukee, WI, June 2004
- National Policy Academy on Improving Services for Youth with Co-occurring Mental and Substance Use Disorders Involved with the Criminal Justice System, Opening Remarks, Bethesda, MD, June 2004
- Society for Prevention Research Annual Meeting, Opening Remarks, Washington, DC, May 2004
- Mental Health Corporations of America and International Initiative in Mental Health Leadership Annual Conference and Exchange, Opening Remarks/Panel Presentation on Reducing and Eliminating Seclusion and Restraint Practices, Washington, DC, May 2004
- U.S. House of Representatives Subcommittee on Labor, Health and Human Services and Education, Appropriations Committee, Testimony on the President's FY 2005 Budget Request for SAMHSA, Washington, DC, April 2004
- NAMI North Carolina Annual Conference, Keynote Address, Raleigh, NC, April 2004
- 11th Annual Idaho Prevention Conference, Keynote Address, Sun Valley, ID, April 2004
- The Carter Center, Forum on Performance Measures for Behavioral Healthcare and Related Services, Keynote Address, Atlanta, GA, April 2004
- National Policy Academy on Co-occurring Substance Use and Mental Disorders, Keynote Address, Baltimore, MD, April 2004
- Access to Recovery Regional Training, Opening Remarks, Atlanta, GA, April 2004
- U.S. House of Representatives, Committee on Government Reform, Subcommittee on Criminal Justice, Drug Policy and Human Resources, Testimony on Effectiveness of Substance Abuse Treatment Programs, Washington, DC, March 2004
- Dauphin County Mental Health – Mental Retardation Program Annual Conference, Keynote, Grantville, PA, March 2004
- American Psychiatric Association, Board of Trustees Meeting, Remarks, Arlington, VA, March 2004
- American College of Mental Health Administration, Santa Fe Summit on Behavioral Health, Keynote, Santa Fe, NM, March 2004

- Crisis Prevention Institute and the International Association of Nonviolent Crisis Intervention Certified Instructors and NIH Clinical Center, Best Practices Seminar on Reducing and Eliminating Seclusion and Restraint, Keynote, March 2004
- South Carolina Hospital Association Annual Behavioral Health Best Practices Conference, Keynote, Myrtle Beach, SC, February 2004
- California Institute of Mental Health Annual Conference, Keynote, San Francisco, CA, February 2004
- Florida Statewide Symposium on Prescription Drug Abuse, Remarks, Tallahassee, FL, February 2004
- Community Anti-Drug Coalitions of America Annual Leadership Forum, Keynote, Washington DC, January 2004
- Nevada Mental Health Plan Implementation Commission, Opening Remarks, Las Vegas, NV, January 2004
- Press Conference Release of the 2003 Monitoring the Future Findings, Remarks, Washington DC, December 2003
- Suicide Prevention Action Network Regional Conference, Plenary Remarks, New Orleans, LA, December 2003
- COPS Methamphetamine Teleconference Series, Featured Guest, Washington DC, November 2003
- National Mental Health Association Board Meeting, Remarks, Alexandria, VA, November 2003
- Florida Statewide Prevention Conference, Keynote Address, Orlando, FL, November 2003
- Council of State Governments, Re-entry Policy Council, Keynote Address, Washington, DC, November 2003
- U.S. Senate Committee on Health, Education, Labor and Pensions, Subcommittee on Substance Abuse and Mental Health, Testimony on the Administration's Activities to Achieve the Goals Outlined by the President's New Freedom Commission on Mental Health, Washington, DC, November 2003
- Carter Center Annual Symposium on Mental Health, Dinner Address, Atlanta GA, November 2003
- Johnson Institute National Forum, Keynote Address, Washington, DC, November 2003
- Texas Psychological Association 2003 Convention, Keynote Address, Dallas, TX, November 2003
- NAMI Pennsylvania Annual Conference, Keynote Address, Grantville, PA, October 2003
- Substance Abuse and Mental Health Services Administration and Centers for Medicare and Medicaid Services Conference on Mental Health and Substance Abuse Services, Keynote Address, Bethesda, MD, October 2003
- State of Texas Department of Mental Health an Mental Retardation New Freedom Commission Summit, Keynote Address, Austin, TX, October 2003
- National Association of Marriage and Family Therapists 61st Annual Conference, Keynote Address, Long Beach, CA, October 2003

- Departments of Health and Human Services and the Interior 2003 Tribal Self-Governance Conference, Plenary Address, Palm Springs, CA, October 2003
- New England Governors' Drug Abuse Summit, Testimony, Boston, MA, October 2003
- NAMI Maryland 21st Annual Statewide Conference, Keynote Address, Baltimore, MD, October 2003
- Mental Illness Awareness Week Kick-off Event, Keynote Address, Ann Arbor, MI, October 2003
- National Indian Health Board 2003 Consumer Conference, Plenary Address, St Paul, MN, October 2003
- 14th Annual Kentucky Mental Health Institute, Keynote Address, Louisville, KY, September 2003
- State of Connecticut Public Hearing on Eliminating the Use of Seclusion and Restraint, Featured Speaker, Hartford, CT, September 2003
- State of Hawaii Drug Control Summit, Keynote Address, Honolulu, HI, September 2003
- National Association of State Mental Health Program Directors Board Meeting, Featured Speaker, Alexandria, VA, September 2003
- Indiana Division of Mental Health and Addictions Board Committee Chairs Discussion, Featured Speaker, Indianapolis, IN, September 2003
- Indiana Legislators, Elected Officials and Governor's Staff Discussion, Featured Speaker, Indianapolis, IN, Sept 2003
- Indiana Division of Mental Health and Addiction Annual Meeting, Keynote Address, Indianapolis, IN, Sept 2003
- Indiana Business Leaders and Chamber of Commerce Discussion, Featured Speaker, Indianapolis, IN, September 2003
- National Health Policy Forum Discussion – New Freedom Commission, Featured Speaker, Washington, DC, September 2003
- National Association of Social Workers Annual Leadership Meeting, Plenary Panel Presentation, Washington, DC, August 2003
- State of Nevada Department of Human Resources Health Division, Bureau of Alcohol and Drug Abuse, Summer Institute for Addiction and Prevention Studies, Keynote Address, Reno, NV, July 2003
- Washington State Institute on Addictions Treatment, Keynote Address, Seattle, WA, July 2003
- Suicide Prevention Action Network 8th Annual National Awareness Event, Keynote Address, Washington, DC, July 2003
- Coastal Horizons Center Annual Dinner, Keynote Address, Wilmington, NC, July 2003
- National Association of State Mental Health Program Directors Annual Meeting, Keynote Address, Coronado, CA, July 2003
- Health Resources and Services Administration Primary Health Care Grantees Meeting, Opening Remarks, Washington, DC, July 2003
- NAMI Annual Convention, Keynote Address, Minneapolis, MN, June 2003

- Washington State Association of Counties Summer Convention, Keynote Address, Spokane, WA, June 2003
- Washington State Behavioral Healthcare Conference, Keynote Address, Yakima, WA, June 2003
- Leadership to Keep Children Alcohol Free, Keynote Address, Denver, CO, June 2003
- Substance Abuse and Mental Health Services Administration/Health Resources and Services Administration Conference on Primary Care, Mental Health and Substance Abuse, Welcoming Remarks, Bethesda, MD, June 2003
- Substance Abuse and Mental Health Services Administration All Hazards Preparedness State Meeting, Keynote Address, Washington, DC, June 2003
- Society for Prevention Research Annual Meeting, Opening Remarks, Washington, DC, June 2003
- National Association of State Alcohol and Drug Abuse Directors Annual Conference, Keynote Address, Arlington, VA, June 2003
- Annual Florida Statewide Drug Control Summit, Keynote Address, Tallahassee, FL, May 2003
- Substance Abuse and Mental Health Services Administration National Conference on Mental Health Block Grant and Mental Health Statistics, Opening Remarks, Washington, DC, May 2003
- National Association of Drug Court Professionals, 9th Annual Adult Drug Court Training Conference, Keynote Address, Reno, NV, May 2003
- Bethlehem Area Chamber of Commerce Annual Dinner Meeting, Keynote Address, Bethlehem, PA, May 2003
- National Rural Health Association's 25th Annual Conference, Keynote Address, Salt Lake City, UT, May 2003
- National Association of State Mental Health Program Directors, Third National Summit of State Psychiatric Hospitals, Keynote Address, Alexandria, VA, May 2003
- U.S. Department of Health and Human Services Mental Health Preparedness Planning Meeting, Featured Speaker, Bethesda, MD, May 2003
- U.S. House of Representatives Briefing on Mental Health Response to Disasters, Featured Speaker, Washington, DC, May 2003
- Child Welfare League of America Conference on Reducing and Eliminating Seclusion and Restraint, Los Angeles, CA, May 2003
- National Association of State Mental Health Program Directors, National Call to Action Eliminating the Use of Seclusion and Restraint Conference, Keynote Address, May 2003
- Judge Aubrey E. Robinson, Jr. Memorial Mental Health Conference, Keynote Address, Washington, DC, April 2003
- SAMHSA National Advisory Council Meeting Administrator's Report, Washington, DC, April 2003
- Central California Housing Authority Annual Conference, Keynote Address, Bakersfield, CA, April 2003
- Generations 2003 Annual Conference, Keynote Address, Salt Lake City, UT, April 2003

- American Association for the Treatment of Opioid Dependence Annual Conference, Keynote Address, Washington, DC, April 2003
- PRIDE Youth Programs Conference, Plenary Address, Pittsburgh, PA, April 2003
- U.S. House of Representatives Appropriations Subcommittee on Labor, Health and Human Services and Education, Testimony on the President's Proposed FY 2004 Budget for SAMHSA, Washington, DC, March 2003
- Community Anti-Drug Coalitions of America 13th Annual Meeting, Plenary Address, Washington, DC, February 2003
- American Association of Community Psychiatrists Winter Meeting, Keynote Address, Charlottesville, VA, February 2003
- US Department of Health and Human Services Meeting on Prevention, Featured Speaker on the Strategic Prevention Framework, Washington, DC, February 2003
- National Families in Action Parent Corps Focus Group Conference, Dinner Remarks, Atlanta, GA, January 2003
- North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services State Conference on Improving Treatment and Prevention Services, Keynote Address, Research Triangle Park, NC, January 2003
- Eliminating the Barriers Initiative National-State Partnership Kick-off Meeting, Opening Remarks, Washington DC, January 2003
- National Alliance for the Mentally Ill National Leadership Conference, Opening Remarks, Orlando, FL, January 2003
- National Institute on Mental Health Advisory Committee Meeting, "Remarks on Science to Service," Bethesda, MD, January 2003
- Drug Strategies Press Conference, "Release of Report On Treating Teens: A Guide to Adolescent Drug Programs," Remarks, Washington DC, January 2003
- 9th Annual Federal/National Partnership for Children's Mental Health Meeting, Opening Remarks, Washington, DC, December 2002
- Annual Meeting Drug Free Noble County, Keynote Address, Albion, IN, December 2002
- National Association of State Mental Health Program Directors and National Association of State Alcohol and Drug Abuse Directors Joint Meeting, Keynote Address, Fort Lauderdale, FL, December 2002
- Press Conference Announcing Professional and Public Education Initiative on Buprenorphine and Its Availably as Office-Based Treatment, Featured Speaker, Washington, DC, December 2002
- National Foundation of Women Legislators 64th Annual Conference, Featured Speaker, San Diego, CA, November 2002
- Substance Abuse and Mental Health Services Administration's State Systems Development Conference, Opening Address, Washington, DC, November 2002
- Annual Meeting Grantmakers in Health, Roundtable Discussion, Washington, DC, November 2002
- Fifth Annual National Prevention Network/Prevention Research Conference, Keynote Address, San Diego, CA, November 2002

- American Public Health Association, Featured Speaker, Philadelphia, PA, November 2002
- Annual Meeting of the Children's Service Center, Keynote Address, Plains Township, PA, November 2002
- Best Friends Foundation National Training Conference, Keynote Address, Washington, DC, November 2002
- Carter Center Annual Symposium on Mental Health Policy, Plenary and Panel Presentations, Atlanta, GA, November 2002
- Closing the Revolving Door: Bringing Services to People with Co-Occurring Mental and Addictive Disorders During and Following Incarceration, The National GAINS Center 2002 Conference, Keynote, San Francisco, CA, October 2002
- Ohio Council of Behavioral Health Provides, "Challenges and Opportunities for Behavioral Healthcare: SAMHSA's Vision for the Future," Annual Conference, Keynote, Columbus, OH, October 2002
- Scaling New Heights, 30th Anniversary Gala, Annual Meeting of the Pennsylvania Community Providers Association, Keynote, Champion, PA, October 2002
- Women in the Criminal Justice System: Breaking the Pathways, A Conference of the State of Wisconsin, Keynote, Milwaukee, WI, October 2002
- Institute of Medicine Congressional Briefing, Reducing Suicide: A National Imperative, Remarks, Washington, DC, October 2002
- 9th Annual National TASC Conference on Drugs and Crime, Partnerships for Building Safer Communities: Diverse Approaches - Emerging Trends, Keynote, Denver, CO, September 2002
- Leadership Summit to Keep Children Alcohol Free, First Lady of the State of Ohio, Opening Remarks, Columbus, OH, September 2002
- Blending Research and Practice to Provide Culturally Competent Care, Sixth Annual Latino Behavioral Health Institute Conference, Keynote, University City, CA, September 2002
- Federal Priorities for Mental Health, "Turning the Tide: Preserving Community Mental Health Services: Grantmakers in Health," Remarks, Washington, DC, September 2002
- "Addressing Substance Abuse: A Journey of a Thousand Miles," World Health Organization/China Institute on Substance Abuse: Prevention, Treatment and Rehabilitation, Opening Keynote, Beijing, China, September 2002
- "Behavioral Healthcare Services: A Vision for the Future," 2002 Behavioral Healthcare and Informatics Tomorrow Conference, Keynote, Washington, DC, September 2002
- 2002 Annual Meeting National Association of State Mental Health Program Directors Children, Youth and Families Division, Remarks, Albuquerque, NM, August 2002
- 7th Annual Symposium for Faith and Community-based Organizations, Substance Abuse and Mental Health Services Administration, Opening Remarks, Washington, DC, August 2002
- Confronting Crisis through Collaboration, Third Annual Eli Lilly Mental Health Advocacy Conference, Keynote, Chicago, IL, August 2002
- Summer Commissioners Meeting National Association of State Mental Health Program Directors, Keynote, New York City, NY, July 2002

- Strengthening the Public/Private Partnership, Suicide Prevention Advocacy Network (SPAN USA), Opening Remarks, Arlington, VA, July 2002
- 2002 Training Institute National Technical Assistance Center on Children's Mental Health, Remarks, Washington, DC, July 2002
- 2002 Annual Convention, National Alliance for the Mentally Ill: Building Communities of Hope, Science, Supports, Dignity, Keynote, Cincinnati, OH, June 2002
- Drug Courts: Treatment, Accountability and Compliance through the Judicial System, 8th Annual Adult Drug Court Training Conference National Association of Drug Court Professionals, Keynote, Washington, DC, June 2002
- United States Senate Committee on Health, Education, Labor and Pensions Field Hearing on The Needs of Children Affected by the Terrorist Attacks of September 11, Testimony, New York, NY, June 2002
- Mental Health is Public Health, National Mental Health Association 2002 Annual Conference Prevention, Resilience & Recovery: United for Mental Health, Opening Remarks, Washington, DC, June 2002
- Addictions Committee New York City Chapter National Association of Social Workers, "Social Work in the 21st Century: Lessons, Leadership, Legacy," Keynote, New York, NY, May 2002
- The 21st Century Psychiatrist, 155th Annual Meeting of the American Psychiatric Association, Leadership Challenges in Mental Health and Substance Abuse: A Meeting of the Minds, Remarks, Philadelphia, PA, May 2002
- National Conference of State Legislatures Health Committee Chairs Meeting, Remarks, Washington, DC, May 2002
- Annual Conference of the Therapeutic Communities of America, Remarks, Washington, DC, May 2002
- Working with States to Achieve Results on the Road Ahead, Annual Conference of the National Association of State Alcohol and Drug Abuse Directors, Remarks, Phoenix, AZ, April 2002
- 2002 National Summit on Performance Measurement and Case Management for Mental Health and Substance Abuse Programs, Performance Institute, Keynote, Washington, DC, April 2002
- California Mental Health Planning Council Meeting, Remarks, Los Angeles, CA, April 2002
- Treating Dual Diagnosis across the Life Span, A Conference of the Los Angeles County Alcohol and Drug Program Administration and the Los Angeles County Department of Mental Health, Keynote, Los Angeles, CA, April 2002
- 25th Anniversary Pride Youth Programs Conference, Keynote, Cincinnati, OH, April 2002
- Dr. Lonnie E. Mitchell Substance Abuse Conference, National Historic Black Colleges and Universities, Substance Abuse and Mental Health Services Administration, Keynote, Baltimore, MD, April 2002
- Evidence in Mental Health Services Research: What Types, How Much, and Then What? National Institute for Mental Health 15th International Conference on Mental Health Services Research, Keynote, Washington, DC, April 2002

- National Council of Community Behavioral Health: The Road Ahead, The SAMHSA Vision for the Future Plenary Session, Keynote, Chicago, IL, March 2002
- Serious and Violent Offenders/Going Home Reentry Initiative Regional Meeting, Remarks, Houston, TX, March 2002
- Advocating for Children's Behavioral Health: An Imperative for All Times, 19th Annual Meeting, National Association for Children's Behavioral Health, Keynote, Washington, DC, March 2002
- Santa Fe Summit on Behavioral Health, "Crossing the Quality Chasm: Translating the Institute of Medicine Report for Behavioral Health," American College of Mental Health Administration, Keynote, Santa Fe, NM, March 2002
- Prevention-Treatment Continuum in the Public Mental Health System, Substance Abuse and Mental Health Services Administration/National Association of State Mental Health Program Directors, Remarks, Bethesda, MD, March 2002
- U.S. House of Representatives Appropriations Subcommittee on Labor/HHS/Education Hearing, Testimony on the President's Proposed Budget for SAMHSA for FY 2003, Washington, DC, March 2002
- National Professional Social Work Month Gala, National Association of Social Workers, Keynote, Washington, DC, March 2002
- A System of Care for Children's Mental Health: Expanding the Research Base, Florida Mental Health Institute, 15th Annual Research Conference, Keynote, Tampa, FL, March 2002
- Standing Together: Responding to the Challenge: 7th Legislative Conference, National Association of County Behavioral Health Directors, Remarks, Washington, DC, February 2002
- 2002 Public Policy Conference on Alcohol and Drug Treatment, National Association for Addiction Professionals, Keynote, Washington, DC, February 2002
- National Mental Health Association National Prevention Coalition, Remarks, Washington, DC, February 2002
- Integration of States' HIV/AIDS, Mental Health and Substance Abuse Services, Substance Abuse and Mental Health Services Administration, Keynote, San Antonio, TX, February 2002
- Moving Toward Evidence-Based Systems of Care, 12th Annual Conference on State Mental Health Agency Services Research, Program Evaluation and Policy, Keynote, Baltimore, MD, February 2002
- From Prison to Home: The Effect of Incarceration and Re-entry on Children, Families and Communities, National Policy Conference, Opening Remarks, Bethesda, MD, January 2002
- Council of State Governments, Third Meeting of the Mental Health and Criminal Justice Consensus Projected, Featured Speaker, Washington, DC, January 2002
- State Mental Health Commissions: Recommendations for Change and Future Directions, A Conference Convened by the Florida Mental Health Institute and the National Technical Assistance Center for State Mental Health Planning, Keynote, St. Petersburg Beach, FL, January 2002

- Mental Health Round-Up Moving Mental Health Policy to Evidence-based Practice, Keynote, Cheyenne, WY, January 2002
- Third Meeting of the Mental Health and Criminal Justice Consensus Project, Council of State Governments, Opening Remarks, Washington, DC, January 2002
- 3rd Annual Training Conference of the National Association of Drug Court Professionals, Keynote, Alexandria, VA, January 2002
- Applying the Science of Prevention in Communities, 12th Annual Meeting of the Community Anti-Drug Coalitions of America, Opening Remarks, Washington, DC, December 2001
- Celebrating Our Strength Through Diversity: 13th Annual Conference of the Federation of Families for Children's Mental Health, Keynote, Washington, DC, November 2001
- National Dialogue on Identification of Model Integrated Service Programs for Persons with Co-occurring Mental and Substance Abuse Disorders, A joint meeting of the National Association of State Alcohol and Drug Abuse Directors/National Association of State Mental Health Program Directors Co-Occurring Task Force, Keynote, Washington, DC, November 2001
- When Terror Strikes: Responding to the Nation's Mental Health and Substance Abuse Needs - Strengthening the Homeland through Recovery, Resilience, and Readiness, National Summit, Opening Remarks, New York, NY, November 2001
- Youth in Crisis: Uniting for Action, 17th Annual Rosalyn Carter Symposium on Mental Health Policy, Keynote, Atlanta, GA, November 2001
- When Terror Strikes, Addressing the Nation's Mental Health and Substance Abuse Needs - Strengthening the Homeland through Recovery, Resilience, and Readiness, Pre-National Summit Meeting, Opening Remarks, Washington, DC, October 2001
- International Center for Clubhouse Development, Keynote, Chattanooga, TN, October 2001

(revised July 2010)

Amendments to Senate Medicaid Reform Bill by Florida's Aging Network

(Area Agencies on Aging a.k.a. – Aging Resource Centers and Community Care for the Elderly Lead Agencies)

Amendment 1:

On page 116, delete lines 3347 and 3348 and insert:

(d) Establishment of partnerships with community providers and Aging Network service providers that provide community-based services.

Explanation:

Ensures that plans are required to develop partnerships with Aging Network service providers that form Florida's 37 year old home and community care system for seniors.

Amendment 2:

On page 117, delete line 3368 and insert:

Establishing relationships with providers, including Aging Network service providers, before the

Explanation:

Ensures that plans are required to develop partnerships with Aging Network service providers that form Florida's 37 year old home and community care system for seniors.

Amendments 3, 4, & 5 are intended to respond to the Chairman's request for ideas to help Community Care for the Elderly Lead Agencies (Councils on Aging) address the financial solvency/capital reserve requirements in their transition to a managed care operation.

Note to the Chairman in response to his question/statement on NFP plans: Prestige Health Care, one of Florida's NFP managed care plans, established a 'for-profit' spin-off and drew investors that provided the financial backing to establish this plan in Florida. We can hopefully achieve the same results, however, again, we need adequate time to forge these investor relationships/corporate partnerships (one additional year).

Amendment 3:

On page 123, beginning on line 3556, insert the following between lines 3558 and 3559:

(h) Surety bond. – A qualified plan shall post and maintain a surety bond with the agency, payable to the agency, in the amount of $1.5 million except qualified plans operated by an Aging Network Community Care for the Elderly Lead Agency shall not be required to post a surety bond.

Explanation:

We understand this language has been added to keep plans from terminating their contractual obligations prior to the end a contract period. This additional surety bond requirement and cost will further make it cost-prohibitive for the not-for-profit Aging Network Community Care for the Elderly Lead Agencies to participate as a plan in a managed long term care program. Furthermore, it is unnecessary given the 37 year track record of home and community care service to Florida's seniors by the Aging Network which has not walked away from their contractual responsibilities.

Amendment 4:

On page 124, immediately following line 3591, insert:

During the first five years of operation, an Aging Network Community Care for the Elderly Lead Agency participating as a qualified long term care plan shall not be required to meet and maintain the surplus and solvency requirements under s. 409.912 (17) and (18). Instead, Aging Network Community Care for the Elderly Lead Agencies participating as a qualified long term care plans or provider service networks shall be required to phase-in their compliance with the solvency requirements of s. 409.912 (17) and (18) by 25 percent each year, beginning in year two of the contract period.

Explanation:

Aging Network Community Care for the Elderly Lead Agencies are not-for-profit entities and most do not currently have sufficient cash reserves to meet the surplus and solvency requirements under s.409.912 (17) and (18), therefore, additional time is needed to build up these reserves. In addition, amendment 4 which follows, that creates a 'risk pool' much like what was done during the privatization of child welfare in Florida when the CBC's-Community Based Care organizations were formed will further provide a temporary 'helping hand' to Florida's Aging Network in their transition to managed care.

Amendment 5: (As an alternative to Amendment 4)

On page 124, immediately following line 3591 insert:

(k) In order to preserve the value of Florida's Aging Network and safeguard the Legislature's 38 year investment in the not-for-profit home and community-based care infrastructure and millions of dollars in local matching funds provided by the Community Care for the Elderly Lead Agencies, the agency shall establish a temporary, three-year 'risk pool' funded by the Legislature to support the transition of the not-for-profit Aging Network from a fee-for-service system to a capitated, managed long term care operation. The risk pool shall operate in a manner similar to the former risk pool for the Department of Children and Families established and funded by the Legislature during the privatization of Florida's child welfare services to the Community Based Care organizations. The purpose of the risk pool shall be to provide temporary financial support to Community Care for the Elderly Lead Agencies during their transition to a capitated, risk-based, managed care operation and may be accessed in the event a Community Care for the Elderly Lead Agency's experiences temporary cash flow shortfall during the transition to a capitated operation. The agency in conjunction with the Department of Elderly Affairs shall establish criteria and procedures by which Community Care for the Elderly Lead Agencies may access funds provided by the risk pool. Funds shall only be released after submission of a budget amendment per the provisions of Chapter 216, Florida Statutes.

Explanation:

This amendment establishes a 'risk pool' that Community Care for the Elderly Lead Agencies may draw against should they experience cash flow shortages during the transition to a capitated managed long term care system. This might occur if the Lead Agency experiences a higher than anticipated incidence of nursing home care expenditures for seniors under their charge due to acute care episodes beyond their control which lead to a senior being placed in a nursing home bed. As lead agencies build their capital reserves and manage their 'risk', it is anticipated that the risk pool will eventually be phased out and no longer necessary. The risk pool concept tracks the legislature's past policy to assist providers in the privatization of Florida's child welfare program whereby Community Based Care organizations assumed full risk over a three to five year period.

Amendment 6:

On page 127, beginning on line 3661, delete said lines and insert:

3. Aging Network service providers that have previously participated in home and community-based waivers serving elders, or community-service programs administered by the Department of Elderly Affairs if the plan is providing managed long-term care services. Unless current clients served by the Aging Network under the home and community-based waivers request through the Aging Resource Centers to be reassigned to another plan or provider service network, these clients shall be referred to and continue to be served by their current Aging Network provider.

(b) After 24 months of active participation in the plan's network, the plan may exclude any of the providers listed in paragraph (a) from the network for failure to meet quality standards and recipient satisfaction concerns while maintaining network adequacy standards required under s. 409.966(2)(b).

Explanation:

This amendment provides that Community Care for the Elderly Lead Agencies that do not become plans but that are participants in a plan's provider service network shall retain responsibility for service provision for existing seniors currently served unless these clients request reassignment to another PSN or Plan. The amendment also extends from 12 months to 24 months, the period by which plans must contract with and refer clients to the Aging Network. Furthermore, during the initial plan contract period with AHCA, a plan may only exclude or terminate its contract/referral agreement with the Aging Network for failure to meet quality standards and recipient satisfaction concerns.

Amendment 7:

On page 138, delete line 4000 and insert:

(1) Qualified plans may also participate in the managed long term care component of the Medicaid managed care program.

Explanation:

This amendment simply allows qualified plans (that do not provide managed care medical assistance) to participate as managed long term care plans.

Amendment 8:

On page 139, delete lines 4009 through 4011 and insert:

state agencies. By March 31, 2013, the agency shall begin implementation of the managed long-term care component, with full implementation in all regions by March 31, 2014.

Explanation:

This amendment simply extends by one year, the implementation dates for the managed long-term care component of Medicaid reform. This additional year will allow the Aging Network sufficient time to execute collaborative agreements with other Aging Network providers, seek and secure needed capital, and to work with AHCA, DOEA, and the managed care industry to ensure a seamless and successful transition to managed care.

Amendment 9:

On page 141, immediately following 4081, insert new paragraph:

(c) Nursing Home Diversion Program providers who are either competitively designated Community Care for the Elderly 'Lead Agencies' as defined under Chapter 430, Florida Statutes or existing Nursing Home Diversion Program providers operated by managed care plans.

Explanation: This amendment levels the playing field between the well-capitalized, multi-billion dollar managed care industry and existing CCE Lead Agencies that have already successfully taken on the substantial financial risk to become a nursing home diversion program provider. This amendment allows existing CCE Lead Agencies that are also licensed Nursing Home Diversion Program providers to be considered 'qualified plans' under the language proposed in the Senate Bill. In addition, this amendment would grandfather in existing nursing home diversion program providers operated by managed care organizations in the same way that the bill grandfathers in PACE projects. If this language is inserted, then these existing CCE Lead Agencies that are also licensed Nursing Home Diversion Program providers may work with their sister Lead Agencies to offer Nursing Home Diversion Services as a 'qualified plan'. **This amendment is consistent with the language which establishes "Pace" projects as "qualified plans."**

Amendment 10:

On page 142, immediately following line 4090, insert new line:

(3) Nursing Home Diversion Program providers who are also competitively designated Community Care for the Elderly 'Lead Agencies' as defined under Chapter 430, Florida Statutes as well as existing Nursing Home Diversion Program providers that are operated by managed care plans, shall automatically be designated as qualified managed long term care plans within each region.

Explanation: This amendment builds on Amendment #6, in that it allows competitively designated Community Care for the Elderly Lead Agencies to forego a SECOND competitive procurement in order to provide services under a managed long term care program. The amendment also grandfathers in existing nursing home diversion program providers operated by managed care plans. **This amendment is consistent with the language which establishes "Pace" projects as "qualified plans."**

Amendment 11:

On page 143, delete lines 4128 through 4131 and insert:

(d) Evidence that a qualified plan has written agreements or signed contracts or has made substantial progress in establishing relationships with Aging Network providers before the plan submits a response.

Explanation:

Ensures that plans are required to develop partnerships with Aging Network service providers that form Florida's 37 year old home and community care system for seniors.

Amendment 12:

On page 143, delete lines 4132 through 4133 and insert:

(e) The availability and accessibility of experienced long term care case managers, including case managers currently employed by the Aging Network in the plan and provider network.

Explanation:

Ensures that plans are required to develop partnerships with Aging Network service providers that form Florida's 37 year old home and community care system for seniors.

Amendment 13:

On page 144, delete line 4161 and insert:

By January 1, 2012, in order to reduce costs and maximize to the greatest extent possible, reductions to government and increases to private sector employment as a result of Medicaid Reform, the Agency, in consultation with the Department of Elderly Affairs, shall contract with the Aging Resource Centers for the operation of the CARES program. Consistent with these provisions, the Agency shall include in its waiver request to the federal government a request to privatize the CARES program and shall work to satisfy federal Centers for Medicare and Medicare requirements, if any, to maintain federally enhanced matching funds for the CARES program.

Explanation:

This amendment will enhance ARC operations by eliminating a bifurcated choice counseling, eligibility, and level of care determination process by putting these functions under one roof and establishing a one-stop center within the Aging Resource Centers. Functionally, ARCs and CARES teams are already co-located in some regions with positive results. Privatizing this function will further reduce the cost of government.

Amendment 14:

On page 155 and 156, beginning with line 4494 through 4506:

Question: How will Aging Resource Centers be paid for this work? Currently, the legislature provides a $3.2 million appropriation (state and federal Medicaid funding) to support ARC operations. Will the Legislature continue to provide this appropriation or will these costs be paid by the Managed Long Term Care plans? This is an important issue that must be addressed in legislation.

Explanation:

ARCs should continue to be paid through state appropriations administered by the Department of Elder Affairs to avoid any conflict of interest. Because ARCs are providing the gatekeeper, choice counseling role – which involves advising seniors of their long term care service options, it makes sense for them to receive reimbursement directly from the state. It will be critical, however, for the Legislature to adequately fund the ARCs which currently operate on very limited, $3 million statewide appropriation. With a near doubling of the ARC workload anticipated, additional funding to support workload is critical.

Florida AHEC Network
Cessation Course Directory
2010-11

Quit Smoking Now™

ALACHUA COUNTY

Alachua

Alarion Bank - 16404 NW 174th Ave Alachua, FL 32615
Group Meets: 6 Thursdays at 5:00PM Beginning: 7/29/2010 Cessation Counselor: Sharon Valley

Brooker

Alachua County Organization on Rural Needs (ACORN) Clinic
23320 North State Road Brooker, FL 32622
Group Meets: 4 12/6/2010s at 08:00 PM Beginning: 12/6/2010 Cessation Counselor: Joan Castleman

Alachua County Health Department/UF College of Medicine Wellness Mobile Unit
Group Meets: Mondays Beginning: May 2011 Cessation Counselor: Joan Castleman

Gainesville

Eastside Community Practice - 410 NE Waldo Rd Gainesville, FL 32641
Group Meets: 6 Wednesdays at 5:30PM Beginning: 10/6/2010 Cessation Counselor: Sharon Valley

Family Medicine at Fourth Avenue - 625 SW 4th Avenue Gainesville, FL 32601
Group Meets: 6 Tuesdays at 2:00PM Beginning: 5/25/2010 Cessation Counselor: Gillian Eagle
Group Meets: 6 Tuesdays at 2:00PM Beginning: 7/6/2010 Cessation Counselor: Gillian Eagle
Group Meets: 6 Tuesdays at 2:00PM Beginning: 8/24/2010 Cessation Counselor: Gillian Eagle
Group Meets: 3 Fridays at 10:00 AM Beginning: 9/10/2010 Cessation Counselor: Gillian Eagle
Group Meets: 3 Saturdays at 11:00AM Beginning: 10/2/2010 Cessation Counselor: Gillian Eagle
Group Meets: 1 Wednesday at 5:00PM Beginning: 10/20/2010 Cessation Counselor: Gillian Eagle
Group Meets: 4 Tuesdays at 9:00AM Beginning: 10/26/2010 Cessation Counselor: Gillian Eagle
Group Meets: 6 Mondays at Beginning: 1/4/2011 Cessation Counselor: Gillian Eagle
Group Meets: 6 Mondays at Beginning: May 2011 Cessation Counselor: Gillian Eagle
Group Meets: 6 Mondays at Beginning: April 2011 Cessation Counselor: Gillian Eagle
Group Meets: 6 Mondays at Beginning: 2/7/2011 Cessation Counselor: Gillian Eagle

Haven Hospice - Gainesville - 4200 NW 90th Blvd. Gainesville, FL 32606
Group Meets: 6 Wednesdays at 5:30 PM Beginning: 2/2/2011 Cessation Counselor: Sharon Valley

Santa Fe College - 3000 NW 83rd Gainesville FL 32606
Group Meets: 6 Tuesdays at 8:30AM Beginning: 11/9/2010 Cessation Counselor: Sharon Valley

UF Student Health Care Center - 1 Fletcher Drive Gainesville, FL 32611
Group Meets: 6 Thursdays at 12:00PM Beginning: 7/1/2010 Cessation Counselor: Norma Charles
Group Meets: 6 Wednesdays at 12:00PM Beginning: 9/8/2010 Cessation Counselor: Norma Charles
Group Meets: 6 Wednesdays at 12:00PM Beginning: 1/12/2011 Cessation Counselor: Norma Charles
Group Meets: 6 Wednesdays at 12:00PM Beginning: 2/18/2011 Cessation Counselor: Norma Charles
Group Meets: 6 Wednesdays at 12:00PM Beginning TBD Cessation Counselor: Norma Charles

BAKER COUNTY

Macclenny

Baker County Health Department - 480 W Lowder Street Macclenny, FL 32063
Group Meets: 6 Tuesdays at 5:30 PM Beginning: 5/3/2011 Cessation Counselor: Kim Terry
Group Meets: 6 Tuesdays at 5:30 PM Beginning: 11/16/2010 Cessation Counselor: Kimberly Terry
Group Meets: 6 Tuesdays at 5:30 PM Beginning: 2/22/2011 Cessation Counselor: Kim Terry

BAY COUNTY

Panama City

Bay Medical Center - 615 N. Bonita Ave Panama City FL 32401
Group Meets: 6 Thursdays at Beginning: 7/9/2010 Cessation Counselor: Jennifer Barber
Group Meets: 6 Thursdays at 5:00PM Beginning: 4/7/2011 Cessation Counselor: Jennifer Barber
Group Meets: 6 Thursdays at 7:30AM Beginning: 1/6/2011 Cessation Counselor: Jennifer Barber
Group Meets: 6 Thursdays at 5:00PM Beginning: 10/7/2010 Cessation Counselor: Jennifer Barber

Bay Medical Healthplex - 2947 Highway 77 Panama City FL 32405
Group Meets: 6 Wednesdays at 12:00PM Beginning: 5/18/2011 Cessation Counselor: Brigitta Nuccio
Group Meets: 6 Wednesdays at 12:00PM Beginning: 8/25/2010 Cessation Counselor: Brigitta Nuccio
Group Meets: 6 Wednesdays at 12:00PM Beginning: 10/6/2010 Cessation Counselor: Brigitta Nuccio
Group Meets: 6 Wednesdays at 12:00PM Beginning: 2/23/2011 Cessation Counselor: Brigitta Nuccio
Group Meets: 6 Wednesdays at 12:00PM Beginning: 1/12/2011 Cessation Counselor: Brigitta Nuccio
Group Meets: 6 Wednesdays at 12:00PM Beginning: 4/6/2011 Cessation Counselor: Brigitta Nuccio
Group Meets: 4 Thursdays at 12:00PM Beginning: 12/2/2010 Cessation Counselor: Brigitta Nuccio

Life Management Center - 525 East 15th St. Panama City FL 32405
Group Meets: 6 Wednesdays at 12:00PM Beginning: 7/14/2010 Cessation Counselor: Brigitta Nuccio

BRADFORD COUNTY

Starke

Bradford County Library - 105 E. Jackson St Starke, FL
Group Meets: 6 Tuesdays at 5:30PM Beginning: 8/3/2010 Cessation Counselor: Katie Hadsock

Bradford CHD - 1801 N Temple Ave Starke FL 32091
Group Meets: 6 Thursdays at 10:00AM Beginning: 10/7/2010 Cessation Counselor: Katie Hadsock

Worthington Springs

Sardis Baptist Church - 11981 SW 37th Way Worthington Sprgs FL 32697
Group Meets: 6 Tuesdays at 5:30PM Beginning: 10/19/2010 Cessation Counselor: Katie Hadsock

BREVARD COUNTY

Cocoa

Brevard County Extension - 3695 Lake Drive Cocoa FL 32926
Group Meets: 6 Wednesdays at 5:30 PM Beginning: 1/12/2011 Cessation Counselor: Lana Saal
Group Meets: 6 Wednesdays at 5:30PM Beginning: 7/28/2010 Cessation Counselor: Lana Saal
Group Meets: 5 Wednesdays at 5:30PM Beginning: 7/21/2010 Cessation Counselor: Lana Saal

Melbourne

Kindred Hospital - 765 W. Nasa Blvd Melbourne FL 32901
Group Meets: 5 Tuesdays at 12:00PM Beginning: 8/3/2010 Cessation Counselor: Lana Saal
Group Meets: 5 Tuesdays at 12:00 PM Beginning: 8/3/2010 Cessation Counselor: Lana Saal
Group Meets: 5 Tuesdays at 5:30PM Beginning: 8/3/2010 Cessation Counselor: Lana Saal
Wuesthoff Medical Ctr - 250 N. Wickham Rd. Melbourne FL 32935
Group Meets: 5 Mondays at 5:30 PM Beginning: 9/13/2010 Cessation Counselor: Lana Saal
Group Meets: 5 Mondays at 5:30PM Beginning: 9/13/2010 Cessation Counselor: Lana Saal

Titusville

Brevard County Government Ctr - 400 South Street Titusville FL 32780
Group Meets: 5 Thursdays at 6:30PM Beginning: 9/2/2010 Cessation Counselor: Lana Saal

Viera

Brevard County Public School Board - 2700 Judge Fran Jamieson Way Viera FL 32940
Group Meets: 6 Mondays at 4:45PM Beginning: 11/1/2010 Cessation Counselor: Lana Saal
One Senior Place - 8085 Spyglass Hill Road Viera FL 32940
Group Meets: 5 Tuesdays at 3:30 PM Beginning: 1/11/2011 Cessation Counselor: Lana Saal

BROWARD COUNTY

Deerfield Beach

North Broward Medical Center - 201 E. Sample Road Deerfield Beach, FL 33064
Group Meets: 6 Tuesdays at 5:30PM Beginning: 5/3/2011 Cessation Counselor: Lori Walters

Coral Springs

Coral Springs Medical Center - 3000 Coral Hills Drive Coral Springs FL 33065
Group Meets: 6 Thursdays at 5:30PM Beginning: 4/14/2011 Cessation Counselor: Leslie Feldman

Deerfield Beach

North Broward Medical Center - 201 E. Sample Road Deerfield Beach FL 33064
Group Meets: 6 Tuesdays at 5:30PM Beginning: 5/3/2011 Cessation Counselor: Lori Walters

Fort Lauderdale

Broward General Medical Ctr - 1600 S. Andrews Ave Fort Lauderdale FL 33316
Group Meets: 6 Wednesdays at 2:00PM Beginning: 5/25/2011 Cessation Counselor: Celeste Allen
Group Meets: 6 Thursdays at 5:30PM Beginning: 9/16/2010 Cessation Counselor: Leslie Feldman
Group Meets: 6 Tuesdays at 5:30PM Beginning: 2/22/2011 Cessation Counselor: Lori Walters
Group Meets: 6 Tuesdays at 5:30PM Beginning: 10/26/2010 Cessation Counselor: Lori Walters

Imperial Point Medical Center - 6401 N. Federal Highway Fort Lauderdale FL 33308
Group Meets: 6 Mondays at 5:30PM Beginning: 3/14/2011 Cessation Counselor: Celeste Allen

Nova Southeastern Univ HPD - 3200 S. University Dr Fort Lauderdale FL 33328
Group Meets: 6 Wednesdays at 6:00PM Beginning: 2/2/2011 Cessation Counselor: Anthony Odland
Group Meets: 6 Wednesdays at 6:00PM Beginning: 8/18/2010 Cessation Counselor: Heather Kuhn
Group Meets: 6 Wednesdays at 6:00PM Beginning: 10/6/2010 Cessation Counselor: Christine Fultyn
Group Meets: 6 Tuesdays at 6:00PM Beginning: 6/15/2010 Cessation Counselor: Heather Kuhn
Group Meets: 6 Wednesdays at 6:00PM Beginning: 1/31/2011 Cessation Counselor: Christine Fultyn
Group Meets: 6 Thursdays at 6:00PM Beginning: 1/13/2011 Cessation Counselor: Christine Fultyn

Seventh Ave Family Health Ctr. - 200 NW 7th Ave. Fort Lauderdale FL 33311
Group Meets: 6 Wednesdays at 2:00PM Beginning: 1/12/2011 Cessation Counselor: Celeste Allen

Hollywood

Broward Community & Family HC - Hollywood - 5010 Hollywood Blvd Ste 100-B Hollywood, FL 33021 (English/Spanish)
Group Meets: 6 Tuesdays at 3:00PM Beginning: 3/1/2011 Cessation Counselor: Jerson Dulis
Group Meets: 6 Tuesdays at 3:00PM Beginning: 1/11/2011 Cessation Counselor: Jerson Dulis
Group Meets: 6 Tuesdays at 3:00PM Beginning: 8/31/2010 Cessation Counselor: Jerson Dulis
Group Meets: 6 Tuesdays at 3:00PM Beginning: 7/6/2010 Cessation Counselor: Jerson Dulis

Margate

NW Medical Center - 2801 N SR 7 Margate, FL 33063
Group Meets: 6 Tuesdays at 5:00PM Beginning: 6/15/2010 Cessation Counselor: Grace DeRose

Pembroke Pines

Southwest Regional Library - 16835 Sheridan Street Pembroke Pines FL 33331
Group Meets: 6 Tuesdays at 6:00PM Beginning: 2/22/2011 Cessation Counselor: Rob Allred

Plantation

Plantation General Hospital - 401 NW 42 Ave Plantation, FL 33317
Group Meets: 6 Wednesdays at 5:30PM Beginning: 7/21/2010 Cessation Counselor: Cyntyia Kirsch-Baumgarten

Pompano Beach

Broward Community & Family HC- Pompano Beach - 168 N Powerline Rd Pompano Beach, FL 33069 (English/Spanish)
Group Meets: 6 Thursdays at 3:00PM, Beginning: 3/10/2011 Cessation Counselor: Jerson Dulis
Group Meets: 6 Thursdays at 5:00PM Beginning: 9/16/2010 Cessation Counselor: Grace DeRose

Tamarac

University Hospital - 7201 N University Dr Tamarac, FL 33321
Group Meets: 6 Wednesdays at 5:00PM Beginning: 8/18/2010 Cessation Counselor: Grace DeRose

West Park

Broward Community & Family HC - West Park - 5801 West Hallandale Blvd West Park FL 33023
Group Meets: 6 Wednesdays at 2:00PM Beginning: 1/12/2011 Cessation Counselor: Jerson Dulis
Group Meets: 6 Wednesdays at 2:00PM Beginning: 3/2/2011 Cessation Counselor: Jerson Dulis

Weston

Weston Regional Health Park - 2300 North Commerce Parkway Weston FL 33326
Group Meets: 6 Thursdays at 6:30PM Beginning: 2/3/2011 Cessation Counselor: Leslie Feldman

Wilton Manors

The Pride Center at Equality Park - 2040 N. Dixie Hwy Wilton Manors FL 33305
Group Meets: 6 Wednesdays at 6:00PM Beginning: 2/16/2011 Cessation Counselor: Sean Robinson

CALHOUN COUNTY

Blountstown

Calhoun Liberty Hospital - 20370 NE Burns Ave Blountstown, FL 32424
Group Meets: 6 Tuesdays at 4:30PM Beginning: 2/15/2011 Cessation Counselor: James Lewis
Group Meets: 5 Mondays at 4:00PM Beginning: 11/22/2010 Cessation Counselor: Brigitta Nuccio
Group Meets: 6 Thursdays at 12:00PM Beginning: 8/19/2010 Cessation Counselor: Brigitta Nuccio
Group Meets: 6 Tuesdays at TBD Beginning: 5/1/2011 Cessation Counselor: James Lewis

CHARLOTTE COUNTY

Murdock

Charlotte Medical Society - Charlotte Medical Society Murdock Fl
Group Meets: Monday at 6:00PM Beginning: 3/21/2011 Cessation Counselor: Xenia Rosado-Merced

Port Charlotte

Charlotte Co. Healthy Start Coalition – 7940 Toledo Blade Blvd Port Charlotte FL 33048
Group Meets: Tuesday at 5:00PM Beginning: 2/8/2011 Cessation Counselor: Virginia Garrett
Group Meets: Tuesday at 5:00PM Beginning: 3/8/2011 Cessation Counselor: Xenia R. Merced
Group Meets: Tuesday at 5:00PM Beginning:10/12/2010 Cessation Counselor: Xenia Merced
Group Meets: Tuesday at 5:00PM Beginning: 11/9/2010 Cessation Counselor: Xenia Merced
Group Meets: Tuesday at 5:00PM Beginning: 1/11/2011 Cessation Counselor: Xenia Merced
Group Meets: Tuesday at 5:00PM Beginning: 12/14/2010 Cessation Counselor: Xenia Merced

Cultural Ctr of Charlotte County - 2280 Aaron Street Port Charlotte FL 33952
Group Meets: Thursday at 3:00PM Beginning: 10/7/2010 Cessation Counselor: Xenia Merced

Punta Gorda

CBC - Charlotte Behavioral Health Care - 1700 Education Ave Punta Gorda FL 33950-
Group Meets: Tuesday at 11:00AM Beginning: 11/16/2010 Cessation Counselor: Xenia Merced
Group Meets: Friday at 2:00PM Beginning: 1/28/2011 Cessation Counselor: Xenia Merced
Group Meets: Friday at 2:00PM Beginning: 2/25/2011 Cessation Counselor: Xenia Merced
Group Meets: Friday at 2:00PM Beginning: 1/14/2011 Cessation Counselor: Xenia Merced

Charlotte County Health Department - 514 E Grace St Punta Gorda FL 33950
Group Meets: Monday at 10:00AM Beginning: 11/8/2010 Cessation Counselor: Xenia Merced
Group Meets: Friday at 1:00PM Beginning: 3/11/2011 Cessation Counselor: Xenia Merced

CITRUS COUNTY

Inverness

Withalacoochee Technical Institute - 1201 West Main Street Inverness FL 34450
Group Meets: 6 Tuesdays at 10:00 AM Beginning: 3/29/2011 Cessation Counselor: TBD
Group Meets: 6 Tuesdays at 10:00 AM Beginning: 3/8/2011 Cessation Counselor: TBD
Group Meets: 6 Tuesdays at 10:00 AM Beginning: 3/15/2011 Cessation Counselor: TBD
Group Meets: 6 Tuesdays at 10:00 AM Beginning: 3/1/2011 Cessation Counselor: TBD
Group Meets: 6 Tuesdays at 12:30PM Beginning: 11/9/2010 Cessation Counselor: L. Defrenza
Group Meets: 6 Tuesdays at 11:30AM Beginning: 11/9/2010 Cessation Counselor: L. Defrenza

Lecanto

Citrus County Health Department - 3700 W. Sovereign Path Lecanto FL 34461
Group Meets: 6 Tuesdays at 5:00PM Beginning: 9/14/2010 Cessation Counselor: L. Defrenza
Group Meets: 6 Tuesdays at 5:00PM Beginning: 10/26/2010 Cessation Counselor: L. Defrenza

CLAY COUNTY

Middleburg

VFW - Middleburg - 2296 Aster Ave Middleburg FL 32068
Group Meets: 6 Tuesdays at 5:30:00 PM Beginning: 9/7/2010 Cessation Counselor: Kimberly Terry
Group Meets: 6 Tuesdays at 6:00:00 PM Beginning: 3/15/2011 Cessation Counselor: David Roe

Orange Park

Panache Day Spa - 1472 Park Ave Orange Park FL 32073
Group Meets: 6 Mondays at 5:30:00 PM Beginning: 10/18/2010 Cessation Counselor: Kimberly Terry
Group Meets: 6 Mondays at 5:30:00 PM Beginning: 1/17/2011 Cessation Counselor: Kimberly Terry

COLLIER COUNTY

Immokalee

Immokalee Community Park - 321 N 1st Street Immokalee FL 34142
Group Meets: 6 Wednesdays at 5:30PM Beginning: 1/5/2011 Cessation Counselor: Eliseo Rangel

Naples

Arthrex Family Medical Center - 1284 Creekside St. Naples FL 34108
Group Meets: 6 Tuesdays at 3:30PM Beginning: 10/19/2010 Cessation Counselor: Eliseo Rangel

City of Naples Administraton Bldg. - 735 8th St. Naples FL 34102
Group Meets: 6 Tuesdays at 1:00 PM Beginning: 10/26/2010 Cessation Counselor: Eliseo Rangel

Collier County Health Department-Naples - 3301 Tamiami Trail Naples FL 34112
Group Meets: 6 Tuesdays at 3:30PM Beginning: 7/13/2010 Cessation Counselor: Eliseo Rangel
Group Meets: 5 Thursdays at 5:30PM Beginning: 9/2/2010 Cessation Counselor: Eliseo Rangel
Group Meets: 6 Tuesdays at 5:30PM Beginning: 10/12/2010 Cessation Counselor: Eliseo Rangel
Group Meets: 6 Thursdays at 5:30PM Beginning: 1/6/2011 Cessation Counselor: Eliseo Rangel

Edison State College - Collier - 7007 Lely Cultural Pkway Naples FL 34113
Group Meets: 6 Tuesdays at 5:30PM Beginning: 6/1/2010 Cessation Counselor: Eliseo Rangel
Group Meets: 5 Tuesdays at 5:30PM Beginning: 8/31/2010 Cessation Counselor: Eliseo Rangel

Naples Hospital Downtown - 370 7th Street Naples FL 34102
Group Meets: 6 Tuesdays at 5:30PM Beginning: 7/13/2010 Cessation Counselor: Eliseo Rangel

Neighborhood Health Clinic - 121 Goodlette Road Naples FL 34102
Group Meets: 6 Tuesdays at 5:30PM Beginning: 3/1/2011 Cessation Counselor: Eliseo Rangel
Group Meets: 6 Tuesdays at 5:30PM Beginning: 1/4/2011 Cessation Counselor: Eliseo Rangel

Premier Executive Center - Collier - 1415 Panther Lane Naples FL 34109
Group Meets: 6 Tuesdays at 1:00PM Beginning: 1/11/2011 Cessation Counselor: Eliseo Rangel

Tamiami Ford - 1471 Airport Pulling Rd Naples FL 34102
Group Meets: 5 Thursdays at 5:00PM Beginning: 10/21/2010 Cessation Counselor: Eliseo Rangel

COLUMBIA COUNTY

Lake City

Columbia Correctional Institution - 216 SE Corrections Way Lake City, FL
Group Meets: 6 Tuesdays at 5:30PM Beginning: 10/19/2010 Cessation Counselor: Shary Humphrey

Lake City Medical Center - 340 NW Commerce Drive Lake City, FL 32055
Group Meets: 10 Thursdays at 4:00 PM Beginning: 1/6/2011 Cessation Counselor: Shary Humphrey

DESOTO COUNTY
Arcadia

DeSoto Memorial Hospital - 900 North Robert Avenue Arcadia FL 34266
Group Meets: Tuesday at 1:00PM Beginning:10/1/2010 Cessation Counselor: Xenia Merced
Group Meets: Thursday at 10:00AM Beginning: 1/6/2011 Cessation Counselor: Xenia Merced
Group Meets: Tuesday at 10:00AM Beginning: 12/14/2010 Cessation Counselor: Xenia Merced
Group Meets: Thursday at 2:00PM Beginning: 1/20/2011 Cessation Counselor: Phyll Meyer
Group Meets: Thursday at 10:00AM Beginning: 12/2/2010 Cessation Counselor: Xenia Merced
Group Meets: Thursday at 2:00 PM Beginning:11/18/2010 Cessation Counselor: Xenia Merced
Group Meets: Wednesday at 10:00AM Beginning:11/10/2010 Cessation Counselor: X. Merced
Group Meets: Thursday at 10:00AM Beginning: 3/31/2011 Cessation Counselor: Xenia Merced
Group Meets: Thursday at 2:00 PM Beginning: 12/16/2010 Cessation Counselor: Phyll Meyer
Group Meets: Wednesday at 2:00PM Beginning: 2/16/2011 Cessation Counselor: X. Merced
Group Meets: Wednesday at 10:00AM Beginning: 10/13/2010 Cessation Counselor: X. Merced
Group Meets: Thursday at 10:00AM Beginning: 3/3/2011 Cessation Counselor: Xenia Merced
Group Meets: Thursday at 2:00PM Beginning: 10/28/2010 Cessation Counselor: Xenia Merced
Group Meets: Wednesday at 10:00AM Beginning: 2/3/2011 Cessation Counselor:Xenia Merced
Group Meets: Thursday at 2:00PM Beginning: 3/17/2011 Cessation Counselor: Xenia Merced

DIXIE COUNTY
Cross City

Cross City Family Medical Practice - 412 SW 351st Hwy Cross City, FL 32628
Group Meets: 6 Tuesdays at 5:30PM Beginning: 8/31/2010 Cessation Counselor: Manette Cheshareck

Dixie County Health Department - 1530 SE 12th Ave Cross City, FL 32628
Group Meets: 6 Thursdays at 5:30 PM Beginning: 1/20/2011 Cessation Counselor: Manette Cheshareck

DUVAL COUNTY
Jacksonville

Family Care Partners-North Side - 1215 Dunn Ave Jacksonville FL 32218
Group Meets: 6 Tuesdays at 6:00:00 PM Beginning: 8/10/2010 Cessation Counselor: Jennifer Emmons
Group Meets: 6 Tuesdays at 5:30:00 PM Beginning: 5/10/2011 Cessation Counselor: Jennifer Emmons

Florida State College Jax-North - 4501 Capper Road Jacksonville FL 32218
Group Meets: 6 Tuesdays at 5:30:00 PM Beginning: 2/8/2011 Cessation Counselor: Estela Lorente
Group Meets: 6 Wednesdays at 6:00:00 PM Beginning: 9/15/2010 Cessation Counselor: Jennifer Emmons

Harmony Dental - 758 West Duval St Jacksonville FL 32202
Group Meets: 6 Fridays at 6:00:00 PM Beginning: 9/10/2010 Cessation Counselor: Miwa Fiore

Jacksonville University - 2800 University Blvd Jacksonville FL 32211
Group Meets: 6 Thursdays at 5:00:00 PM Beginning: 1/27/2011 Cessation Counselor: Lynnette Kennison

Job Corps - 4811 Payne Stewart Drive Jacksonville FL 32209
Group Meets: 6 Tuesdays at 2:00:00 PM Beginning: 8/10/2010 Cessation Counselor: Sherri Cheshire

Northeast Florida AHEC - 1107 Myra Street, Suite 250 Jacksonville FL 32204
Group Meets: 6 Tuesdays at 5:30:00 PM Beginning: 3/15/2011 Cessation Counselor: Karen Nutter

Southeast Library - 10599 Deerwood Park Blvd Jacksonville FL 32256
Group Meets: 6 Thursdays at 5:30:00 PM Beginning: 1/13/2011 Cessation Counselor: Jennifer Emmons
Group Meets: 6 Thursdays at 5:30:00 PM Beginning: 1/13/2011 Cessation Counselor: Jennifer Emmons
Group Meets: 6 Wednesdays at 5:30:00 PM Beginning: 8/4/2010 Cessation Counselor: J. Emmons

St. Vincent's Medical Ctr. - 1824 King St Ste 100 Jacksonville FL 32204
Group Meets: 6 Tuesdays at 2:00:00 PM Beginning: 5/17/2011 Cessation Counselor: Karen Nutter
Group Meets: 6 Tuesdays at 2:30:00 PM Beginning: 9/7/2010 Cessation Counselor: Karen Nutter
Group Meets: 6 Tuesdays at 2:30:00 PM Beginning: 11/9/2010 Cessation Counselor: Karen Nutter
Group Meets: 6 Tuesdays at 2:00:00 PM Beginning: 2/8/2011 Cessation Counselor: Karen Nutter
Group Meets: 6 Mondays at 2:30:00 PM Beginning: 1/10/2011 Cessation Counselor: Karen Nutter

St. Vincent's Medical Ctr. - 2627 Riverside Ave. Jacksonville FL 32204
Group Meets: 6 Wednesdays at 2:30:00 PM Beginning: 7/28/2010 Cessation Counselor: Karen Nutter

Unison Industries - 7575 Baymeadows Way Jacksonville FL 32256
Group Meets: 6 Mondays at 1:00:00 PM Beginning: 9/13/2010 Cessation Counselor: Karen Nutter

Jacksonville Beach

Baptist Medical Ctr Beaches - 1320 Roberts Drive Jacksonville Beach FL 32250
Group Meets: 6 Wednesdays at 5:30:00 PM Beginning: 9/8/2010 Cessation Counselor: Karen Nutter
Group Meets: 6 Thursdays at 5:30:00 PM Beginning: 3/24/2011 Cessation Counselor: Miwa Fiore
Group Meets: 6 Wednesdays at 5:30:00 PM Beginning: 1/12/2011 Cessation Counselor: Miwa Fiore

VFW - Beaches - 915 8th Avenue Jacksonville Beach FL 32250
Group Meets: 6 Thursdays at 5:30:00 PM Beginning: 7/1/2010 Cessation Counselor: Karen Nutter

Fletcher High School - 700 Seagate Ave Neptune Beach FL 32266
Group Meets: 6 Thursdays at 5:30:00 PM Beginning: 5/5/2011 Cessation Counselor: Miwa Fiore

Ponte Vedra

Health Designs - 35 Executive Way, Suite 100 Ponte Vedra, FL 32082
Group Meets: 6 Thursdays at 5:30 PM Beginning: 11/4/2010 Cessation Counselor: Jennifer Emmons

ESCAMBIA COUNTY

Cantonment

Cantonment Community Clinic - 748 Hwy 29 Cantonment FL 32533
Group Meets: 5 Fridays at 1:00PM Beginning: 9/27/2010 Cessation Counselor: Amelia Kazakos
Group Meets: 6 Wednesdays at 2:00PM Beginning: 2/2/2011 Cessation Counselor: Amelia Kazakos
Group Meets: 6 Fridays at 1:00PM Beginning: 1/14/2011 Cessation Counselor: Amelia Kazakos

Pensacola Metro Treatment Center - 2420 S Hwy 29 Cantonment FL 32533-____
Group Meets: 6 Thursdays at 12:00PM Beginning: 7/1/2010 Cessation Counselor: Lou Feckner

Pensacola

Career Development Program/WFM - Pensacola - 2460 Olive Rd. Pensacola FL 32514
Group Meets: 6 Fridays at 9:00AM Beginning: 2/16/2011 Cessation Counselor: Sparkie Green

Escambia Community Clinic - 2200 North Palafox Street Pensacola FL 32501
Group Meets: 6 Thursdays at 10:00AM Beginning: 9/23/2010 Cessation Counselor: Amelia Kazakos
Group Meets: 6 Tuesdays at 10:00 AM Beginning: 11/19/2010 Cessation Counselor: Amelia Kazakos
Group Meets: 5 Tuesdays at 2:00PM Beginning: 10/19/2010 Cessation Counselor: Amelia Kazakos
Group Meets: 6 Tuesdays at 10:00 AM Beginning: 3/24/2011 Cessation Counselor: Amelia Kazakos
Group Meets: 6 Tuesdays at 2:00PM Beginning: 3/1/2011 Cessation Counselor: Amelia Kazakos
Group Meets: 6 Tuesdays at 2:00PM Beginning: 1/11/2011 Cessation Counselor: Amelia Kazakos
Group Meets: 6 Tuesdays at 2:00PM Beginning: 4/19/2011 Cessation Counselor: Amelia Kazakos
Group Meets: 6 Tuesdays at 10:00 AM Beginning: 2/3/2011 Cessation Counselor: Amelia Kazakos
Group Meets: 6 Tuesdays at 2:00PM Beginning: 8/31/2010 Cessation Counselor: Amelia Kazakos
Group Meets: 6 Thursdays at 2:00PM Beginning: 8/12/2010 Cessation Counselor: Amelia Kazakos
Group Meets: 6 Tuesdays at 2:00PM Beginning: 7/13/2010 Cessation Counselor: Amelia Kazakos
Group Meets: 6 Thursdays at 10:00AM Beginning: 8/5/2010 Cessation Counselor: Amelia Kazakos
Group Meets: 6 Tuesdays at 2:00PM Beginning: 6/7/2011 Cessation Counselor: Amelia Kazakos
Group Meets: 6 Tuesdays at 10:00 AM Beginning: 5/12/2011 Cessation Counselor: Amelia Kazakos

Escambia County Health Department - 8390 N Palafox St Pensacola FL 32534
Group Meets: 6 Tuesdays at 5:30 PM Beginning: 1/11/2011 Cessation Counselor: Lynne Weldon
Group Meets: 6 Tuesdays at 5:30 PM Beginning: 6/21/2011 Cessation Counselor: Lynne Weldon
Group Meets: 6 Tuesdays at 5:30 PM Beginning: 4/26/2011 Cessation Counselor: Lynne Weldon
Group Meets: 6 Tuesdays at 5:30 PM Beginning: 3/1/2011 Cessation Counselor: Lynne Weldon
Group Meets: 6 Tuesdays at 5:30 PM Beginning: 10/12/2010 Cessation Counselor: Susan Cook
Group Meets: 6 Tuesdays at 5:30 PM Beginning: 6/9/2010 Cessation Counselor: Susan Cook
Group Meets: 6 Tuesdays at 5:30 PM Beginning: 8/17/2010 Cessation Counselor: Susan Cook

Pathways for Change - 1211 W. Fairfield Dr. Pensacola FL 32501-____
Group Meets: 10 Thursdays at 12:00PM Beginning: 1/13/2011 Cessation Counselor: Erma Thomas
Group Meets: 10 Mondays at 12:00PM Beginning: 7/19/2010 Cessation Counselor: Erma Thomas
Group Meets: 7 Thursdays at 12:00PM Beginning: 10/18/2010 Cessation Counselor: Erma Thomas
Group Meets: 10 Thursdays at 12:00PM Beginning: 4/7/2011 Cessation Counselor: Erma Thomas

Sacred Heart Health Systems - Escambia - 5151 N 9th Ave Pensacola FL 32504-____
Group Meets: 6 Tuesdays at 5:00PM Beginning: 1/11/2011 Cessation Counselor: Shelia Kirchharr
Group Meets: 6 Wednesdays at 11:00 AM Beginning: 5/4/2011 Cessation Counselor: Jennifer Morris
Group Meets: 6 Wednesdays at 11:00 AM Beginning: 1/12/2011 Cessation Counselor: Jennifer Morris
Group Meets: 6 Tuesdays at 5:00PM Beginning: 3/8/2011 Cessation Counselor: Shelia Kirchharr
Group Meets: 6 Wednesdays at 11:00 AM Beginning: 3/9/2011 Cessation Counselor: Jennifer Morris
Group Meets: 6 Tuesdays at 5:00PM Beginning: 12:00:00 AM Cessation Counselor: Shelia Kirchharr
Group Meets: 6 Wednesdays at 11:00 AM Beginning: 10/13/2010 Cessation Counselor: Jennifer Morris
Group Meets: 6 Tuesdays at 6:00PM Beginning: 10/12/2010 Cessation Counselor: Shelia Kirchharr
Group Meets: 6 Wednesdays at 11:00 AM Beginning: 8/18/2010 Cessation Counselor: Jennifer Morris
Group Meets: 6 Tuesdays at 5:00PM Beginning: 8/17/2010 Cessation Counselor: Shelia Kirchharr

Waterfront Rescue Mission - Mens Pensacola - 16 West Main Street Pensacola FL 32502
Group Meets: 10 Fridays at 9:00AM Beginning: 10/20/2011 Cessation Counselor: Robert Carpenter
Group Meets: 10 Fridays at 9:00AM Beginning: 12:00:00 AM Cessation Counselor: Robert Carpenter
Group Meets: 6 Fridays at 9:00AM Beginning: 10/15/2010 Cessation Counselor: Vanese Bumpers

West Florida Hospital - 8383 N Davis Hwy Pensacola FL 32514
Group Meets: 6 Thursdays at 4:00 PM Beginning: 1/4/2011 Cessation Counselor: Jo Volmer
Group Meets: 6 Thursdays at 4:00 PM Beginning: 10/14/2010 Cessation Counselor: Jo Volmer
Group Meets: 6 Thursdays at 4:00 PM Beginning: 5/3/2011 Cessation Counselor: Jo Volmer
Group Meets: 6 Thursdays at 4:00 PM Beginning: 3/1/2011 Cessation Counselor: Jo Volmer

FLAGLER COUNTY

Palm Coast

Florida Hospital Flagler - 60 Memorial Parkway Palm Coast FL 32174
Group Meets: 6 Tuesdays at 5:30:00 PM Beginning: 4/5/2011 Cessation Counselor: Pamela Cudlin
Group Meets: 6 Tuesdays at 5:30:00 PM Beginning: 8/10/2010 Cessation Counselor: Pamela Cudlin
Group Meets: 6 Tuesdays at 5:30:00 PM Beginning: 1/11/2011 Cessation Counselor: Pamela Cudlin
Group Meets: 6 Tuesdays at 5:30:00 PM Beginning: 2/22/2011 Cessation Counselor: Joyce Geno
Group Meets: 6 Thursdays at 5:30:00 PM Beginning: 11/4/2010 Cessation Counselor: Pamela Cudlin

FRANKLIN COUNTY

Apalachicola

Franklin County Health Department - 155 Avenue E Apalachicola FL 32320
Group Meets: 6 Tuesdays at 12:15PM Beginning: 1/4/2011 Cessation Counselor: Calandra Portalatin
Group Meets: 6 Tuesdays at 12:15PM Beginning: 10/12/2010 Cessation Counselor: Rosa Feltrop

George E. Weems Memorial Hospital - 135 Avenue G Apalachicola FL 32320
Group Meets: 6 Tuesdays at 10:00AM Beginning: 2/22/2011 Cessation Counselor: Calandra Portalatin
Group Meets: 6 Tuesdays at 10:00AM Beginning: 12:00 AM Cessation Counselor: Calandra Portalatin
Group Meets: 6 Tuesdays at 10:00AM Beginning: 12:00 AM Cessation Counselor: Calandra Portalatin

Carrabelle

First Assembly of God - 305 N.W. 3rd Street Carrabelle FL 32322
Group Meets: 4 Tuesdays at 10:00AM Beginning: 9/7/2010 Cessation Counselor: Cherry Rankin
Group Meets: 6 Saturdays at 1:00PM Beginning: 8/28/2010 Cessation Counselor: Cherry Rankin

Franklin County Health Department - 106 N.E. 5th St. Carrabelle FL 32322
Group Meets: 6 Wednesdays at 12:15PM Beginning: 1/5/2011 Cessation Counselor: Calandra Portalatin
Group Meets: 6 Tuesdays at 1:00PM Beginning: 2/22/2011 Cessation Counselor: Calandra Portalatin

GADSDEN COUNTY

Chattahoochee

Chattahoochee City Hall - 22 Jefferson St. Chattahoochee FL 32324
Group Meets: 6 Fridays at 6:30PM Beginning: 2/18/2011 Cessation Counselor: Nikesha Thomas - Black

Havana

Havana Public Library - 203 E. 5th Avenue Havana FL 32333
Group Meets: 6 Tuesdays at 6:30PM Beginning:1/18/2011 Cessation Counselor: Nikesha Thomas-Black

Quincy

Bostick Temple Christian Center - 3795 Pat Thomas Parkway Quincy FL 32351
Group Meets: 6 Saturdays at 1:00PM Beginning: 8/21/2010 Cessation Counselor: Donald Mackey

Panhandle Area Educational Consortium (PAEC) - 315 N. Key Street Quincy FL 32351
Group Meets: 6 Tuesdays at 6:15PM Beginning: 1/11/2011 Cessation Counselor: Carmen Acevedo
Group Meets: 6 Tuesdays at 6:15PM Beginning: 11/16/2010 Cessation Counselor: Carmen Acevedo

Shiloh Primitive Baptist Church - 51 Shiloh Church Road Quincy FL 32351
Group Meets: 6 Saturdays at 1:00PM Beginning: 10/16/2010 Cessation Counselor: Donald Mackey

GILCHRIST COUNTY

Trenton

Gilchrist CHD - 119 NE 1st St Trenton, FL 32693
Group Meets: 6 Tuesdays at 5:30PM Beginning: 7/20/2010 Cessation Counselor: Manette Cheshareck

Palms Medical Group - Gilchrist - 911 S. Main Street Trenton, FL 32693
Group Meets: 6 Tuesdays at 5:30 PM Beginning: 3/1/2011 Cessation Counselor: Manette Cheshareck
Group Meets: 6 Wednesdays at 5:30 PM Beginning:10/20/2010 Cessation Counselor: M. Cheshareck

Garden Citrus Nursery - 2420 SE 37th Ave Trenton, FL 32693
Group Meets: 6 Thursdays at 2:30 PM Beginning: 1/20/2011 Cessation Counselor: Manette Cheshareck

GLADES COUNTY

Lakeport

Lakeport Community Center - 10245 Red Barn Road Lakeport FL 33471
Group Meets: 6 Tuesdays at 2:30PM Beginning: 2/1/2011 Cessation Counselor: Angelica Peña

Moore Haven

Moore Haven Library - 201 Riverside Drive Moore Haven FL 33471
Group Meets: 6 Thursdays at 5:30PM Beginning: 9/2/2010 Cessation Counselor: Manuel Zayas
Group Meets: 6 Thursdays at 6:00PM Beginning: 10/28/2010 Cessation Counselor: Angelica Peña

GULF COUNTY

Port St. Joe

Long Ave Baptist Church - 1601 Long Ave Port St. Joe FL 32456
Group Meets: 6 Mondays at 6:00PM Beginning: 1/24/2011 Cessation Counselor: Lori LaCivita

Sacred Hearth Hospital on the Gulf - 3801 E. Hwy 98 Port St. Joe FL 32456
Group Meets: 6 Wednesdays at TBD Beginning: 12:00 AM Cessation Counselor: Jennifer Barber
Group Meets: 6 Wednesdays at 4:00PM Beginning: 2/23/2011 Cessation Counselor: Brigitta Nuccio
Group Meets: 6 Tuesdays Beginning: 8/10/2010 Cessation Counselor: Minnie Likely
Group Meets: 6 Tuesdays at 6:00PM Beginning: 10/26/2010 Cessation Counselor: Minnie Likely

HAMILTON COUNTY

Jasper

Jasper Library - 311 Hatley Street Jasper, FL 32052
Group Meets: 6 Thursdays at 5:30 PM Beginning: 1/20/2011 Cessation Counselor: Katie Hadsock
Jasper Courthouse Annex - 1153 US Hwy 41 NW Jasper, FL 32052
Group Meets: 6 Thursdays at 5:30PM Beginning: 10/14/2010 Cessation Counselor: Katie Hadsock

HARDEE COUNTY

Wauchula

Hardee County Library - 315 N. 6th Ave Wauchula FL 33873
Group Meets: 5 Tuesdays at 4:00PM Beginning: 8/17/2010 Cessation Counselor: Cathy Robinson
Group Meets: 5 Tuesdays at 12:00 PM Beginning: 1/4/2011 Cessation Counselor: Cathy Robinson

HENDRY COUNTY

Clewiston

Hendry Regional Medical Center - 524 W Sagamore Avenue Clewiston FL 33440
Group Meets: 6 Tuesdays at 5:30 PM Beginning: 1/11/2011 Cessation Counselor: Angelica Peña
Group Meets: 6 Tuesdays at 5:30PM Beginning: 7/13/2010 Cessation Counselor: Angelica Peña
Group Meets: 6 Tuesdays at 5:00PM Beginning: 5/10/2011 Cessation Counselor: Angelica Peña
Group Meets: 6 Tuesdays at 5:00PM Beginning: 3/15/2011 Cessation Counselor: Angelica Peña
Group Meets: 6 Thursdays at 12:00PM Beginning: 1/27/2011 Cessation Counselor: Angelica Peña
Group Meets: 6 Wednesdays at 5:30PM Beginning: 9/8/2010 Cessation Counselor: Angelica Peña
Group Meets: 6 Tuesdays at 4:00PM Beginning: 7/13/2010 Cessation Counselor: Angelica Peña
Group Meets: 6 Tuesdays at 10:00 AM Beginning: 8/24/2010 Cessation Counselor: Angelica Peña
Group Meets: 6 Tuesdays at 12:30PM Beginning: 8/24/2010 Cessation Counselor: Angelica Peña
Group Meets: 6 Tuesdays at 6:00PM Beginning: 10/26/2010 Cessation Counselor: Angelica Peña

Southern Garden - 1820 County Road 833 Clewiston FL 33440
Group Meets: 6 Wednesdays at 3:00 PM Beginning: 1/5/2011 Cessation Counselor: Angelica Peña
Group Meets: 6 Thursdays at 6:00PM Beginning: 1/6/2011 Cessation Counselor: Veda Pierstorff

LaBelle

Hendry Convenient Care Center - 450 South Main Street LaBelle FL 33975
Group Meets: 6 Wednesdays at 5:30PM Beginning: 1/12/2011 Cessation Counselor: Angelica Peña
Group Meets: 6 Wednesdays at 5:00PM Beginning: 3/9/2011 Cessation Counselor: Angelica Peña
Group Meets: 6 Wednesdays at 5:30PM Beginning: 10/27/2010 Cessation Counselor: Angelica Peña
Group Meets: 6 Wednesdays at 6:00PM Beginning: 7/28/2010 Cessation Counselor: Angelica Peña

HERNANDO COUNTY

Brooksville

Baycare Behavioral Health - Hernando - 7074 Grove Road Brooksville FL 34609
Group Meets: 6 Tuesdays at 3:00PM Beginning: 11/2/2010 Cessation Counselor: V. Desautels
Group Meets: 6 Tuesdays at 3:00PM Beginning: 9/14/2010 Cessation Counselor: V. Desautels

Brooksville Regional Hospital - 17240 Cortez Blvd. Brooksville FL 34601
Group Meets: 6 Mondays at 5:30PM Beginning: 7/12/2010 Cessation Counselor: V. Desautels
Group Meets: 6 Mondays at 5:30PM Beginning: 8/30/2010 Cessation Counselor: V. Desautels
Group Meets: 6 Mondays at 5:30PM Beginning: 12/6/2010 Cessation Counselor: L. DeFrenza
Group Meets: 6 Mondays at 5:30PM Beginning: 10/25/2010 Cessation Counselor: V.Desautels
Group Meets: 6 Mondays at 5:30pm Beginning: 3/14/2011 Cessation Counselor: L. DeFrenza
Group Meets: 6 Mondays at 5:30pm Beginning: 3/7/2011 Cessation Counselor: L. DeFrenza
Group Meets: 6 Mondays at 5:30pm Beginning: 2/14/2011 Cessation Counselor: L. DeFrenza
Group Meets: 6 Mondays at 5:30pm Beginning: 2/7/2011 Cessation Counselor: L. DeFrenza
Group Meets: 6 Mondays at 5:30pm Beginning: 2/28/2011 Cessation Counselor: L. DeFrenza

Spring Hill

Brooksville Regional Hospital - 17240 Cortez Blvd. Spring Hill Fl 34613
Group Meets: 6 Mondays at 5:30pm Beginning: 2/21/2011 Cessation Counselor: L. DeFrenza

Career Central Spring Hill - 7361 Forest Oaks Blvd Spring Hill FL 34606
Group Meets: 6 Mondays at 3:00pm Beginning: 2/7/2011 Cessation Counselor: L. DeFrenza
Group Meets: 6 Mondays at 3:00pm Beginning: 2/14/2011 Cessation Counselor: L. DeFrenza
Group Meets: 6 Mondays at 3:00pm Beginning: 2/28/2011 Cessation Counselor: L. DeFrenza
Group Meets: 6 Mondays at 3:00pm Beginning: 3/7/2011 Cessation Counselor: L. DeFrenza
Group Meets: 6 Mondays at 3:00pm Beginning: 3/14/2011 Cessation Counselor: TBD
Group Meets: 6 Mondays at 3:00pm Beginning: 2/21/2011 Cessation Counselor: L. DeFrenza
Group Meets: 6 Mondays at 3:00PM Beginning: 10/25/2010 Cessation Counselor: V.Desautels
Group Meets: 6 Mondays at 3:00PM Beginning: 12/6/2010 Cessation Counselor: L. Defrenza
Group Meets: 6 Mondays at 3:00PM Beginning: 7/12/2010 Cessation Counselor: V. Desautels

Spring Hill Regional Hospital - 10461 Quality Dr Spring Hill FL 34609
Group Meets: 6 Mondays at 3:00PM Beginning: 8/30/2010 Cessation Counselor: V. Desautels

HIGHLANDS COUNTY

Avon Park

Central Florida Health Care, Inc. - 950 CR 17A W Avon Park FL 33825
Group Meets: 5 Tuesdays at 2:30 PM Beginning: 1/4/2011 Cessation Counselor: Cathy Robinson

Sebring

Florida Hospital Heartland Medical Center - 4200 Sun N Lake Blvd Sebring fl 33782
Group Meets: 6 Tuesdays at 5:30 PM Beginning: 2/8/2011 Cessation Counselor: Cathy Robinson
Highlands County Health Department - 7205 South George Blvd Sebring FL 33875
Group Meets: 5 Thursdays at 6:00PM Beginning: 7/15/2010 Cessation Counselor: Derek Carlton
Group Meets: 5 Thursdays at 6:00PM Beginning: 9/2/2010 Cessation Counselor: Derek Carlton
Group Meets: 5 Thursdays at 6:00 PM Beginning: 10/7/2010 Cessation Counselor: Derek Carlton

Highlands Regional Medical Center - 3600 Highlands Avenue Sebring FL 33870
Group Meets: 5 Tuesdays at 6:00 PM Beginning: 6/29/2010 Cessation Counselor: Derek Carlton

Sebring Chamber of Commerce - 227 U.S. Hwy 27 N Sebring FL 33870
Group Meets: 5 Tuesdays at 11:30 AM Beginning: 1/11/2011 Cessation Counselor: Derek Carlton
Group Meets: 5 Wednesdays at 6:00 PM Beginning: 1/12/2011 Cessation Counselor: Derek Carlton

HILLSBOROUGH COUNTY

Dover

Suncoast Community Health Centers- Dover - 14618 SR 574 Dover FL 33527
Group Meets: 6 Tuesdays at 2:00PM Beginning: 1/11/2011 Cessation Counselor: Quinones

Plant City

Suncoast Community Health Centers - 508 N Maryland Ave Plant City FL 33566
Group Meets: 6 Tuesdays at 11:00AM Beginning: 10/12/2010 Cessation Counselor:. Quinones
Group Meets: 6 Tuesdays at 10:00 AM Beginning: 8/17/2010 Cessation Counselor: Quinones

City of Tampa- One Police Ctr - 411 N Franklin St 2nd Floor Tampa FL 33602
Group Meets: 6 Fridays at 3:00PM Beginning: 10/15/2010 Cessation Counselor: Quinones
Group Meets: 6 Mondays at 11:00AM Beginning: 11/8/2010 Cessation Counselor: Quinones
Group Meets: 6 Mondays at 1:00PM Beginning: 11/8/2010 Cessation Counselor: Quinones
Group Meets: 6 Mondays at 6:30PM Beginning: 11/8/2010 Cessation Counselor: Quinones
Group Meets: 6 Wednesdays at 3:00PM Beginning: 10/20/2010 Cessation Counselor: Defrenza
Group Meets: 6 Mondays at 3:30PM Beginning: 11/8/2010 Cessation Counselor: Quinones

Tampa

City of Tampa-Cordelia B Hunt Center - 4810 N Himes Ave Tampa FL 33614
Group Meets: 6 Tuesdays at 6:00PM Beginning: 11/9/2010 Cessation Counselor: Quinones
Group Meets: 6 Tuesdays at 1:00PM Beginning: 11/9/2010 Cessation Counselor: Quinones
Group Meets: 6 Tuesdays at 8:00AM Beginning: 11/9/2010 Cessation Counselor: Quinones
Group Meets: 6 Mondays at 8:00AM Beginning: 11/8/2010 Cessation Counselor: Quinones
Group Meets: 6 Tuesdays at 6:00PM Beginning: 11/9/2010 Cessation Counselor: Quinones

Lee Davis Community Health Center - 3402 N 22nd St. Tampa FL 33605

Group Meets: 6 Thursdays at 10:30AM Beginning: 8/5/2010 Cessation Counselor: Quinones
Group Meets: 6 Thursdays at 11:00AM Beginning: 9/16/2010 Cessation Counselor: Quinones
Group Meets: 6 Thursdays at 9:30AM Beginning: 8/5/2010 Cessation Counselor: Quinones

One Touch Direct - 6700 Lakeview Center Dr. Tampa FL 33619
Group Meets: 6 Thursdays at 3:00PM Beginning: 8/26/2010 Cessation Counselor: Quinones
Group Meets: 6 Thursdays at 3:00PM Beginning: 10/14/2010 Cessation Counselor: Quinones

Tampa General Hospital Family Care Ctr. - 5802 N. 30th St Tampa FL 33610-1469
Group Meets: 6 Fridays at 11:00AM Beginning: 8/6/2010 Cessation Counselor: C. Quinones
Group Meets: 6 Fridays at 11:00AM Beginning: 9/17/2010 Cessation Counselor: C. Quinones
Group Meets: 6 Fridays at 10:00 AM Beginning: 2/4/2011 Cessation Counselor: C. Quinones

TGH Kennedy Health Care Center - 2501 W Kennedy Blvd Tampa FL 33609
Group Meets: 6 Fridays at 11:00AM Beginning: 1/7/2011 Cessation Counselor: C. Quinones
Group Meets: 6 Fridays at 11:00AM Beginning: 11/5/2010 Cessation Counselor: C. Quinones

Wellswood Civic Center - 4806 Wishart Blvd Tampa FL 33603
Group Meets: 6 Thursdays at 5:30PM Beginning: 9/23/2010 Cessation Counselor: C. Quinones

HOLMES COUNTY

Bonifay

Doctor's Memorial Hospital - Bonifay - 2600 Hospital Dr Bonifay FL 32425
Group Meets: 6 Thursdays at 4:00PM Beginning: 1/20/2011 Cessation Counselor: James Lewis
Group Meets: 6 Thursdays at 5:00PM Beginning: 11/11/2010 Cessation Counselor: Karen Talley
Group Meets: 6 Thursdays at 5:00PM Beginning: 7/15/2010 Cessation Counselor: Karen Talley
Group Meets: 6 Thursdays at 5:00PM Beginning: 9/16/2010 Cessation Counselor: Karen Talley
Group Meets: 6 Mondays at TBD Beginning: 12:00:00 AM Cessation Counselor: James Lewis

INDIAN RIVER COUNTY

Fellsmere

Treasure Coast Community Health Centers - 12196 CR 512 Fellsmere FL 32948
Group Meets: 6 Wednesdays at 5:30 PM Beginning: 10/20/2010 Cessation Counselor: Juan Bayolo

Sebastian

Sebastian City Administraton - 1245 Main Street Sebastian FL 32958
Group Meets: 6 Wednesdays at 4:30 PM Beginning: 12/29/2010 Cessation Counselor: Bob Wright

Sebastian City Hall - 1225 Main Street Sebastian FL 32958
Group Meets: 6 Wednesdays at 4:30 PM Beginning: 11/17/2010 Cessation Counselor: Samuel Freas
Group Meets: 6 Wednesdays at 4:30 PM Beginning: 11/17/2010 Cessation Counselor: Bob Wright

Sebastian River Medical Center - 13695 US Hwy 1 Sebastian FL 32958
Group Meets: 6 Wednesdays at 6:00PM Beginning: 7/14/2010 Cessation Counselor: Samuel Freas

Vero Beach

First Presbyterian Church of Vero Beach - 520 Royal Palm Blvd Vero Beach, FL 32960
Group Meets: 6 Tuesdays at 6:00PM Beginning: 6/29/2010 Cessation Counselor: Samuel Freas
Group Meets: 6 Tuesdays at 6:00PM Beginning: 11/2/2010 Cessation Counselor: Samuel Freas
Group Meets: 6 Tuesdays at 6:00 PM Beginning: 1/25/2011 Cessation Counselor: Samuel Freas
Group Meets: 6 Tuesdays at 6:00 PM Beginning: 12/14/2010 Cessation Counselor: Samuel Freas
Group Meets: 6 Tuesdays at 6:00PM Beginning: 8/10/2010 Cessation Counselor: Samuel Freas
Group Meets: 6 Tuesdays at 6:00PM Beginning: 9/21/2010 Cessation Counselor: Samuel Freas
Indian River Medical Center - 1000 36th Street Vero Beach, FL 32960
Group Meets: 6 Tuesdays at 6:00 PM Beginning: 1/4/2011 Cessation Counselor: Rebecca Abbott

Piper Aircraft - 2926 Piper Dr Vero Beach, FL 32960
Group Meets: 6 Mondays at 4:30PM Beginning: 6/28/2010 Cessation Counselor: Samuel Freas
Group Meets: 6 Tuesdays at 4:30 PM Beginning: 1/11/2011 Cessation Counselor: Samuel Freas
Group Meets: 6 Mondays at 4:30PM Beginning: 8/23/2010 Cessation Counselor: Samuel Freas

Treasure Coast Community Health Centers - 1545 9th Street SW Vero Beach, FL 32962
Group Meets: 6 Wednesdays at 5:30 PM Beginning: 11/10/2010 Cessation Counselor: William Jones
Group Meets: 6 Wednesdays at 5:30 PM Beginning: 1/19/2011 Cessation Counselor: D. Dieffenbach

JACKSON COUNTY

Graceville

Campbellton-Graceville Hospital - 3429 College Drive Graceville FL 32440
Group Meets: 6 Wednesdays at 12:00PM Beginning: 2/16/2011 Cessation Counselor: James Lewis
Group Meets: 6 Wednesdays at 12:00PM Beginning: 9/2/2010 Cessation Counselor: James Lewis
Group Meets: 4 Tuesdays at 12:00PM Beginning: 11/30/2010 Cessation Counselor: James Lewis

Marianna

Chipola College - 3094 Indian Circle Marianna FL 32446
Group Meets: 6 Mondays at 4:00PM Beginning: 10/11/2010 Cessation Counselor: Brigitta Nuccio

Jackson Hospital - 4250 Hospital Dr Marianna FL 32446
Group Meets: 6 Thursdays at 12:00PM Beginning: 1/6/2011 Cessation Counselor: Brigitta Nuccio
Group Meets: 6 Tuesdays at 5:00PM Beginning: 5/17/2011 Cessation Counselor: Brigitta Nuccio
Group Meets: 6 Mondays at Beginning: 7/19/2010 Cessation Counselor: Brigitta Nuccio
Group Meets: 6 Thursdays at 5:00PM Beginning: 11/16/2010 Cessation Counselor: Brigitta Nuccio
Group Meets: 6 Tuesdays at 5:00PM Beginning: 9/7/2010 Cessation Counselor: Karen Talley
Group Meets: 6 Tuesdays at 5:00PM Beginning: 2/15/2011 Cessation Counselor: Brigitta Nuccio
Group Meets: 6 Thursdays at 12:00PM Beginning: 4/7/2011 Cessation Counselor: Brigitta Nuccio
Group Meets: 6 Mondays at 12:00PM Beginning: 8/23/2010 Cessation Counselor: Brigitta Nuccio

JEFFERSON COUNTY

Monticello

Jefferson County Health Department - 1255 W. Washington St. Monticello, FL 32344
Group Meets: 6 Mondays at 5:30PM Beginning: 10/12/2010 Cessation Counselor: Preston Mathews
Group Meets: 6 Mondays at 5:30PM Beginning: 10/5/2010 Cessation Counselor: Preston Mathews

LAFAYETTE COUNTY

Mayo

First United Methodist Church - Mayo - SR 51 and US 27 Mayo, FL 32066
Group Meets: 6 Thursdays at 5:30PM Beginning: 9/9/2010 Cessation Counselor: Shary Humphrey

Lafayette Library - 120 NE Crawford St Mayo, FL 32066
Group Meets: 6 Mondays at 6:00 PM Beginning: 3/21/2011 Cessation Counselor: Shary Humphrey

LAKE COUNTY

Clermont

Southlake Hospital - 1935 Don Wickham Drive Clermont FL 34711
Group Meets: 6 Mondays at 6:30PM Beginning: 1/31/2011 Cessation Counselor: Susan Harwood

Eustis

City of Eustis - 10 North Grove Street Eustis FL 32727
Group Meets: 6 Tuesdays at 5:30 PM Beginning: 2/22/2011 Cessation Counselor: Susan Harwood

Leesburg

Community Health Centers, Inc.-Leesburg - 225 N 1st St Leesburg FL 34748
Group Meets: 5 Tuesdays at 6:30PM Beginning: 8/31/2010 Cessation Counselor: Michael Spence
Group Meets: 5 Tuesdays at 5:30 PM Beginning: 1/11/2011 Cessation Counselor: Susan Harwood
Group Meets: 5 Tuesdays at 6:30PM Beginning: 8/17/2010 Cessation Counselor: Michael Spence

Mount Dora

Mount Dora Chamber of Commerce - 341 N. Alexander Street Mount Dora FL 32757
Group Meets: 5 Thursdays at 6:00PM Beginning: 7/8/2010 Cessation Counselor: Gwen Hartmann
Group Meets: 5 Thursdays at 6:00 PM Beginning: 10/14/2010 Cessation Counselor: Gwen Hartmann

Simpson Farm House, W.T. Bland Public Library - 1995 N. Donnelly St. Mt. Dora FL 32757
Group Meets: 5 Thursdays at 10:00 AM Beginning: 2/17/2011 Cessation Counselor: Susan Harwood

LEE COUNTY

Fort Myers

Edison State College - Lee - 8099 College Parkway Fort Myers FL 33919
Group Meets: 5 Mondays at 4:30PM Beginning: 6/7/2010 Cessation Counselor: Eliseo Rangel
Group Meets: 6 Mondays at 5:30PM Beginning: 9/13/2010 Cessation Counselor: Eliseo Rangel

Lakes Regional Library - 15920 Bass Rd Fort Myers FL 33919
Group Meets: 5 Wednesdays at 5:30PM Beginning: 9/22/2010 Cessation Counselor: Eliseo Rangel

Lee County Gov't Bldg - Hendry Street - 1825 Hendry Street Fort Myers FL 33902
Group Meets: 6 Mondays at 1:00PM Beginning: 11/8/2010 Cessation Counselor: Eliseo Rangel
Group Meets: 6 Wednesdays at 11:30AM Beginning: 6/30/2010 Cessation Counselor: Eliseo Rangel

Lee County Health Department - 60 Danley Drive Fort Myers FL 33907
Group Meets: 6 Wednesdays at 5:30 PM Beginning: 2/23/2011 Cessation Counselor: Eliseo Rangel

Lee County Health Department - Fort Myers - 83 Pondella Road Fort Myers FL 33903
Group Meets: 6 Wednesdays at 12:00PM Beginning: 10/27/2010 Cessation Counselor: Eliseo Rangel

Premier Executive Center - Lee - 5237 Summerlin Commons Blvd Fort Myers FL 33907
Group Meets: 6 Mondays at 1:00 PM Beginning: 1/3/2011 Cessation Counselor: Eliseo Rangel
Group Meets: 6 Mondays at 5:30PM Beginning: 2/28/2011 Cessation Counselor: Eliseo Rangel

Lehigh Acres

East County Regional Library - 881 Gunnery Road Lehigh Acres FL 33971
Group Meets: 6 Mondays at 5:30 PM Beginning: 1/10/2011 Cessation Counselor: Eliseo Rangel

Florida Lung and Sleep Associates - 2625 Lee Blvd Lehigh Acres FL 33971
Group Meets: 6 Wednesdays at 5:30PM Beginning: 10/27/2010 Cessation Counselor: Eliseo Rangel

LEON COUNTY

Tallahassee

Bond Community Health Center - 872 W Orange Avenue Tallahassee FL 32310
Group Meets: 6 Tuesdays at 2:30PM Beginning: 9/21/2010 Cessation Counselor: Tongela Davis

Bond Community Health Center - 1720 S. Gadsden St. Tallahassee FL 32301
Group Meets: 6 Tuesdays at 2:30PM Beginning: 5/17/2011 Cessation Counselor: Tongela Davis
Group Meets: 6 Tuesdays at 2:30PM Beginning: 7/20/2010 Cessation Counselor: Sandra King
Group Meets: 6 Tuesdays at 2:30PM Beginning: 1/4/2011 Cessation Counselor: Tongela Davis
Group Meets: 6 Tuesdays at 2:30PM Beginning: 3/1/2011 Cessation Counselor: Tongela Davis
Group Meets: 6 Tuesdays at 2:30PM Beginning: 11/9/2010 Cessation Counselor: Tongela Davis

Department of Education – 325 W. Gaines Street Tallahassee FL 32399
Group Meets: 6 Tuesdays at 12:00PM Beginning: 10/26/2010 Cessation Counselor: Olga Garmash

ECHO Bethany Family Services - 2207 S. Meridian St. Tallahassee FL 32301
Group Meets: 6 Tuesdays at 6:00PM Beginning: 1/18/2011 Cessation Counselor: Barbara Stewart

Healthsouth Rehab Hospital - 1675 Riggins Road Tallahassee FL 32308
Group Meets: 6 Saturdays at 1:00PM Beginning: 7/24/2010 Cessation Counselor: Donald Mackey
Group Meets: 6 Tuesdays at 6:00PM Beginning: 5/17/2011 Cessation Counselor: Barbara Stewart
Group Meets: 6 Thursdays at 6:00PM Beginning: 9/16/2010 Cessation Counselor: Donald Mackey
Group Meets: 6 Mondays at 6:00PM Beginning: 3/14/2011 Cessation Counselor: Barbara Stewart
Group Meets: 6 Tuesdays at 6:00PM Beginning: 11/9/2010 Cessation Counselor: Donald Mackey
Group Meets: 6 Tuesdays at 6:00PM Beginning: 11/9/2010 Cessation Counselor: Nikesha Black

Leon County Board of Commisioners – 1615 Paul Russell Road Tallahassee Fl 32301
Group Meets: 6 Thursdays at 11:00 AM Beginning: 02/03/2011 Cessation Counselor: Chenikka Usher

Leon County Health Department - Roberts & Stevens Medical Center - 1515 Old Bainbridge Rd. Tallahassee FL 32303
Group Meets: 6 Mondays at 6:00PM Beginning: 11/15/2010 Cessation Counselor: Barbara Stewart

Neighborhood Health Services - 438 W Brevard St Tallahassee, FL
Group Meets: 6 Tuesdays at 6:00PM Beginning: 7/20/2010 Cessation Counselor: Olga Garmash
Group Meets: 1 Wednesdays at 11:00AM Beginning: 2/16/2011 Cessation Counselor: Chenikka Usher
Group Meets: 1 Wednesdays at 11:00AM Beginning: 4/27/2011 Cessation Counselor: Chenikka Usher
Group Meets: 6 Wednesdays at 11:00AM Beginning: 1/12/2011 Cessation Counselor: Olga Garmash
Group Meets: 6 Wednesdays at 11:00AM Beginning: 7/21/2010 Cessation Counselor: Olga Garmash
Group Meets: 1 Wednesdays at 11:00AM Beginning: 5/4/2011 Cessation Counselor: Chenikka Usher
Group Meets: 1 Wednesdays at 11:00AM Beginning: 4/20/2011 Cessation Counselor: Chenikka Usher
Group Meets: 1.Wednesdays at 11:00AM Beginning: 3/16/2011 Cessation Counselor: Chenikka Usher

Tallahassee Memorial Healthcare - 1300 Miccosukee Rd Tallahassee FL 32308
Group Meets: 6 Mondays at TBD Beginning: 12:00:00 AM Cessation Counselor: Brigitta Nuccio
Group Meets: 6 Fridays at 10:00AM Beginning: 8/13/2010 Cessation Counselor: Calandra Portalatin

Tallahassee Memorial Healthcare Residency Prg - 1301 Hodges Dr Tallahassee, FL 32308
Group Meets: 6 Fridays at 10:00 AM Beginning: 8/13/2010 Cessation Counselor: Calandra Portalatin

The Senior Center of Tallahassee - 1400 N. Monroe St. Tallahassee FL 32301
Group Meets: 6 Tuesdays at 2:30PM Beginning: 1/11/2011 Cessation Counselor: Barbara Stewart

LEVY COUNTY

Cedar Key

Cedar Key Library - 460 2nd Street Cedar Key, FL 32625
Group Meets: 6 Tuesdays at 4:00PM Beginning: 7/27/2010 Cessation Counselor: Eileen Senecal
Group Meets: 6 Tuesdays at 6:00PM Beginning: 10/12/2010 Cessation Counselor: Eileen Senecal
Group Meets: 6 Tuesdays at 4:30 PM Beginning: 1/11/2011 Cessation Counselor: Eileen Senecal

Chiefland

Capital City Bank - Chiefland 2012 N Young Blvd Chiefland, FL 32626
Group Meets:6 Wednesdays at 1:30PM Beginning: 10/20/2010 Cessation Counselor: M. Cheshareck

Williston

Capital City Bank - 144 E Noble Ave Williston, FL 32696
Group Meets: 6 Tuesdays at 1:30 PM Beginning: 3/1/2011 Cessation Counselor: Manette Cheshareck

LIBERTY COUNTY

Bristol

Veteran's Memorial Civic Center - 10405 NW Theo Jacobs Way Bristol, FL 32321
Group Meets: 6 Mondays TBD Cessation Counselor: Brigitta Nuccio

Group Meets: 6 Mondays at 12:00 PM Beginning: 1/24/2011 Cessation Counselor: Brigitta Nuccio

MADISON COUNTY

Madison

Madison County Health Department - 218 S.W. 3rd Avenue Madison FL 32340
Group Meets: 6 Mondays at 5:30PM Beginning: 7/19/2010 Cessation Counselor: Preston Mathews
Group Meets: 6 Mondays at 5:30 PM Beginning: 11/15/2010 Cessation Counselor: Preston Mathews
Group Meets: 6 Mondays at 5:30PM Beginning: 10/2/2010 Cessation Counselor: Preston Mathews
Group Meets: 6 Mondays at 5:30 PM Beginning: 8/30/2010 Cessation Counselor: Preston Mathews

MANATEE COUNTY

Bradenton

Bradenton Transitional Center - 2104 63rd Ave. East Bradenton FL 34208
Group Meets: 6 Tuesdays at 3:00PM Beginning: 11/16/2010 Cessation Counselor: Karla Brody

Manatee Community College - 5840 26th St. W Bradenton FL 34207
Group Meets: 6 Wednesdays at 12:00 PM Beginning: 10/13/2010 Cessation Counselor: Virginia Garrett

Manatee County Health Department - 410 6th Ave East Bradenton FL 34208
Group Meets: 1 Thursday at 10:00AM Beginning: 1/27/2011 Cessation Counselor: Karla Brody
Group Meets: 1 Wednesday at 10:00AM Beginning: 10/6/2010 Cessation Counselor: Karla Brody
Group Meets: 1 Friday at 10:00AM Beginning: 11/5/2010 Cessation Counselor: Karla Brody
Group Meets: Wednesdays at 10:00AM Beginning: 2/9/2011 Cessation Counselor: Karla Brody

Manatee County Health Department Conf Room A/B - 410 6th Ave E. Bradenton Fl 34208
Group Meets: 1 Thursday at 2:00PM Beginning: 3/24/2011 Cessation Counselor: Karla Brody

Manatee County Library - 1301 Barcarrota Blvd W Bradenton FL 34205
Group Meets: 1 Thursday at 2:30PM Beginning: 12/2/2010 Cessation Counselor: Karla Brody

School Board of Manatee County - 215 Manatee Ave W Bradenton FL 34205
Group Meets: 4 Thursdays at 5:30PM Beginning: 11/4/2010 Cessation Counselor: Leslie Bass

St. College of Fla Manatee Bradenton Campus - 5840 26th St. W Bradenton Fl 34207
Group Meets: 6 Mondays at 12:00PM Beginning: 3/28/2011 Cessation Counselor: Virginia Garrett
Group Meets: 6 Mondays at 12:00PM Beginning: 3/21/2011 Cessation Counselor: Virginia Garrett

MARION COUNTY

Bellview

Bellview City Hall - 5343 SE Abshier Blvd Bellview, FL 34430
Group Meets: 6 Thursdays at 6:00PM Beginning: 9/16/2010 Cessation Counselor: Manette Cheshareck

Ocala

Ocala Family Resource Center - 215 NW Martin Luther King Jr. Ave. Ocala FL, 34475
Group Meets: 6 Tuesdays at 5:30 PM Beginning: 1/18/2011 Cessation Counselor: Manette Cheshareck

MARTIN COUNTY

Hobe Sound

Martin Memorial Fitness Ctr - 11600 SE Federal HWY Hobe Sound, FL 33445
Group Meets: 6 Fridays at 5:30PM Beginning: 2/25/2011 Cessation Counselor: Jessica Sargent

Indiantown

Indianwood - 14574 SW Rake Drive Indiantown, FL 34956
Group Meets: 6 Wednesdays at 12:00PM Beginning: 11/10/2010 Cessation Counselor: Susan Murphy

Indiantown Library - 15200 SW Adams Ave Indiantown FL 34956
Group Meets: 6 Thursdays at 2:00PM Beginning: 7/8/2010 Cessation Counselor: John Bower

Palm City

Martin Memorial Fitness Ctr - 3066 SW Martin Downs Blvd Palm City, FL 34990
Group Meets: 6 Mondays at 7:00PM Beginning: 7/19/2010 Cessation Counselor: Bob Fishbein
Group Meets: 6 Mondays at 7:00PM Beginning: 9/13/2010 Cessation Counselor: Nedjie Payoute
Group Meets: 6 Mondays at 7:00PM Beginning: 10/25/2010 Cessation Counselor: Nedjie Payoute
Group Meets: 6 Mondays at 7:00PM Beginning: 12/6/2010 Cessation Counselor: Nedjie Payoute
Group Meets: 6 Mondays at 7:00PM Beginning: 1/17/2011 Cessation Counselor: Nedjie Payoute
Group Meets: 6 Mondays at 7:00PM Beginning: 2/28/2011 Cessation Counselor: Nedjie Payoute

Stuart

House of Hope - 2484 SE Bonita Street Stuart, FL 34997
Group Meets: 6 Thursdays at 2:00PM Beginning: 7/1/2010 Cessation Counselor: Bob Fishbein
Group Meets: 6 Thursdays at 1:00PM Beginning: 9/16/2010 Cessation Counselor: Susan Murphy

Martin County Board of Commissioners - 2401 SE Monterey Rd Stuart, FL 34996
Group Meets: 6 Wednesdays at 12:00PM Beginning: 1/5/2011 Cessation Counselor: Susan Murphy
Group Meets: 6 Wednesdays at 3:30PM Beginning: 1/5/2011 Cessation Counselor: Susan Murphy
Group Meets: 6 Wednesdays at 4:00PM Beginning: 8/4/2010 Cessation Counselor: Bob Fishbein
Group Meets: 6 Wednesdays at 12:00PM Beginning: 8/4/2010 Cessation Counselor: Bob Fishbein

Martin Memorial Hospital North - 200 SE Hospital Avenue Stuart FL 34994
Group Meets: 6 Thursdays at 5:30PM Beginning: 3/3/2011 Cessation Counselor: Jessica Sargent
Group Meets: 6 Mondays at 4:30PM Beginning: 8/16/2010 Cessation Counselor: Bob Fishbein
Group Meets: 6 Mondays at 5:30PM Beginning: 10/4/2010 Cessation Counselor: Susan Murphy

Martin Memorial Hospital South - 2100 SE Salerno Rd Stuart FL 34997
Group Meets: 6 Mondays at 6:00PM Beginning: 11/15/2010 Cessation Counselor: Susan Murphy
Group Meets: 6 Mondays at 4:30PM Beginning: 11/15/2010 Cessation Counselor: Susan Murphy
Group Meets: 6 Wednesdays at 5:00PM Beginning: 6/23/2010 Cessation Counselor: Bob Fishbein
Group Meets: 6 Mondays at 6:00PM Beginning: 1/3/2011 Cessation Counselor: Susan Murphy
Group Meets: 6 Mondays at 6:00PM Beginning: 2/14/2011 Cessation Counselor: Susan Murphy

Group Meets: 6 Mondays at 4:30PM Beginning: 2/14/2011 Cessation Counselor: Susan Murphy
Group Meets: 6 Mondays at 4:30PM Beginning: 1/3/2011 Cessation Counselor: Susan Murphy

Salerno Bay Manor - 4801 Southeast Cove Road Stuart, FL 34994
Group Meets: 3 Tues. & Thurs. at 10:00 AM Beginning: 1/11/2011 Cessation Counselor: Lorie Robertson
Group Meets: 3 Tues. & Thurs. at 10:00 AM Beginning: 12/21/2010 Cessation Counselor: L. Robertson

Treasure Coast Hospice - 1201 Indian Street Stuart, FL 34997
Group Meets: 6 Wednesdays at 12:00PM Beginning: 11/17/2010 Cessation Counselor: Nedjie Payoute
Group Meets: 6 Thursdays at 12:00PM Beginning: 2/10/2011 Cessation Counselor: Nedjie Payoute

Veterans Benefit Bldg - 435 SE Flagler Avenue Stuart, FL 34994
Group Meets: 6 Mondays at 5:30PM Beginning: 7/12/2010 Cessation Counselor: John Bower
Group Meets: 6 Wednesdays at 5:30PM Beginning: 11/17/2010 Cessation Counselor: Susan Murphy
Group Meets: 6 Wednesdays at 4:00PM Beginning: 1/19/2011 Cessation Counselor: Jessica Sargent
Group Meets: 6 Wednesdays at 5:30PM Beginning: 10/6/2010 Cessation Counselor: Susan Murphy

Weissman Cancer Ctr - 501 Osceola St Stuart, FL 34994

Group Meets: 6 Tuesdays at 5:30PM Beginning: 3/1/2011 Cessation Counselor: Susan Murphy
Group Meets: 6 Tuesdays at 5:30PM Beginning: 12/7/2010 Cessation Counselor: Susan Murphy
Group Meets: 6 Tuesdays at 5:30PM Beginning: 9/14/2010 Cessation Counselor: Susan Murphy
Group Meets: 6 Tuesdays at 5:30PM Beginning: 10/26/2010 Cessation Counselor: Susan Murphy
Group Meets: 6 Mondays at 12:00PM Beginning: 9/27/2010 Cessation Counselor: Susan Murphy
Group Meets: 6 Tuesdays at 5:30PM Beginning: 1/18/2011 Cessation Counselor: Susan Murphy
Group Meets: 6 Mondays at 12:00PM Beginning: 1/3/2011 Cessation Counselor: Susan Murphy
Group Meets: 6 Wednesdays at 12:00PM Beginning: 6/2/2010 Cessation Counselor: Bob Fishbein
Group Meets: 6 Mondays at 12:00PM Beginning: 2/14/2011 Cessation Counselor: Nedjie Payoute
Group Meets: 6 Tuesdays at 7:00PM Beginning: 10/26/2010 Cessation Counselor: Susan Murphy
Group Meets: 6 Tuesdays at 5:30PM Beginning: 7/27/2010 Cessation Counselor: Bob Fishbein

MIAMI-DADE COUNTY

Coconut Grove

Helen B Bentley Family Health Center - 3090 SW 37 Ave Coconut Grove FL, 33133
Group Meets: 6 Wednesdays at 1:00PM Beginning: 7/28/2010 Cessation Counselor: Alejandro Demario

Coral Gables

Coral Gables Wellness Ctr: Coral Gables - 1241 Dickinson Dr Coral Gables, FL 33146
Group Meets: 6 Wednesdays at 12:30PM Beginning: 1/5/2011 Cessation Counselor: Virginia Perez
Group Meets: 6 Wednesdays at 12:30PM Beginning: 2/16/2011 Cessation Counselor: Virginia Perez
Group Meets: 6 Wednesdays at 12:30PM Beginning: 3/30/2011 Cessation Counselor: Virginia Perez
Group Meets: 6 Wednesdays at 12:30PM Beginning: 5/11/2011 Cessation Counselor: Virginia Perez

Florida Power & Light -LFO - 4200 W Flagler St Coral Gables, FL
Group Meets: 6 Tuesdays at 1:00PM Beginning: 10/12/2010 Cessation Counselor: Gordon Henry

Hialeah

Blanche Morton Neighborhood Service Center - 300 E 1 Ave Hialeah FL, 33010 (Spanish)
Group Meets: 6 Thursdays at 2:00PM Beginning: 11/18/2010 Cessation Counselor: Angel Alvarez

Health Experts Leadership Providers (HELP) - 300 E 1 Ave Hialeah FL, 33010 (Spanish)
Group Meets: 6 Wednesdays at 2:30PM Beginning: 8/26/2010 Cessation Counselor: Alejandro Demario
Group Meets: 6 Wednesdays at 2:30PM Beginning: 9/30/2010 Cessation Counselor: Alejandro Demario
Group Meets: 6 Wednesdays at 2:30PM Beginning: 7/15/2010 Cessation Counselor: Alejandro Demario

Miami

ACC Womens Clinic - 1611 NW 12th Ave Miami, FL 33136
Group Meets: 6 Tuesdays at 1:00PM Beginning: 1/4/2011 Cessation Counselor: Karen Streeter
Group Meets: 6 Tuesdays at 1:00PM Beginning: 3/29/2011 Cessation Counselor: Karen Streeter

Alamo Building - 1611 NW 12th Avenue Miami, FL 33136 (Spanish)
Group Meets: 6 Thursdays at 2:00PM Beginning: 4/7/2011 Cessation Counselor: Leonel Ayala
Group Meets: 6 Thursdays at 2:00PM Beginning: 12/2/2010 Cessation Counselor: Leonel Ayala
Group Meets: 6 Thursdays at 2:00PM Beginning: 10/7/2010 Cessation Counselor: Leonel Ayala
Group Meets: 6 Thursdays at 2:00PM Beginning: 1/13/2011 Cessation Counselor: Leonel Ayala
Group Meets: 5 Thursdays at 2:00PM Beginning: 9/16/2010 Cessation Counselor: Leonel Ayala

Aventura Hospital - 20900 Biscayne Blvd. Miami, FL
Group Meets: 6 Mondays at 5:30PM Beginning: 7/26/2010 Cessation Counselor: Gordon Henry
Group Meets: 6 Mondays at 5:00PM Beginning: 9/13/2010 Cessation Counselor: Gordon Henry
Group Meets: 6 Mondays at 5:00PM Beginning: 10/25/2010 Cessation Counselor: Gordon Henry
Group Meets: 6 Mondays at 5:00PM Beginning: 1/10/2011 Cessation Counselor: Gordon Henry

Camillus Concern Inc - 336 NW 5th Street Miami, FL 33129
Group Meets: 6 Mondays at 11:30AM Beginning: 1/3/2011 Cessation Counselor: Karen Streeter
Group Meets: 6 Mondays at 11:30AM Beginning: 2/21/2011 Cessation Counselor: Karen Streeter

Carnival Cruise Lines - 3655 NW 87 Ave Miami, FL
Group Meets: 6 Wednesdays at 12:00PM Beginning: 8/11/2010 Cessation Counselor: Katherine Greco

Concept House - 162 NE 49th Street Miami FL, 33137
Group Meets: 6 Wednesdays at 1:00PM Beginning: 12/8/2010 Cessation Counselor: Gordon Henry

Department of Juvenile Justice - Boys - 3300 NW 27 Ave Miami FL, 33142
Group Meets: 6 Tues & Thurs at 10:00AM Beginning: 7/20/2010 Cessation Counselor: G. Henry

Department of Juvenile Justice - Girls - 3300 NW 27 Ave Miami FL, 33142
Group Meets: 6 Tuesdays & Thursdays at 2:00PM Beginning: 7/20/2010 Cessation Counselor: G. Henry

Dr. Rafael A. Penalver Clinic - 971 NW 2nd Street Miami, FL 33128 (Spanish)
Group Meets: 6 Tuesdays at 2:00PM Beginning: 1/11/2011 Cessation Counselor: Leonel Ayala
Group Meets: 6 Tuesdays at 11:00AM Beginning: 2/22/2011 Cessation Counselor: Leonel Ayala
Group Meets: 6 Tuesdays at 9:00 AM Beginning: 1/11/2011 Cessation Counselor: Leonel Ayala
Group Meets: 6 Tuesdays at 1:00PM Beginning: 2/22/2011 Cessation Counselor: Leonel Ayala
Group Meets: 6 Tuesdays at 9:00 AM Beginning: 2/22/2011 Cessation Counselor: Leonel Ayala
Group Meets: 6 Tuesdays at 10:00 AM Beginning: 4/5/2011 Cessation Counselor: Leonel Ayala
Group Meets: 6 Tuesdays at 1:00PM Beginning: 1/11/2011 Cessation Counselor: Leonel Ayala
Group Meets: 6 Tuesdays at 9:00 AM Beginning: 5/10/2011 Cessation Counselor: Leonel Ayala
Group Meets: 6 Tuesdays at 11:00AM Beginning: 12/14/2010 Cessation Counselor: Leonel Ayala
Group Meets: 6 Tuesdays at 10:00 AM Beginning: 5/17/2011 Cessation Counselor: Leonel Ayala
Group Meets: 6 Tuesdays at 11:00AM Beginning: 4/5/2011 Cessation Counselor: Leonel Ayala

Group Meets: 6 Tuesdays at 10:00 AM Beginning: 11/16/2010 Cessation Counselor: Leonel Ayala
Group Meets: 6 Tuesdays at 8:00AM Beginning: 11/2/2010 Cessation Counselor: Leonel Ayala
Group Meets: 5 Tuesdays at 10:00 AM Beginning: 9/14/2010 Cessation Counselor: Leonel Ayala
Group Meets: 6 Tuesdays at 8:00AM Beginning: 10/19/2010 Cessation Counselor: Leonel Ayala
Group Meets: 6 Tuesdays at 10:00 AM Beginning: 9/28/2010 Cessation Counselor: Leonel Ayala
Group Meets: 6 Tuesdays at 8:00AM Beginning: 11/16/2010 Cessation Counselor: Leonel Ayala
Group Meets: 4 Tuesdays at 9:00 AM Beginning: 9/21/2010 Cessation Counselor: Leonel Ayala
Group Meets: 6 Tuesdays at 2:00PM Beginning: 9/14/2010 Cessation Counselor: Leonel Ayala
Group Meets: 6 Tuesdays at 11:00AM Beginning: 11/16/2010 Cessation Counselor: Leonel Ayala
Group Meets: 5 Tuesdays at 9:00 AM Beginning: 9/14/2010 Cessation Counselor: Leonel Ayala
Group Meets: 6 Tuesdays at 2:00PM Beginning: 10/19/2010 Cessation Counselor: Leonel Ayala
Group Meets: 6 Tuesdays at 10:00 AM Beginning: 12/21/2010 Cessation Counselor: Leonel Ayala
Group Meets: 6 Tuesdays at 8:00AM Beginning: 12/14/2010 Cessation Counselor: Leonel Ayala
Group Meets: 6 Tuesdays at 10:00 AM Beginning: 11/30/2010 Cessation Counselor: Leonel Ayala
Group Meets: 6 Tuesdays at 8:00AM Beginning: 11/23/2010 Cessation Counselor: Leonel Ayala
Group Meets: 6 Tuesdays at 11:00AM Beginning: 8/24/2010 Cessation Counselor: Leonel Ayala
Group Meets: 6 Tuesdays at 2:00PM Beginning: 12/7/2010 Cessation Counselor: Leonel Ayala
Group Meets: 6 Tuesdays at 10:00 AM Beginning: 12/7/2010 Cessation Counselor: Leonel Ayala
Group Meets: 4 Tuesdays at 9:00 AM Beginning: 9/28/2010 Cessation Counselor: Leonel Ayala

Florida International University - North Campus - 3000 NE 151 St Miami, FL
Group Meets: 6 Tuesdays at 5:00PM Beginning: 7/6/2010 Cessation Counselor: Katherine Greco

Florida International University - South Campus - 11200 SW 8 St Miami, FL
Group Meets: 6 Wednesdays at 5:30PM Beginning: 8/17/2010 Cessation Counselor: Katherine Greco

Gold Coast Distribution - 10055 NW 12 St Miami, FL
Group Meets: 6 Wednesdays at 11:00AM Beginning: 7/7/2010 Cessation Counselor: Katherine Greco
Group Meets: 7 Wednesdays at 11:00AM Beginning: 7/7/2010 Cessation Counselor: Alejandro Demario

Iglesia Nueva Esperanza Bautista - 12313 SW 112 St Miami, FL (Spanish)
Group Meets: 6 Tuesdays at 2:00PM Beginning: 7/20/2010 Cessation Counselor: Alejandro Demario

Jefferson Reaves Health Center - 1009 NW 5th Avenue Miami, FL 33136
Group Meets: 6 Wednesdays at 4:00PM Beginning: 1/12/2011 Cessation Counselor: Karen Streeter
Group Meets: 6 Wednesdays at 4:00PM Beginning: 5/18/2011 Cessation Counselor: Karen Streeter

Jefferson Reaves House - 2985 NW 54 St Miami, FL
Group Meets: 6 Tuesdays at 10:00 AM Beginning: 7/6/2010 Cessation Counselor: Katherine Greco
Group Meets: 6 Tuesdays at 10:00 AM Beginning: 8/17/2010 Cessation Counselor: Katherine Greco
Group Meets: 8 Tuesdays at 10:00AM Beginning: 10/12/2010 Cessation Counselor: Latasha Moore

JHS- Main - 1611 NW 12th Ave Miami, FL 33136
Group Meets: 6 Wednesdays at 1:00PM Beginning: 2/23/2011 Cessation Counselor: Christopher Leyer
Group Meets: 6 Thursdays at 11:00AM Beginning: 2/17/2011 Cessation Counselor: Christopher Leyer
Group Meets: 6 Mondays at 2:30PM Beginning: 4/11/2011 Cessation Counselor: Karen Streeter
Group Meets: 6 Mondays at 10:00 AM Beginning: 8/16/2010 Cessation Counselor: Karen Streeter
Group Meets: 6 Fridays at 10:00 AM Beginning: 4/8/2011 Cessation Counselor: Karen Streeter
Group Meets: 6 Thursdays at 11:00AM Beginning: 5/12/2011 Cessation Counselor: Christopher Leyer
Group Meets: 6 Fridays at 2:00PM Beginning: 7/30/2010 Cessation Counselor: Karen Streeter
Group Meets: 6 Fridays at 10:00 AM Beginning: 5/20/2011 Cessation Counselor: Karen Streeter
Group Meets: 6 Wednesdays at 1:00PM Beginning: 5/18/2011 Cessation Counselor: Christopher Leyer
Group Meets: 6 Wednesdays at 11:00AM Beginning: 8/18/2010 Cessation Counselor: Karen Streeter
Group Meets: 6 Fridays at 1:00PM Beginning: 4/8/2011 Cessation Counselor: Christopher Leyer
Group Meets: 6 Wednesdays at 10:00 AM Beginning: 4/6/2011 Cessation Counselor: Christopher Leyer

Group Meets: 6 Mondays at 9:00 AM Beginning: 8/30/2010 Cessation Counselor: Karen Streeter
Group Meets: 6 Wednesdays at 10:00 AM Beginning: 8/18/2010 Cessation Counselor: Karen Streeter
Group Meets: 4 Thursdays at 2:00PM Beginning: 9/23/2010 Cessation Counselor: Karen Streeter
Group Meets: 5 Tuesdays at 1:00PM Beginning: 9/28/2010 Cessation Counselor: Karen Streeter
Group Meets: 5 Wednesdays at 10:00 AM Beginning: 9/29/2010 Cessation Counselor: Karen Streeter
Group Meets: 4 Thursdays at 2:00PM Beginning: 9/30/2010 Cessation Counselor: Karen Streeter
Group Meets: 6 Mondays at 2:30PM Beginning: 1/10/2011 Cessation Counselor: Karen Streeter
Group Meets: 6 Mondays at 10:00 AM Beginning: 2/28/2011 Cessation Counselor: Karen Streeter
Group Meets: 6 Fridays at 10:00 AM Beginning: 1/14/2011 Cessation Counselor: Karen Streeter
Group Meets: 5 Wednesdays at 12:00PM Beginning: 10/20/2010 Cessation Counselor: Karen Streeter
Group Meets: 5 Wednesdays at 10:00 AM Beginning: 11/3/2010 Cessation Counselor: Karen Streeter
Group Meets: 4 Tuesdays at 10:00 AM Beginning: 11/9/2010 Cessation Counselor: Karen Streeter
Group Meets: 4 Fridays at 10:00 AM Beginning: 12/24/2010 Cessation Counselor: Karen Streeter
Group Meets: 4 Wednesdays at 10:00 AM Beginning: 11/24/2010 Cessation Counselor: Karen Streeter
Group Meets: 6 Thursdays at 1:00PM Beginning: 2/25/2011 Cessation Counselor: Christopher Leyer
Group Meets: 4 Thursdays at 2:00PM Beginning: 9/16/2010 Cessation Counselor: Karen Streeter
Group Meets: 6 Mondays at 2:30PM Beginning: 2/28/2011 Cessation Counselor: Karen Streeter
Group Meets: 6 Thursdays at 2:00PM Beginning: 1/6/2011 Cessation Counselor: Christopher Leyer

JMH- West Wing - 1611 NW 12th Ave Miami, FL 33136
Group Meets: 1 Thursday at 10:00 AM Beginning: 7/1/2010 Cessation Counselor: Karen Streeter

Joseph Caleb Center - 5400 NW 22nd Ave Miami, FL
Group Meets: 6 Fridays at 10:00 AM Beginning: 10/8/2010 Cessation Counselor: Gordon Henry
Group Meets: 6 Fridays at 10:00 AM Beginning: 12/17/2010 Cessation Counselor: Gordon Henry
Group Meets: 6 Fridays at 9:30AM Beginning: 1/21/2011 Cessation Counselor: Gordon Henry

Lotus House Women's Shelter - 217 NW 15 St Miami, FL
Group Meets: 6 Thursdays at 7:00PM Beginning: 12/23/2010 Cessation Counselor: Barbara Padron
Group Meets: 6 Thursdays at 7:00PM Beginning: 6/17/2010 Cessation Counselor: Katherine Greco
Group Meets: 6 Thursdays at 7:00PM Beginning: 7/29/2010 Cessation Counselor: Katherine Greco

Medical Wellness Ctr: Medical Campus - 1120 NW 14th Street Miami, FL 33136
Group Meets: 6 Tuesdays at 5:00PM Beginning: 3/29/2011 Cessation Counselor: Virginia Perez
Group Meets: 6 Tuesdays at 11:00AM Beginning: 1/4/2011 Cessation Counselor: Virginia Perez
Group Meets: 6 Thursdays at 11:00AM Beginning: 2/17/2011 Cessation Counselor: Virginia Perez
Group Meets: 6 Tuesdays at 5:00PM Beginning: 1/4/2011 Cessation Counselor: Virginia Perez
Group Meets: 6 Tuesdays at 11:00AM Beginning: 5/10/2011 Cessation Counselor: Virginia Perez
Group Meets: 6 Thursdays at 11:00AM Beginning: 5/12/2011 Cessation Counselor: Virginia Perez
Group Meets: 6 Fridays at 12:30PM Beginning: 8/27/2010 Cessation Counselor: Gordon Henry

Miami Rescue Mission - 2015 NW 1st Avenue Miami, FL 33027
Group Meets: 6 Thursdays at 5:00P Beginning: 1/6/2011 Cessation Counselor: Christopher Leyer
Group Meets: 6 Wednesdays at 5:00PM Beginning: 10/27/2010 Cessation Counselor: Christopher Leyer
Group Meets: 6 Thursdays at 5:00PM Beginning: 5/12/2011 Cessation Counselor: Christopher Leyer

Miami VA Healthcare Systems - 1201 NW 16 St Miami, FL
Group Meets: 6 Fridays at 11:30AM Beginning: 8/13/2010 Cessation Counselor: Gordon Henry
Group Meets: 6 Fridays at 11:00AM Beginning: 7/2/2010 Cessation Counselor: Gordon Henry
Group Meets: 6 Mondays at 12:00PM Beginning: 11/8/2010 Cessation Counselor: Gordon Henry
Group Meets: 6 Mondays at 11:00AM Beginning: 11/8/2010 Cessation Counselor: Gordon Henry

Miami-Dade AHEC Meeting Room - 8600 NW 53 Terr, STE 200 Miami, FL (Spanish)
Group Meets: 6 Wednesdays at 6:00PM Beginning: 7/7/2010 Cessation Counselor: Alejandro Demario
Group Meets: 6 Wednesdays at 6:00PM Beginning: 11/10/2010 Cessation Counselor: Alejandro Demario

Navarro Pharmacies - 12000 SW 8 St Miami FL
Group Meets: 6 Wednesdays at 1:00PM Beginning: 6/2/2010 Cessation Counselor: Alejandro Demario

North Dade Health Center - 16555 NW 25th Ave. Miami, FL 33054
Group Meets: 6 Tuesdays at 2:00PM Beginning: 5/10/2011 Cessation Counselor: Christopher Leyer
Group Meets: 6 Tuesdays at 2:00PM Beginning: 3/29/2011 Cessation Counselor: Christopher Leyer
Group Meets: 6 Tuesdays at 3:30PM Beginning: 2/15/2011 Cessation Counselor: Christopher Leyer
Group Meets: 6 Tuesdays at 3:30PM Beginning: 3/29/2011 Cessation Counselor: Christopher Leyer

North Miami Beach City Hall - 2105 Ali Baba Ave Miami, FL
Group Meets: 6 Wednesdays at 3:00PM Beginning: 12/15/2010 Cessation Counselor: Gordon Henry

Prevention, Education & Treatment Ctr - 615 Collins Ave Miami, FL 33139 (Spanish)
Group Meets: 6 Thursdays at 10:00 AM Beginning: 5/19/2011 Cessation Counselor: Leonel Ayala
Group Meets: 6 Thursdays at 8:00AM Beginning: 1/13/2011 Cessation Counselor: Leonel Ayala
Group Meets: 6 Thursdays at 10:00 AM Beginning: 2/24/2011 Cessation Counselor: Leonel Ayala
Group Meets: 6 Thursdays at 9:00 AM Beginning: 2/24/2011 Cessation Counselor: Leonel Ayala
Group Meets: 6 Thursdays at 9:00 AM Beginning: 4/7/2011 Cessation Counselor: Leonel Ayala
Group Meets: 6 Thursdays at 9:00 AM Beginning: 5/19/2011 Cessation Counselor: Leonel Ayala
Group Meets: 4 Thursdays at 9:00 AM Beginning: 9/23/2010 Cessation Counselor: Leonel Ayala
Group Meets: 5 Thursdays at 8:00AM Beginning: 9/16/2010 Cessation Counselor: Leonel Ayala

Pulmonary Physicians of South Florida - 12600 SW 120 St Miami FL, 33186
Group Meets: 6 Tuesdays at 2:00PM Beginning: Cessation Counselor: Alejandro Demario

Sylvester Comprehensive Cancer Ctr - 1475 NW 12th Ave Miami, FL 33136 (Spanish)
Group Meets: 6 Mondays at 10:00 AM Beginning: 12/13/2010 Cessation Counselor: Leonel Ayala
Group Meets: 6 Wednesdays at 10:00 AM Beginning: 8/4/2010 Cessation Counselor: Leonel Ayala
Group Meets: 5 Wednesdays at 10:00 AM Beginning: 12/8/2010 Cessation Counselor: Leonel Ayala
Group Meets: 6 Wednesdays at 10:00 AM Beginning: 8/25/2010 Cessation Counselor: Leonel Ayala
Group Meets: 6 Fridays at 10:00 AM Beginning: 10/22/2010 Cessation Counselor: Leonel Ayala
Group Meets: 6 Mondays at 10:00 AM Beginning: 10/11/2010 Cessation Counselor: Leonel Ayala
Group Meets: 6 Wednesdays at 10:00 AM Beginning: 10/27/2010 Cessation Counselor: Leonel Ayala
Group Meets: 6 Mondays at 10:00 AM Beginning: 12/20/2010 Cessation Counselor: Leonel Ayala
Group Meets: 6 Mondays at 10:00 AM Beginning: 10/18/2010 Cessation Counselor: Leonel Ayala
Group Meets: 6 Wednesdays at 10:00 AM Beginning: 10/6/2010 Cessation Counselor: Leonel Ayala
Group Meets: 6 Wednesdays at 10:00 AM Beginning: 11/17/2010 Cessation Counselor: Leonel Ayala
Group Meets: 6 Mondays at 10:00 AM Beginning: 2/21/2011 Cessation Counselor: Leonel Ayala
Group Meets: 6 Mondays at 10:00 AM Beginning: 5/16/2011 Cessation Counselor: Leonel Ayala
Group Meets: 6 Mondays at 10:00 AM Beginning: 1/3/2011 Cessation Counselor: Leonel Ayala
Group Meets: 6 Wednesdays at 10:00 AM Beginning: 1/5/2011 Cessation Counselor: Leonel Ayala

The Village - South - 3180 Biscayne Blvd Miami, FL
Group Meets: 6 Tuesdays at 1:00PM Beginning: 8/24/2010 Cessation Counselor: Katherine Greco
Group Meets: 6 Tuesdays at 10:00AM Beginning: 11/23/2010 Cessation Counselor: Barbara Padron

Tiger Direct Headquarters - 7795 W Flagler St Miami, FL
Group Meets: 6 Thursdays at 4:30PM Beginning: 9/30/2010 Cessation Counselor: Alejandro Demario
Group Meets: 6 Thursdays at 4:30PM Beginning: 6/17/2010 Cessation Counselor: Alejandro Demario

United States Southern Command (USSSOUTHCOM) - 8400 NW 33 St Miami, FL
Group Meets: 6 Thursdays at 10:00 AM Beginning: 9/9/2010 Cessation Counselor: Alejandro Demario

W. Kendall Regional Library - 10201 Hammocks Blvd, STE 159 Miami FL, 33169 (Spanish)
Group Meets: 6 Wednesdays at 5:00PM Beginning: 10/6/2010 Cessation Counselor: Gordon Henry

Miami Beach

Douglas Gardens Community Mental Health Center - 701 Lincoln Road, Miami Beach, FL
Group Meets: 6 Tuesdays at 10:30AM Beginning: 10/12/2010 Cessation Counselor: Angel Alvarez
Group Meets: 6 Tuesdays at 12:00PM Beginning: 8/10/2010 Cessation Counselor: Alejandro Demario
Group Meets: 6 Tuesdays at 10:00AM Beginning: 6/22/2010 Cessation Counselor: Alejandro Demario
Group Meets: 6 Tuesdays at 10:00AM Beginning: 8/10/2010 Cessation Counselor: Alejandro Demario
Group Meets: 6 Tuesdays at 10:00AM Beginning: 10/12/2010 Cessation Counselor: Alejandro Demario
Group Meets: 6 Tuesdays at 12:00PM Beginning: 10/12/2010 Cessation Counselor: Alejandro Demario
Group Meets: 6 Tuesdays at 12:00PM Beginning: 6/22/2010 Cessation Counselor: Alejandro Demario

Loews Miami Beach Hotel - 1601 Collins Ave Miami Beach FL, 33139 (English)
Group Meets: 6 Tuesdays at 12:30PM Beginning: 8/31/2010 Cessation Counselor: Alejandro Demario

North Miami Beach

North Miami Beach Operations Center - 2101 NE 159 St North Miami Beach, FL
Group Meets: 6 Wednesdays at 2:00PM Beginning: 8/4/2010 Cessation Counselor: Gordon Henry

MONROE COUNTY

Big Pine Key

Big Pine Key Public Library - 213 Key Deer Blvd Big Pine Key, FL 33043
Group Meets: 6 Tuesdays at 4:30 pm Beginning: 2/1/2011 Cessation Counselor: Scott Irwin
Group Meets: 6 Tuesdays at 4:30PM Beginning: 5/18/2010 Cessation Counselor: Scott Irwin
Group Meets: 6 Tuesdays at 4:30 pm Beginning: 11/9/2010 Cessation Counselor: Scott Irwin
Group Meets: 6 Wednesdays at 12:00 pm Beginning: 3/16/2011 Cessation Counselor: Scott Irwin
Group Meets: 6 Wednesdays at 12:00 pm Beginning: 11/10/2010 Cessation Counselor: Scott Irwin
Group Meets: 6 Wednesdays at 12:00 pm Beginning: 12/22/2010 Cessation Counselor: Scott Irwin
Group Meets: 6 Tuesdays at 4:30 pm Beginning: 6/7/2011 Cessation Counselor: Scott Irwin
Group Meets: 6 Tuesdays at 4:30 pm Beginning: 12/21/2010 Cessation Counselor: Scott Irwin
Group Meets: 6 Tuesdays at 6:00PM Beginning: 5/11/2010 Cessation Counselor: Scott Irwin
Group Meets: 6 Wednesdays at 12:00 pm Beginning: 4/27/2011 Cessation Counselor: Scott Irwin
Group Meets: 6 Tuesdays at 4:30 pm Beginning: 3/15/2011 Cessation Counselor: Scott Irwin
Group Meets: 6 Tuesdays at 4:30 pm Beginning: 9/28/2010 Cessation Counselor: Scott Irwin
Group Meets: 6 Wednesdays at 12:00 pm Beginning: 6/8/2011 Cessation Counselor: Scott Irwin
Group Meets: 6 Tuesdays at 4:30 pm Beginning: 4/26/2011 Cessation Counselor: Scott Irwin
Group Meets: 6 Tuesdays at 6:00PM Beginning: 6/8/2010 Cessation Counselor: Scott Irwin
Group Meets: 6 Tuesdays at 4:30PM Beginning: 5/18/2010 Cessation Counselor: Scott Irwin

Boy's and Girl's Club - 30150 South Street Big Pine Key, FL 33043
Group Meets: 6 Wednesdays at 6:00PM Beginning: 2/2/2011 Cessation Counselor: Lori Drombroski
Group Meets: 6 Wednesdays at 6:00PM Beginning: 6/15/2011 Cessation Counselor: Lori Drombroski
Group Meets: 6 Wednesdays at 6:00PM Beginning: 3/23/2011 Cessation Counselor: Lori Drombroski
Group Meets: 6 Wednesdays at 6:00PM Beginning: 5/4/2011 Cessation Counselor: Lori Drombroski
Group Meets: 6 Tuesdays at 6:00 pm Beginning: 11/9/2010 Cessation Counselor: Lori Drombroski

Key West

AHEC Office in Key West - 1200 Kennedy Dr. Key West FL 33040 (English)

Group Meets: 6 Wednesdays at 7:00PM Beginning: 7/7/2010 Cessation Counselor: Scott Irwin
Group Meets: 6 Tuesdays at 7:00PM Beginning: 7/6/2010 Cessation Counselor: Scott Irwin

AHEC Offices in Key West - 3428 N Roosevelt Blvd Key West FL 33040 (English)

Group Meets: 6 Wednesdays at 6:00 pm Beginning: 2/2/2011 Cessation Counselor: Scott Irwin
Group Meets: 6 Thursdays at 3:00 pm Beginning: 2/3/2011 Cessation Counselor: Scott Irwin
Group Meets: 6 Tuesdays at 10:00 am Beginning: 3/15/2011 Cessation Counselor: Scott Irwin
Group Meets: 6 Tuesdays at 7:00 pm Beginning: 3/15/2011 Cessation Counselor: Scott Irwin
Group Meets: 6 Tuesdays at 7:00 pm Beginning: 2/1/2011 Cessation Counselor: Scott Irwin
Group Meets: 6 Thursdays at 7:00 pm Beginning: 2/3/2011 Cessation Counselor: Peter Bell
Group Meets: 6 Thursdays at 7:00 pm Beginning: 12/23/2010 Cessation Counselor: Scott Irwin
Group Meets: 6 Thursdays at 3:00 pm Beginning: 12/23/2010 Cessation Counselor: Scott Irwin
Group Meets: 6 Wednesdays at 6:00 pm Beginning: 12/22/2010 Cessation Counselor: Scott Irwin
Group Meets: 6 Tuesdays at 7:00 pm Beginning: 12/21/2010 Cessation Counselor: Scott Irwin
Group Meets: 6 Thursdays at 7:00 pm Beginning: 11/11/2010 Cessation Counselor: Scott Irwin
Group Meets: 6 Thursdays at 3:00 pm Beginning: 11/11/2010 Cessation Counselor: Scott Irwin
Group Meets: 6 Tuesdays at 7:00 pm Beginning: 11/9/2010 Cessation Counselor: Scott Irwin
Group Meets: 6 Tuesdays at 10:00 am Beginning: 11/9/2010 Cessation Counselor: Scott Irwin
Group Meets: 6 Thursdays at 7:00 pm Beginning: 9/30/2010 Cessation Counselor: Scott Irwin
Group Meets: 6 Thursdays at 3:00 pm Beginning: 9/30/2010 Cessation Counselor: Scott Irwin
Group Meets: 6 Tuesdays at 7:00 pm Beginning: 9/28/2010 Cessation Counselor: Scott Irwin
Group Meets: 6 Tuesdays at 10:00 am Beginning: 9/28/2010 Cessation Counselor: Scott Irwin
Group Meets: 6 Tuesdays at 10:00 am Beginning: 12/21/2010 Cessation Counselor: Scott Irwin
Group Meets: 6 Thursdays at 3:00 pm Beginning: 4/28/2011 Cessation Counselor: Scott Irwin
Group Meets: 6 Tuesdays at 7:00 pm Beginning: 4/26/2011 Cessation Counselor: Scott Irwin
Group Meets: 6 Tuesdays at 10:00 am Beginning: 4/26/2011 Cessation Counselor: Scott Irwin
Group Meets: 6 Thursdays at 7:00 pm Beginning: 4/28/2011 Cessation Counselor: Peter Bell
Group Meets: 6 Tuesdays at 7:00 pm Beginning: 6/7/2011 Cessation Counselor: Scott Irwin
Group Meets: 6 Tuesdays at 10:00 am Beginning: 2/1/2011 Cessation Counselor: Scott Irwin
Group Meets: 6 Wednesdays at 6:00 pm Beginning: 4/27/2011 Cessation Counselor: Scott Irwin
Group Meets: 6 Tuesdays at 10:00 am Beginning: 6/7/2011 Cessation Counselor: Scott Irwin
Group Meets: 6 Wednesdays at 6:00 pm Beginning: 6/8/2011 Cessation Counselor: Scott Irwin
Group Meets: 6 Thursdays at 7:00 pm Beginning: 6/9/2011 Cessation Counselor: Peter Bell
Group Meets: 6 Wednesdays at 6:00 pm Beginning: 3/16/2011 Cessation Counselor: Scott Irwin
Group Meets: 6 Thursdays at 7:00 pm Beginning: 3/17/2011 Cessation Counselor: Peter Bell
Group Meets: 6 Thursdays at 3:00 pm Beginning: 3/17/2011 Cessation Counselor: Scott Irwin
Group Meets: 6 Thursdays at 3:00 pm Beginning: 6/9/2011 Cessation Counselor: Scott Irwin

DePoo Hospital - 1200 Kennedy Dr Key West, FL 33040

Group Meets: 6 Mondays at 2:00 pm Beginning: 1/31/2011 Cessation Counselor: Scott Irwin
Group Meets: 6 Mondays at 2:00 pm Beginning: 6/6/2011 Cessation Counselor: Scott Irwin
Group Meets: 6 Wednesdays at 2:15 pm Beginning: 2/2/2011 Cessation Counselor: Scott Irwin
Group Meets: 6 Mondays at 2:00 pm Beginning: 4/25/2011 Cessation Counselor: Scott Irwin
Group Meets: 6 Wednesdays at 2:15 pm Beginning: 6/8/2011 Cessation Counselor: Scott Irwin
Group Meets: 6 Mondays at 2:00 pm Beginning: 3/14/2011 Cessation Counselor: Scott Irwin
Group Meets: 6 Mondays at 2:00 pm Beginning: 12/20/2010 Cessation Counselor: Scott Irwin
Group Meets: 6 Wednesdays at 2:15 pm Beginning: 3/16/2011 Cessation Counselor: Scott Irwin

DOH Health Care Center - Bahama Village - 105 Olivia St Key West, FL 33040
Group Meets: 6 Mondays at 6:00 pm Beginning: 1/31/2011 Cessation Counselor: Scott Irwin
Group Meets: 6 Mondays at 6:00 pm Beginning: 4/25/2011 Cessation Counselor: Scott Irwin
Group Meets: 6 Mondays at 6:00 pm Beginning: 3/14/2011 Cessation Counselor: Scott Irwin
Group Meets: 6 Mondays at 6:00 pm Beginning: 6/6/2011 Cessation Counselor: Scott Irwin

Metropolitan Community Church - 1215 Patronia St Key West, FL 33040
Group Meets: 6 Mondays at 6:00 pm Beginning: 12/20/2010 Cessation Counselor: Scott Irwin
Group Meets: 6 Mondays at 6:00 pm Beginning: 9/27/2010 Cessation Counselor: Scott Irwin
Group Meets: 6 Thursdays at 6:00 pm Beginning: 4/28/2011 Cessation Counselor: Scott Irwin
Group Meets: 6 Thursdays at 6:00 pm Beginning: 3/17/2011 Cessation Counselor: Scott Irwin
Group Meets: 6 Thursdays at 6:00 pm Beginning: 2/3/2011 Cessation Counselor: Scott Irwin
Group Meets: 6 Thursdays at 6:00 pm Beginning: 6/9/2011 Cessation Counselor: Scott Irwin
Group Meets: 6 Mondays at 6:00 pm Beginning: 11/8/2010 Cessation Counselor: Scott Irwin

Womankind - 3142 Northside Dr Key West, FL 33040
Group Meets: 6 Mondays at 6:00PM Beginning: 11/29/2010 Cessation Counselor: Cindy Allen
Group Meets: 6 Mondays at 5:30 pm Beginning: 1/31/2011 Cessation Counselor: Beverly Allen
Group Meets: 6 Mondays at 5:30 pm Beginning: 6/6/2011 Cessation Counselor: Beverly Allen
Group Meets: 6 Mondays at 6:00PM Beginning: 9/20/2010 Cessation Counselor: Beverly Allen
Group Meets: 6 Mondays at 5:30 pm Beginning: 12/20/2010 Cessation Counselor: Beverly Allen
Group Meets: 6 Mondays at 5:30 pm Beginning: 4/25/2011 Cessation Counselor: Beverly Allen
Group Meets: 6 Mondays at 5:30 pm Beginning: 3/14/2011 Cessation Counselor: Beverly Allen
Group Meets: 6 Mondays at 6:00PM Beginning: 7/12/2010 Cessation Counselor: Beverly Allen

Marathon

AHEC Office in Marathon - 5800 Overseas Hwy Marathon, FL 33050
Group Meets: 6 Mondays at 10:00AM Beginning: 9/6/2010 Cessation Counselor: Lori Drombroski
Group Meets: 6 Tuesdays at 5:00PM Beginning: 3/15/2011 Cessation Counselor: Lori Drombroski
Group Meets: 6 Wednesdays at 5:30PM Beginning: 8/11/2010 Cessation Counselor: Lori Drombroski
Group Meets: 6 Mondays at 5:30PM Beginning: 9/27/2010 Cessation Counselor: Lori Drombroski
Group Meets: 6 Tuesdays at 5:00PM Beginning: 6/7/2011 Cessation Counselor: Lori Drombroski
Group Meets: 6 Tuesdays at 5:00PM Beginning: 4/26/2011 Cessation Counselor: Lori Drombroski
Group Meets: 6 Tuesdays at 5:00PM Beginning: 2/1/2011 Cessation Counselor: Lori Drombroski

Fishermen's Hospital - 3301 Overseas Hwy Marathon, FL
Group Meets: 6 Tuesdays at 7:00PM Beginning: 9/14/2010 Cessation Counselor: Cindy Fox
Group Meets: 6 Tuesdays at 7:00PM Beginning: 10/26/2010 Cessation Counselor: Cindy Fox
Group Meets: 6 Tuesdays at 7:00PM Beginning: 8/17/2010 Cessation Counselor: Cindy Fox
Group Meets: 6 Tuesdays at 7:00PM Beginning: 12/7/2010 Cessation Counselor: Cindy Fox
Group Meets: 6 Tuesdays at 7:00PM Beginning: 5/31/2011 Cessation Counselor: Cindy Fox
Group Meets: 6 Tuesdays at 7:00PM Beginning: 3/8/2011 Cessation Counselor: Cindy Fox
Group Meets: 6 Tuesdays at 7:00PM Beginning: 1/25/2011 Cessation Counselor: Cindy Fox
Group Meets: 6 Tuesdays at 7:00PM Beginning: 3/31/2011 Cessation Counselor: Cindy Fox
Group Meets: 6 Tuesdays at 7:00PM Beginning: 4/19/2011 Cessation Counselor: Cindy Fox

Ocean Reef

Ocean Reef Club - 101 Andros Rd. Ocean Reef FL 33037 (English)
Group Meets: 6 Tuesdays at 2:00PM Beginning: 11/9/2010 Cessation Counselor: Tricia Hynes

Tavernier

AHEC Office in Tavernier - 50 High Point Rd Tavernier, FL 33070 (Spanish)
Group Meets: 6 Wednesdays at 3:30 PM Beginning: 4/13/2011 Cessation Counselor: Daisy Cuencio

AHEC Office in Tavernier - 50 High Point Rd Tavernier, FL 33070
Group Meets: 6 Wednesdays at 10:00 AM Beginning: 4/6/2011 Cessation Counselor: Tricia Hynes
Group Meets: 6 Tuesdays at 5:30PM Beginning: 11/16/2010 Cessation Counselor: Tricia Hynes
Group Meets: 6 Tuesdays at 5:30PM Beginning: 9/28/2010 Cessation Counselor: Tricia Hynes
Group Meets: 6 Wednesdays at 10:00 AM Beginning: 5/18/2011 Cessation Counselor: Tricia Hynes
Group Meets: 6 Tuesdays at 10:00 AM Beginning: 10/19/2010 Cessation Counselor: Tricia Hynes
Group Meets: 6 Wednesdays at 10:00 AM Beginning: 8/11/2010 Cessation Counselor: Tricia Hynes
Group Meets: 6 Wednesdays at 5:30PM Beginning: 2/23/2011 Cessation Counselor: Tricia Hynes
Group Meets: 6 Wednesdays at 5:30PM Beginning: 7/14/2010 Cessation Counselor: Tricia Hynes
Group Meets: 6 Tuesdays at 10:00 AM Beginning: 8/24/2010 Cessation Counselor: Tricia Hynes

AHEC Office in Tavernier - 50 High Point Rd Tavernier, FL 33070 (Spanish)
Group Meets: 6 Wednesdays at 3;30 Beginning: 1/26/2011 Cessation Counselor: Daisy Cuencio

Hospice of Southeast Florida - 91256 Overseas Hwy Tavernier, FL 33070
Group Meets: 6 Tuesdays at 3:00PM Beginning: 8/24/2010 Cessation Counselor: Tricia Hynes

NASSAU COUNTY

Callahan

Callahan Library - 450077 State Road 200, Suite 15 Callahan FL 32011
Group Meets: 6 Thursdays at 5:30 PM Beginning: 4/14/2011 Cessation Counselor: Jennifer Emmons
Group Meets: 6 Tuesdays at 5:30 PM Beginning: 1/11/2011 Cessation Counselor: Jennifer Emmons
Group Meets: 6 Thursdays at 5:30 PM Beginning: 2/22/2011 Cessation Counselor: Jennifer Emmons

Fernandina Beach

Callahan Library - 450077 State Road 200, Suite 15 Fernandina Beach FL 32034
Group Meets: 6 Tuesdays at 5:30:00 PM Beginning: 10/5/2010 Cessation Counselor: Jennifer Emmons

Hilliard

Day Spring Village - 554820 US Hwy 1 Hilliard FL 32046
Group Meets: 6 Tuesdays at 2:00:00 PM Beginning: 7/6/2010 Cessation Counselor: Karen Nutter

OKALOOSA COUNTY

Crestview

North Okaloosa Medical Center - 151 N. Redstone Avenue Crestview, FL 32539
Group Meets: 6 Mondays at 5:30PM Beginning: 5/3/2010 Cessation Counselor: Rebecca Naylor
Group Meets: 6 Mondays at 5:30PM Beginning: 5/2/2011 Cessation Counselor: Rebecca Naylor
Group Meets: 6 Mondays at 5:30PM Beginning: 3/14/2011 Cessation Counselor: Rebecca Naylor
Group Meets: 6 Thursdays at 10:00 AM Beginning: 2/10/2011 Cessation Counselor: Miriam Lavandier

Okaloosa County Health Dept Crestview - 810 E. James Lee Blvd Crestview, FL 32536
Group Meets: 6 Thursdays at 10:00 AM Beginning: 4/14/2011 Cessation Counselor: Miriam Lavandier

West Florida AHEC - 1455 S. Ferdon Blvd., Suite B-1 Crestview, FL 32536
Group Meets: 6 Mondays at 3:00PM Beginning: 11/11/2010 Cessation Counselor: Miriam Lavandier
Group Meets: 6 Mondays at Noon Beginning: 3/7/2011 Cessation Counselor: Miriam Lavandier
Group Meets: 6 Mondays at 12:00PM Beginning: 10/11/2010 Cessation Counselor: Miriam Lavandier
Group Meets: 6 Tuesdays at 5:30PM Beginning: 6/22/2010 Cessation Counselor: Adare Morrell
Group Meets: 6 Mondays at 3:00PM Beginning: 11/8/2010 Cessation Counselor: Miriam Lavandier
Group Meets: 6 Mondays at 3:00PM Beginning: 2/24/2011 Cessation Counselor: Miriam Lavandier

Fort Walton Beach

Bridgeway Crisis Center - 205 Shell Ave. bldg B Fort Walton Beach, FL 32548
Group Meets: 6 Wednesdays at 9:00 AM Beginning: 5/4/2011 Cessation Counselor: Naomi Brown
Group Meets: 6 Wednesdays at 9:00 AM Beginning: 3/16/2011 Cessation Counselor: Naomi Brown

Career Training Center - 1976 Lewis Turner Blvd Fort Walton Beach, FL 32547
Group Meets: 6 Fridays at 1:30 PM Beginning: 1/21/2011 Cessation Counselor: Adare Morell

Crossroads Clinic - 1032 Mar Walt Drive Suite 240 Fort Walton Beach, FL 32547
Group Meets: 6 Tuesdays at 1:30PM Beginning: 7/20/2011 Cessation Counselor: Cindy Bray
Group Meets: 6 Tuesdays at 12:00PM Beginning: 10/12/2010 Cessation Counselor: Cindy Bray
Group Meets: 6 Tuesdays at 1:30PM Beginning: 3/29/2011 Cessation Counselor: Cindy Bray
Group Meets: 6 Tuesdays at 1:30PM Beginning: 5/10/2011 Cessation Counselor: Cindy Bray
Group Meets: 6 Tuesdays at 1:30PM Beginning: 1/4/2011 Cessation Counselor: Cindy Bray
Group Meets: 6 Tuesdays at 1:30PM Beginning: 11/23/2010 Cessation Counselor: Cindy Bray
Group Meets: 6 Tuesdays at 1:30PM Beginning: 2/15/2011 Cessation Counselor: Cindy Bray

Ft. Walton Beach Medical Center - 1000 Mar Walt Drive Fort Walton Beach, FL 32547
Group Meets: 6 Wednesdays at 5:30PM Beginning: 1/5/2011 Cessation Counselor: Adare Morell
Group Meets: 6 Wednesdays at 3:30PM Beginning: 2/16/2011 Cessation Counselor: Adare Morell
Group Meets: 6 Wednesdays at 3:30PM Beginning: 10/13/2010 Cessation Counselor: Naomi Brown
Group Meets: 6 Wednesdays at 5:30PM Beginning: 8/25/2010 Cessation Counselor: Naomi Brown
Group Meets: 6 Wednesdays at 3:30PM Beginning: 7/7/2010 Cessation Counselor: Naomi Brown

Okaloosa County Health Dept - 221 Hospital Dr. Fort Walton Beach, FL 32548
Group Meets: 6 Wednesdays at 9:00AM Beginning: 7/7/2010 Cessation Counselor: Lynne Weldon
Group Meets: 6 Wednesdays at 9:00AM Beginning: 3/9/2011 Cessation Counselor: Lynne Weldon
Group Meets: 6 Wednesdays at 12:00 PM Beginning: 8/25/2010 Cessation Counselor: Lynne Weldon
Group Meets: 6 Wednesdays at 9:00AM Beginning: 10/13/2010 Cessation Counselor: Lynne Weldon
Group Meets: 6 Wednesdays at 12:00PM Beginning: 4/20/2011 Cessation Counselor: Lynne Weldon

Waterfront Rescue Mission - 112 Hollywood Boulevard Fort Walton Beach, FL 32548
Group Meets: 6 Fridays at 9:00AM Beginning: 5/21/2010 Cessation Counselor: Lancy Colace
Group Meets: 5 Fridays at 12:00PM Beginning: 7/16/2010 Cessation Counselor: Lancy Colace
Group Meets: 6 Fridays at 9:00AM Beginning: 9/24/2010 Cessation Counselor: Lancy Colace

Niceville

Niceville Methodist Chruch - 214 Partin Dr S Niceville, FL 32578
Group Meets: 5 Tuesdays at 6:15 PM Beginning: 4/5/2011 Cessation Counselor: Lynne Weldon

Group Meets: 5 Wednesdays at 6:15 PM Beginning: 9/1/2010 Cessation Counselor: Lynne Weldon
Group Meets: 6 Tuesdays at 5:30PM Beginning: 8/3/2010 Cessation Counselor: Lynne Weldon

Twin Cities Hospital - 2190 Highway 85 North Niceville, FL 32578
Group Meets: 6 Tuesdays at 5:30PM Beginning: 10/5/2010 Cessation Counselor: Lynne Weldon
Group Meets: 6 Tuesdays at 5:30PM Beginning: 6/22/2010 Cessation Counselor: Lynne Weldon

OKEECHOBEE COUNTY

Okeechobee

Okeechobee County Public Library - 206 SW 16th St Okeechobee, FL 34974
Group Meets: 6 Wednesdays at 5:30 PM Beginning: 2/16/2011 Cessation Counselor: John Bower
Group Meets: 6 Wednesdays at 5:30 PM Beginning: 1/5/2011 Cessation Counselor: John Bower
Group Meets: 6 Wednesdays at 5:30PM Beginning: 8/18/2010 Cessation Counselor: John Bower
Group Meets: 6 Wednesdays at 5:30PM Beginning: 9/29/2010 Cessation Counselor: John Bower
Group Meets: 6 Saturdays at 1:30PM Beginning: 11/6/2010 Cessation Counselor: John Bower

Okeechobee Faith Farm - 7595 NE 128th Avenue Okeechobee, FL 34974
Group Meets: 6 Tuesdays at 3:30 PM Beginning: 11/30/2011 Cessation Counselor: Jeff Grammer

ORANGE COUNTY

Orange City

City of Winter Garden - 1 E. Cypress Street Orange City FL 34787
Group Meets: 6 Tuesdays at 4:00PM Beginning: 6/29/2010 Cessation Counselor: Gwen Hartmann

Jessie Brock Community Ctr - 310 N. Dillard Street Orange City FL 34787
Group Meets: 6 Wednesdays at 6:30PM Beginning: 7/21/2010 Cessation Counselor: Michael Spence

Orlando

Beardall Senior Center - 800 S. Delaney Avenue Orlando FL 32801
Group Meets: 5 Tuesdays at 2:00 PM Beginning: 5/18/2010 Cessation Counselor: Gwen Hartmann

MD Anderson Cancer Center - 1400 S. Orange Avenue Orlando FL 32806
Group Meets: 6 Tuesdays at 6:30 PM Beginning: 10/5/2010 Cessation Counselor: Bethany Majka
Group Meets: 5 Wednesdays at 6:30 PM Beginning: 6/9/2010 Cessation Counselor: Bethany Majka
Group Meets: 5 Tuesdays at 6:30PM Beginning: 8/3/2010 Cessation Counselor: Gwen Hartmann
Group Meets: 5 Tuesdays at 6:30PM Beginning: 8/3/2010 Cessation Counselor: Gwen Hartmann
Group Meets: 5 Tuesdays at 6:30 PM Beginning: 1/4/2011 Cessation Counselor: Maureen Guthke
Group Meets: 5 Tuesdays at 6:30 PM Beginning: 4/5/2011 Cessation Counselor: Gwen Hartmann

Orange County Health Department - 832 W. Central Blvd. Orlando FL 32805
Group Meets: 5 Tuesdays at 5:30 PM Beginning: 1/11/2011 Cessation Counselor: Gwen Hartmann
Group Meets: 5 Tuesdays at 10:00 AM Beginning: 8/3/2010 Cessation Counselor: Michael Spence
Group Meets: 5 Tuesdays at 10:00 AM Beginning: 8/3/2010 Cessation Counselor: Michael Spence

Orange County Health Department - 6101 Lake Ellenor Dr Orlando FL 32809
Group Meets: 5 Tuesdays at 5:30 PM Beginning: 3/8/2011 Cessation Counselor: Susan Harwood

Orlando Utilities - 6025 Pershing Ave Orlando FL 32822
Group Meets: 6 Wednesdays at 8:00AM Beginning: 7/28/2010 Cessation Counselor: Bethany Majka

Universal Studios, Inc - 1000 Universal Studios Plaza Orlando FL 32819
Group Meets: 3 Wednesdays at 5:00PM Beginning: 9/8/2010 Cessation Counselor: Heather Kearns

Valencia Community College (East) - 701 N. Econlockhatchee Trail Orlando FL 32825
Group Meets: 5 Tuesdays at 4:00 PM Beginning: 2/22/2011 Cessation Counselor: Dannelle Williams

Valencia Community College (Winter Park) - 850 W. Morse Blvd. Orlando FL 32789
Group Meets: 5 Wednesdays at 4:00 PM Beginning: 1/19/2011 Cessation Counselor: Gwen Hartmann

Valencia Community College West - 1800 S. Kirkman Rd. Orlando FL 32811
Group Meets: 5 Tuesdays at 3:00 PM Beginning: 10/19/2010 Cessation Counselor: Sharon Schmidt
Group Meets: 5 Wednesdays at 3:00 PM Beginning: 2/23/2011 Cessation Counselor: Sharon Schmidt

Velencia Community College East - 701 N. Econlockhatchee Trail Orlando FL 32825
Group Meets: 5 Wednesdays at 3:00 PM Beginning: 9/15/2010 Cessation Counselor: Gwen Hartmann
Group Meets: 5 Wednesdays at 3:-00 PM Beginning: 5/26/2010 Cessation Counselor: Gwen Hartmann

Winter Garden

Jessie Brock Community Ctr - 319 N. Dillard St. Winter Garden FL 34787
Group Meets: 5 Wednesdays at 6:00 PM Beginning: 2/9/2011 Cessation Counselor: Susan Harwood
Group Meets: 5 Wednesdays at 6:30 PM Beginning: 7/21/2010 Cessation Counselor: Michael Spence

OSCEOLA COUNTY

Kissimmee

Osceola Regional Hospital - 700 W. Oak St. Kissimmee FL 34741
Group Meets: 5 Tuesdays at 5:30 PM Beginning: 1/25/2011 Cessation Counselor: Gina Marquez
Poinciana Library - 101 Doverplum Avenue Kissimmee FL 34758
Group Meets: 5 Wednesdays at 6:00 PM Beginning: 6/9/2010 Cessation Counselor: Gwen Hartmann
Valencia Community College (Osceola) - 1800 Denn John Lane Kissimmee FL 34744
Group Meets: 5 Tuesdays at 6:30 PM Beginning: 1/18/2011 Cessation Counselor: Michael Spence

Saint Cloud

St. Cloud Regional Medical Ctr. - 2906 17th Street Saint Cloud FL 34769
Group Meets: 6 Thursdays at 6:30PM Beginning: 8/5/2010 Cessation Counselor: Michael Spence
Group Meets: 6 Thursdays at 6:30PM Beginning: 8/5/2010 Cessation Counselor: Gwen Hartmann
Group Meets: 6 Thursdays at 6:30 PM Beginning: 10/7/2010 Cessation Counselor: Michael Spence
Group Meets: 6 Thursdays at 6:30 PM Beginning: 2/24/2011 Cessation Counselor: Michael Spence

PALM BEACH COUNTY

Belle Glade

CL Brumback Center - 38754 State Rd 80 Belle Glade FL 33430
Group Meets: 6 Mondays at 10:00 AM Beginning: 11/22/2010 Cessation Counselor: Sheryl Gilman
Group Meets: 6 Mondays at 10:00 AM Beginning: 3/7/2011 Cessation Counselor: Takela Golson
Group Meets: 6 Mondays at 10:00 AM Beginning: 10/4/2010 Cessation Counselor: Sheryl Gilman
Group Meets: 6 Tuesdays at 5:30PM Beginning: 10/5/2011 Cessation Counselor: Bob Fishbein

Lakeside Medical Center - 39200 Hooker HWY Belle Glade FL 33430
Group Meets: 6 Tuesdays at 6:00PM Beginning: 2/24/2011 Cessation Counselor: Sheryl Gilman
Group Meets: 6 Wednesdays at 1:00PM Beginning: 2/9/2011 Cessation Counselor: Takela Golson
Group Meets: 6 Wednesdays at 1:00PM Beginning: 10/20/2010 Cessation Counselor: Sheryl Gilman
Group Meets: 6 Mondays at 6:00PM Beginning: 8/30/2010 Cessation Counselor: Heida Snow
Group Meets: 6 Thursdays at 1:00PM Beginning: 8/5/2010 Cessation Counselor: Sheryl Gilman
Group Meets: 6 Fridays at 5:30PM Beginning: 6/11/2010 Cessation Counselor: Bob Fishbein

The Glades Initiative - 141 SE Avenue C Belle Glade FL 33430
Group Meets: 6 Tuesdays at 11:00AM Beginning: 2/1/2011 Cessation Counselor: Takela Golson

Boca Raton

FAU- Today & Beyond Wellness Ctr - 777 Glades Road 222 Boca Raton, FL 33431
Group Meets: 5 Tuesdays at 5:30PM Beginning: 9/14/2010 Cessation Counselor: Cat Calsetta
Group Meets: 6 Tuesdays at 12:00PM Beginning: 9/7/2010 Cessation Counselor: Rosemary Dunbar
Group Meets: 6 Tuesdays at 6:00PM Beginning: 1/18/2011 Cessation Counselor: Colleen Bradshaw

Lynn Cancer Institute - 701 NW 13th Street Boca Raton FL 33486
Group Meets: 6 Tuesdays at 12:00 PM Beginning: 1/11/2011 Cessation Counselor: Laura Cox

White Hall - Boca Raton - 7300 Del Prado Boca Raton FL 33433
Group Meets: 6 Wednesdays at 12:00PM Beginning: 2/16/2011 Cessation Counselor: Bob Fishbein

Boynton Beach

Quail Ridge Country Club - 3715 Golf Road Boynton Beach FL 33463
Group Meets: 6 Thursdays at 2:00PM Beginning: 6/17/2010 Cessation Counselor: Maria Priede

Delray Beach

Spodak Dental Group - 4665 West Atlantic Avenue Delray Beach, FL 33445
Group Meets: 6 Mondays at 6:00PM Beginning: 2/21/2011 Cessation Counselor: Colleen Bradshaw

Juno Beach

FPL - Juno Beach - 700 Universe Blvd Juno Beach FL 33408
Group Meets: 6 Fridays at 12:00PM Beginning: 2/4/2011 Cessation Counselor: Rosemary Freas

Lake Worth

Palm Beach State College - Lake Worth - 4200 S Congress Ave Lake Worth FL 33461
Group Meets: 6 Tuesdays at 5:30PM Beginning: 6/1/2010 Cessation Counselor: Colleen Bradshaw
Group Meets: 6 Tuesdays at 12:00PM Beginning: 9/7/2010 Cessation Counselor: Colleen Bradshaw
Group Meets: 6 Wednesdays at 5:30 PM Beginning:10/20/2010 Cessation Counselor: Colleen Bradshaw
Group Meets: 6 Tuesdays at 12:00 PM Beginning: 1/11/2011 Cessation Counselor: Colleen Bradshaw
Group Meets: 6 Tuesdays at 12:00 PM Beginning: 1/11/2011 Cessation Counselor: Colleen Bradshaw
Group Meets: 6 Tuesdays at 12:00PM Beginning: 9/7/2010 Cessation Counselor: Colleen Bradshaw

Pahokee

Matthew 25 Ministries - 102 Pelican Lakes Drive Pahokee, FL 33476
Group Meets: 6 Thursdays at 7:00PM Beginning: 12/2/2010 Cessation Counselor: John Bower

Riviera Beach

K&M Electrical Supply - 7641 Central Industrial Dr Riviera Beach FL 33404
Group Meets: 6 Tuesdays at 5:30 PM Beginning: 9/14/2010 Cessation Counselor: Colleen Bradshaw

West Palm Beach

FPL - West Palm Beach - 6001 Village Blvd West Palm Beach, FL 33407
Group Meets: 6 Tuesdays at 12:00PM Beginning: 11/9/2010 Cessation Counselor: Colleen Bradshaw

Hanley Center - 933 45th Street West Palm Beach, FL 33407
Group Meets: 6 Wednesdays at 5:30 Beginning: 6/30/2010 Cessation Counselor: Colleen Bradshaw
Group Meets: 6 Wednesdays at 5:30PM Beginning: 2/16/2011 Cessation Counselor: Bob Fishbein
Group Meets: 6 Wednesdays at 5:30PM Beginning: 1/5/2011 Cessation Counselor: Bob Fishbein
Group Meets: 6 Wednesdays at 5:30PM Beginning: 11/10/2010 Cessation Counselor: Fishbein Bob
Group Meets: 6 Wednesdays at 5:30PM Beginning: 8/11/2010 Cessation Counselor: Colleen Bradshaw
Group Meets: 6 Wednesdays at 5:30PM Beginning: 9/22/2010 Cessation Counselor: Bob Fishbein

PASCO COUNTY

Homosassa

Village Toyota - 2431 Suncoast Blvd US Hwy 19 Homosassa FL 33448
Group Meets: 6 Tuesdays at 3:00PM Beginning: 11/2/2010 Cessation Counselor: Laura Defrenza

Hudson

Bayonet Point Hospital - 14000 Fivay Rd Hudson FL 34667
Group Meets: 6 Mondays at 12:00PM Beginning: 10/25/2010 Cessation Counselor: Veronique Desautels
Group Meets: 6 Thursdays at 1:00PM Beginning: 9/2/2010 Cessation Counselor: Veronique Desautels
Group Meets: 6 Thursdays at 2:00PM Beginning: 7/15/2010 Cessation Counselor: Veronique Desautels

New Port Richey

Career Central New Port Richey - 4440 Grand Blvd. New Port Richey Fl 34562
Group Meets: 6 Thursdays at 4:00pm Beginning: 2/10/2011 Cessation Counselor: Laura DeFrenza
Group Meets: 6 Thursdays at 4:00PM Beginning: 7/15/2010 Cessation Counselor: V. Desautels
Group Meets: 6 Thursdays at 4:00PM Beginning: 9/2/2010 Cessation Counselor: Veronique Desautels
Group Meets: 6 Thursdays at 4:00PM Beginning: 10/28/2010 Cessation Counselor: V.Desautels

Good Samaritan Clinic - 5334 Aspen St. New Port Richey Fl 34652
Group Meets: 6 Thursdays at 10:00 AM Beginning: 2/10/2011 Cessation Counselor: Laura DeFrenza
Group Meets: 6 Thursdays at 10:00 AM Beginning: 9/2/2010 Cessation Counselor: Veronique Desautels
Group Meets: 6 Thursdays at 10:00 AM Beginning: 10/28/2010 Cessation Counselor: V. Desautels
Group Meets: 6 Thursdays at 10:00 AM Beginning: 7/15/2010 Cessation Counselor: V. Desautels

Pasco County Health Department - 10841 Little Road New Port Richey FL 34654
Group Meets: 6 Mondays at 10:00 AM Beginning: 9/27/2010 Cessation Counselor: Laura Defrenza
Group Meets: 6 Mondays at 9:00 AM Beginning: 11/8/2010 Cessation Counselor: Laura Defrenza

Wesley Chapel

Bay Area Urgent Care - 5504 Gateway Blvd Wesley Chapel FL 33559
Group Meets: 6 Mondays at 1:00PM Beginning: 9/13/2010 Cessation Counselor: Laura Defrenza
Group Meets: 6 Mondays at 1:00PM Beginning: 11/8/2010 Cessation Counselor: Laura Defrenza

Zephyrhills

Florida Hospital Zephyrhills - 7050 Gall Boulevard Zephyrhills FL 33541-1399
Group Meets: 6 Mondays at 5:00PM Beginning: 9/13/2010 Cessation Counselor: Laura Defrenza
Group Meets: 6 Mondays at 12:00pm Beginning: 3/7/2011 Cessation Counselor: TBD
Group Meets: 6 Mondays at 12:00pm Beginning: 3/14/2011 Cessation Counselor: TBD

PINELLAS COUNTY

Largo

Largo Medical Center - 201 14th St SW Largo FL 33770
Group Meets: 6 Wednesdays at 5:30PM Beginning: 8/25/2010 Cessation Counselor: C.Quinones
Group Meets: 6 Wednesdays at 5:30PM Beginning: 10/13/2010 Cessation Counselor: C.Quinones

Saint Petersburg

CHC of Pinellas/Johnny Ruth Clark - 1344 22nd Street South Saint Petersburg FL 33712
Group Meets: 6 Wednesdays at 3:00PM Beginning: 12/15/2010 Cessation Counselor: C.Quinones
Group Meets: 6 Wednesdays at 3:00PM Beginning: 2/2/2011 Cessation Counselor: C.Quinones
Group Meets: 6 Wednesdays at 2:00PM Beginning: 1/12/2011 Cessation Counselor: C. Quinones

Eckerd College - 4200 54th Ave South Saint Petersburg FL 33711
Group Meets: 6 Thursdays at 12:00PM Beginning: 10/14/2010 Cessation Counselor: L. Defrenza

Johnnie Ruth Clarke CHC - 1344 22nd Street South St. Petersburg FL 33712
Group Meets: 6 Wednesdays at 2:00PM Beginning: 9/29/2010 Cessation Counselor: C. Quinones
Group Meets: 6 Wednesdays at 3:00PM Beginning: 10/13/2010 Cessation Counselor: C. Quinones
Group Meets: 6 Wednesdays at 2:00PM Beginning: 11/10/2010 Cessation Counselor: C. Quinones

POLK COUNTY

Auburndale

Caldwell Elementary - 141 Dairy Rd. Auburndale FL 33823
Group Meets: 6 Wednesdays at 3:30 PM Beginning: 1/12/2011 Cessation Counselor: Darcee Mora

Frostproof

Frostproof Elementary School - 118 West Third St. Frostproof FL
Group Meets: 6 Wednesdays at 3:30 PM Beginning: 9/29/2010 Cessation Counselor: Darcee Mora

Lakeland

Central Florida Family Health Center - 936 East Parker St. Lakeland FL 33801
Group Meets: 5 Tuesdays at 4:30 PM Beginning: 5/18/2011 Cessation Counselor: Michael McElveen
Group Meets: 5 Tuesdays at 4:30 PM Beginning: 8/31/2010 Cessation Counselor: Michael McElveen
Group Meets: 5 Tuesdays at 4:30 PM Beginning: 1/4/2011 Cessation Counselor: Michael McElveen

Central Florida Health Care, Inc. - 1729 Lakeland Hills Blvd Lakeland FL 33801
Group Meets: 6 TUesdays at 4:30PM Beginning: 8/31/2010 Cessation Counselor: Michael McElveen

Family Fundamentals - 1021 Lakeland Hills Blvd. Lakeland FL 33805
Group Meets: 6 Thursdays at 6:00 PM Beginning: 8/12/2010 Cessation Counselor: Jennifer Tempel
Group Meets: 6 Thursdays at 6:00 PM Beginning: 1/13/2011 Cessation Counselor: Jennifer Tempel

Florida Southern College - 920 Callahan Ct Lakeland FL 33801
Group Meets: 6 Thursdays at 5:30 PM Beginning: 10/7/2010 Cessation Counselor: Michael McElveen
Florida Southern College Thrift Alumni Bldg. - 9920 Callahan Ct Lakeland FL 33801
Group Meets: 6 Thursdays at 5:30 PM Beginning: 1/17/2011 Cessation Counselor: Michael McElveen
Group Meets: 6 Thursdays at 5:30 PM Beginning: 3/10/2011 Cessation Counselor: Michael McElveen

Winston Elementary Third Grade Bldg - 3415 Swindell Rd. Lakeland FL 33810
Group Meets: 6 Tuesdays at 4:00 PM Beginning: 9/28/2010 Cessation Counselor: Darcee Mora

Mulberry

Purcell Elementary - 305 1st Avenue Mulberry FL 33860
Group Meets: 6 Thursdays at 4:00 PM Beginning: 1/13/2011 Cessation Counselor: Darcee Mora

Winter Haven

Mark Wilcox Community Ctr - 611 Post Avenue S.W Winter Haven FL 33880
Group Meets: 5 Wednesdays at 10:00 AM Beginning: 7/7/2010 Cessation Counselor: Darcee Mora
Ridge Career Center - 7700 State Rd. 544 Winter Haven FL 33881
Group Meets: 6 Tuesdays at 4:15 PM Beginning: 8/17/2010 Cessation Counselor: TBD
Winter Haven Hospital - 200 Ave F Northeast Winter Haven FL 33881-4131
Group Meets: 6 TUesdays at 7:30AM Beginning: 8/24/2010 Cessation Counselor: Bertha Harely
Group Meets: 6 TUesdays at 7:30AM Beginning: 8/24/2010 Cessation Counselor: Bertha Harely
Group Meets: 6 Thursdays at 7:30AM Beginning: 8/5/2010 Cessation Counselor: Bertha Harely
Group Meets: 6 Thursdays at 4:00PM Beginning: 8/5/2010 Cessation Counselor: Bertha Harely

PUTNAM COUNTY

Interlachen

Saint Andrews Episcopal Church - 1111 Francis Street Interlachen, FL 32177
Group Meets: 6 Mondays at 5:30PM Beginning: 11/15/2010 Cessation Counselor: Christopher Glymph

Palatka

Old Credit Union Bldg - Palatka - 200 CR 216 Palatka, FL 32177
Group Meets: 6 Thursdays at 4:00PM Beginning: 9/9/2010 Cessation Counselor: Christopher Glymph
Group Meets: 6 Thursdays at 4:00PM Beginning: 10/14/2010 Cessation Counselor: Christopher Glymph

Putnam County Health Dept - 2801 Kennedy Street Palatka, FL 32177
Group Meets: 6 Tuesdays at 5:30PM Beginning: 8/3/2010 Cessation Counselor: Christopher Glymph

St John's Water Mgt - 049 Reid Street Palatka, FL 32177
Group Meets: 6 Wednesdays at 8:00 AM Beginning: 1/5/2011 Cessation Counselor: Christopher Glymph

SANTA ROSA COUNTY

Gulf Breeze

Good Samaritan Clinic - 4435 Gulf Breeze Pkwy Gulf Breeze FL 32563
Group Meets: 6 Thursdays at 11:00 AM Beginning: 2/9/2011 Cessation Counselor: Naomi Brown
Group Meets: 6 Thursdays at 6:00 PM Beginning: 12/2/2010 Cessation Counselor: Miriam Lavandier

New Hope Home - 1530 New Hope Road Gulf Breeze, FL 32563
Group Meets: 3 Thursdays at 9:00AM Beginning: 9/23/2010 Cessation Counselor: EJ Wells

Waterfront Rescue Mission - New Hope - 1530 New Hope Rd. Gulf Breeze, FL 32563
Group Meets: 6 Fridays at 9:00AM Beginning: 7/29/2010 Cessation Counselor: EJ Wales

Milton

Pregnancy Resource Center of Milton - 5736 Stewart St. Milton, FL 32570
Group Meets: 3 Thursdays at 5:00 PM Beginning: 2/10/2011 Cessation Counselor: Naomi Brown
Group Meets: 3 Thursdays at 5:00 PM Beginning: 5/5/2011 Cessation Counselor: Naomi Brown

Santa Rosa Community Clinic - 5520 Stewart St Milton, FL 32570
Group Meets: 6 Wednesdays at 2:00PM Beginning: 6/8/2011 Cessation Counselor: Amelia Kazakos
Group Meets: 5 Wednesdays at 2:00PM Beginning: 11/10/2010 Cessation Counselor: Amelia Kazakos
Group Meets: 6 Thursdays at 10:30AM Beginning: 5/27/2010 Cessation Counselor: Amelia Kazakos
Group Meets: 6 Wednesdays at 2:00PM Beginning: 3/2/2011 Cessation Counselor: Amelia Kazakos
Group Meets: 6 Wednesdays at 2:00PM Beginning: 1/12/2011 Cessation Counselor: Amelia Kazakos
Group Meets: 6 Wednesdays at 2:00PM Beginning: 8/4/2010 Cessation Counselor: Amelia Kazakos
Group Meets: 6 Wednesdays at 2:00PM Beginning: 4/20/2011 Cessation Counselor: Amelia Kazakos
Group Meets: 6 Wednesdays at 2:00PM Beginning: 9/22/2010 Cessation Counselor: Amelia Kazakos

Santa Rosa County Health Department - 5527 Stewart St Milton, FL 32572
Group Meets: 6 Thursdays at 5:30 PM Beginning: 10/7/2010 Cessation Counselor: Susan Cook
Group Meets: 6 Thursdays at 5:30 PM Beginning: 2/1/2011 Cessation Counselor: Miriam Lavandier
Group Meets: 6 Thursdays at 5:30 PM Beginning: 4/28/2011 Cessation Counselor: Miriam Lavandier
Group Meets: 6 Thursdays at 5:30 PM Beginning: 8/5/2010 Cessation Counselor: Susan Cook

SARASOTA ROSA COUNTY

Noth Port

Sarasota County Health Department-North Port - 6950 Outreach Way Noth Port Fl 34287
Group Meets: Thursday at 2:00PM Beginning: 3/24/2011 Cessation Counselor: Rosado-Merced

Punta Gorda

Charlotte County Health Department - 514 E. Grace Str. Punta Gorda FL 33950
Group Meets: Friday at 1:00PM Beginning: 2/18/2011 Cessation Counselor: Rosado-Merced

Sarasota County Health Department - Sarasota - 2200 Ringling Blvd Sarasota FL 34237
Group Meets: 1 Thursday at 3:00PM Beginning: 12/9/2010 Cessation Counselor: Karla Brody
Group Meets: 1 Thursday at 10:00AM Beginning: 11/18/2010 Cessation Counselor: Karla Brody
Group Meets: 1 Tuesday at 10:00AM Beginning: 10/19/2010 Cessation Counselor: Karla Brody
Group Meets: 1 Wednesday at 2:00PM Beginning: 2/16/2011 Cessation Counselor: Karla Brody
Group Meets: 1 Wednesday at 3:00PM Beginning: 3/23/2011 Cessation Counselor: Karla Brody
Group Meets: 6 Wednesdays at 3:00PM Beginning: 3/16/2011 Cessation Counselor: Karla Brody
Group Meets: 6 Wednesdays at 3:00PM Beginning: 3/30/2011 Cessation Counselor: Karla Brody
Group Meets: 6 Wednesdays at 3:00PM Beginning: 3/9/2011 Cessation Counselor: Karla Brody
Group Meets: 6 Wednesdays at 3:00PM Beginning: 3/2/2011 Cessation Counselor: Karla Brody
Group Meets: 1 Wednesday at 3:00PM Beginning: 2/16/2011 Cessation Counselor: Karla Brody
Group Meets: 1 Tuesday at 10:00AM Beginning: 3/29/2011 Cessation Counselor: Karla Brody

Senior Friendship Center - Sarasota - 1900 Brother Geenen Way Sarasota FL 34236
Group Meets: 1 Tuesday at 10:00AM Beginning: 1/11/2011 Cessation Counselor: Karla Brody

Venice

Sarasota County Health Department - Venice - 7810 Tamiami Trail South Venice FL 34293
Group Meets: 1 Monday at 10:00AM Beginning: 1/10/2011 Cessation Counselor: Rosado-Merced
Group Meets: 1 Monday at 10:00AM Beginning: 1/24/2011 Cessation Counselor: Rosado-Merced
Group Meets: 1 Wednesday at 8:00AM Beginning: 12/1/2010 Cessation Counselor: Rosado-Merced
Group Meets: 1 Wednesday at 10:00AM Beginning: 11/17/2010 Cessation Counselor: Rosado-Merced
Group Meets: 1 Mondays at 10:00AM Beginning: 10/11/2010 Cessation Counselor: Rosado-Merced
Group Meets: Wednesdays at 3:00PM Beginning: 2/23/2011 Cessation Counselor: Karla Brody
Group Meets: 1 Mondays at 10:00AM Beginning: 3/28/2011 Cessation Counselor: Rosado-Merced
Group Meets: Mondays at 10:00AM Beginning: 2/28/2011 Cessation Counselor: Rosado-Merced
Group Meets: 1 Sundays at 10:00AM Beginning: 3/13/2011 Cessation Counselor: Rosado-Merced

State College of FL, Sarasota Venice Campus - 8000 S Tamiami Trl Venice FL 34293
Group Meets: 1 Tuesday at 2:00PM Beginning: 2/8/2011 Cessation Counselor: Virginia Garrett
Group Meets: 6 Tuesday at 2:00PM Beginning: 2/1/2011 Cessation Counselor: Virginia Garrett
Group Meets: 1 Tuesday at 2:00PM Beginning: 2/15/2011 Cessation Counselor: Virginia Garrett
Group Meets: 1 Tuesday at 2:00PM Beginning: 2/22/2011 Cessation Counselor: Virginia Garrett
Group Meets: 6 Tuesdays at 2:00PM Beginning: 3/15/2011 Cessation Counselor: Virginia Garrett
Group Meets: 6 Mondays at 2:00PM Beginning: 3/21/2011 Cessation Counselor: Virginia Garrett
Group Meets: 1 Tuesday at 2:00PM Beginning: 3/29/2011 Cessation Counselor: Virginia Garrett
Group Meets: 6 Fridays at 2:00PM Beginning: 2/4/2011 Cessation Counselor: Virginia Garrett

SEMINOLE COUNTY

Lake Mary

MDW- MedWatch, LLC - 120 International Pkwy, Suite 216 Lake Mary FL 32795
Group Meets: 6 Thursdays at 2:00 PM Beginning:11/18/2010 Cessation Counselor: Doyle

Sanford

Central Florida Family Health Center - 2400 SR 415 Sanford FL 32771
Group Meets: 5 Mondays at 5:30PM Beginning: 7/12/2010 Cessation Counselor: Gwen Hartmann
Group Meets: 5 Mondays at 5:30 PM Beginning: 9/27/2010 Cessation Counselor: Jennifer Woolowitz
Group Meets: 5 Wednesdays at 5:30 PM Beginning: 1/12/2011 Cessation Counselor: J. Woolowitz

Seminole County Health Dept - 400 W. Airport Blvd Sanford FL 32773
Group Meets: 5 Wednesdays at 10:00 AM Beginning: 8/11/2010 Cessation Counselor: Gwen Hartmann
Group Meets: 5 Wednesdays at 10:00 AM Beginning: 8/11/2010 Cessation Counselor: Gwen Hartmann
Group Meets: 5 Wednesdays at 10:00 AM Beginning: 6/16/2010 Cessation Counselor: Bethany Majka

Seminole County Health Dept. Auditorium - 400 W. Airport Blvd Sanford FL 32773
Group Meets: 5 Wednesdays at 10:00 AM Beginning: 2/16/2011 Cessation Counselor: J. Woolowitz

ST. JOHNS COUNTY

Saint Augustine

Flagler Hospital - 120 Health Park Blvd Saint Augustine FL 32086
Group Meets: 6 Tuesdays at 6:00 PM Beginning: 5/3/2011 Cessation Counselor: Scott Hayford
Group Meets: 6 Tuesdays at 4:00 PM Beginning: 8/24/2010 Cessation Counselor: Scott Hayford
Group Meets: 6 Thursdays at 12:00 PM Beginning: 9/30/2010 Cessation Counselor: Judy Marcinelli
Group Meets: 6 Tuesdays at 4:00 PM Beginning: 11/9/2010 Cessation Counselor: Judy Marcinelli
Group Meets: 6 Tuesdays at 11:00 AM Beginning: 11/9/2010 Cessation Counselor: Scott Hayford
Group Meets: 6 Thursdays at 4:00 PM Beginning: 1/13/2011 Cessation Counselor: Judi Marcinelli
Group Meets: 6 Tuesdays at 11:30 AM Beginning: 2/22/2011 Cessation Counselor: Scott Hayford

St. Johns Technical College - 2980 Collins Road Saint Augustine FL 32084
Group Meets: 6 Tuesdays at 6:00 PM Beginning: 2/8/2011 Cessation Counselor: M. McSweeney

ST. LUCIE COUNTY

Fort Pierce

DOH Children's Medical Services - 1701 S 23rd St Fort Pierce FL 34950
Group Meets: 6 Mondays at 12:00PM Beginning: 11/8/2010 Cessation Counselor: Nedjie Payoute

Fort Pierce Administration Bldg. - 206 S 6th Street Fort Pierce FL 34950
Group Meets: 6 Wednesdays at 12:00PM Beginning: 9/22/2010 Cessation Counselor: Susan Murphy
Group Meets: 6 Wednesdays at 12:00PM Beginning: 7/7/2010 Cessation Counselor: John Bower

HANDS Clinic - 3855 US HWY 1 Fort Pierce FL 34946
Group Meets: 6 Tuesdays at 12:00PM Beginning: 3/1/2011 Cessation Counselor: Nedjie Payoute

Indian River State College - 3209 Virginia Ave Fort Pierce FL 34981
Group Meets: 6 Wednesdays at 12:00PM Beginning: 1/4/2011 Cessation Counselor: Nedjie Payoute
Group Meets: 6 Tuesdays at 2:00PM Beginning: 9/21/2010 Cessation Counselor: Nedjie Payoute
Group Meets: 6 Tuesdays at 2:00PM Beginning: 7/13/2010 Cessation Counselor: John Bower
Group Meets: 6 Tuesdays at 5:30PM Beginning: 2/15/2011 Cessation Counselor: Nedjie Payoute
Group Meets: 6 Tuesdays at 5:30 PM Beginning: 10/5/2010 Cessation Counselor: Nedjie Payoute

Restoration House - 609 N 7th Street Fort Pierce FL 34954
Group Meets: 6 Fridays at 10:00 AM Beginning: 7/9/2010 Cessation Counselor: John Bower

Port Saint Lucie

Family Care Associates - 1651 Tiffany Avenue, Suite 204 Port Saint Lucie FL 34952
Group Meets: 6 Thursdays at 5:30PM Beginning: 7/22/2010 Cessation Counselor: John Bower
Group Meets: 6 Thursdays at 5:30PM Beginning: 1/13/2011 Cessation Counselor: Susan Murphy
Group Meets: 6 Thursdays at 5:30PM Beginning: 1/27/2011 Cessation Counselor: Nedjie Payoute
Group Meets: 6 Thursdays at 12:00PM Beginning: 2/3/2011 Cessation Counselor: Susan Murphy
Group Meets: 6 Thursdays at 5:30PM Beginning: 12/2/2010 Cessation Counselor: Susan Murphy
Group Meets: 6 Thursdays at 5:30PM Beginning: 9/2/2010 Cessation Counselor: John Bower
Group Meets: 6 Thursdays at 5:30 PM Beginning: 10/14/2010 Cessation Counselor: Susan Murphy
Group Meets: 6 Thursdays at 5:30PM Beginning: 6/10/2010 Cessation Counselor: John Bower

Group Meets: 6 Thursdays at 5:30PM Beginning: 2/24/2011 Cessation Counselor: Susan Murphy
Group Meets: 6 Thursdays at 12:00PM Beginning: 3/17/2011 Cessation Counselor: Susan Murphy

Keiser University - 10330 US 1 Port Saint Lucie FL 34952
Group Meets: 6 Wednesdays at 5:30PM Beginning: 1/5/2011 Cessation Counselor: Nedjie Payoute
Group Meets: 6 Wednesdays at 5:30PM Beginning: 2/16/2011 Cessation Counselor: Nedjie Payoute
Group Meets: 6 Wednesdays at 5:30 PM Beginning: 11/10/2010 Cessation Counselor: Nedjie Payoute

Martin Memorial Hospital @ St. Lucie - 1095 NW St. Lucie Blvd Port Saint Lucie FL 34952
Group Meets: 6 Thursdays at 5:30PM Beginning: 12/16/2010 Cessation Counselor: Nedjie Payoute
Group Meets: 6 Tuesdays at 5:30PM Beginning: 11/16/2010 Cessation Counselor: Nedjie Payoute
Group Meets: 6 Fridays at 7:00AM Beginning: 10/1/2010 Cessation Counselor: Nedjie Payoute
Group Meets: 6 Thursdays at 5:30PM Beginning: 9/16/2010 Cessation Counselor: Nedjie Payoute
Group Meets: 6 Fridays at 7:00AM Beginning: 2/4/2011 Cessation Counselor: Nedjie Payoute
Group Meets: 6 Thursdays at 5:30PM Beginning: 7/22/2010 Cessation Counselor: Bob Fishbein
Group Meets: 6 Thursdays at 5:30PM Beginning: 6/10/2010 Cessation Counselor: Bob Fishbein
Group Meets: 6 Thursdays at 5:30 PM Beginning: 11/4/2010 Cessation Counselor: Nedjie Payoute

SUMTER COUNTY

Sumterville

Thomas E. Langley Medical Center - 1425 South US Highway 301 Sumterville FL 33585
Group Meets: 5 Tuesdays at 10:00 AM Beginning: 1/11/2011 Cessation Counselor: Pam Bush
Group Meets: 5 Tuesdays at 10:00 AM Beginning: 7/20/2010 Cessation Counselor: Pam Bush
Group Meets: 5 Tuesdays at 10:00 AM Beginning: 9/28/2010 Cessation Counselor: Pam Bush

SUWANNEE COUNTY

Branford

Branford Public Library - 703 NW Suwannee Avenue Branford FL 32008
Group Meets: 6 Tuesdays at 6:00 PM Beginning: 3/8/2011 Cessation Counselor: Shary Humphrey

Live Oak

American Cancer Society Resource Center - 617 Ontario Ave SW Live Oak, FL 32064
Group Meets: 6 Tuesdays at 10:00 AM Beginning: 7/27/2010 Cessation Counselor: Shary Humphrey

Live Oak Police Department - 844 Pinewood Way Southwest Live Oak, FL 32064
Group Meets: 6 Wednesdays at 6:00 PM Beginning: 2/9/2011 Cessation Counselor: Shary Humphrey

Silas Oaks Apartments - 1120 Silas Drive SW Live Oak, FL 32060
Group Meets: 6 Mondays at 5:30PM Beginning: 10/18/2010 Cessation Counselor: Shary Humphrey

TAYLOR COUNTY

Perry

Doctor's Memorial Hospital - Perry - 333 N. Byron Butler Pkwy. Perry, FL 32347
Group Meets: 6 Thursdays at 5:30PM Beginning: 7/29/2010 Cessation Counselor: Preston Mathews
Group Meets: 6 Thursdays at 5:30PM Beginning: 2/17/2011 Cessation Counselor: Preston Mathews
Group Meets: 6 Mondays at 5:30PM Beginning: 11/22/2010 Cessation Counselor: Preston Mathews
Group Meets: 6 Thursdays at 5:30PM Beginning: 9/9/2010 Cessation Counselor: Preston Mathews

Taylor County Health Department - 1215 N. Peacock Avenue Perry FL 32347
Group Meets: 6 Mondays at 5:30PM Beginning: 8/9/2010 Cessation Counselor: Preston Mathews

UNION COUNTY

Lake Butler

Reception Medical Center - 7765 S CR 231 Lake Butler, FL
Group Meets: 6 Thursdays at 5:30PM Beginning: 8/5/2010 Cessation Counselor: Katie Hadsock
Group Meets: 6 Thursdays at 2:30PM Beginning: 8/5/2010 Cessation Counselor: Katie Hadsock
Group Meets: 6 Mondays at 5:00 PM Beginning: 1/24/2011 Cessation Counselor: Katie Hadsock

VOLUSIA COUNTY

Daytona Beach

Daytona State College - 1200 International Speedway Blvd Daytona Beach FL 32114
Group Meets: 6 Thursdays at 6:00:00 PM Beginning: 3/10/2011 Cessation Counselor: Kevin Morris
Group Meets: 6 Tuesdays at 6:00:00 PM Beginning: 1/11/2011 Cessation Counselor: Verna Goodridge
Group Meets: 6 Tuesdays at 6:00:00 PM Beginning: 11/9/2010 Cessation Counselor: Joyce Geno
Group Meets: 6 Wednesdays at 5:30:00 PM Beginning: 5/4/2011 Cessation Counselor: Joyce Geno

Salvation Army - 560 Ballough Rd. Daytona Beach FL 32114
Group Meets: 6 Thursdays at 6:00:00 PM Beginning: 11/11/2010 Cessation Counselor: Verna Goodridge
Daytona State College - Deland - 1155 County Road 4139 Deland FL 32723
Group Meets: 6 Wednesdays at 4:00:00 PM Beginning: 2/16/2011 Cessation Counselor: Joyce Geno

Stetson University - 421 N Woodland Blvd Deland FL 32723
Group Meets: 6 Mondays at 12:30:00 PM Beginning: 9/20/2010 Cessation Counselor: Lynn Stadelman
Group Meets: 6 tuesdays at 4:00:00 PM Beginning: 9/21/2010 Cessation Counselor: Lynn Stadelman
Group Meets: 6 Thursdays at 5:00:00 PM Beginning: 8/5/2010 Cessation Counselor: Lynn Stadelman
Group Meets: 6 Thursdays at 5:30:00 PM Beginning: 3/25/2011 Cessation Counselor: Lynn Stadelman

Deland

Daytona State College - Deland - 1155 County Road 4139 Deland FL 32723
Group Meets: 6 Wednesdays at 4:00:00 PM Beginning: 2/16/2011 Cessation Counselor: Joyce Geno

Stetson University - 421 N Woodland Blvd Deland FL 32723
Group Meets: 6 Mondays at 12:30:00 PM Beginning: 9/20/2010 Cessation Counselor: Lynn Stadelman

Group Meets: 6 tuesdays at 4:00:00 PM Beginning: 9/21/2010 Cessation Counselor: Lynn Stadelman
Group Meets: 6 Thursdays at 5:00:00 PM Beginning: 8/5/2010 Cessation Counselor: Lynn Stadelman
Group Meets: 6 Thursdays at 5:30:00 PM Beginning: 3/25/2011 Cessation Counselor: Lynn Stadelman

New Smyrna Beach

Bert Fish Medical Center - 401 Palmetto St New Smyrna Beach FL 32168
Group Meets: 6 Wednesdays at 5:30:00 PM Beginning: 6/9/2010 Cessation Counselor: R. Robinson
Group Meets: 6 Wednesdays at 5:30:00 PM Beginning: 4/20/2011 Cessation Counselor: Sherry Lee
Group Meets: 6 Wednesdays at 5:30:00 PM Beginning: 7/21/2010 Cessation Counselor: Sherri Lee
Group Meets: 6 Wednesdays at 5:30:00 PM Beginning: 3/2/2011 Cessation Counselor: R. Robinson
Group Meets: 6 Tuesdays at 7:30:00 AM Beginning: 2/24/2011 Cessation Counselor: Sherry Lee
Group Meets: 6 Thursdays at 12:00:00 PM Beginning: 4/14/2011 Cessation Counselor: Kevin Morris
Group Meets: 6 Thursdays at 5:30:00 PM Beginning: 9/9/2010 Cessation Counselor: Sherri Lee
Group Meets: 6 Thursdays at 12:00:00 PM Beginning: 1/13/2011 Cessation Counselor: R. Robinson
Group Meets: 6 Thursdays at 5:30:00 PM Beginning: 10/21/2010 Cessation Counselor: Sherri Lee
Group Meets: 6 Wednesdays at 5:30:00 PM Beginning: 1/12/2011 Cessation Counselor: Sherry Lee

Ormond Beach

Florida Hospital-Oceanside - 264 South Atlantic Ave Ormond Beach FL 32176
Group Meets: 6 Thursdays at 5:30:00 PM Beginning: 10/7/2010 Cessation Counselor: Joyce Geno
Group Meets: 6 Wednesdays at 5:30:00 PM Beginning: 9/8/2010 Cessation Counselor: Joyce Geno

StyleMark, Inc. - 2 Sunshine Blvd Ormond Beach FL 32174
Group Meets: 6 Wednesdays at 11:00:00 AM Beginning: 9/1/2010 Cessation Counselor: Joyce Geno
Group Meets: 6 Wednesdays at 12:00:00 PM Beginning: 9/1/2010 Cessation Counselor: Joyce Geno

WAKULLA COUNTY

Crawfordville

Wakulla County Health Department - 48 Oak Street Crawfordville FL 32327
Group Meets: 6 Tuesdays at 4:00PM Beginning: 11/9/2010 Cessation Counselor: Calandra Portalatin
Group Meets: 6 Tuesdays at 6:00PM Beginning: 11/9/2010 Cessation Counselor: Calandra Portalatin

Wakulla County Public Library - 4330 Crawfordville Highway Crawfordville FL 32327
Group Meets: 6 Tuesdays at 6:00PM Beginning: 5/17/2011 Cessation Counselor: Calandra Portalatin
Group Meets: 6 Tuesdays at 6:00PM Beginning: 10/12/2010 Cessation Counselor: Calandra Portalatin
Group Meets: 5 Tuesdays at 6:00PM Beginning: 3/1/2011 Cessation Counselor: Calandra Portalatin
Group Meets: 6 Tuesdays at 6:00PM Beginning: 8/24/2010 Cessation Counselor: Calandra Portalatin
Group Meets: 5 Tuesdays at 6:00PM Beginning: 6/22/2010 Cessation Counselor: Calandra Portalatin

WALTON COUNTY

De Funiak Springs

Walton County Health Department - 475 State Highway 83 De Funiak Springs, FL 32433
Group Meets: 6 Thursdays at 5:00PM Beginning: 7/1/2010 Cessation Counselor: Lynne Weldon
Group Meets: 6 Thursdays at 5:00PM Beginning: 10/7/2010 Cessation Counselor: Lynne Weldon
Group Meets: 5 Thursdays at 5:30PM Beginning: 8/26/2010 Cessation Counselor: Lynne Weldon

Chautauqua Rehab. & Nursing Center - 785 S 2nd St DeFuniak Springs FL 32435
Group Meets: 6 Tuesdays at 2:00PM Beginning: 8/10/2010 Cessation Counselor: Lynne Weldon

Freeport

PanCare Community Health Center - 479 East Hwy 20 Freeport FL 32439
Group Meets: 6 Thursdays at Noon Beginning: 12:00:00 AM Cessation Counselor: Lynne Weldon
Group Meets: 6 Thursdays at Noon Beginning: 3/10/2011 Cessation Counselor: Lynne Weldon
Group Meets: 6 Thursdays at Noon Beginning: 6/2/2011 Cessation Counselor: Lynne Weldon

WALTON COUNTY

Miramar Beach

Sacred Heart Health Systems - 7800 US Hwy 98 W Miramar Beach FL 32541
Group Meets: 6 Mondays at 5:30PM Beginning: 1/2/2011 Cessation Counselor: Lynne Weldon
Group Meets: 6 Mondays at 5:30PM Beginning: 1/5/2011 Cessation Counselor: Lynne Weldon
Group Meets: 6 Mondays at 5:30PM Beginning: 1/2/2011 Cessation Counselor: Lynne Weldon
Group Meets: 6 Mondays at 5:30PM Beginning: 9/13/2010 Cessation Counselor: Lynne Weldon
Group Meets: 6 Mondays at 5:30PM Beginning: 3/2/2011 Cessation Counselor: Lynne Weldon
Group Meets: 6 Wednesdays at 5:30PM Beginning: 7/28/2010 Cessation Counselor: Lynne Weldon
Group Meets: 6 Mondays at 5:30PM Beginning: 5/4/2011 Cessation Counselor: Lynne Weldon
Group Meets: 4 Mondays at 5:30PM Beginning: 6/16/2011 Cessation Counselor: Lynne Weldon

WASHINGTON COUNTY

Chipley

North Florida Community Hospital - 1360 Brickyard Rd Chipley FL 32428
Group Meets: 6 Tuesdays at 4:00PM Beginning: 8/24/2010 Cessation Counselor: James Lewis
Group Meets: 6 Tuesdays at 4:00PM Beginning: 10/19/2010 Cessation Counselor: James Lewis
Group Meets: 6 Tuesdays at 4:00PM Beginning: 4/5/2011 Cessation Counselor: James Lewis
Group Meets: 6 Tuesdays at 4:00PM Beginning: 1/4/2011 Cessation Counselor: James Lewis

Diane Marcello, Administrator
Sunnyside Nursing Home and Assisted Living Facility

Testimony: Senate Budget Subcommittee on Health and Human Services Appropriations

February 23, 2011

Good afternoon Chairman Negron and Honorable Members of the Senate Budget Subcommittee on Health and Human Services Appropriations.

Thank you for allowing me the opportunity to speak with you today. I would like to ask you to consider the following points, as you continue to develop the draft legislation for the state's Medicaid Reform program.

1. **Return to Home Provision** – If a resident has chosen a retirement community as their home please allow the resident, after any hospitalization, to return to the skilled nursing or assisted living facility on the campus of the retirement community after hospitalization. This is allowed currently in Florida statute, section 641.31(25)* and is generally known as "Return to Home". This has no financial penalty to the payer, as the community agrees to accept whatever the Managed Care Provider would pay their contracted skilled nursing facility or ALF.

2. **Culture Change commonly known as Person-Centered Care** – Our communities have worked hard to initiate culture change in our skilled nursing and assisted living settings. We are concerned that a significantly lower reimbursement rate may not make these personalized services available. Examples include: Quality of life/environmental, accommodation of needs, eating preferences.

3. **Dual Eligible's** – Dual eligibles are individuals entitled to Medicare and some level of State Medicaid benefits. Please consider the challenges of the skilled nursing or assisted living facility when coordinating between two managed care providers if the resident has both a Medicare Advantage plan and a Florida Medicaid managed care plan. Confusion will occur concerning: prior authorization, eligibility verification, who covers what service, utilization (approval for continued length of stay), and payment determination.

4. **Medical Director and Skilled Nursing Facility are the Medical Home** – For residents living in a skilled nursing or assisted living facility, this is the person's medical home as well as residency. Please consider these sites as a person's medical home and any contracting entity should meet the same mileage requirements such as when contracting with a Primary Care Provider setting. (Usually within 30 miles). This is important to prevent the resident from being isolated from families and close friends. Additionally, the medical director does become the primary care physician for day to day treatment and services. This is truly a person's medical home!

5. **Quality Assessment Fee** – Florida currently has a quality assessment fee that is imposed on skilled nursing facilities which provides federal matching funds to help pay for skilled nursing services. There are proposed changes at the federal level, which will phase down the amount of match funds and eliminate them completely by 2014. If this match money is not available in the near future, who will be making up this difference in reimbursement to skilled nursing facilities?

*section 641.31(25)

(25) If a subscriber is a resident of a continuing care facility certified under chapter 651 or a retirement facility consisting of a nursing home or assisted living facility and residential apartments, the subscriber's primary care physician must refer the subscriber to that facility's skilled nursing unit or assisted living facility if requested by the subscriber and agreed to by the facility; if the primary care physician finds that such care is medically necessary; if the facility agrees to be reimbursed at the health maintenance organization's contract rate negotiated with similar providers for the same services and supplies; and if the facility meets all guidelines established by the health maintenance organization related to quality of care, utilization, referral authorization, risk assumption, use of the health maintenance organization's network, and other criteria applicable to providers under contract for the same services and supplies. If a health maintenance organization enrolls a new subscriber who already resides in a continuing care facility or a retirement facility as described in this subsection, the health maintenance organization must provide in writing a disclosure of the subscriber's rights under this subsection. If a subscriber's request to be referred to the skilled nursing unit or assisted living facility that is part of the subscriber's place of residence is not honored, the subscriber may use the grievance process provided in s. 641.511.

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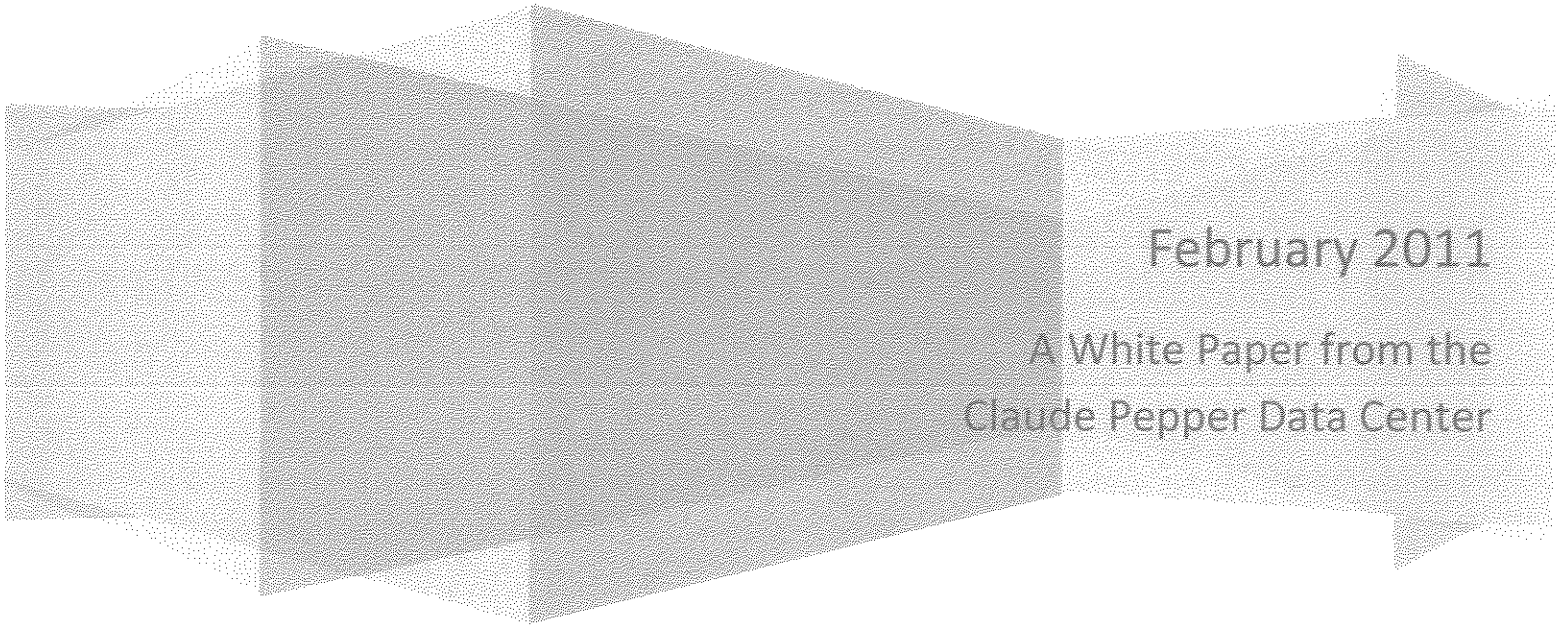
Medicaid Managed Long-Term Care in Florida: A Roadmap

Glenn E. Mitchell II, Ph.D.

Larry Polivka, Ph.D.

Ed Stivers, Ph.D.



February 2011

A White Paper from the
Claude Pepper Data Center

Conclusion and Policy Implications

The aging of the Baby Boom generation will greatly increase the need for long-term care (LTC) services in Florida and add pressure to develop a more cost-effective system. Creation of a more effective LTC system will hinge on the State of Florida successfully confronting two major challenges.

The first challenge to long-term care policy makers is the huge projected increase in the older population over the next few years. This increase would double the need for long-term care services in 30 years.

The second challenge is the fiscal shortages facing the states and federal government. These deficits are likely to remain chronic over an extended period of time

Meeting these challenges will require the state to create a more balanced long-term care system which is both more affordable and better designed than the current system to meet the growth in long-term care needs.

A recent proposal before the Florida Legislature for meeting these challenges is to shift the balance of LTC services to the less expensive home- and community-based (HCBS) by developing a statewide managed LTC program at the local or regional level, operating under a capitated rate. This approach has been implemented in some form in 6 or 7 states including Florida with the Nursing Home Diversion (NHD) program. Other states have used both HMO and aging network-based managed LTC strategies.

Regardless of which managed LTC strategy might be adopted, Florida should be prepared to address a common set of policy and administrative issues.

- It cannot be assumed that a major expansion of HCBS, whether through a managed LTC design or an expansion of the current system, will qualitatively reduce the Medicaid funded nursing home population. Florida's current nursing home population constitutes 2% of those aged 65 or older. This reflects successful state efforts to contain the growth of the nursing home population through the continuing Certificate of Need (CON) moratorium on new nursing home beds and the expansion of the Medicaid waiver-funded HCBS program especially NHD since 2000.

  Consideration should be given to expansion of HCBS programs. The number of persons needing LTC services and who are likely to be Medicaid eligible is set to increase. More HCBS slots will be needed to provide the care needed.

- Plans for the future of Florida's LTC services system should not rely excessively on extensive utilization of assisted living. The typical profile of long term residents in assisted living and nursing homes is substantially different and likely will remain so. Regulatory and funding changes could turn assisted living into a slightly less regulated and slightly (if at all) less expensive version of nursing home care. This would undermine the greater autonomy, privacy and choice that have characterized assisted living over the last 20 years.

- Assisted living has gradually developed the capacity to serve a more impaired resident population, but it may now be approaching the threshold of resident impairment necessary to maintain its distinct difference from living in a nursing home.

  Assisted living facility licensure in Florida underwent considerable change two decades ago, resulting in the introduction of the Extended Congregate Care (ECC) license. Current regulations and statutes leave many nursing home residents ineligible for admission to an assisted living facility. Other criteria require that ALF residents be discharged as their health status changes. This is done to prevent ALFs from becoming poorly resourced nursing homes. The fact that ALFs are permitted to provide certain services also does not mean all are willing (or even able) to provide more intensive care. There are, for example, ALFs that can continuously monitor dementia residents who wander. There are many more that cannot.

  Expanding the range of permissible services for ALFs would require more staff and greater regulatory oversight, which would reduce the cost differences between ALFs and nursing homes. Changes to the regulatory framework that encourage rebalancing will require careful deliberation to ensure that they do not compromise resident safety.

- As the role of assisted living in the publicly supported LTC system expands, the state should be prepared to require the routine collection of more data on resident characteristics, services provided, quality of care and quality of life outcomes and costs. The systematic gathering of information will increase provider costs and raise payment rates, but the same rationale that justifies the extensive data gathering efforts in nursing homes increasingly applies to assisted living facilities. Policy makers and the public need to know more about the relative costs and outcomes of the state's wide range of LTC options. Uniform data systems are critical to the development of any strong program monitoring initiative.

- Mandatory enrollment in managed LTC is probably a necessary requirement for achieving a reasonable level of cost-effectiveness. This would inevitably entail a substantial loss of freedom for consumers in choosing the kind of care and service provider they might prefer. Florida has an obligation to ensure a competitive network of providers, if consumers will be required to join an MCO to receive Medicaid LTC services.

- The State of Florida will need to seriously consider setting a loss ratio minimum for MCO contracts for any type of managed LTC system. Without minimums or floors for services, service providers may face the risk of below-costs reimbursement rates.

- The State of Florida should consider the development of a strong case management component to be a priority for any managed LTC model that might be adopted. The managed LTC experience in Arizona and Wisconsin clearly indicates that the effectiveness of the managed care approach to administering LTC services is dependent on rigorous professionalized care management that systematically puts the interests of the consumer first.

- The relative absence of LTC services in rural areas of the state is likely to continue under a managed LTC system, barring some requirement that MCOs operating in urban areas also include members living in rural communities. Arizona officials discovered that for-profit MCOs would not extend coverage to rural areas without this kind of requirement.

- Many LTC experts point to the inherent conflict of interests when providers also control points of access to care and determine what services a consumer will receive and from whom. Arizona has addressed this issue by making state employees responsible for these access processes. In Arizona, the ARCs and ADRCs handle the consumer choice counseling.

- The development and administration of any type of managed LTC system is a complicated and patience-testing task and success is dependent on the participation and support of many organizations and actors. Managed care approaches based on primary/acute care models are not very applicable to the delivery of LTC services, which are characterized by many more moving parts, intricate human and organizational relationships, longer time periods over which care is often provided, and a focus on maintaining functional capacities rather than curing a treatable medical condition.

  Involving a broad range of LTC stakeholders in the planning and development of a managed LTC system will help design a program that is responsive to the realities of LTC and that will gain the support of critical stakeholders in the LTC community. It is especially important that the planning and development process be informed by the full participation of professionals and advocates from the entire continuum of LTC providers and patient advocacy organizations, including nursing homes, assisted living facilities, and Florida's aging network.

Foreword

The mission of the Claude Pepper Data Center is to provide Florida policymakers with accurate and relevant information on disadvantaged populations, especially the aged. Consistent with that mission, we have prepared this white paper to assist legislators and other policymakers with their deliberation on the future of long-term care in Florida. This white paper takes no position on the proposed policies; it instead raises important considerations related to possible reshaping of long-term care in Florida.

There have been recent proposals before the Florida Legislature to rebalance facility-based long-term care (LTC) from nursing homes to community care -- including Home and Community-Based Services (HCBS) and assisted living facilities (ALFs). Florida legislators have also expressed interest in managed care as a cost-saving alternative for Medicaid LTC services.

Two states, Arizona and Wisconsin, have practical experience with Medicaid managed LTC. In the case of Arizona, the focus has been on a mix of for-profit and not-for-profit managed care organizations (MCOs); Wisconsin has instead emphasized not-for-profit managed care.

Managed care is not a sure remedy against increasing care costs. Allowance for administrative expense and profit can offset (and even exceed) expected cost-savings. In addition, rigorous accountability for outcomes is necessary to prevent cost-savings resulting from inadequate care. Consumers also need relevant information to select a provider that best suits their needs.

A proposal during the 2010 regular session of the Florida Legislature assumed that nursing home residents receiving Intermediate Care I/II services could instead receive appropriate care in an ALF. This white paper will examine that assumption.

It is clear that considerable overlap exists between the frailty and impairment of Florida's ALF and nursing home populations. A nursing home resident, however, is not necessarily a candidate for assisted living. Their need for medical care is often too great. An ALF resident who requires only occasional nursing services of low intensity and duration is very different from most nursing home residents.

In theory, some nursing home residents receiving custodial care could be appropriately served in ALFs. There is considerable, important variation in the frailty and impairment levels among persons receiving intermediate care services. Not all of the individuals can be safely cared for in just any residential setting. In practice, shifting to ALFs increasingly for intermediate care services will be a challenge in many areas of the state. There are large areas of the state that are unserved or underserved with available ALF beds. One reason this occurs is that many assisted living providers are not willing to accept Medicaid reimbursement rates for assisted living. There are also significant differences in staffing and regulatory oversight of ALFs compared with nursing homes that will require change, if higher acuity residents are to be cared for in an ALF setting.

Twelve Mileposts for Reaching an Effective Medicaid Managed LTC System

Be realistic. Have a clear vision of the overall Medicaid managed long-term care system with reasonable expectations for timelines related to program development and implementation.

Identify funding shifts. Understand that changing from a collection of §1915 waivers to a Medicaid managed long-term care system is a fundamental shift in how Florida long-term care providers, and managed care organizations think about funding and future financial plans.

Identify capacity issues. Have reasonable expectations about the future capacity to provide the full continuum of managed long-term care services statewide.

Get it right, up front. Take the time to design a system that can meet the varied needs of program participants.

Get buy-in. Engage stakeholders throughout the planning process to foster smooth program implementation.

Make it mandatory. Voluntary participation risks inadequate enrollment and loss of financial viability of the program.

Incentivize providers. Structure benefits to ensure that participants receive the appropriate care in the appropriate setting at the appropriate time.

Incentivize participants. Structure benefits and include paid family caregivers.

Insist on accountability. Establish robust contractor oversight and monitoring requirements beyond those required by managed care regulations with public disclosure of the findings being required.

Ensure equitable access. Keep the needs assessments and participant choice counseling independent from the program contractors.

Ensure quality. Use a uniform tool that includes a comprehensive set of long-term care measures to ensure consistent access to needed care and is conducted independently of the contractors and their providers.

Be transparent. Provide consumers with user-friendly information so they can make meaningful choices among contractors and their care providers.

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List of Tables

Introduction

Passage of the Affordable Care Act (ACA) left many policy questions related to the delivery and funding of LTC largely unanswered. The individual states, such as Florida, face serious demographic and economic challenges that require them to consider dramatic changes in how LTC services are organized, funded, and delivered.

Nearly two-thirds of Americans over age 65 will require long-term care. This includes care in their home, adult day health care, assisted living facility services, or a nursing home care. Many believe that LTC services are limited largely to the aged. In fact, 40 percent of people currently receiving long-term care services are adults younger than 65.[1]

Florida faces severe economic challenges, including the costs of facility-based LTC. Median cost in the U.S. for nursing home care increased by 4.5% annually over the past five years. The median annual cost of care for a nursing home resident was $60,225 during 2005. By 2010, median cost had risen to $75,190.[2] The U.S. median cost for assisted living facilities was $3,185 per month in 2009[3], or about half the cost of nursing home care.

A proposal during the 2010 Florida Legislature assumed that nursing home residents receiving primarily custodial services could instead receive appropriate care in an ALF. Assisted living provides personal care and basic health services for people who require assistance with activities of daily living (ADLs), such as bathing and dressing. *Assisted living is not an alternative to nursing home services for most current nursing home residents. It is an intermediate level of care, appropriate for individuals who want greater independence and do not require constant nursing care or intensive medical attention.*

The "typical" longer term (six months or longer) nursing home resident is not likely to be a candidate for assisted living, given the current regulatory framework and funding levels. Their need for medical care is too great.[4] During the 2010 session, the Florida Legislature considered elimination of Limited Nursing Services (LNS) licenses for ALFs. This same proposal would require Medicaid providers have only a basic ALF license and a signed agreement with a nursing home or nursing service for 24 hour on call availability. An ALF resident who requires only occasional nursing services of low intensity and duration is very different from the "typical" nursing home resident. If Florida is to rely more on residential care and less on institutional care, then increased funding, regulatory standards for medical care oversight and monitoring of ALFs are required to ensure that residents receive all of the care they need. It should be noted, however, that significant increases in regulatory requirements and staffing standards will not

[1] U.S. Department of Health and Human Services, National Clearinghouse for Long-Term Care Information, 10/22/08.

[2] *Genworth 2010 Cost of Care Survey*, April 2010.

[3] Ibid.

[4] See Mitchell, G., Salmon, J.R ., Polivka, L.,& Soberon-Ferrer, H. (2006). *The relative benefits and cost of Medicaid home and community based services in Florida*. The Gerontologist 46, 483- 494. Long-term nursing home residents had greater impairment in terms of activities of daily living (ADLs) than Medicaid HCBS participants, especially with regard to transitioning, eating, and toileting.

only increase cost, but will also tend to blur the distinction between nursing homes and ALFs in terms of day-to-day life.

It is also important to note that the trend in costs for assisted living has changed considerably in recent years. Efforts by the State of Florida to transition nursing home residents back to the community and to delay or divert admission to a nursing home have required ALFs to offer a wider range of care. Many ALFs now provide services to residents who need continual supervision – while still providing a lower level of care to their healthier individuals. As the range of care among ALFs becomes broader, so will the range of monthly costs. U.S. median for ALF care increased annually on average by 6.7% between 2005 and 2010. Between 2009 and 2010, the increase was 12% (among nursing homes, the costs increased by 5.1%). As a consequence, over the past 10 years, the costs of ALF relative to nursing home care have increased from approximately 50% to 63% in 2010.

Two states have experience over a decade or more with developing and implementing innovative Medicaid managed long-term care systems: Arizona and Wisconsin. The Claude Pepper Data Center has attempted to identify the experiences and lessons from these two states.

Table 1
Genworth Cost of Care Survey 2010

		Minimum Rate	Maximum Rate	Median Rate	Median Annual Rate	Five-Year Annual Growth Rate
USA	Homemaker Services	$10[1]	$38[1]	$18[1]	$41,184	2%
	Home Health Aide	$12[1]	$38[1]	$19[1]	$43,472	2%
	Adult Day Care	$12[2]	$202[2]	$60[2]	$15,600	n/a
	Assisted Living Facility	$700[3]	$11,550[3]	$3,185[3]	$38,220	7%
	Nursing Home (semi-private)	$80[2]	$870[2]	$185[2]	$67,525	5%
	Nursing Home (private)	$90[2]	$876[2]	$206[2]	$75,190	5%
Arizona	Homemaker Services	$15[1]	$25[1]	$19[1]	$43,472	2%
	Home Health Aide	$15[1]	$25[1]	$20[1]	$45,760	2%
	Adult Day Care	$62[2]	$88[2]	$78[2]	$20,150	n/a
	Assisted Living Facility	$1,300[3]	$6,000[3]	$3,050[3]	$36,300	5%
	Nursing Home (semi-private)	$140[2]	$238[2]	$175[2]	$63,875	3%
	Nursing Home (private)	$162[2]	$390[2]	$219[2]	$79,840	4%
Florida	Homemaker Services	$10[1]	$26[1]	$17[1]	$37,752	1%
	Home Health Aide	$12[1]	$26[1]	$18[1]	$41,710	1%
	Adult Day Care	$35[2]	$96[2]	$55[2]	$14,300	n/a
	Assisted Living Facility	$800[3]	$5,694[3]	$2,550[3]	$30,600	5%
	Nursing Home (semi-private)	$150[2]	$325[2]	$205[2]	$74,825	5%
	Nursing Home (private)	$166[2]	$420[2]	$225[2]	$82,125	5%
Wisconsin	Homemaker Services	$14[1]	$31[1]	$19[1]	$42,900	3%
	Home Health Aide	$15[1]	$31[1]	$21[1]	$48,917	3%
	Adult Day Care	$20[2]	$101[2]	$58[2]	$15,080	n/a
	Assisted Living Facility	$1,000[3]	$6,528[3]	$3,394[3]	$40,725	7%
	Nursing Home (semi-private)	$135[2]	$315[2]	$203[2]	$73,913	5%
	Nursing Home (private)	$135[2]	$320[2]	$225[2]	$82,125	5%

[1]Hourly Rate
[2]Daily Rate
[3]Monthly Rate

Florida's Long-Term Care Environment

Florida Medicaid participants receive LTC through a collection of mandatory state plan services, optional state plan services, fee-for service home and community-based services (HCBS) waivers, and managed care waivers. The assorted waivers differ dramatically in the populations they serve, covered benefits, enrollment requirements, and geographic availability.

Under federal Medicaid rules, states must offer certain services, known as mandatory benefits. States also have the flexibility to offer other services, known as optional benefits. States may also implement waivers that "waive" certain Medicaid requirements (such as freedom of choice to select providers), although the provisions that may be waived do vary by type of waiver. HCBS waivers as a primary feature offer services that are not available to non-waiver participants, that are provided in a participant's home or in a community-based setting as an alternative to institutional services. Florida's HCBS waivers that serve predominantly the aged require participants to have demonstrated a continuing need for skilled nursing care or supervision (i.e., meet nursing home level of care requirements). With some exceptions, children with complex medical problems, adults with specific physical disabilities (such as spinal cord injury) or conditions (such as AIDS), and persons with intellectual and developmental disabilities (IDD) are served with a different array of HCBS waivers.

While states vary in regard to the optional services they cover, all of the states offer HCBS waiver and intermediate nursing home care.

Table 2 below summarizes the Florida Medicaid experience for skilled nursing home care and for the optional benefits especially relevant to a discussion of LTC services.[5]

Florida's HCBS expenditures (including home health, HCBS waivers and PACE) for the aged and disabled (excluding people with IDD) accounted for 20% of all Medicaid LTC optional services in 2009. In 2002, only 7% of Florida Medicaid LTC services were HCBS. The national average, however, was 34% in 2009. Nursing home expenditures in Florida grew from $1.87 billion to over $2.4 billion during the same time.[6]

The primary purposes for Medicaid HCBS waivers are to prevent or delay institutional placement (for example, residency in a nursing home) and to enhance quality of life by enabling individuals with physical and/or cognitive impairments to receive needed care while they remain at home or in a community-based residential setting (e.g., ALF, family care home, etc.).

[5] The counts of participants are not unduplicated. Medicaid participants can move among mandatory and optional benefit services during a year.

[6] Higher nursing home staffing requirements imposed by the Florida Legislature drove a large portion of this increase.

Table 2
The Use of Certain Medicaid Services in Florida in FY 2009-2010

Benefit	Average Monthly Number of Services	Average Monthly Cost per Service	Total FY 2009-2010 Expenditures
Hospital Insurance Benefits (dually eligible recipients)	15,189	$747.26	$136,201,944
Skilled Nursing Home	10,167	$5,733.00	$699,448,505
ICF-I Nursing Home	30,943	$5,314.73	$1,973,444,829
ICF-II Nursing Home	1,202	$5,442.01	$78,495,484
Medicare Part D	307,061	$66.97	$246,759,766
Supplemental Medical Insurance	620,704	$139.38	$1,038,188,128
State Mental Hospitals	49	$14,008.06	$8,236,742
ICF/MR Sunland	735	$11,450.85	$100,996,473
ICF/MR Community	2,006	$9,500.10	$228,686,522
Hospice	13,673	$1,983.29	$325,409,675
Home & Community Based Services*	714,187	$124.92	$1,070,582,824
Adult Living Facility	7,239	$346.56	$30,104,972
Dialysis Center	10,994	$131.84	$17,393,152
Assistive Care Services	14,194	$164.81	$28,071,859
Capitated Nursing Home Diversion	16,978	$1,531.83	$312,088,961
Private Duty Nursing Services	79,877	$192.12	$184,150,170
*See Appendix for individual services			

Note: For any nursing home, Medicaid pays the same rate for Skilled, ICF-I and ICF-II. The apparent differences in amount paid per month given in Table 1 are due to rate differences from one nursing home to another. Persons receiving Skilled Care evidently are located in facilities with higher per diem rates.

Sources: Medicaid Services and Expenditures Forecast, Social Services Estimating Conference (17 December 2010); Nursing home residents and potential cost savings measures, Office of Program Policy Analysis and Government Accountability, Presentation to the Florida Senate Subcommittee on Health and Human Services Appropriations. January 2011.

To be eligible for the following HCBS waivers, individuals must meet the medical and financial criteria to qualify for Medicaid nursing home services. Each waiver has additional eligibility criteria.

In FY 2009-2010, the Florida Department of Elder Affairs administered six Medicaid LTC waiver programs for seniors:

- Aged and Disabled Adult Waiver;
- Alzheimer's Disease Waiver;
- Assisted Living for the Elderly waiver;
- Channeling Waiver;

- Comprehensive Adult Day Health Care Waiver; and
- Nursing Home Diversion Waiver.

The Florida Department of Elder Affairs also administers the Program of All-Inclusive Care for the Elderly (PACE), an optional State Plan service which provides all Medicare and Medicaid services, managed by a single provider who receives capitated Medicare and Medicaid payments. PACE primarily provides multidisciplinary care management and services at an adult day health care center. PACE also delivers some services in a participant's home.

The Nursing Home Diversion waiver operates in 33 counties. Florida has federal approval to provide Nursing Home Diversion Waiver services in an additional 27 counties. The Channeling Waiver provides services only in Broward and Miami-Dade counties. The Adult Day Health Care Waiver provides services in only Lee and Palm Beach counties. PACE currently operates in Miami-Date, Lee and Pinellas counties. All other waivers are approved to operate statewide, although providers might not be readily available in some areas of the state.

HCBS waivers provide services such as case management, personal care, therapies, respite care, and caregiver/family training to help participants remain in their home or in a community setting and reduce the stress and burden on caregivers. The HCBS waivers provide services statewide through the state's service-provision network for the elderly.

Medicaid LTC waivers are funded through a combination of state general revenue, federal Medicaid dollars, and the Tobacco Settlement Trust Fund. For Fiscal Year 2009-10, the Legislature appropriated the amounts shown in Table 3 below for Medicaid LTC waivers serving the aged.

In addition to major increases in HCBS waiver expenditures since 2002, Florida has implemented several initiatives designed to facilitate LTC rebalancing. These include the integration of intake and referral services for the elderly and adults with disabilities through a single point of access system (Aging & Disability Resource Connections) and a rapid expansion of Florida's managed LTC program (i.e., Nursing Home Diversion).

Table 3
Appropriations for Certain Medicaid Services for FY 2009-2010

Waiver	General Revenue	Medicaid Funds	Tobacco STF	Total
Nursing Home Diversion[1]	$109,434,313	$228,743,416		$338,177,729
Aged & Disabled Adult	20,217,055	58,980,275	$8,000,000	87,197,330
Assisted Living for the Elderly	6,379,591	23,786,017	5,000,000	35,165,608
Channeling	4,757,166	9,943,596		14,700,762
Alzheimer's Disease	1,624,540	3,395,669		5,020,209
Comprehensive Adult Day Health Care	630,003	1,316,855		1,946,858
Total	$143,042,668	$326,165,828	$13,000,000	$482,208,496

[1]The appropriation for the NHD Waiver includes $10,278,683 for the Program of All-Inclusive Care for the Elderly
Source: Government Program Summaries, Office of Program Policy Analysis and Government Accountability.

In addition to the expansion of HCBS waiver programs and a slowing of the growth rate for the 65+ population since 1995, Florida's nursing home population growth has also been constrained by a legislatively imposed freeze on the awarding of Certificate of Need (CON) for additional Medicaid-funded nursing home beds since 2001. The average Medicaid monthly nursing home caseload was 45,573 in FY 1995-96, 47,058 in FY 2000-01 and 42,661 in FY2009-10. The CON freeze has contributed to a steady increase in the nursing home occupancy rate, which is now approaching 90% on a statewide basis.

Florida's progress in rebalancing has been uneven. Access to HCBS alternatives has progressed faster in more urban counties and slower in the more rural counties. This is especially true for the managed long-term care program, Nursing Home Diversion, which serves approximately one-half of Florida's counties (generally the most urban counties and adjoining counties).[7]

According to several recent assessments of state initiatives to create more balanced long-term care systems, creating and integrating organizational structures at the state and service delivery levels to administer all public long-term care resources (nursing home and HCBS funds) is probably the most important single factor in the development of HCBS-oriented long-term care systems, (Kassner, Reinhard, Fox-Grage, Houser & Accius, 2008;[8] Kane, Kane, Priester & Homyak, 2008;[9] Alecxih, 2008;[10] Gage, Brown, Katutsky, Moore and Auerbach, 2002;[11] and Eiken, Nadash & Burwell, 2006).[12]

Consolidating responsibility and accountability for all state long-term care services in a single administrative structure makes it possible to manage a global budget which includes all long-term care-related resources and allows states to transfer funds among programs. This capacity enhances a state's ability to serve people in the setting they prefer that meets their care needs. Because many long-term care policy experts consider this the most important single factor in the creation of more balanced long-term care systems, the issue is addressed at greater length later in this section. (Kassner, Reinhard, Fox-Grage, Houser & Accius, 2008;[13] Kane, Kane, Priester & Homyak, 2008);[14]

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[7] Kearns, W, Mitchell, G, & Kwak, J. Urban/Rural Disparities in HCBS Case Planning and Service Delivery: The Florida Experience. Unpublished article, University of South Florida, 2006.
(see http://www.fdhc.state.fl.us/Medicaid/quality_management/workgroups/nursing_home/4_history_fl_nf.pdf)

[8] Kassner, E., Reinhard, S., Fox-Grage, W. Houser, A. & Accius, Coleman, B. et al. (2008, July). *A balancing act: State long-term care reform*. AARP Public Policy Institute. http://www.aarp.org/ppi (accessed Aug. 5, 2008).

[9] Kane, R.A., Kane, R.L., Priester, R. & Homyak (2008). *Research on state management practices for the rebalancing of state long-term care systems: Final report.* Submitted to the Division of Advocacy and Special Initiatives, Centers for Medicare & Medicaid Services: Washington, DC.

[10] Alecxih, L. (2008). Can *home and community-based services be expanded without busting the budget?* Presented by the Lewin Group at the 2008 National Academy for State Health Policy Conference: Tampa, FL.

[11] Gage, B., Brown, D., Katutsky, G., Moore, A & Auerbach, D. (2002). *Creating more balanced long-term care systems: previews of case studies on the role of the national aging services network.* Prepared by Research Triangle Institute for the Administration on Aging: Washington, DC.

[12] Eiken et al. supra.

[13] Kassner, E., Reinhard, S., Fox-Grage, W. Houser, A. & Accius, Coleman, B. et al. (2008, July). *A balancing act: State long-term care reform.* AARP Public Policy Institute. http://www.aarp.org/ppi (accessed Aug. 5, 2008).

[14] Kane, R.A., Kane, R.L., Priester, R. & Homyak (2008). *Research on state management practices for the rebalancing of state long-term care systems: Final report.* Submitted to the Division of Advocacy and Special Initiatives, Centers for Medicare & Medicaid Services: Washington, DC.

Only two states (Oregon and Washington) have fully integrated control over all long-term care programs and funds, including the Medicaid Nursing Home Program in their state aging and adult services agencies. In other states, including Florida, the management of long-term care programs is split between departments of aging/senior services (home- and community-based programs) or aging and disability services agencies *and* the agency, division or departments housing the Medicaid program. The Medicaid program, in effect, controls on average 70 to 80% or more of all long-term care resources.

An alternative method of integrating long-term care authority, a method that does not require a single state agency with complete control over policy and all long-term care funds, is to develop a managed LTC program at the local or regional level and operate it under a capitated rate based on all major long-term care funding sources, including Medicaid nursing home funds. The capitation rate could be constructed through negotiation between representatives of the aging network, under the leadership of the state aging unit and the state's Medicaid office and then incorporated into a contract. Wisconsin has taken this approach with the Wisconsin Family Care (WFC) Program, and the Arizona Long Term Care System (ALTCS) has operated a Medicaid managed long-term care system statewide for several years.[15]

[15] Weissert W.G., Lesnick, T., Musliner, M. & Foley, K.A. (1997). *Toward a strategy for reducing potentially avoidable hospital admissions among home care clients.* Medical Care Research and Review. 54(4): 439-55.

Statutory and Regulatory Environment

Federal Nursing Facility Regulations

Overview

States uniformly impose requirements on any facility holding itself out to be a "nursing home" or "nursing facility" through the licensing process. In addition, any nursing facility that participates in the Medicare or Medicaid programs is required to meet specific federal requirements. These requirements are referred to as Conditions of Participation (COPs) and facilities that meet these requirements are referred to as "Medicare certified".

Medicare requirements, specified in Title XVIII of the Social Security Act (SSA), define a single type of nursing facility – a skilled nursing facility. This is because Medicare pays only for skilled care or rehabilitation.

Medicaid requirements, specified in Title XIX of the SSA, define a nursing facility as a facility which may provide skilled care or rehabilitation, or care "above the level of room and board", often called "custodial care" or "intermediate care".

In order to be Medicare certified, a facility must meet nursing home Conditions of Participation (minimum standards). The COPs are specified in 42 CFR Part 483, Subpart B – Requirements for Long Term Care Facilities. Requirements cover administration of the facility, services that must be provided, staffing, resident rights and quality oversight. Federal requirements for nursing care specify that a nursing facility provide sufficient staff and services to attain or maintain the highest possible level of physical, mental and psychosocial well-being of each resident. A nursing facility must ensure the presence of one registered nurse (RN) for eight consecutive hours, seven days per week and one RN or licensed practical nurse for the two remaining shifts.[16]

Medicare certification is required in most states, even if a facility participates in the Medicaid program but not the Medicare program. Ninety-five percent of United States nursing homes are Medicare certified and participate in both Medicare and Medicaid. Only 2.8 percent are Medicaid-only facilities and 2.25 percent Medicare-only.

Medicaid Coverage of Nursing Home Services

In order for state Medicaid programs to receive the federal share of the cost of any Medicaid services (including nursing facility services), a state must have a method to ensure that these services are provided only to those Medicaid eligible persons who need these services.[17] The federal government also requires that prospective residents be screened for the presence of a serious mental illness or mental retardation (or related condition) and if present, be assessed in order to determine if nursing home admission is appropriate. This screening and assessment is referred to as preadmission screening

[16] Federal Nursing Home Reform Act (NHRA), as part of the Omnibus Budget Reconciliation Act (OBRA) of 1987

[17] The person must also be Medicaid eligible and receive the services from a qualified nursing home enrolled in a state's Medicaid program.

and resident review or PASRR. PASRR is a two-step process as described in the PASRR section of this report.

Nursing Facility Level of Care Criteria

Level of care (LOC) is a classification system used to determine a person's need (medical necessity) for specific services. LOC is generally used to determine need for residential or institutional services such as hospitals; nursing homes; and, intermediate care facilities for persons with mental retardation (ICFs/MR). LOC is a requirement imposed by programs (such as Medicare and Medicaid) and companies (such as insurance companies) that pay for this care in order to ensure the care is necessary and should be reimbursed.

The Medicare program covers only skilled nursing facility care and only for a limited period of time following hospitalization. Skilled nursing facility care is care that requires the involvement of skilled nursing or rehabilitative staff in order to be given safely and effectively. Skilled nursing and rehabilitation staff includes registered nurses, occupational therapists, licensed practical and vocational nurses, physical and occupational therapists, speech-language pathologists, and audiologists.

Prior to 1987, there were two levels of care covered by Medicaid - intermediate and skilled. Different staffing requirements applied to these two levels of care. In 1987, federal law revised Medicaid nursing home requirements so that all nursing homes were required to provide 24/7 nursing coverage by, at a minimum, licensed practical nurses and the distinction between intermediate and skilled levels of care for survey and certification purposes was ended.

Care Provided in Nursing Facilities

Today, most Medicaid nursing homes provide skilled care that consists of nursing care and rehabilitative services as well as intermediate or "custodial" services. The distinction between skilled and intermediate care continues in some states in part because Medicare covers only skilled care (and only under specific circumstances).

Skilled nursing services are services that may only be provided by or under the supervision of a licensed nurse. Rehabilitative services consist of therapy services provided by licensed therapists, such as physical therapists, speech language pathologists and respiratory therapists and may also include rehabilitative services performed by nurses as permitted by their license.

Intermediate care services are generally services that require the oversight of a licensed nurse and include intermittent nursing care and hands-on non-skilled care provided by nurse's aides. These services are above the level of room and board, which distinguishes assisted living (or board and care facilities) from a nursing facility. (However, in some states the line between a nursing home and assisted living facility has become increasingly narrow.)

Persons with Mental Illness in Nursing Facilities

Over a quarter of all nursing home residents have a mental illness. A study of 2005 Minimum Data Set results for nursing home residents identified those residents with schizophrenia, bipolar disorder, depression and anxiety. The authors of the study sorted the data using a "broad" definition of mental illness (all four diagnoses) and a "narrow" definition encompassing only schizophrenia and bipolar disorder. Two psychiatric disorders, schizophrenia and bipolar disorder, are according to the authors of a

recent journal article, considered the most disabling and most frequently associated with serious mental illness and, consequently, institutionalization among persons with mental illness.[18] The authors found that at the national level, 27.4 percent of residents had one or more of the four diagnoses, while only 2.7 percent had either schizophrenia or bipolar disorder. The rates of schizophrenia and bipolar disorder among nursing home residents ranged from a low of 1.2 percent in Wyoming to 3.7 percent in Illinois.

In 1987, Congress enacted the Preadmission Screening and Annual Resident Review (PASARR) requirements as part of the Omnibus Reconciliation Act (OBRA). The intent of PASARR was to ensure that persons entering nursing facilities with a mental illness or mental retardation or related condition, receive services appropriate to their needs. An annual review is no longer required so it is now referred to as PASRR.

PASRR

A Medicaid-certified nursing facility may not admit an applicant with a serious mental illness (MI) or with mental retardation (MR) or a related condition, unless the individual is assessed and found to be appropriate for nursing home placement. PASRR applies to anyone entering a nursing home who has or may have MI or MR, not just Medicaid recipients.

There are two levels of PASRR screening – Level 1 and Level 2.

> **Level 1** screening identifies individuals who are suspected of having a mental illness or mental retardation, or have a diagnosis of either, and who need to be subjected to further screening in order to be sure their needs can most appropriately be met in a nursing home.[19]
>
> **Level 2** screening consists of administration of an assessment to determine whether an individual requires the level of services provided in a nursing home and to determine if they also need "specialized services". Specialized services are the services needed related to a diagnosis of MI or MR. Persons determined to need specialized services as a result of a mental illness are generally those who have serious and persistent mental illness, rather than a person who has underlying depression that can be managed with medication and basic support. Diagnoses related to mid- to end-stage dementia are not considered diagnoses of mental illness.

When a person is determined to need specialized services, the state must provide these services. Some states permit specialized services to be provided to nursing home residents. Other states specify that these services are only available in an inpatient hospital or in an ICF/MR.

Summary

While the federal government will only provide matching funds for Medicaid nursing home services when these services are determined necessary, each state develops the criteria used to determine necessity (level of care). States determine necessity based on clinical criteria, functional criteria (capacity to perform activities of daily living) or both. Each state is required to ensure that persons with a mental illness or with mental retardation be screened to ensure nursing home placement is

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[18] David C. Grabowski, et al. Mental Illness in Nursing Homes: Variations Across States. Health Affairs. May – June, 2009. 28(3): 689--700.

[19] These requirements are contained in the Medicaid Manual located at the Center for Medicare and Medicaid Services (CMS) Internet site at: http://www.cms.gov/pasrr.

appropriate and to determine any need for specialized services to address their needs related to mental illness or mental retardation. States determine whether specialized services for persons who have a mental illness may be provided to nursing home residents or require placement in an alternate setting.

Federal and State-To-State Comparisons of Nursing Facilities

Level of Care

Each state specifies the medical and functional requirements for Medicaid coverage of nursing home care (level of care or LOC). Table 4 below lists the LOC requirements for Medicare and for Medicaid programs in the three reviewed states.[20]

Table 4
Nursing Facility Level of Care

State	Nursing Facility Level of Care (LOC) Requirements	
Federal	Must require skilled care that can only be provided in a nursing home: Care that requires the involvement of skilled nursing or rehabilitative staff in order to be given safely and effectively. Skilled nursing and rehabilitation staff includes registered nurses, licensed practical and vocational nurses, physical and occupational therapists, speech-language pathologists, and audiologists.	
Arizona	Must have a score of at least 60 based on the outcome of the preadmission screen (PAS).	
Florida	Skilled: require medical, rehabilitation or nursing service that requires supervision, assessment, planning or intervention by an RN on a daily basis and in the case of rehabilitation services provided by a PT, OT or RT at least 5 days per week.	Intermediate I: requires extensive health related care and service and who are incapacitated physically or mentally. Intermediate II – require limited health related care and service and who are mildly incapacitated or ill to a degree to require medical supervision; individuals must be ambulatory and independent in ADLs and not require administration of psychotropic drugs or exhibit periods of disruptive or disorganized behavior requiring 24 hour nursing supervision.
Wisconsin	Skilled: Services which require the skills of professional personnel such as registered or licensed practical nurses and that are provided either directly by or under the supervision of these personnel. A service is skilled if it can be safely and effectively performed only by or under the supervision of professional personnel.	Intermediate: Basic care consisting of physical, emotional, social and other rehabilitative services under periodic medical supervision. This nursing care requires the skill of a registered nurse for observation and recording of reactions and symptoms, and for supervision of nursing care.

[20] None of the reviewed states has an ALF LOC requirement, although all three, states specify when a resident may not be served in an ALF based on specific medical, functional or behavioral conditions. Each state permits persons with a mental illness to be served in an ALF.

Staffing Requirements

While federal regulations require that nursing homes have specific types of staffing and specify that nurses must be present in the nursing home daily, they do not require a specific number of hours of nursing care per resident per day. While reports have been provided to Congress recommending minimum staffing requirements for nursing homes be imposed at the federal level, Congress has not enacted such requirements to date.

Some states have established minimum nursing ratios and hours of care. Table 5 below presents the nursing staffing requirements in federal regulations and in the three reviewed states. [21]

Table 5
Nursing Facility Staffing Requirements

Federal or State	Sufficient Staff	Total Nursing (Licensed and Unlicensed) Staffing Requirements	Licensed Nursing Staffing Requirements	Nursing Aide or Assistant Staffing Requirements
Federal[22]	To provide sufficient staff and services to attain or maintain the highest possible level of physical, mental, and psychosocial well-being of each resident	N/A	1 RN 8 consecutive hrs/7days/wk and 1 RN/LPN for 2 remaining shifts.	N/A
Arizona	Nursing services to meet the needs of a resident	N/A	1 nurse must be present and responsible for providing direct care to not more than 64 residents	N/A
Florida	Sufficient staff to maintain the highest practicable physical, mental, and psychological well-being of each resident	Minimum weekly average of CNA plus LN/RN of 3.9 hours per day of direct care	May not staff less than 1 LN per 40 residents Minimum LN/RN of 1 hprd of direct care	Minimum CNA of 2.7 hprd of direct care; not less than 1 CNA per 20 residents

[21] The Florida Legislature has increased direct care staffing requirements substantially since 2002. According to an unpublished 2009 assessment by the University of South Florida, Florida Policy Exchange Center on Aging, ". . . quality of care has substantially improved in Florida nursing homes since 2001. Average deficiencies per facility have decreased. Importantly, the citations for serious deficiencies have decreased dramatically and remain lower than the national average. Measures of resident care outcomes have improved . . ."

[22] Federal Nursing Home Reform Act (NHRA), as part of the Omnibus Budget Reconciliation Act (OBRA) of 1987

Federal or State	Sufficient Staff	Total Nursing (Licensed and Unlicensed) Staffing Requirements	Licensed Nursing Staffing Requirements	Nursing Aide or Assistant Staffing Requirements
Wisconsin	Adequate nursing service personnel assigned to care for the specific needs of each resident on each tour of duty (shift	For intensive skilled nursing care 3.25 hours per day; for skilled nursing care 2.5 hours per day; for intermediate or limited nursing care 2 hours per day	1 charge nurse on duty at all times; 75-99 residents add 1 RN charge nurse 7 days on a non-day tour of duty; 100+ residents: 1 RN 24 hrs/7 days, if LPN is charge nurse, then RN must be in facility or on call For intensive skilled nursing care 0.65 RN or LPN hours per day; for skilled nursing care 0.50 RN or LPN hours per day; for intermediate or limited nursing care 0.40 RN or LPN hours per day	No minimum requirement
Recommended Optimal[23]		Total daily staff time 3.9 hours per day	Total daily licensed nurse time 1 hour hours per day	Total daily nursing assistant time 2.9 hours per day
DON: Director of Nursing *LN: Licensed Nurse (RN or LPN)* *HRPD: Hours Per Resident Day* *RN: Registered Nurse*		*LPN: Licensed Practical Nurse (also called Licensed Vocational Nurse in some states)* *CNA: Certified Nursing Assistant or Certified Nurse's Aide*		

[23] Per summary of expert recommendations for nursing facility total staffing levels analysis prepared by the Department of Social and Behavioral Sciences, University of California, San Francisco for the Kaiser Commission on Medicaid and the Uninsured.

Screening and Services for Nursing Home Residents with Mental Illness

States are required to ensure that persons with a mental illness who enter a nursing home are appropriate for admission to the facility and that their needs related to their mental illness can be met while they are a nursing home resident.

A Preadmission Screening and Resident Review (PASRR) must be conducted in order to make this determination. If a person is determined to have a mental illness they must also be assessed to determine if they need "specialized services" to meet their needs related to their mental illness.

States must provide specialized services when a person is determined to need these services. The state determines whether persons who need specialized services can receive these services while residing in a nursing home or must receive these services in a different setting. Table 6 below displays the requirements in each of the three reviewed states.

Table 6
State Specialized Services Requirements for Nursing Homes

Arizona	Florida	Wisconsin
If the individual is determined to have a MI and to need specialized services, and is appropriate for nursing home admission, the required services are arranged by Regional Behavioral Health Authorities (RBHAs) and provided to the nursing home resident.	The Mental Health Program Office is responsible for determining the need for specialized services. Specialized services are provided by the Department of Children and Families, to nursing home residents.	Nursing home residents who require specialized services may only receive these specialized services as either inpatient psychiatric services or as Specialized Psychiatric Rehabilitative Services (SPRS). SPRS are provided by nursing homes that exclusively serve persons with a mental illness.

Federal Regulations Applicable to Assisted Living Facilities

Assisted living facilities (also called Board and Care facilities and other terms that vary by state) are not regulated at the federal level except that federal law requires states to regulate certain types of facilities that house persons who receive Supplemental Security Income.

Section 1616(e) of the Social Security Act, also known as the Keys Amendment, requires that states "establish or designate one or more State or local authorities, which shall establish, maintain, and insure the nursing home enforcement of standards for any category of institutions, foster homes, or group living arrangements in which, (as determined by the State), a significant number of recipients of supplemental security income benefits is residing or is likely to reside. Such standards shall be appropriate to the needs of such recipients and the character of the facilities involved, and shall govern such matters as admission policies, safety, sanitation, and protection of civil rights."

The Keys Amendment was an outgrowth of abuses in board and care facilities and was enacted by Congress in 1976. It requires States to set standards that assure that SSI recipients do not reside in substandard facilities.

State regulation of assisted living facilities is highly variable.

Federal and State-To-State Comparisons of Assisted Living Facilities

Assisted Living Licensure

Assisted living facilities are not regulated by the federal government. However, the Keys Amendment requires that states ensure that facilities that serve a significant number of persons who receive supplemental security income (SSI) meet state-specified standards in such areas as admission policies, safety, sanitation, and protection of civil rights. States license ALFs, each state having its own requirements.

Table 7 below notes the types of ALF licenses in each of the three reviewed states. (Our review of ALFs does not include adult foster care or senior apartment complexes, which some states consider a form of assisted living.)

There is tremendous variation in state requirements for ALFs. Of the three reviewed states, Florida and Wisconsin impose a requirement related to number of staff. See Table 7 below.

None of the states has an ALF LOC requirement although all three reviewed states specify when a resident may not be served in an ALF based on specific medical, functional or behavioral conditions. Each state permits persons with a mental illness to be served in an ALF. Florida requires any ALF that serves three or more persons with a mental illness to obtain a limited mental health license.

Table 7
Assisted Living Facility Categories

Arizona License Types	Florida License Types	Wisconsin License Types
Licensing Classifications Assisted living home: provides services to 10 or fewer residents Assisted living center provides services to 11 or more residents Levels of service: Supervisory care services Personal care services Directed care services	Assisted living facilities: Standard Extended congregate care Limited nursing services Limited mental health	Community-Based Residential Facilities Small: 5 to 8 residents Medium: 9 to 20 residents Large: 21 or more residents Classification: Class A ambulatory Class A semi-ambulatory Class A non-ambulatory Class C ambulatory Class C semi-ambulatory Class C non-ambulatory

Table 8
ALF Staffing Ratio or Hours Requirements

Arizona Minimum Staffing Ratio or Hours	Florida Minimum Staffing Ratio or Hours	Wisconsin Minimum Staffing Ratio or Hours
None (must have sufficient staff)	Facilities shall maintain the following minimum staff hours per week: Number of Residents — Staff Hours/Week 0-5 — 168 6-15 — 212 16- 25 — 253 26-35 — 294 36-45 — 335 46-55 — 375 56- 65 — 416 66-75 — 457 76-85 — 498 86-95 — 539 For every 20 residents over 95 add 42 staff hours per week. In facilities with 17 or more residents, there shall be at least one staff member awake at all hours of the day and night.	At least one direct care staff present when residents are in the facility

Rebalancing Long-Term Care

The State of Florida has been exploring opportunities to identify long-term nursing home residents who want to leave the nursing home and return to the community. By the end of July 2010, Florida Medicaid together with its partnering agencies identified and initiated case tracking for more than 2,500 candidates for transition from the nursing home to care in the community. When individuals do transition from the nursing home to the community, in nearly all cases, total Medicaid claims are reduced, on average by nearly 50%.

While the efforts under the nursing home transition project are recent, few individuals among the transitioned population had any subsequent Medicaid fee-for-service nursing home experience and those few exceptions appeared to be limited almost exclusively to short-term stays associated with post-hospital rehabilitation.

As Florida Medicaid moves in the direction of managed LTC, rebalancing between long-term nursing home stays and HCBS alternatives will likely intensify. Managed Care Organizations (MCOs) will have a financial incentive to maintain individuals in HCBS and avoid preventable nursing home stays.[24]

If we take the experience of Nursing Home Diversion as a case study, during the period when it was a demonstration project in three counties, the MCO plans offered participants a wide range of HCBS. Most were served at home, often combined with adult day health care. As the program matured, the areas served had a different mix of service providers. According to regulators at Florida Department of Elder Affairs, the emphasis among its MCO plans shifted to the point where most of the participants were being served in ALFs.

The fact that the State of Florida has identified nursing home residents who want to leave the nursing home and who can be safely and appropriately transitioned back to the community does not mean that assisted living can substitute fully for nursing home care.

A similar issue was raised during the 2010 session of the Florida Legislature. It was noted that many Medicaid nursing home residents receive Intermediate I or Intermediate II care and not skilled nursing services. It was also noted that the description of services for Intermediate I/II in the *Florida Administrative* Code (Rule 59G-4.180 Intermediate Care Services) had considerable overlap with the services that are usual and customary in an assisted living setting. The argument was then made that all of the Intermediate I/II nursing home residents could be served in an assisted living facility. As Vincent Mor et al. note, however, between 5% (narrow definition) and 12% (broad definition) of new nursing home admissions who remain there long-term meet the definition of "low" care.[25] In the case of Florida, 5% is roughly the percentage of nursing home transition candidates identified.

Some states (Tennessee, for one) have attempted to "tighten the door" by raising level of care requirements, targeting nursing home care to participants with higher acuity needs and at the same

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[24] The State of Florida has already demonstrated that some long-term nursing home residents can be transitioned to care in the community through the use of HCBS.

[25] Mor, V., Zinn, J., Gozalo, P., Feng, Z. Intrator, I., and Grabowski, D. 2007. *Prospects for Transferring Nursing Home Residents to the Community.* Health Affairs. 26:8, pp. 1762-71.

time allowing participants with lower risk of institutionalization to receive HCBS. This has proved to be a difficult challenge, however. Maintenance of effort requirements in the American Resource and Recovery Act and the Patient Protection and Affordable Care Act are creating obstacles. States that raise eligibility standards (*e.g.*, by tightening the nursing home LOC requirements) may no longer be eligible for enhanced federal matching funds. For more details, go to the website given below*.

Critical Considerations

Adequate Supply

The discussion during the 2010 session of the Florida Legislature did not adequately answer this fundamental question: what will be the source for all the new assisted living facility rooms that would be required for further rebalancing to occur?

In Florida, there are approximately 675 nursing homes with a total capacity of 82,682 beds. There are approximately 2,929 assisted living facilities with a total capacity of 82,363 beds. From a statewide bed-capacity standpoint, these two types of long-term-care facilities are about equal.[26]

A major challenge for statewide implementation of managed LTC will be the availability of adequate assisted living in the more remote parts of Florida. Table 9 lists the available ALF beds by county. The bed count includes all licensed ALF providers. Many do not accept Medicaid payments.

Under the Assisted Living for the Elderly Waiver, room and board in an ALF is not included. HCBS waivers may not include reimbursement of room and board in almost all situations. The Assisted Living for the Elderly Waiver pays for the case management and services that an LNS or ECC can provide plus an allowance for incontinence supplies. It does not pay for room and board. Room and board is negotiated between the waiver participant and the assisted living facility and is then paid from the resident's personal (and sometimes, family) income.

Managed LTC cannot avoid the implications of statewide increased demand for assisted living. Finding affordable assisted living is already a challenge for individuals with long-term care insurance or the personal or family resources to pay for care. Rebalancing from nursing homes to assisted living will likely increase assisted living costs for both Medicaid and private payers, before supply catches up with demand.

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[26] Whether they serve about the same number of people per year could not be determined, due to lack of occupancy data for the ALFs.

*http://healthreform.dc.gov/DC/Health+Reform/Insurance+Coverage+Options/Current+Insurance+Options/Medicaid/Medicaid+Eligibility

TABLE 9
Count of Florida ALFs and ALF Beds, By County

COUNTY	ALFS	BEDS	COUNTY	ALFS	BEDS	GRAND TOTAL
Alachua	10	554	Lake	36	1,388	
Baker	0		Lee	36	2,350	
Bradford	2	42	Leon	11	717	
Brevard	88	2,150	Levy	1	65	
Broward	308	8,732	Liberty	2	47	
Calhoun	1	23	Madison	6	75	
Charlotte	17	1,010	Manatee	38	1,832	
Citrus	22	918	Marion	33	1,582	
Clay	10	335	Martin	11	483	
Collier	22	1,711	Monroe	3	38	
Columbia	7	418	Nassau	4	226	
Dade	1,004	10,638	Okaloosa	11	534	
Desoto	5	115	Okeechobee	2	69	
Dixie	1	25	Orange	92	2,126	
Duval	78	2,643	Osceola	16	404	
Escambia	22	1,323	Palm Beach	126	5,161	
Flagler	23	347	Pasco	52	2,400	
Franklin	1	30	Pinellas	217	8,221	
Gadsden	3	92	Polk	37	2,114	
Gilchrist	0		Putnam	10	168	
Gulf	2	49	Santa Rosa	7	480	
Hamilton	2	27	Sarasota	67	3,682	
Hardee	6	141	Seminole	45	2,166	
Hendry	1	30	St. Johns	13	503	
Hernando	26	1,129	St. Lucie	54	1,114	
Highlands	12	888	Sumter	4	156	
Hillsborough	180	5,598	Suwannee	2	68	
Holmes	2	86	Taylor	0		
Indian River	21	888	Volusia	90	3,221	
Jackson	2	88	Wakulla	0		
Jefferson	1	33	Walton	5	202	
Lafayette	2	121	Washington	8	160	
TOTAL BEDS		**40,611**	**Total ALFs**	**2,929**		
			TOTAL BEDS		**41,752**	**82,363**

Source: *http://www.floridahealthfinder.gov/facilitylocator/FacilitySearch.aspx*

Proponents of the argument that assisted living can serve as a replacement for nursing home residents requiring intermediate care assume that all or most assisted living facilities would be willing to accept such residents. The empirical evidence is the reverse. Hawkes, Rose, and Phillips drew a nationally representative sample of assisted living facilities.[27] Only 47% of those facilities had policies that admitted individuals who required assistance with transferring or persons with moderate cognitive impairment. Nearly three-quarters of the facilities said they would not retain a resident who required more than two weeks of nursing care.

Participant Share of Cost

Under the Florida Medicaid state plan, Medicaid pays the difference between the nursing home's approved rate and the individual's ability to pay. Aside from a small amount for personal items (*e.g.*, toiletries, stamps), any other income is to be paid by the resident to the nursing home. This is often referred to as *patient responsibility*. The continuum of long-term care is broader than nursing home services and assisted living. Medicaid participants who receive HCBS waiver services in their home do not bear the same "patient responsibility".

On the surface, this may appear simple to handle. The State of Florida could impose participant share of cost for assisted living or nursing home services even with a managed LTC model. The issue will be the collection of personal responsibility. Will the MCO plans be responsible for determining the amount of personal responsibility and collecting it? Or, will it be the responsibility of the service providers?

It is important to realize that personal responsibility is not a one-time determination. It is an ongoing determination. Individuals can lose income sources and/or receive new income sources.

Medicaid participants have limited financial resources. Among the aged, Medicaid recipients will typically be limited in their income sources to Social Security payments. Most likely, a Medicaid recipient will be at the low end of Social Security payments (currently, somewhere around $700 per month.) It is doubtful many ALFs would find such a sum acceptable as payment for room and board.

Monitoring of Care

As David Grabowski and his colleagues note, monitoring of care can be difficult for nursing home residents and especially true for nursing home residents with dementia.[28] A casual reading of *Florida Administrative* Code, Rule 59G-4.180 Intermediate Care Services, might conclude that even the most basic ALF could provide care consistent with the definitions for Intermediate Care I/II.

A critical difference between care in a nursing home and in assisted living is the availability of 24-hour monitoring and care in nursing facilities. This is, in fact, a requirement for Intermediate Care I /II in a nursing home setting.

> *(e) To qualify for placement in a nursing facility, the applicant or recipient must require intermediate care services including 24 hour observation and care and the constant*

[27] Hawkes, C., Rose, M., and Phillips, C.D. 1999. *A National Study of Assisted Living for the Frail Elderly. Results of a National Survey of Facilities.* U.S. Department of Health and Human Services.

[28] Grabowski, D. and Mitchell, S. 2009. *Family Oversight and the Quality of Nursing Home Care for Residents with Advanced Dementia.* Medical Care. 47:5, pp. 568-74.

availability of medical and nursing treatment and care, but not to the degree of care and services provided in a hospital or that meets the criteria for skilled services.

Florida assisted living facilities are not required to have someone on staff 24 hours a day who is awake unless the facility has more than 16 residents

As Table 10 demonstrates, more than two-thirds of the Intermediate I/II residents in Florida nursing homes have moderate to severe cognitive impairment. Constant monitoring of residents with dementia is even more critical, since residents with moderate or advanced dementia cannot monitor their own care.

Elopement is more frequently reported for ALFs than for nursing homes. Table 11 summarizes the adverse incident data from AHCA's 2008 report to the Florida Legislature, Nursing Home and Assisted Living Facility: Adverse Incidents and Notices of Intent. This disparity of twice as many elopements reported by ALFs will likely widen as more Medicaid participants with moderate or severe dementia are diverted or transitioned into assisted living. As noted above, the total number of beds in the two types of facilities is about equal: "In Florida, there are approximately 675 nursing homes with a total capacity of 82,682 beds. There are approximately 2,929 assisted living facilities with a total capacity of 82,363 beds."

Table 10
Demographic Information on Florida Nursing Home Residents for Calendar Year 2009
Long-Term Care Minimum Data Set Indicators

	Skilled Nursing	ICF I	ICF II
Cognitive Skills for Daily Decision-making			
Independent - decisions consistent/reasonable	19.3%	17.5%	12.2%
Modified Independence - some difficulty in new situations only	19.3%	20.7%	20.5%
Moderately Impaired - decisions poor; cues/supervision required	40.3%	42.9%	42.8%
Severely Impaired - never/rarely made decisions	21.0%	18.9%	24.5%
Activities of Daily Living Functional Rehabilitation Potential			
None of the below	42.2%	39.2%	41.0%
Resident or staff believe resident is capable of increased independence in at least some ADLs, resident is able to perform tasks/activity slowly, and/or there is a difference in ability from morning to evening	57.8%	60.8%	59.0%
Dementia - Alzheimer's Disease and/or dementia other than Alzheimer's Disease			
No	27.30%	25.50%	22.70%
Yes	72.70%	74.50%	77.30%
Mental Health - Anxiety Disorder, Depression, Manic Depression Bipolar Disease, and/or Schizophrenia			
No	16.40%	14.60%	13.20%
Yes	83.60%	85.40%	86.80%

Source: Office of Program Policy Analysis and Government Accountability, Presentation to the Florida Senate Subcommittee on Health and Human Services Appropriations. January 2011.

Table 11
Number of Incidents Reported in Florida for FY 2007-2008

Type of Incident	Nursing Homes	Assisted Living
Death	15	41
Brain/Spine	0	4
Disfigure	0	0
Fracture	456	451
Limit Function	7	0
No Consent	9	0
Transfer	883	1,096
Abuse/Neglect	789	168
Elope	289	429
Law Enforcement	350	405
TOTAL	2,798	2,594

Source: *Nursing Home and Assisted Living Facility: Adverse Incidents and Notices of Intent*, Florida Agency for Health Care Administration, Report to the Legislature, July 2008.

Quality of Care

The quality of care provided to nursing home residents has been a concern throughout the United States. With the Nursing Reform Act of 1987, Congress required CMS (formerly the Health Care Financing Administration, HCFA) to develop and mandate a standardized Resident Assessment Instrument. All nursing homes receiving any federal funds were required to use it and report the results as part of the Minimum Data Set (MDS).

Researchers at the University of Wisconsin – Madison used the MDS to create a set of MDS Quality Indicators.[29] Anyone with an Internet connection can view the results of nursing home inspections, including the number and nature of deficiencies as well as the MDS Quality Indicators for any nursing home via the Nursing Home Compare page on the Medicare.gov website. See Table 12 for national results and for Arizona, Florida and Wisconsin.[30]

ALFs are not included under the Nursing Reform Act of 1987. Congress has not subsequently amended the Act to include assisted living. Resident assessment and quality monitoring is a state prerogative (one would also assume it to be a state responsibility).

[29] Zimmerman, David R. "Development of Quality Indicators for MDS" and "Constructing a Quality Monitoring System", Long-Term Care Minimum Data Set Demonstration Project Symposium, Durham, NC, March 19, 1992, sponsored by Office of Quality Management, Veterans Administration.

[30] Differences in the acuity of nursing home residents in Arizona, Florida, and Wisconsin are available in confidential data sets maintained by CMS under the Minimum Data Set (now MDS 3.0). Confidential data would require a data use agreement with (DUA) with CMS. Additional research may uncover issues that should be addressed before any major systemic change (*e.g.*, the conversion of Medicaid LTC from fee-for-service to managed care.

Table 12
Nursing Home MDS Quality Measure/Indicator Reports
April-June 2010

Measure	National	Arizona	Florida	Wisconsin
Accidents				
New Fractures	1.4%	2.2%	1.3%	1.5%
Falls	13.0%	14.0%	11.8%	14.3%
Behavior/Emotional Patterns				
More Depression/Anxiety	15.2%	13.5%	10.1%	18.9%
Behavior Problems	16.9%	16.5%	13.9%	17.6%
Depression and No Anti-Depression Therapy	4.6%	3.1%	2.0%	6.3%
Clinical Management				
Use 9 or More Different Medications	71.2%	69.8%	70.7%	73.7%
Cognitive Patterns				
Became Cognitively Impaired	12.8%	10.0%	10.8%	12.4%
Elimination/Incontinence				
Low Risk and Became Incontinent	50.7%	53.4%	53.4%	48.0%
Indwelling Catheter	7.1%	8.8%	7.3%	8.3%
Incontinence without Toileting Plan	51.4%	60.1%	41.1%	23.4%
Fecal Impaction	0.0%	0.0%	0.0%	0.0%
Infection Control				
Urinary Tract Infections	9.5%	11.2%	11.3%	8.9%
Nutrition/Eating				
Lost Too Much Weight	8.9%	8.2%	9.3%	9.5%
Tube Feeding	6.5%	6.1%	8.4%	3.1%
Dehydration	0.2%	0.2%	0.0%	0.2%
Pain Management				
Moderate to Severe Pain	7.4%	4.8%	5.5%	8.1%
Physical Functioning				
Need for Help with ADL Increased	15.0%	15.4%	12.9%	14.6%
Bedfast Residents	4.7%	4.9%	4.4%	2.3%
Ability to Move About Room Worsened	14.9%	15.1%	12.6%	14.9%
Limitations in Range of Motion Increased	6.7%	5.8%	5.2%	7.0%
Psychotropic Drug Use				
Receiving Anti-Psychotics (Absent Condition)	18.4%	18.3%	12.0%	16.1%
Anti-Anxiety/Hypnotics Used	23.2%	21.0%	27.5%	20.9%
Anti-Anxiety/Hypnotics Used (+2x Last Week)	5.5%	5.3%	8.4%	2.7%
Quality of Life				
Physically Restrained	2.8%	1.3%	3.4%	1.1%
Little/No Activity	5.5%	4.7%	1.6%	3.6%
Skin Care				
High Risk with Skin Ulcers	12.3%	12.1%	13.4%	9.7%
Low Risk with Skin Ulcers	2.4%	3.7%	2.6%	2.1%
Post-Acute Care				
Short Stay with Delirium	2.8%	3.0%	1.6%	3.5%
Short Stay with Moderate/Severe Pain	18.9%	26.6%	16.7%	25.7%
Short Stay with Pressure Sores	16.6%	14.0%	19.6%	12.2%

Source: Nursing Home Compare (http://www.medicare.gov/NHCompare), Center for Medicare and Medicaid Services.

The State of Florida does not use a standardized resident assessment tool for assisted living, nor is there any systematic collection of quality indicators from ALFs. Even the inspection of ALFs is done with less frequency than for nursing homes. If a facility does not have a track record of deficiencies and citations, inspection occurs every two years.

Grabowski et al. note that nursing home residents with dementia typically receive less adequate pain control and suffer from greater neglect. Given the lower staffing in the typical ALF relative to the typical nursing home, staffing standards may need to be changed to prevent a greater prevalence of these problems as more Intermediate I/II nursing home residents (with or without dementia) transition to assisted living.

Given the vulnerability of the population transitioning from nursing home to assisted living, regulators need to ensure that MCOs do not compromise quality as a consequence of their efforts to reduce costs. They need to be certain that requisite care is received when it is needed.[31] It is difficult to foresee how this can be done in the absence of rigorous monitoring of quality indicators.

The need for systematic information goes beyond quality indicators. Assisted living is one step on the continuum of long-term care. Third-party evaluations that include tracking transitions across the different settings are essential if the State of Florida intends to move more rapidly in the direction of managed long-term care.[32]

Staffing

The major reason assisted living residents leave and enter a nursing home is because they require more care. Hawkes *et al.*[33] found that it is the absence of nursing services that precipitates most transitions to a nursing home. Stated differently, they found that the presence of a registered nurse significantly reduced the likelihood of individuals moving from assisted living to a nursing home. The nominal availability of nursing services on an "on-call" basis might not be sufficient. Robin Stone and Susan Reinhard note, assisted living has the potential to substitute for nursing home services for some medically-involved residents, if ALFs provide some of the nursing services expected in a nursing home.[34]

The survey of assisted living facilities by Hawkes and his colleagues indicate that staffing will pose a severe challenge if assisted living is expected to care for a large influx of nursing home residents.[35] Nationwide, 92% of the surveyed facilities provided medications reminders. Of the facilities surveyed, 88% provided central medication storage or assistance with medications; 79% had care or monitoring by a licensed practical nurse. Only 40% employed a full-time registered nurse.

Consumer Education

Medicaid participants (and their families) need more information about assisted living than is currently available. The Agency for Health Care Administration (AHCA) and Department of Elder Affairs (DOEA) do offer a number of helpful consumer-oriented publications that discuss the potential and limits of assisted living. Consumers can also search a website maintained by AHCA that lists information on deficiencies and citations. What is lacking, however, is user-friendly information on staffing and quality

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[31] Stone, R. and Reinhard, S. 2007. The Place of Assisted Living in Long-Term Care and Related Systems. Gerontologist. 47(Special Issue III), pp. 23-32.

[32] *ibid.*

[33] Hawkes, C., Rose, M., and Phillips, C.D. 1999. *A National Study of Assisted Living for the Frail Elderly. Results of a National Survey of Facilities.* U.S. Department of Health and Human Services.

[34] Stone, R. and Reinhard, S. 2007. The Place of Assisted Living in Long-Term Care and Related Systems. Gerontologist. 47(Special Issue III), pp. 23-32.

[35] Hawkes, C., Rose, M., and Phillips, C.D. 1999. *Op cit.*

indicators for assisted living. Providing consumers with this information will allow quality to improve as LTC providers compete for participants.

Managed Long-Term Care

One impetus for managed long-term care is the potential promise for reducing the escalating costs of long-term care. While managed care, in theory, can reduce the escalating trend in Medicaid budgets for LTC services, cost-savings are not guaranteed. The growth in Medicaid HCBS care grew at a slower rate between FY 2004 and FY2009 in Florida than it did in either Arizona or Wisconsin. Florida has contained costs better for skilled nursing home residents, ICF-MR residents, prescribed drugs, and overall HCBS.

Managed long-term care also poses potential risks for a frail and vulnerable Medicaid population, and cost savings are not guaranteed. Given the potential to impact tens of thousands of individuals and billions of dollars annually, a more comprehensive shift to managed long-term care requires careful study.

Florida has taken several steps designed to help the state create a more balanced LTC system through the expansion of home- and community-based services (HCBS) waiver programs.[36] Florida Medicaid currently operates 12 HCBS waivers, each developed to meet the needs of a particular population. No other state has more HCBS waivers. Since the State of Florida does not provide a personal care benefit as a Medicaid state plan service, access to HCBS services for adult Medicaid participants must occur through one of the Florida Medicaid HCBS waivers.

In addition to Medicaid HCBS waivers, the State of Florida also supports additional programs through funding from Florida GR trust funds. Aging HCBS supports funded through Florida GR include ten programs supervised by Florida Department of Elder Affairs. The State of Florida will continue to be challenged to adequately fund its current array of GR-funded programs, especially as its population ages and service demands continue to increase.

The State of Florida, like most states, faces continuing pressures to control the growth of public spending. For individuals who qualify for Medicaid participation, the use of Medicaid HCBS waivers allows the State of Florida to leverage additional federal dollars to serve more individuals and to provide a broader array of HCBS.

From the perspective of the State of Florida, the primary objective to be achieved by adopting statewide managed LTC is to contain costs by reimbursing MCOs a predictable and set amount per enrollee. Since HCBS alternatives are generally less expensive than care in a nursing home, the MCOs have a strong financial incentive to divert or delay long-term nursing home stays.

[36] Florida Department of Elder Affairs (2009). *Florida's State Profile Tool.*

Table 13

Certain Medicaid Long-Term Care Expenditures for FY 2009 by State

	FY 2009 Expenditures	Percent Change from FY 2004	FY 2009 Expenditures Per Capita	FY 2009 Expenditures	Percent Change from FY 2004	FY 2009 Expenditures Per Capita	FY 2009 Expenditures	Percent Change from FY 2004	FY 2009 Expenditures Per Capita
Service	Arizona	Arizona	Arizona	Florida	Florida	Florida	Wisconsin	Wisconsin	Wisconsin
Nursing Home Services	$33,119,468	42.4	$5.02	$2,402,791,045	6.8	$129.61	$1,098,776,448	15.8	$194.31
ICF-MR Total	$0		$0	$328,017,908	6.1	$18.00	$283,288,787	25.6	$50.00
ICF-MR Public	$0		$0	$121,200,481	-37.7	$6.54	$250,463,071	81.5	$44.29
ICF-MR Private	$0		$0	$206,817,427	80.5	$11.16	$32,825,716	-62.5	$5.80
Personal Care	$7,919,299	14.7	$1.20	$40,992,889	102.1	$2.21	$179,328,014	40.8	$31.71
HCBS Waivers Total	$0		$0	$1,258,490,776	57.2	$67.89	$637,868,275	13.0	$112.80
HCBS Waivers DD	$0		$0	$858,537,287	32.5	$46.31	$453,026,121	14.3	$80.11
HCBS Waivers A/D	$0		$0	$408,754,219	196.3	$22.05	$150,002,921	1.3	$26.53
HCBS 1115	$0		$0	$37,082,367	-14.9	$2.00	$0		
Home Health	$1,113,883	28.6	$0.17	$165,515,352	25.0	$8.93	$56,007,081	4.8	$9.90
Total Home Care	$9,033,182	16.3	$1.37	$1,507,068,472	51.0	$81.30	$873,203,370	17.2	$154.42
Inpatient Hospital Care	$260,403,601	72.9	$39.48	$3,065,925,875	34.4	$165.39	$576,890,012	119.8	$102.02
Inpatient Dispro Share	$133,125,418	2.8	$20.18	$234,896,769	9.7	$12.67	$14,661,409	-67.3	$2.59
Inpatient Mental Health	$1,443,268	24.4	$0.22	$14,415,216	79.7	$0.78	$30,161,950	-10.8	$5.33
Mental Health Dispro Share	$28,474,900	0	$4.32	$112,437,431	7.5	$6.07	$3,945,475	21.5	$0.70
Medicaid Managed Care Premiums	$5,822,789,535	44.1	$882.81	$2,527,416,961	71.7	$136.34	$1,941,550,244	171.8	$343.35
Prescribed Drugs	$7,068,186	31.3	$1.07	$1,066,079,757	-56.5	$57.51	$545,253,396	-20.6	$96.42
Total Long Term Care	$45,152,650	45.6	$6.39	$4,237,877,425	19.1	$228.61	$2,255,268,605	17.5	$398.83
Targeted Case Management				$102,830,026	0.7	$5.55	$56,511,035	41.1	$9.99
PACE				$4,987,088	321.5	$0.27	$0		
Total Medicaid HCBS	$6,349,643,390	43.5	$962.23	$18,702,134,771	18.0	$1,009.19	$9,439,031,939	32.2	$1,669.10

Source: Eiken, S., Sredl, K., Burwell, B. & Gold, L. (2010). *Medicaid Long Term Care Expenditures FY 2009.* Thomson Reuters.

Note: Care is required in the interpretation of this table because of apparent underreporting of information, especially by the State of Arizona.

Critical Considerations

Combination with Medicare and Other Medicaid Services

Medicaid managed long-term care can be combined with other Medicaid services and even operate alongside Medicare services. Texas has integrated Medicaid managed LTC with primary, acute, and behavioral health services. Arizona integrates Medicaid acute and LTC services under a single blended rate. Massachusetts integrates their entire Medicaid benefit with Medicare managed care for dual eligibles.

Mandatory v. Voluntary Enrollment

In a report to the Governor of New Jersey in 2009, the New Jersey Department of Health and Senior Services reported that "States that have made managed long-term care voluntary for Medicaid beneficiaries generally see most of their LTC users stay in the fee-for-service system." LTC costs are more predictable when plans can encourage enrollment from Medicaid participants with "favorable" risks. If MCOs can select a case-mix favoring low-cost participants (or induce high cost participants to disenroll), then managed LTC could be more expensive than fee-for-service.

Mandatory enrollment is complicated for dual eligibles: while they can be mandated into Medicaid managed care, they cannot be mandated to enroll into Medicare Advantage plans. Thus, integration of care is challenging. States are attempting to address this by mandating enrollment of dual eligibles into MCOs that are Medicaid managed care plans and also Medicare Advantage plans. While the enrollee can choose another Medicare arrangement, many will stay enrolled because it is easier to receive all services from a single provider.

Regulators will need to ensure that MCO contracts are prescriptive in the scope of provider networks or require plans to admit "any willing provider" to participate. Consumer choice can be severely limited if MCOs use a small lists of participating physicians and other service providers.

Covered Services

States have considerable flexibility when determining which LTC services are accessible through a managed care model. The State of Florida has recently had marked success transitioning individuals from nursing homes into assisted living (or back to private residences with HCBS waiver services).

When designing managed LTC programs, states must guard against inappropriate service substitution that is contrary to the intent of a program. Mitchell *et al.*, for example, noted that it appeared that short-term hospital inpatient stays were being used by some Florida Nursing Home Diversion Plans in lieu of respite care.[37] Since dual eligibility is an enrollment requirement for Nursing Home Diversion, the MCOs could shift most of the cost for a hospital inpatient stay of short duration to Medicare. For respite care, the MCO would have to bear the entire cost.

[37] Mitchell, G., Salmon, J.R ., Polivka, L.,& Soberon-Ferrer, H. (2006). *The relative benefits and cost of Medicaid home and community based services in Florida*. The Gerontologist 46, 483- 494.

Regulatory Standards

MCOs can reduce costs through the reduction of the use of unnecessary/inappropriate services, by negotiating advantageous terms in the enrollment of participating service providers; and, by working directly with consumers through effective case management programs.

Effective regulatory standards will be required in order to hold MCOs accountable for adequate levels of service, quality of care received, and appealing MCO plan decisions.

Rigorous third-party evaluations are critical for the State of Florida to make informed decisions about the performance of managed LTC. The evaluations should include access to appropriate services, quality assurance performance, quality of life, and participant satisfaction in addition to cost-effectiveness.

Network adequacy is a critical consideration at two levels. Under statewide mandatory enrollment, the State of Florida will need to ensure that an adequate network of MCO providers is available throughout the state. At the level of the individual MCOs, the State will need to establish standards that ensure that the MCOs continuously offer an adequate network of providers. The availability of local service providers is probably the most important factor for many participants in Medicaid LTC. Under voluntary enrollment, the nature of the provider network is another way in which MCOs can "game the system" and encourage "unfavorable risks" to disenroll. For example, participants can be offered nursing home care in less desirable facilities and told that if they disenroll and opt for fee-for-service, they can instead choose from more "desirable" facilities.

A closely related consideration is the question of whether MCOs should be required to accept the services of "any willing provider" or whether they can impose additional requirements upon LTC care providers beyond those under existing licensure standards.

Utilization management requires constant monitoring and evaluation. One way for MCOs to reduce costs is to deny access or make necessary and appropriate care otherwise less available. Managed LTC offers care to a vulnerable population and, consequently, the State would have a heightened responsibility to ensure timely access to appropriate care. A strong monitoring system will be required to ensure that MCO plans provide appropriate access and levels of appropriate care.

A transparent and user-friendly process for appeals and grievances is necessary. The appeals process should include a fair hearing process with state regulators. It is also important to recognize that the LTC population has a high incidence of cognitive impairment. The grievance and appeals process should include assistance for participants with cognitive impairments.

Comparative information relating to quality indicators, inspection citations and deficiencies, staffing, and the like are accessible through resources like the Nursing Home Compare website from CMS. Comparable information in Florida is either not available or less than user friendly when it comes to comparing ALFs. The Agency for Health Care Administration is not currently authorized to require the collection of comparable measures from assisted living facilities relating to quality indicators and staffing ratios. Such information would be essential for regulators to ensure that the provider network offered by the MCO plans for ALFs is adequate and appropriate.

Type of Ownership

There is a range of MCOs among the states that offer Medicaid managed LTC. Minnesota, for example, requires that MCOs be not-for-profit. In Arizona, there are traditional, for-profit HMOs; not-for-profit HMOs; and, county government-run providers. Florida has three decades of experience building a community-based long-term care infrastructure through its private, not-for-profit aging network agencies and the Area Agencies on Aging. That experience and the current infrastructure should be considered when addressing issues related o type of ownership.

Capitation Rates

The rate setting process is another area where there is wide variation among the various states. Some states use multiple cells to better assign risk and reduce costs. Others have adopted a single cell or a blended rate. The capitation rate setting for Nursing Home Diversion has undergone several changes. Currently, the consulting actuary recommends plan-specific rates that vary by county for the plans. Those recommendations are then used to inform the negotiating process between the MCOs and state regulators.

Both Arizona and Wisconsin place restrictions on profit and administrative expense. Both have a minimum Medical Cost Ratio (MCR) of 85%. This requires that a minimum of 85% of all funds received from Medicaid be applied to the care of participants. Maximums are also applied for administrative expense and profit of 7-8%.

Program Growth

Arizona's ALTCS began with Maricopa and Pima counties. A few years later, coverage was extended to Yavapai, Pinal, and Cochise counties. Each MCO served one county. Today, there are eight more providers, with four in Maricopa County.

The original plans and plans added during early expansion of ALTCS were former county-based, not-for-profit MCOs. Requirements of 85% MCR and maximum profit and administrative expense of 7-8% have not prevented ALTCS from adding commercial, for-profit plans and extending ALTCS to state-wide coverage.

Regulators in Arizona were quick to note that expansion of ALTCS into rural counties was critical to meeting the program's goals. Commercial MCOs would be reluctant to establish the necessary infrastructure in rural counties. To ensure coverage for ALTCS extended to rural areas of Arizona, regulators have required MCOs that serve urban counties also serve rural counties. For example, Bridgeway Health Solutions is a for-profit MCO that serves Maricopa County. The plan also includes residents from adjoining Yuma and La Paz counties. Evercare Select is another for-profit MCO serving Maricopa County. That plan also serves Mohave, Coconino, Navajo, and Apache counties.

Wisconsin Family Care is scheduled for state-wide expansion in June 2011. Regulators in Wisconsin expect the expansion to be delayed, owing to deficits in the State of Wisconsin's budget. All of the MCOs in Wisconsin are not-for-profit, serving from one county to several. Developing the necessary infrastructure in the more rural and remote areas of Wisconsin has proved to be challenge.

Provider Rates

MCOs generally negotiate rates with service providers, such as nursing homes. This is typically done on a contract-by-contract basis between each plan and each service provider. Some states have a requirement in their Medicaid managed LTC program that the existing Medicaid fee-for-service rates serve as a floor for rates paid by MCOs to service providers. Doing so compels the MCO to contain costs by effective management of care rather than by reducing the rates offered to service providers or opting for less desirable providers of residential or institutional care.

Coordination of Benefits

Nearly all aged and disabled adults requiring Medicaid long-term care services are also active Medicare participants. Coordinating care benefits between Medicare and Medicaid will be an important challenge for any comprehensive managed LTC system. Federal guidelines for integrating Medicaid and Medicare benefits are very prescriptive. Managed care organizations should be fully aware of relevant CMS requirements. One example a set of such requirements, related to Special Needs Plans, can be found at:

http://www.cms.gov/SpecialNeedsPlans/Downloads/SNPs_How_To_Document_111710.pdf.

Care Management

The MCOs in Arizona and Wisconsin stressed the critical role of care managers. They tended to prefer the title "Care Manager" rather than "Case Manager." This was more than a superficial distinction. In Wisconsin, the MCOs are even called collectively "Care Management Organizations (CMOs)."

"Case management" is viewed by Arizona and Wisconsin programs as a depersonalizing holdover from more traditional health care models (*i.e.,* HMOs). What the key informants were suggesting is the critical role of care managers. Care management requires more "face-to-face" interaction between care managers and Medicaid participants in managed LTC. Care managers play a powerful role in assuring that participant needs are being met. Both states emphasize "member-centered" care management relying on an integrated team of care professionals.

Mercy Care Plan is an especially instructive case study. Mercy Care Plan started as an Arizona not-for-profit MCO. It has subsequently come under management by Aetna. The care management team at Mercy Care Plan noted that the level of care management required in a long-term managed care model has been a culture shift for Aetna executive management. The amount of care management required to meet the needs of participants has been major point of disagreement, with Aetna executive management skeptical of the level of care management required for managed LTC. The ratio of care managers to participants is carefully monitored by Arizona regulators to ensure that access and quality are not threatened by inadequate care management. The mandated levels require more care management than is typical with HMOs handling acute medical care and chronic diseases like diabetes and asthma.

MCOs in Arizona and Wisconsin uniformly stressed the role of care management in achieving cost-effectiveness through managing care rather than simply rationing care or paying providers less than fee-for-service rates. In Arizona, for example, care managers can override the nursing home determination that a resident is receiving skilled nursing services or primarily just custodial care. That distinction results in a different payment rate for the nursing home. The nursing home can challenge the care manager determinations by asking the MCO for a second opinion.

The MCOs in both states also stressed the critical role of the care managers in assuring that participants receive appropriate care of high quality. Care managers are required to have telephone contact with each participant at a minimum of once each month and face-to-face visits at a minimum of every ninety days. As a consequence, the care managers are "in and out" of the facilities on a frequent basis. When they visit, they note in their records staffing ratios and other QI/QM issues that the MCO will need to address with the providers. Several Arizona and Wisconsin MCOs noted that these on-site reports from the care managers were critical components in their decisions to drop providers from their networks.

Implementation Mileposts

Based on the experiences of Arizona and Wisconsin and also derived from a broad reading of the available literature, we have identified twelve mileposts that we believe will be critical to a successful implementation of Medicaid managed long-term care in Florida.

Be realistic. *Have a clear vision of the overall Medicaid managed long-term care system with reasonable expectations for timelines related to program development and implementation.*

Arizona and Wisconsin initiated Medicaid managed LTC in order to provide Medicaid participants with a broader range of options for long-term care and to contain costs. The Wisconsin MCOs were unequivocal that the planning process needs to be deliberate. Having a clearly identified vision of the managed LTC system and clearly articulated expectations regarding access, quality, and cost will help guide decision makers at all levels.

Arizona created its statewide LTC system *de novo*. Wisconsin used legislation to implement and expand Wisconsin Family Care. In the case of Wisconsin, legislation was not required to implement Wisconsin Family Care, but the transparency of the legislative process and the interaction with legislative staff proved helpful in achieving "buy-in" from important stakeholders.

Identify funding shifts. *Understand that changing from a collection of §1915 waivers to a Medicaid managed long-term care system is a fundamental shift in how Florida long-term care providers, and managed care organizations think about funding and future financial plans.*

Florida does have experience with managed LTC waivers that it can leverage. State regulators have worked closely with an actuary firm to establish capitation rates. An encounter data system is in place.

Florida managed LTC waivers do not penetrate statewide. Payment variations among provider groups in different parts of Florida may prove to be a significant challenge. Wisconsin faced such a challenge during the implementation of Family Care. Not only will MCOs face issues with developing a standardized set of rate bands for the various HCBS services, they will also face differing expectations between service providers for different LTC populations.

Identify capacity issues. *Have reasonable expectations about the future capacity to provide the full continuum of managed long-term care services statewide.*

Rural areas of Florida are still largely unserved or underserved by important components of the LTC continuum. This is true, especially for adult day health care and assisted living. Diverting participants from nursing home care or transitioning them from institutional to residential care begs the question, "Divert them where?" Locating qualified, willing providers in rural parts of Wisconsin has delayed statewide expansion of Wisconsin Family Care. As of January 2011, eleven (largely rural) counties in Wisconsin are not yet served by Wisconsin Family Care.

Expansion of Medicaid managed LTC statewide could threaten the financial viability of smaller plans operating in the current Medicaid managed LTC waivers. This could be especially true if Florida follows

the precedent of Arizona ALTCS and places the MCOs at-risk for Medicaid acute care services as well as LTC services; smaller plans would probably not be able to accept the financial risk required.

The Arizona experience (ALTCS) indicates that reliance on national MCOs requires very prescriptive monitoring to ensure that the MCOs offer plans that meet state-specific goals rather than attempting to graft an "off-the-shelf" implementation that misses or compromises important elements of the state's policy framework for LTC.

Get it right, up front. *Take the time to design a system that can meet the varied needs of program participants.*

Hasty implementation and the need to revise goals, timelines, and policies while "on the move" were problems noted by all of the Wisconsin MCOs. Unrealistic expectations are a problem now faced by the Ohio Legislature, where the Ohio Governor has requested implementation of Medicaid managed LTC during a one month session. The LTC populations are among the most fragile and vulnerable Medicaid populations, which generates many important implementation details that require due deliberation if the goals of managed LTC are to be achieved without putting this population at excessive risk of inadequate care. Unintended adverse consequences during implementation and subsequent changes in policies and procedures will heighten both skepticism about and resistance to managed LTC.

Get buy-in. *Engage stakeholders throughout the planning process to foster smooth program implementation.*

Wisconsin MCOs noted that consultation with all stakeholders during development and early initialization was generally good but could have been better. There was a feeling that state policymakers consulted more with some MCOs than others. Program features that were tailored to a small handful of stakeholders were not always effective as the program implementation expanded.

It is critical that a wide range of stakeholders be engaged during development and continually consulted through implementation. This includes not only the MCOs but also professional associations and advocacy organizations. The MCOs in Arizona and Wisconsin indicated that their communication and collaboration with state and local officials were spotty and superficial. Resistance to managed LTC is often initiated and sustained by professional associations, service providers and advocacy organizations, and should be included from the beginning in planning for the conversion to a managed LTC model.[38] It is especially important to include discussions with the Area Agencies on Aging (AAA) and AAA network service providers regarding their past and future roles in Medicaid LTC.

Successful implementation of a statewide managed LTC plan is also an important culture shift for the typical healthcare MCO. Managed LTC requires access to a different model of care management than is typically employed in non-LTC MCOs. Currently, only three national firms have extensive experience operating managed LTC plans: United Health Care, AmeriGroup, and Aetna/Schaller Anderson.[39]

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[38] *Ibid.*

[39] *Profiles of State Innovation: Roadmap for Managing Long-Term Supports and Services*, Center for Health Care Strategies, Inc. (2010).

Make it mandatory. *Voluntary participation risks inadequate enrollment and loss of financial viability of the program.*

In the voluntary enrollment model, participants have the choice to either participate in the managed LTC program or receive care in the fee-for-service system. Voluntary enrollment appeals to participants and to advocacy organizations because of concerns related to choice, provider access, and disruption of care. A voluntary enrollment model can make it difficult to attract high-quality MCOs. Voluntary enrollment makes it more difficult for MCOs to attract a "critical mass" of enrollees to ensure that their participation remains financially viable. It also makes it more difficult for MCOs to build needed infrastructure to support rebalancing from nursing home care to HCBS.

Voluntary enrollment is also less cost-effective. Plans are encouraged to spend money for advertising that could otherwise be spent on care services. From the perspective of the state policymakers, mandatory enrollment enhances budget predictability. On the other hand, however, consumers and advocates may think that voluntary enrollment is necessary.

As the Center for Health Care Strategies noted, "When deciding on an enrollment model, states face a challenging compromise – the approach that gathers the support of consumers and advocates may limit the interest of MCOs, thus reducing the benefits that a managed care system can provide to consumers (*e.g.*, enhanced benefits, care coordination) and states (*e.g.*, an accountable system, predictable costs)."[40]

Incentivize providers. *Structure benefits to ensure that participants receive the appropriate care in the appropriate setting at the appropriate time, and to ensure an adequate range of options for consumer freedom of choice, and the kind of MCO accountability that comes with the freedom of consumers to choose among multiple participants in the MCO market.*

Medicaid managed LTC can take many different forms. Wisconsin, for example, includes LTC for both the aged and for persons with IDD in Family Care, but acute care is excluded. Arizona includes both LTC and acute care in order to align incentives, but only the aged are served through ALTCS. Persons with IDD are served through the state agency serving persons with IDD, and this agency is the MCO in Arizona for this population.

Although Wisconsin does not include acute care as part of the Family Care program, there is considerable effort expended to coordinate acute and long-term care services. Intense opposition by advocacy organizations was the rationale offered by Wisconsin regulators for the exclusion of acute care benefits. Advocacy organizations believed that including acute and long-term care would result in a "medical model" where diagnosis codes and medical treatment would predominate and erode support for HCBS alternatives. Advocacy organizations also strongly impacted the decision to separate LTC for the aged and LTC for persons with IDD in Arizona.

[40] *Enrollment Options for Medicaid Managed Care for People with Disabilities*, Center for Health Care Strategies, Inc. (2007).

Arizona encourages greater reliance on HCBS through its capitated rate structure. Arizona uses an HCBS-nursing facility mix to help set its rates. When plans provide HCBS to a greater number of participants than projected, they are rewarded through a reconciliation process at the end of the year.

Incentivize participants. *Structure benefits and include paid family caregivers.*

There is currently little or no capacity for assisted living in the more rural and remote parts of Florida. Building the necessary infrastructure for residential care will require innovative strategies and take time.

Allowing family, neighbors, or friends to provide in-home care is a successful strategy in several states, including Florida, Arizona and Wisconsin. Arizona policymakers were initially concerned that payments to family members would have a serious "woodwork" effect. Arizona discovered that their Spouse as Paid Caregiver option was a way to increase the available direct care workforce and to keep participants in the community and avoid nursing home placement. Florida has experience with this approach through its consumer-directed care models that include elders, adults with physical disabilities and persons with IDD.[41]

Insist on accountability. *Establish robust contractor oversight and monitoring requirements beyond those required by managed care regulations with public disclosure of the findings being required.*

Continual, careful monitoring is required, especially when more impaired participants receive care in less formal settings. Close monitoring is also critical to ensure that consumers receive comparable benefits regardless of plan.

Arizona has found monitoring to be increasingly necessary as national, for-profit MCOs have entered their LTC program. ALTCS contractors were local, non-profit MCOs until recent years. The experience in Arizona has shown that the for-profit MCOs prefer to adopt their own standardized care models and the state found it necessary to be relatively prescriptive in their contracts with MCOs. For example, the state has imposed additional requirements such as maximum case manager loads and quarterly in-person visits of all participants whether in a nursing home or receiving HCBS.

Ensure equitable access. *Keep the needs assessments and participant choice counseling independent from the program contractors.*

The Kaiser Commission on Medicaid and the Uninsured found "a pervasive lack" of relevant information from MCOs to plan participants about the enrollment process, how to seek and obtain care, and who is an available provider. Under both mandatory and voluntary enrollment, participants found it difficult to access care because they do not know which providers they can visit and how to make managed care serve their needs.[42]

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[41] At least two demonstration studies, including an evaluation of the Florida Cash and counseling demonstration project, have found that abuse, neglect, and fraud occurred no more frequently in consumer-directed care than it does with agency-directed care. See Doty, P., Mahoney, K., & Sciega, M. (2010). *New State strategies to Meet Long Term Care Needs*. Health Affairs. 29(1):49-56.

[42] *Mandatory Medicaid Managed Care – Plan and Enrollee Perspectives on the Enrollment Process*, Kaiser Commission on Medicaid and the Uninsured (2000).

The Affordable Care Act (ACA) in section §10202 (Incentives for States to Offer Home and Community-Based Services as a Long-Term Care Alternative to Nursing Homes) authorizes incentive payments to qualifying states that are working to rebalance LTC. One requirement is that states must utilize a standardized assessment instrument to determine eligibility for HCBS and develop individual care plans. A second condition is that states must provide "conflict free" case management. Conflict free case management does not allow the provider agency, which stands to benefit from increased service utilization, to determine the level of services authorized under the care plan.

Ensure quality. *Use a uniform tool that includes a comprehensive set of long-term care measures to ensure consistent access to needed care and is conducted independently of the contractors and their providers.*

A uniform assessment tool is critical to the success of any managed care program. Independence from contractors and service providers in both the administration of the instrument and the subsequent analysis and service plan development help to ensure that participants are assessed objectively and receive appropriate care. The goal of a uniform assessment tool is to confirm that the services provided by the MCOs meet the needs of participants and are not driven instead by provider revenue interests.

Wisconsin uses their assessment tool as the basis for capitated rate setting. It is also used by state regulators during their annual recertification meetings with the providers to establish corrective action plans and improvement goals.

Be transparent. *Provide consumers with user-friendly information so they can make meaningful choices among types of care, contractors and their care providers.*

Lack of information undermines consumer choice. It also undermines competition.

If consumers are to be active participants in the planning and delivery of services, they must have easy access to relevant, user-friendly information. MCOs tend to send a large, bulky envelope of information that many participants find incomprehensible, overwhelming, and – as a result – frustrating. CMS provides limited details about QI/QM measures, staffing, citations, and the like for nursing homes. Access to this information assumes a level of computer literacy that many frail Medicaid participants do not possess. Access to information from the CMS Nursing Home Compare site is far from user-friendly. Information on other providers, such as assisted living or personal care services is even more limited.

Appendix

Medicaid Expenditures for Each Type of Home & Community Based Service for FY 2009-10

Service	Monthly Number of Services	Unit Cost	Total Cost
Aging - Services	208,825	$35.35	$88,585,973
Medicaid services – Disabled Adult	23,559	$51.29	$14,499,134
Medicaid Services – Aging Out	2,550	$320.65	$9,812,003
Developmentally Disabled	441,377	$173.14	$917,033,114
Channeling	1,293	$953.87	$14,800,322
Alzheimer's	8,048	$47.56	$4,593,452
Brain & Spinal Cord	14,318	$63.20	$10,858,967
Cystic Fibrosis	450	$74.87	$404,280
Adult Day Care	457	$77.42	$424,595
AIDS	13,300	$59.79	$9,542,045
Riley Syndrome	10	$241.16	$28,939
TOTAL	714,187	$124.92	$1,070,582,824

Low Income Pool Council Recommendations for State Fiscal Year 2011-2012

Phil E. Williams,
Assistant Deputy Secretary for Medicaid Finance

Presented to the Senate Health and Human Services Committee
February 23, 2011

1115 Medicaid Reform Waiver

- Pursuant to Section 409.91211, Florida Statutes, the Agency requested and was granted a Section 1115 Research and Demonstration Waiver to implement the program.
  - The initial approval period for the waiver was for 5 years starting July 1, 2006, through June 30, 2011.
  - Under a section 1115 waiver, states are provided with the option to request a 3 year extension after the initial 5 year period.
  - The current Medicaid Reform Waiver expires June 30, 2011.

1115 Medicaid Reform Waiver

- On April 30, 2010, the Florida Legislature passed Senate Bill (SB) 1484.
- Within this bill, the Florida Legislature directed the Agency to seek approval of a 3 year waiver extension in order to continue operation of the 1115 waiver in Baker, Broward, Clay, Duval, and Nassau counties. The Agency was directed to submit the extension request by no later than July 1, 2010.
- The Agency submitted a 3-year waiver extension request to the Centers for Medicare and Medicaid Services on June 30, 2010.
- An extension, even without programmatic change, would include new Special Terms and Conditions (STCs) relating to Low Income Pool funding and an update to budget neutrality.
- CMS has indicated that the parameters of the Low Income Pool (LIP) will be reviewed consistent with existing regulations regarding budget neutrality and (hospital) upper payment limits.

1115 Medicaid Reform Waiver

- Program elements considered for amendment may change as CMS continues to review the extension request.
- The deadline for CMS to respond to the extension request is June 29, 2011.
  - CMS may grant a temporary extension or series of extensions.

Low Income Pool as part of the 1115 Waiver

- Under the 1115 waiver authority, CMS can allow for the provision of federal matching funds for costs not otherwise matchable under federal Medicaid regulation.
- Funding through LIP for programs such as initiatives focused on primary care, emergency room diversion, disease management, poison control, and continued initiatives related to premium assistance programs for uninsured and underinsured individuals are authorized specific to 1115 waiver authority.

Future Low Income Pool Funding

- As part of the extension request, Florida requested to maintain the $1 billion annual funding for LIP.
- The Upper Payment Limit (UPL) payment methodology is allowable under federal regulations 447.272 to help offset the Medicaid shortfall for Medicaid participating hospitals and was in place in Florida from July 1, 2000 until June 30, 2006.
- UPL provides supplemental payment for fee-for-service hospital days.
- The Low Income Pool (LIP) was established July 1, 2006, to ensure continued government support for the provision of health care services to Medicaid, underinsured and uninsured populations.
- LIP provides payment for uncompensated care to under and uninsured people.

Future Low Income Pool Funding

- In considering the element of LIP funding as part of the waiver Extension request, CMS has requested the Agency analyze funding that would be available to Florida under the UPL model.
- It is anticipated that the UPL will serve as the base for determining LIP funding amounts under an extension.
- CMS has noted that to the extent the base is less than the currently authorized $1 billion annual limit, the State may request the use of savings generated under the waiver to maintain the $1 billion annual funding level.
- There are sufficient savings under the waiver to maintain the $1 billion annual funding level if needed.

Future Low Income Pool Funding

- In September, the Agency provided CMS with the timeline associated with the required LIP Council recommendations and the Legislative Budgeting process, no direction regarding future LIP funding levels has been received to date.
- At the time, the Agency requested that CMS verify LIP funding levels by March 2011 so that Legislative budget committees could be informed of any new STCs regarding the distribution of LIP funds.
- For the purposes of making Low Income Pool Funding recommendations for the 2011-2012 state Fiscal Year, the Low Income Pool Council recommendations are based on the anticipation that funding levels will remain consistent at $1 billion annually for the 2011-2012 fiscal year.

Low Income Pool (LIP) Program

- The Low-Income Pool (LIP) program was implemented July 1, 2006 as part of the Medicaid Reform 1115 Research and Demonstration Waiver.
- Per Special Term and Condition (STC) #91 of the 1115 Wavier:
  - "A Low Income Pool will be established to ensure continued government support for the provision of heath care services to Medicaid, underinsured and uninsured populations. The low-income pool consists of a capped annual allotment of $1 billion total computable for each year of the 5-year demonstration period."

Low Income Pool – Provider Access Systems

- Funding in the LIP Program allows many Provider Access Systems (PAS) in Florida, to receive additional payments to cover the cost of providing services to Medicaid, uninsured, and underinsured individuals. PAS entities are defined in the waiver as providers with access to LIP funding and services funded from LIP.
- PAS entities include entities such as hospitals, clinics, or other provider types and entities designated by Florida Statutes to improve health services access in rural communities, which incur uncompensated medical care costs in providing medical services to the uninsured and underinsured.

Low Income Pool Council

- Council Authority and Membership:
  - The Low Income Pool (LIP) Council is created by Section 409.911(10), F.S.
    - Twenty-four members including representatives from local governments, various public, teaching, rural, for-profit, not-for-profit hospitals, federally qualified health centers, the Department of Health, and the Agency for Health Care Administration (the Agency).
    - Twenty members are appointed by the Secretary of AHCA. Two members are appointed by the Senate President; two by the Speaker of the House of Representatives.
    - The Council is Chaired by the Agency's Secretary or designee. The Chair is a non-voting member.

Low Income Pool Council

- Per the statute, the Council is an advisory body responsible for:
  - Providing recommendations on the financing of and distribution of funds for the LIP and Disproportionate Share Hospital (DSH) programs.
  - Advising the Agency on the development of the LIP Plan required by the waiver.
  - Advising the Agency on the distribution of hospital funds used to adjust inpatient hospital rates, rebase rates, or otherwise exempt hospitals from reimbursement limits as financed by intergovernmental transfers.
  - Submitting its findings and recommendations to the Governor and the Legislature no later than February 1 each year.

Low income Pool Permissible Expenditures

- "Funds from the LIP may be used for health care expenditures (medical care costs or premiums) that would be within the definition of medical assistance in Section 1905(a) of the Act. These health care expenditures may be incurred by the State, by hospitals, clinics, or by other provider types for uncompensated medical care costs of medical services for the uninsured, Medicaid shortfall (after all other Title XIX payments are made) may include premium payments, payments for provider access systems (PAS) and insurance products for such services provided to otherwise uninsured individuals, as agreed upon by the State and CMS."

* Special Term and Condition #94

Low Income Pool Permissible Expenditures 10 percent Sub Cap.

- "Up to 10 percent of the capped annual allotment of the LIP funds may be used for hospital expenditures other than payments to providers for the provision of health care services to an uninsured or underinsured individual. Payments from this sub-cap may be used for the improvement or continuation of specialty health care services that benefit the uninsured and underinsured, such as capacity building and infrastructure, hospital trauma services, hospital neonatal services, rural hospital services, pediatric hospital services, teaching or specialty hospital services, or safety net providers."

*Special Term and Condition # 96

LIP Council Funding Elements

- Pursuant to statute, the Council makes recommendations for financing and distribution of funds outside of the annual $1 billion in Low Income Pool funds available under the 1115 Wavier.
  - Distribution of Low Income Pool funds
  - Distribution of Disproportionate Share Hospital (DSH) programs.
  - Distribution of hospital funds used to adjust inpatient hospital rates, rebase rates, or otherwise exempt hospitals from reimbursement limits as financed by intergovernmental transfers.
    - Exemptions
    - Buy–Backs

Medicaid Payments to Hospitals:

- Under the Medicaid program, rates for institutional providers, such as hospitals, are set on a facility specific basis, based on each facility's reported costs.
- Rate are established twice a year, and are all inclusive, "per diem" rates, based on reported costs for services provided by the hospital to Medicaid recipients on a fee-for-services basis.
- Rates are set for Inpatient and Outpatient services.

Hospital Exemptions/ "Exempt Rates":

- Rates for hospitals participating in the Medicaid program are set using methodology outlined in the Title XIX Reimbursement Plans.
- These plans include limitations to reimbursement known as "targets" or "ceilings" which are intended to limit the rates to a predetermined rate of growth.
- In order to maximize funding for certain hospitals, budget authority has been provided to allow these providers to be "exempt" from these limits, provided that the state share of the additional rate resulting from that exemption is provided through contribution from local governments (county and special taxing authorities).
- The rates paid to these facilities is referred to as the "exempt rate".
- The funds used as state share for the additional rate paid to these "exempt" facilities are collectively known as Intergovernmental Transfers, or "IGTs"

Authority to "Buy-Back" Rate Reductions:

- Over the past several years, the Legislature has made a series of reductions to the hospital inpatient and hospital outpatient categories in order to accommodate the need for overall reductions in the Medicaid budget.
- When a reduction is mandated, the state is able to reduce its General Revenue expenditures; however, the corresponding federal funding, or "federal match" is lost as well.
- In order to maximize funding for the hospitals participating in the Medicaid program, budget authority has been provided through proviso to allow the hospitals to "buy-back" the federal match by ensuring contributions of county, local government, or hospital funds to serve as the state share to drawn down federal funds in the amount of the reduction made through the GAA.
- The funds used to "buy-back" these reductions are collectively known as Intergovernmental Transfers, or "IGTs".

Council Challenges in the Development of recommendations for SFY 2011-2012

- Declining state revenues and state matching funds and the resulting consideration of cuts to Medicaid reimbursement rates for hospitals and Medicaid funding in general.
- The phase down of the enhanced Federal Medical Assistance Percentage (FMAP)
- Increased demand for non-federal funding (IGTs).
- What data to use as a “base” calculation for SFY 2011-12 distribution of LIP funds.
- Status of the 1115 Waiver extension request and potential changes to Special Terms and Conditions or milestones regarding distribution of funding.

LIP Council Recommendations

Following are the LIP Council recommended funding levels for SFY 2011-12 (in millions):

	Council Recommended
Low Income Pool -	$1,000.3
Exemptions Program -	$610.5
Disproportionate Share -	$260.0
Medicaid "Buy-Backs" Program -	$149.8
Total	**$2.02 billion**

Comparison of SFY 2010-11 LBC Appropriation to SFY 2011-12 LIP Council Recommendations (in millions)

Low Income Pool:	SFY 2010-11 LBC	SFY 2011-12
➢ LIP	$ 765.3	$848.0
➢ Special LIP	138.5	96.0
➢ LIP Non-Hospital	96.4	56.3
➢ Total LIP (millions)	$1,000.3	$1,000.3
Related Programs:		
➢ Disproportionate Share Hospital	$ 264.3	$260.0
➢ Exemptions	714.0	610.5
➢ Medicaid "Buy-Back" Program	158.4	149.8
➢ Total LIP Related (millions)	$ 1,136.7	$1,020.3
➢ Total LIP and Related Programs	$2,137.0	$2,020.6

Summary of Funding Sources

Where do the dollars come from?

State General Revenue	$ 19.9 million
Local Taxes & Other Agencies	$ 889.0 million
Federal Funds	$1,111.8 million
Total	**$ 2.02 billion**

Sources of Matching Funds

Matching funds (all programs):

- $19.9 million in total state GR match.
- $889.0 million in local Intergovernmental Transfers (IGTs) are provided using local tax dollars, other Agencies' funds and public hospital operating funds. Twenty-eight local governments contribute these funds.
- The Council Recommendations for SFY 2011-12 includes an increase of $117.1 million in local IGTs.

Hospital IGT Contributors

State and Local Government	Statewide Issues	DSH	LIP & Program Exemptions	Total
Hospital Issues				
General Revenue		-	250,000	250,000
General Revenue Recurring	-	6,602,899	9,270,670	15,873,569
Citrus County Hospital Board	-	-	8,059,233	8,059,233
Collier County	-	-	2,872,595	2,872,595
Duval County	1,506,817	4,711,475	17,366,012	23,584,304
Halifax Hospital Medical Center Taxing District	-	4,387,288	30,835,973	35,223,261
Health Care District of Palm Beach County	-		22,392,324	22,392,324
Health Central			2,647,481	2,647,481
Hillsborough County	2,188,721	3,322,203	28,990,696	34,501,620
Indian River Taxing District	-	-	9,957,218	9,957,218
Lake Shore Hospital Authority	-	-	2,872,595	2,872,595
Lee Memorial Health System	-	6,049,515	6,179,546	12,229,061
Marion County	-	1,129,937	3,917,028	5,046,965
Miami-Dade County	12,094,236	44,640,135	311,044,078	367,778,449
North Broward Hospital District	4,216,371	22,379,294	125,910,790	152,506,455
North Lake Hospital Taxing District	-	-	12,573,564	12,573,564
Orange County	-	2,759,128	9,535,690	12,294,818
Pinellas County	-	1,124,754	23,730,325	24,855,079
Sarasota County Public Hospital Board	-		21,480,737	21,480,737
South Broward Hospital District	2,761,135	12,295,064	76,783,532	91,839,731
St. Johns County	-	-	367,233	367,233
South Lake Hospital Taxing District		-	4,318,174	4,318,174
Gulf County	-	-	1,029,925	1,029,925
Bay County	-	-	5,973,562	5,973,562
North Brevard Hospital District	-	-	1,179,340	1,179,340
Manatee County			5,173,334	5,173,334
GME DSH		870,200		870,200
Total Government Transfer (Hospitals)	**22,767,280**	**110,271,892**	**744,711,656**	**877,750,828**

Recommended LIP Program

LIP Allocated and Proportional Distributions Recommended funding of $847.99 million

- The Council recommends the distribution methodology approved in the 2010 GAA with minor policy modifications
- Allocation factor is 11%
- Rural Hospitals are held harmless in this calculation at $2.4 million.

Special Hospital LIP

Council Recommended funding of $96.0 million for the following initiatives:

▪ Rural	$ 5.7 m
▪ Primary Care	$ 8.6 m
▪ Specialty Pediatric	$ 1.4 m
▪ Trauma	$ 8.8 m
▪ Safety Net	$ 71.4 m
Total Special LIP	**$ 96.0 m**

LIP Non-Hospital Programs

Recommended funding of $56.2 million

- Initiatives focused on primary care, emergency room diversion, disease management, poison control, and continued initiatives related to premium assistance programs for uninsured and underinsured individuals.
- Federally Qualified Health Centers, County Health Departments, Hospital based Primary Care Programs benefit from continued funding.
- Projects Include:
  - Poison Control Centers
  - Federally Qualified Health Centers
  - County Health Initiatives
  - Hospital Based Primary Care Initiatives
  - Premium Assistance Programs
  - Manatee, Sarasota, and Desoto County Emergency Room Diversion

Disproportionate Share Hospital Program (DSH)

Recommended funding $260 million

- The DSH Program provides financial support to hospitals serving a significant number of low-income patients.
  - Federally capped program with limited allotments to each state.
  - Seventy hospitals including the rural hospitals are recommended for Medicaid DSH payments.
- The DSH Program distribution method remains the same as SFY 2010-11.
- DSH is authorized under federal law and not the 1115Waiver LIP Pool.

Exemption Program

Recommended funding of $600.5 million

- Qualifying hospitals are eligible for Medicaid reimbursement that is exempt from specific ceilings and targets
- Uses the policy parameters as approved for SFY 2010-11.
- Exemption Level:
  - Children's Hospitals 90.00%
  - Statutory Teaching Hospitals 75.00%
  - Trauma, Specialty and GAA Hospitals 70.00%
  - Hospitals with greater than 15% Charity Care 42.34%
  - CHEP Hospitals 30.00%
  - Hospitals with Charity Care $\geq$ 11% but < 15% 30.00%
- Authority for any Medicaid hospital not otherwise qualified to "self-exempt" using qualifying local funds.

Buy-Back Program

Recommended funding of $149.8 million

- Authority was granted in the 2008 Legislative Session to allow qualifying hospitals to “Buy Back” required rate reductions. This results in increased reimbursement paid by Medicaid. The Authority was modified and expanded in the 2009 Session and again in the 2010 Session.
- Rate Buy-Backs - Medicaid trend adjustments (current year rate cuts) and rate reductions are partially restored for certain hospitals.
- Hospitals with qualifying IGTs will be allowed to maximize funds to restore reimbursement rate reductions.

Other LIP Council Recommendations for SFY 2011-12

- Primary Care
  - Duration of projects-proviso
  - Alternative allocation of funding
- Florida's Fair Share of Federal Funding
  - LIP, DSH, etc.
  - Maximize IGT funded hospital exemptions and buy-back reimbursement

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Questions?

Crisis Stabilization Unit Admissions by Program and Fiscal Year

Fiscal Year	Adults	% Change	Children	% Change	Total Served	% Change
2005-06	31,696		7,239		38,935	
2006-07	33,666	6%	8,460	17%	42,126	8%
2007-08	38,187	13%	7,182	-15%	45,369	8%
2008-09	37,440	-2%	7,305	2%	44,745	-1%
2009-10	39,216	5%	7,397	1%	46,613	4%
Avg. Served	**36,041**		**7,517**		**43,558**	
Avg. Change		**6%**		**1%**		**5%**

Special Report of Baker Act Data for 11 Years by Year and Initiator Type[1]

Annette Christy, Ph.D.
Associate Professor
Baker Act Reporting Center
de la Parte Florida Mental Health Institute
College of Behavioral and Community Sciences
University of South Florida
achristy@fmhi.usf.edu; http://bakeract.fmhi.usf.edu

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INTRODUCTION

The Baker Act is the name for Florida's involuntary treatment statute (F.S. 394). The Baker Act Reporting Center at the Florida Mental Health Institute receives certain data relevant to the Baker Act. The Baker Act specifies that these data are to be submitted to the Florida Agency for Health Care Administration (AHCA). The Baker Act Reporting Center receives these data via an agreement with the AHCA. Data on involuntary or "Baker Act" examinations have been received since 1997. These include BA52 forms for examinations initiated by law enforcement officials and mental health professionals, as well as ex-parte orders for involuntary examination. More specifics about data reporting requirements within the Baker Act and the Baker Act data can be found at the Baker Act Reporting Center website (http://bakeract.fmhi.usf.edu). Readers of this brief report are encouraged to read the most recent annual report of the Baker Act data to develop a better understanding of these data.

It is important to understand that not all involuntary examinations result in admissions. These data are also only for involuntary Baker Act exams. The data do not include counts of voluntary admissions.

METHOD

Involuntary Examination (Baker Act) Data from January 1, 1999 through December 31, 2009 were used for these analyses.

RESULTS

Counts of involuntary examinations by year and for each initiator type are presented in Table 1. The total count of involutnary exams by year and initiator type is also presented. The sum of counts for adults and children do not sum to the totals because the totals column includes involutnary exams for which age could not be computed (because the date of birth was not compelted on the forms submitted).

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[1] Suggested Citation: Christy, A. (2010). *Special Report of Baker Act Data for 11 Years by Year and Initiator Type*. Baker Act Reporting Center, de Parte Florida Mental Health Institute, College of Behavioral and Community Sciences, University of South Florida, Tampa, FL.

Table 1:
Counts of Involuntary Examinations from 1999 through 2009 by for Adults and Children by Initiator Type

Year	Initiator Type	Adults (18+) Exams #	Adults (18+) Exams %	Children (4 through 17) Exams #	Children (4 through 17) Exams %	All Ages Exams #	All Ages Exams %
1999	Judge	1907	4.5	441	4.8	3367	4.5
	Mental Health Professional	22694	54.0	3107	34.0	38325	50.9
	Law Enforcement	17406	41.4	5583	61.1	33656	44.7
		42007	**100.0**	**9131**	**100.0**	**75348**	**100.0**
2000	Judge	2528	4.3	618	4.5	3478	4.3
	Mental Health Professional	32833	55.8	4491	32.7	40711	50.7
	Law Enforcement	23489	39.9	8634	62.8	36052	44.9
		58850	**100.0**	**13743**	**100.0**	**80241**	**100.0**
2001	Judge	2685	3.8	558	3.8	3535	3.9
	Mental Health Professional	38994	55.9	4875	32.8	46126	51.0
	Law Enforcement	28134	40.3	9425	63.4	40706	45.0
		69813	**100.0**	**14858**	**100.0**	**90367**	**100.0**
2002	Judge	2824	3.5	502	3.1	3519	3.5
	Mental Health Professional	44430	55.8	5366	33.2	51363	51.5
	Law Enforcement	32397	40.7	10310	63.7	44905	45.0
		79651	**100.0**	**16178**	**100.0**	**99787**	**100.0**
2003	Judge	3082	3.7	492	2.9	3717	3.6
	Mental Health Professional	46432	55.1	5620	32.8	53407	51.1
	Law Enforcement	34811	41.3	10997	64.3	47467	45.4
		84325	**100.0**	**17109**	**100.0**	**104591**	**100.0**
2004	Judge	3227	3.6	467	2.5	3827	3.5
	Mental Health Professional	47199	53.1	6048	32.2	54584	49.3
	Law Enforcement	38388	43.2	12282	65.3	52265	47.2
		88814	**100.0**	**18797**	**100.0**	**110676**	**100.0**
2005	Judge	3499	3.6	399	2.1	3958	3.3
	Mental Health Professional	50959	52.6	6221	32.2	58065	49.0
	Law Enforcement	42414	43.8	12711	65.8	56390	47.6
		96872	**100.0**	**19331**	**100.0**	**118413**	**100.0**
2006	Judge	3214	3.3	449	2.3	3721	3.1
	Mental Health Professional	50516	51.7	6068	31.6	57375	48.3
	Law Enforcement	43906	45.0	12675	66.0	57645	48.5
		97636	**100.0**	**19192**	**100.0**	**118741**	**100.0**
2007	Judge	3175	3.1	448	2.3	3671	3.0
	Mental Health Professional	52246	51.6	6190	32.4	59383	48.5
	Law Enforcement	45911	45.3	12489	65.3	59427	48.5
		101332	**100.0**	**19127**	**100.0**	**122481**	**100.0**

Year	Initiator Type	Adults (18+)		Children (4 through 17)		All Ages	
		Exams		Exams		Exams	
		#	%	#	%	#	%
2008	Judge	3000	2.7	367	1.8	3415	2.6
	Mental Health Professional	57305	51.9	6513	32.8	64680	49.0
	Law Enforcement	50037	45.3	12994	65.4	63977	48.4
		110342	**100.0**	**19874**	**100.0**	**132072**	**100.0**
2009	Judge	2867	2.5	339	1.7	3240	2.4
	Mental Health Professional	59374	51.8	6489	31.9	66491	48.8
	Law Enforcement	52453	45.7	13487	66.4	66626	48.9
		114694	**100.0**	**20315**	**100.0**	**136357**	**100.0**

Fiscal Year 2008-2009 Report

Compliance with Legislative Annual Report
Per Subsection 394.461(4), Florida Statutes

Bed Use in Public Receiving Facilities and Treatment Facilities

Mental Health Program Office
Department of Children and Families

George H. Sheldon
Secretary

Charlie Crist
Governor

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Prepared by:

Sen-Yoni F. Musingo, Ph.D.
Adam L. Wasserman, Ph.D.
Katharine V. Lyon, Ph.D., Director
Mental Health Program Office
Tallahassee, Florida 32399-0700

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Compliance with Legislative Annual Report Per Subsection 394.461(4), Florida Statutes

Executive Summary

The purpose of this report is to comply with subsection 394.461(4), Florida Statutes, which requires the Department to collect the following data elements from public receiving and treatment facilities: (a) number of licensed beds; (b) number of contract days; (c) number of admissions by payor class and diagnosis; (d) number of bed days by payor class; (e) average length of stay by payor class; and (f) total revenues by payor class. The statute also requires this report to include individual facilities' data, as well as statewide totals, to be submitted annually to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

For Fiscal Year 2008-2009, the Department received mental health data from 38 public receiving facilities providing Crisis Stabilization Unit (CSU) services and three state mental health treatment facilities providing civil inpatient services. CSUs provide brief psychiatric intervention, primarily for persons with acute psychiatric conditions. Length of stays for persons admitted to a CSU average 3 to 14 days. State mental health treatment facilities provide long-term care and treatment for persons with chronic psychiatric conditions. Persons admitted to state mental health treatment facility are typically committed to the Department by court order per Chapter 394, Florida Statutes. Persons committed to the Department have administrative law reviews at least once every six months to determine if they continue to require hospitalization. Length of stays for persons admitted to a state mental health treatment facility tend to average seven months.

This report not only describes the process used to collect the required data and validate the accuracy and consistency of these data, but also provides the tabulation of individual facilities' data in Appendices A and B, as well as statistical summaries of the statewide totals in Attachments 1 through 9. The following are key findings as a result of this statistical data analysis.

- **Licensed CSU Beds:** The total number of licensed CSU beds in Fiscal Year 2008-2009 was 1,069.12 as shown in Chart 1 (see page 3). Most of these beds (61%) were DCF-funded. Adult CSU beds accounted for 80 percent of all licensed CSU beds, and children's CSU beds represented the remaining 20 percent of licensed beds. Attachment 1 (see page 23) provides the number and percentage of licensed CSU beds for adults and children by region and funding source.
- **Contract Days by Payor Class:** Contract days were derived by dividing total annual revenue by the contracted unit cost rate. The facilities contracted for a total of 344,330 CSU bed days in Fiscal Year 2008-2009 as shown in Chart 2 (see page 4). Of this total, 82 percent were contract bed days for adults and 18 percent for children. DCF funded 70.3 percent of these CSU contract bed days. Attachment 2 (see page 24) displays contract bed days for adults and children by region and payor class.
- **Admissions by Payor Class and Diagnosis:** DCF was the funding source for 62.2 percent of the 62,156 CSU admissions in Fiscal Year 2008-2009. Adults accounted for 80.7 percent of all CSU admissions and children represented 19.3% (see Chart 3, page 6). Chart 4 (see page 7) provides the percentage of admissions for adults and children by payor class in Fiscal Year 2008-2009. As shown in this chart, Other Government Programs represented the highest Non-DCF payor class for adult CSU admissions (10.4%). For children, Medicaid Health Maintenance Organization (HMO) was the highest payor class for children CSU admissions (34.0%). The three most prevalent diagnoses for both adult and children admissions were Mood Disorders (36.5%), Other Disorders (24.7%), and Psychotic Disorders (23.0%) which, in combination, accounted for 84 percent of all adults and

children admitted into CSU beds (see Chart 5, page 8). Attachment 3 provides a brief description of the underlying symptoms for each diagnosis category reported in Fiscal Year 2008-2009 (see pages 25-27). Attachment 4 (see pages 28-30) shows the distribution of CSU admissions for adults and children by diagnosis category according to region and payor class.

- **Bed Days Used by Payor Class:** Bed days used reflect the number of licensed CSU beds that were occupied (used) each day regardless of the number of persons served in each bed. In Fiscal Year 2008-2009, the total number of CSU bed days used for adults and children was 294,097 as shown in Chart 6 (see page 10). Of this total, 86 percent (n = 252,489) were adult bed days and 14 percent (41,608) were children bed days. DCF funded 64 percent of total CSU bed days. Attachment 5 (see page 31) provides the tabulation of CSU bed days used by region and payor class.
- **Average Length of Stay by Payor Class:** On average, individuals stayed 4.57 days in CSU beds (see Chart 8 on page 12), with adults staying longer (5.10 days) than children (3.61 days). Statewide, there was no difference in lengths of stay between DCF-funded beds (4.58 days) and Non-DCF funded beds (4.56 days). However, the lengths of stay varied significantly among Non-DCF payor classes from less than one day for Medicare funded beds to 7.18 days for beds funded through Charity Care (see Chart 9, page 13). Attachment 6 (see page 32) provides CSU lengths of stay for children and adults by region and payor class.
- **Total Revenues by Payor Class:** In Fiscal Year 2008-2009, the receiving facilities had total CSU revenues of $116,236,943 (see Chart 10 on page 14). Most of these revenues were for adult CSU services (79%) and DCF revenues accounted for 61 percent of the total. Among Non-DCF payor classes, Medicaid HMO had the highest percent of revenues (26.6%) for children's CSU services (see Chart 11 on page 15). Attachment 7 (see page 33) shows total revenues for adults and children by region and payor class.
- **Average Cost per Bed Day:** The statewide average cost per CSU bed day was $438.03 for both adults and children (see Chart 12 on page 16). This per diem cost was higher for children ($455.82) than adults ($427.61), and for Non-DCF funded beds ($477.98) than DCF-funded beds ($306.05). CSU bed day costs also varied significantly according to payor class and age group (see Chart 13 on page 17). For example, Medicare had the highest CSU bed day cost for adults ($554), Private Preferred Provider Organization (Private PPO) was the payor class with the highest bed day cost for children ($601), and DCF had the lowest CSU bed day costs for both adults ($300) and children ($317). Attachment 8 (see page 34) displays the average costs per CSU bed day for adults and children by region and payor class.
- **Average Annual Cost per Capita:** Overall, the average annual cost per person served was $2,038 for both adults and children (see Chart 14 on page 18). This average cost was higher for Adults ($2,204) than children ($1,743) and was much lower for persons served in DCF-funded beds ($1,479) than Non-DCF funded beds ($2,211). The per capita annual cost also varied significantly according to payor class and age group (see Chart 15 on page 19), with Medicaid having the highest cost per child ($3,199) and Medicare HMO having the highest cost per adult ($3,043). Attachment 9 (see page 35) shows the average annual costs per person served by region and payor class.

In Conclusion:

- In Fiscal Year 2008-2009, the 38 public receiving facilities had total revenues of more than $116 million serving 62,156 adults and children in 1,069 licensed CSU beds. Daily unit costs for DCF funded beds ($306) were less than Non-DCF funded beds ($438). On the average, individuals stayed 4.56 days in a CSU bed, with adults staying longer (5.10 days) than children (3.63 days). Most CSU

admissions (84.2%) had a recent diagnosis of Mood Disorders, Psychotic Disorders, or Other Disorders as specified in Attachment 4 (see pages 28-30).

- By comparison, the three state mental health treatment facilities had total revenues of more than $112 million serving 1,490 persons in 941 inpatient beds, with an average length of stay of 226 days. The annual cost for mental health treatment and residential services was $75,754 per capita or $335 per inpatient bed day.

Table of Contents

Section *Page*

I. Purpose

The Department of Children and Families (DCF) is submitting this report in compliance with paragraph 394.461(4)(d), Florida Statutes, which requires the Department to collect data from public receiving facilities and treatment facilities and to submit an annual report as specified in the paragraph below.

"The department shall issue an annual report based on the data required pursuant to this subsection. The report shall include individual facilities' data, as well as statewide totals. The report shall be submitted to the Governor, the President of the Senate, and the Speaker of the House of Representatives."

II. Statutory Data Requirements

The statute requires each public receiving facility or treatment facility to report to the Department on an annual basis the following six data elements, *"…unless these data are currently being submitted to the Agency for Health Care Administration."*

1. Number of licensed beds
2. Number of contract days
3. Number of admissions by payor class and diagnoses
4. Number of bed days by payor class
5. Average length of stay by payor class
6. Total revenues by payor class.

The statute defines *"payor class"* as one of the following entities: *(1) Medicare; (2) Medicare Health Maintenance Organization (HMO); (3) Medicaid; (4) Medicaid HMO; (5) Private-Pay Health Insurance; (6) Private-Pay HMO; (7) Private Preferred Provider Organization (PPO); (8) the Department of Children and Families (DCF); (9) Other Government Programs; (10) Self Pay Patients; and (11) Charity Care.*

III. Data Collection and Validation

This report focuses on data received from 38 public receiving facilities providing Crisis Stabilization Unit services, and three state mental health treatment facilities providing civil inpatient services. To collect CSU data, DCF headquarters staff in the Mental Health Program Office (MHPO) provided each receiving facility with a Microsoft Excel spreadsheet containing detailed instructions on how to define and report the required data elements. In addition, program office staff, in collaboration with mental health personnel in various DCF regions and circuits, contacted each receiving facility via email and conference calls to ascertain the accuracy and completeness of these data.

Furthermore, the program office staff used the Substance Abuse and Mental Health Information System (SAMHIS) to retrieve and analyze civil inpatient data related to admissions, diagnoses, and lengths of stay in state mental health treatment facilities. This staff also used the daily census logs to collect and analyze the number of bed days available and bed days used annually in these treatment facilities. The Fiscal Year 2008-2009 mental health budget allocation provided the annual revenues per treatment facility.

All the individual facility level data are available in two appendices to be used as addenda to this report. ***Appendix A*** provides CSU bed use data and revenues for adults and children, including the number of licensed beds, contract bed days, bed days used, persons served, lengths of stay, actual and adjusted revenues, cost per bed day, and cost per person served by payor class within each facility, circuit and region. ***Appendix B*** contains the number and percentage of CSU admissions for adults and children by diagnosis category and payor class within each facility, circuit and region. Data

analyses from these appendices provided several statewide summaries, which are tabulated in various attachments at the end of this report. Using summary data from these attachments, the remaining sections of this report provide statistical analyses of revenues and use of CSU beds in public receiving facilities and civil inpatient beds in state treatment facilities.

IV. Revenues and Bed Use in Crisis Stabilization Units

a. Licensed Beds

Subsection 65E-12.104(1), F.A.C., requires every CSU to obtain a license from the Agency for Health Care Administration (AHCA) unless specifically excluded from licensure under the provisions of 394.875(5), Florida Statutes. Furthermore, AHCA requires every CSU to be affiliated with a Baker Act Receiving Facility prior to being licensed as a CSU. The following web site provides the Baker Act manual, which contains more information about receiving facilities designated by DCF and licensed by AHCA: http://www.dcf.state.fl.us/programs/MentalHealth/laws/index.shtml.

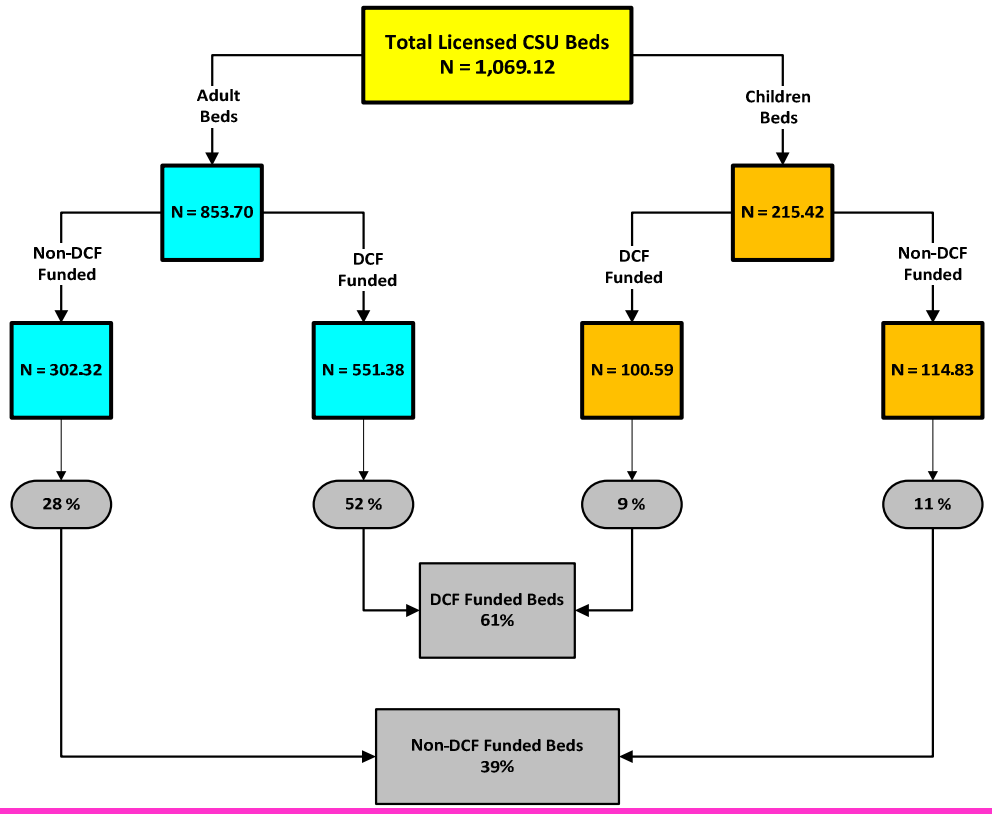
Subsection 65E-12.104(8), F.A.C., requires the district alcohol, drug abuse and mental health planning council in cooperation with the district administrator to determine the criteria for the development of additional CSU beds. This administrative rule also indicates that the Departmental formula of ten CSU beds per 100,000 general populations may be used as a guideline. Based on this formula and the July 1, 2008 estimated Florida's population[1] of 18,423,878, there was a statewide need for 1,842 CSU beds in Fiscal Year 2008-2009.

AHCA does not license CSU beds by payor class. Furthermore, all payor classes (except DCF) do not purchase a specific number of licensed CSU beds or CSU bed days that should be available and used by their clients during the contract period. Instead, Non-DCF payor contracts only specify the unit cost rate to be paid for each CSU bed day used by their clients. By contrast, DCF contracts specify not only the number of licensed CSU beds and CSU bed days funded by the Department, but also the unit cost rate to be paid for each CSU bed day available to DCF clients during the contract period. Receiving facilities only have information on the overall number of licensed CSU beds and the number of these beds that are DCF-funded. The difference is used in this report as the number of licensed CSU beds that are not funded by the Department.

[1] The national and state population estimates are available at: http://www.census.gov/popest/states/NST-ann-est.html

Attachment 1 (see page 23) provides the number and percentage of licensed CSU beds for adults and children by region and funding source (DCF versus non-DCF). Data in this attachment indicate that the highest percentage of licensed CSU beds was in the SunCoast Region (32.8%) followed by the Central Region (25.3%), with the Southeast Region having the lowest percentage of licensed CSU beds (6.2%). The diagram below in **Chart 1** shows the number and percentage of licensed CSU beds for adults and children by funding source. As shown in this diagram, the total number of licensed CSU beds in Fiscal Year 2008-2009 was 1,069.12, which is 58 percent of the total number of CSU beds needed statewide (n = 1,842). Adult beds (n = 853.70) accounted for 80 percent of all licensed CSU beds and children's beds (n = 215.42) represented 20 percent of all licensed CSU beds. DCF was the funding source for 61 percent of all licensed CSU beds.

Chart 1: Number of Licensed CSU Beds for Adults and Children by Funding Source in Fiscal Year 2008-2009



b. Contract Days

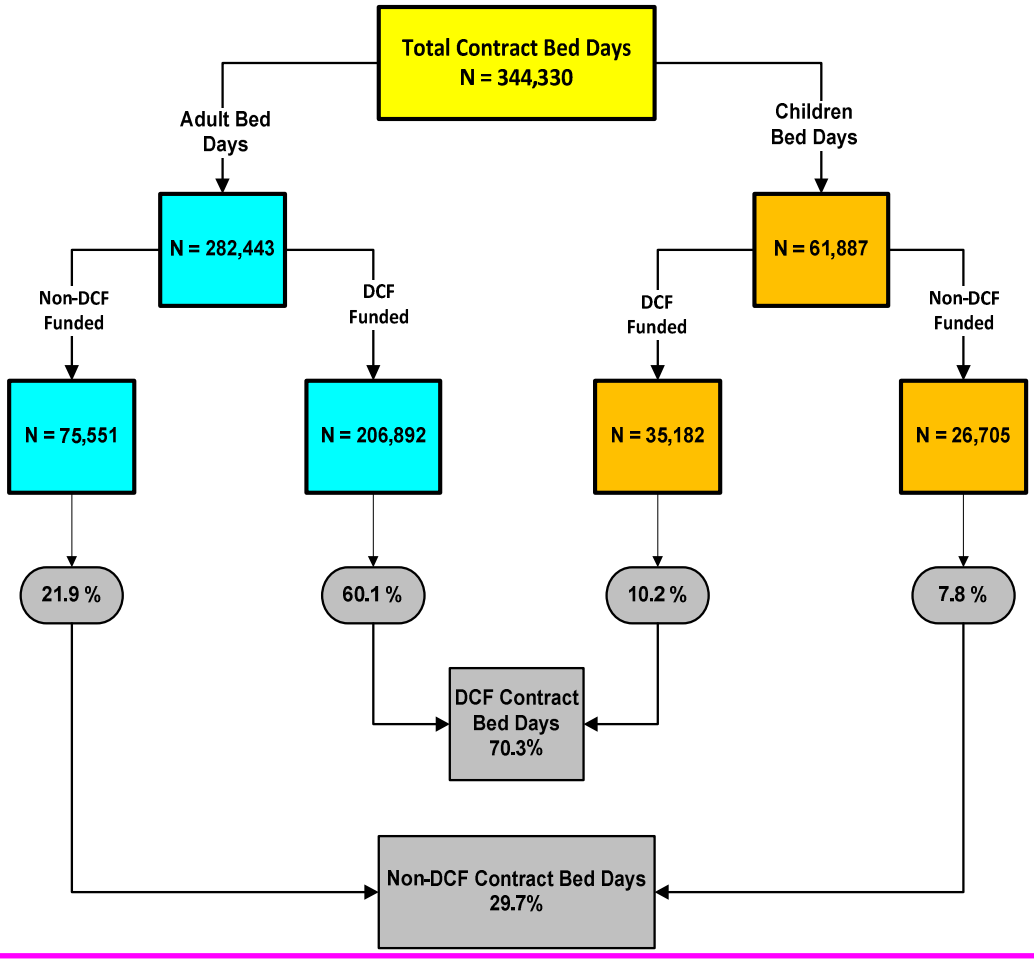
Crisis stabilization Units are designed to provide brief and intensive psychiatric intervention services, primarily for low-income individuals with acute psychiatric conditions and who, in the absence of a suitable alternative, would require hospitalization. These units operate in non-hospital settings in the community and provide services 24 hours per day, seven days per week.

DCF and Non-DCF payors use unit cost rates in their contracts with receiving facilities for CSU services. DCF contracts pay for availability of a specific number of CSU beds rather than paying for the use of these beds. This means DCF pays for contract days whether these days are actually used

or not. It also means that Non-DCF payor classes do not have a predetermined number of contract days to be used by their clients; rather, they pay for CSU days only when they are used based on contracted service unit rate. Notwithstanding these differences in contract methods of payment, contract days for both DCF and Non-DCF payor classes were derived by dividing the total annual revenue amounts actually received by each facility from each payor class by the corresponding contracted unit cost rates. For payor classes with more than one unit cost rate (e.g., a receiving facility may have more than one contracted unit cost rate from different Medicaid HMO Plans), the median unit cost rate was used in the calculation of contract days.

Attachment 2 (see page 24) provides statewide summaries of the number and percentage of contract days for adults and children by region and funding source, as well as by payor class and region, and by payor class and age group in Fiscal Year 2008-2009. **Chart 2** shows the number and percentage of contracted bed days for adults and children by funding source (DCF versus non-DCF) in Fiscal Year 2008-2009. As shown in this diagram, the total number of contract days was 344,330. Of this total, adult contract days accounted for 82.0 percent and the remaining 18.0 percent were children's contract CSU days. DCF funded 70.3 percent of these CSU bed days.

Chart 2: Number of Contract CSU Days for Adults and Children by Funding Source in Fiscal Year 2008-2009



c. Admissions by Payor Class and Diagnosis

In this report, admissions reflect the distinct number of persons admitted in CSU during the fiscal year. The diagnoses used in this report represent the most recent primary presenting problems per CSU admission in Fiscal Year 2008-2009. This means that if a person had more than one admission during the fiscal year, only the most recent admission diagnosis was used in this report. Also, for the purpose of this report, diagnosis codes were grouped into eight categories (see Table 1), which represented the major diagnostic areas described in the International Statistical Classification of Diseases and Related Health Problems Clinical Modification, 9th Edition (ICD-9-CM).

Table 1: ICD-9-CM Diagnosis Categories	
ICD-9-CM Diagnosis Categories	ICD-9-CM Diagnosis
Organic Disorders	290 thru 294
Psychotic Disorders	295, 297 thru 299
Mood Disorders	296, 311
Anxiety Disorders	300
Substance Use Disorders	303 thru 305
Adjustment Disorders	308, 309
Personality Disorders	301
Other Disorders	302, 306, 307, 310, 312 thru 316, 317 thru 319

Attachment 3 (see pages 25-27) provides a brief description of the underlying symptoms for each ICD-9-CM diagnosis category. This attachment also provides the frequency distribution of the number and percentage of adults and children for each diagnosis category. **Attachment 4** (see pages 28-30) contains statewide summaries of the number and percentage of adult and children CSU admissions by diagnosis category, payor class, and region in Fiscal Year 2008-2009.

In Fiscal Year 2008–2009, there were 62,156 adults and children admitted into CSU beds as shown in **Chart 3**, which provides the number and percentage of these admissions by funding source. As shown in this diagram, 62.2 percent of all admissions into CSU beds were funded by DCF. Admissions into adult CSU beds accounted for 80.7 percent of all CSU admissions and children's CSU beds represented 19.3% of all CSU admissions.

Chart 3: Number of CSU Admissions for Adults and Children by Funding Source in Fiscal Year 2008-2009

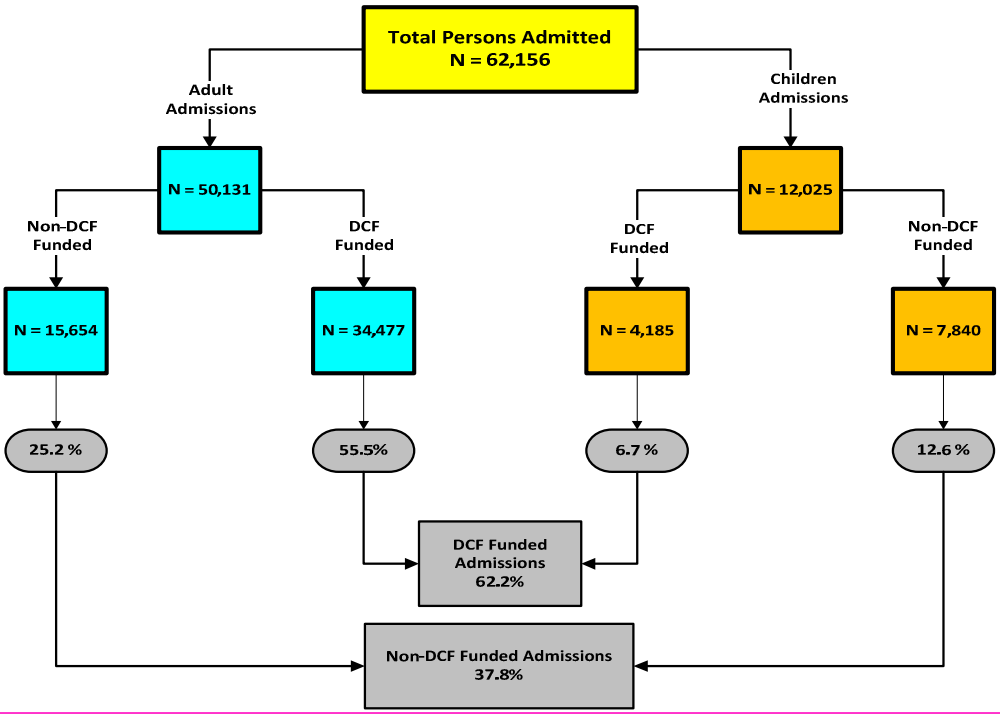


Chart 4 provides the percentage of admissions for adults and children by payor class in Fiscal Year 2008-2009. As shown in this chart, Other Government Programs represented the highest Non-DCF payor class for adult CSU admissions (10.4%). For children, Medicaid HMO was the highest Non-DCF payor class for children's CSU admissions (34.0%).

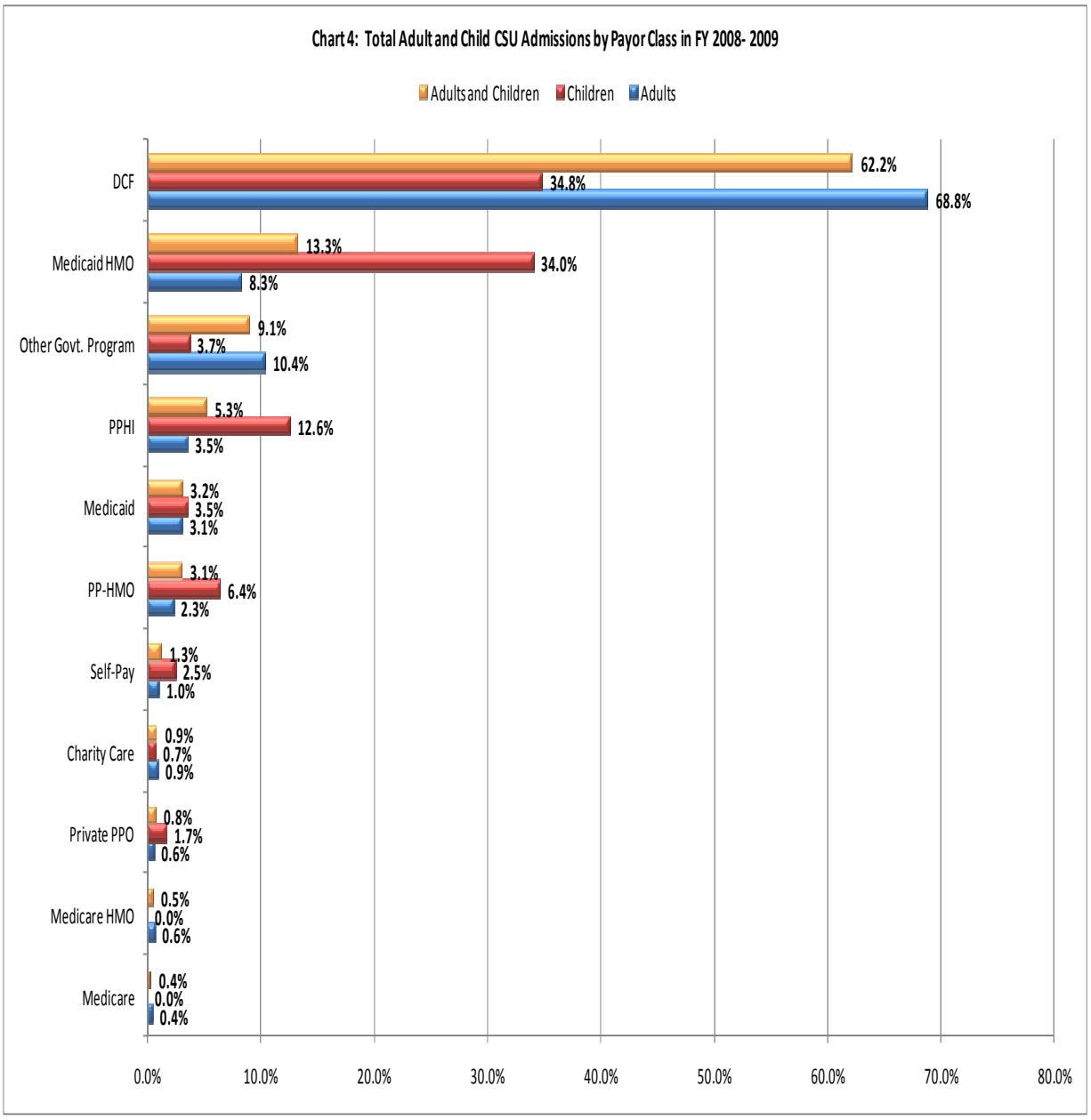
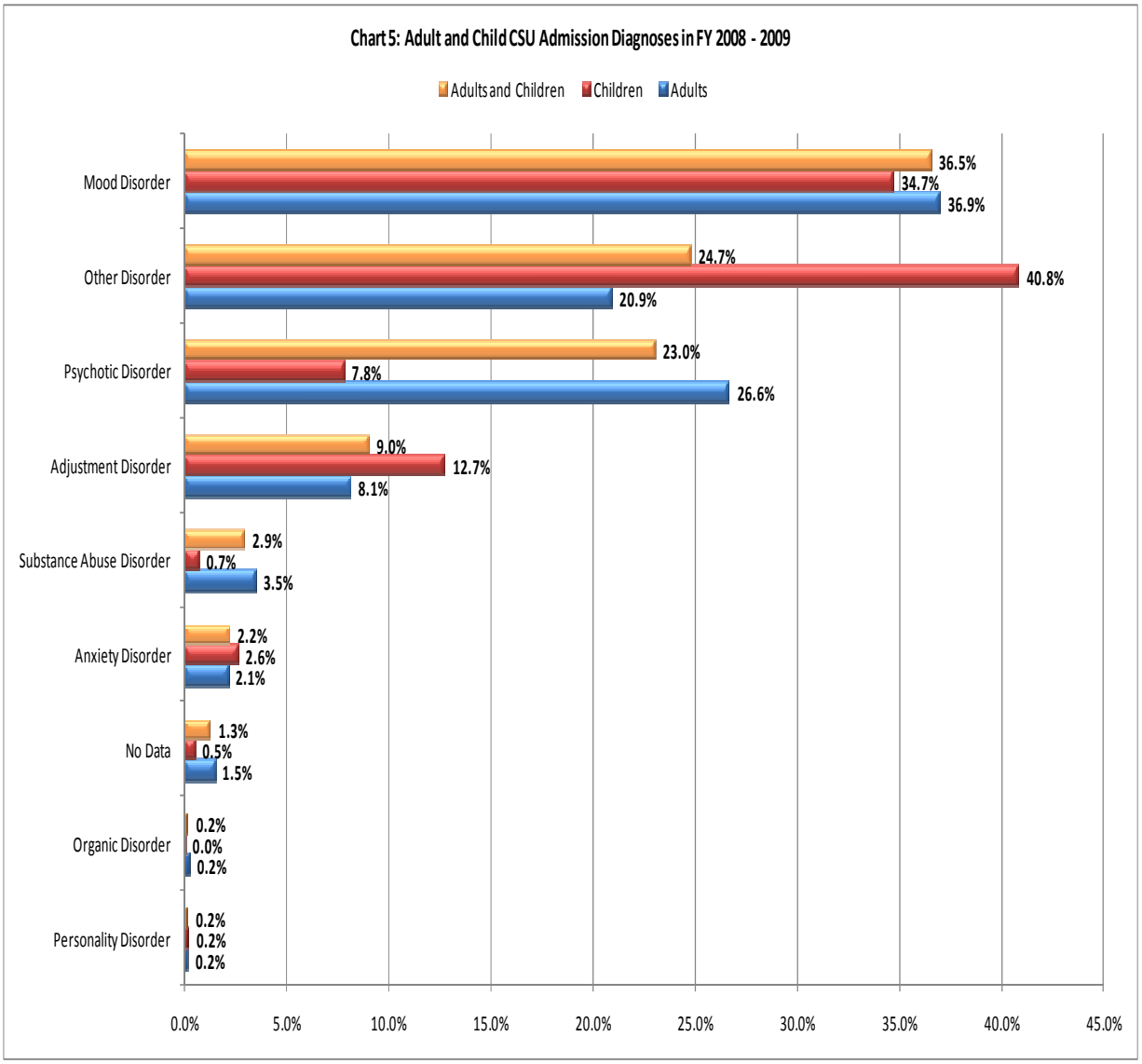


Chart 5 shows the diagnoses observed for adults and children served in CSU beds in Fiscal Year 2008-2009. Relative to all CSU admissions, the three most frequent diagnoses included Mood Disorders (36.5%), Other Disorders (24.7%), and Psychotic Disorders (23.0%) which, in combination, reflected 84.2 percent of all the diagnoses of adults and children admitted into CSU beds.



The three most prevalent diagnoses for adults were Mood Disorders (36.9%), Psychotic Disorders (26.6%), and Other Disorders (20.9%) which, in combination, represented 80.4 percent of all adult admissions into CSU beds. The three most prevalent diagnoses for children were Other Disorders (40.8%), Mood Disorders (34.7%), and Adjustment Disorders (12.7%) which, in combination, accounted for 88.2 percent of all children admitted into CSU beds.

Table 2 shows the cross tabulation of the combined CSU admissions (adults and children) by diagnosis and payor class in Fiscal Year 2008–2009. The values in this table are **row percentages** based on the total number of admissions by diagnosis and payor class as shown in **Attachment 4**, Table 2 (see page 28). For example, as shown in this table, DCF served 38,662 persons in Fiscal Year 2008-2009 and 14,230 of those individuals were diagnosed with a Mood Disorder, indicating that the percentage of persons served by DCF with a Mood Disorder was 36.8% (14,230 / 38,662). Items highlighted in yellow indicate the most frequent disorder treated by each payor class. The results show that Mood Disorder was the most prevalent diagnosis for all payor classes except Medicare and Medicare HMO, which mostly served individuals with Psychotic Disorders and Medicaid and Self-Pay whose clients were mostly diagnosed as having Other Disorders.

Table 2: Total CSU Admissions by Diagnosis and Payor Class in FY 2008 - 2009

	Diagnostic Category								
Payor Class	Adjustment Disorder	Anxiety Disorder	Mood Disorder	Organic Disorder	Personality Disorder	Psychotic Disorder	Substance Abuse Disorder	Other Disorder	No Data
DCF	9.9%	2.5%	36.8%	0.2%	0.2%	23.3%	3.5%	21.9%	1.7%
Medicaid	5.3%	1.5%	20.9%	0.1%	0.0%	20.9%	0.7%	50.7%	0.0%
Medicaid HMO	8.7%	2.4%	36.9%	0.2%	0.3%	23.9%	1.0%	26.0%	0.6%
Medicare	0.5%	0.5%	26.4%	1.8%	0.0%	63.6%	7.3%	0.0%	0.0%
Medicare HMO	6.5%	4.0%	32.6%	1.2%	0.0%	45.2%	0.6%	9.5%	0.3%
Other Govt. Program	4.7%	1.0%	37.0%	0.0%	0.0%	23.4%	3.4%	29.4%	1.0%
PPHI	8.8%	1.0%	37.7%	0.3%	0.0%	17.9%	2.3%	31.9%	0.1%
PP-HMO	8.4%	2.4%	45.4%	0.1%	0.3%	14.6%	0.7%	28.0%	0.2%
Private PPO	8.4%	1.9%	39.3%	0.6%	0.0%	22.0%	1.4%	26.1%	0.2%
Self-Pay	16.8%	1.2%	28.3%	0.2%	0.1%	12.1%	5.5%	32.8%	3.0%
Charity Care	6.6%	1.1%	36.0%	0.5%	0.0%	36.4%	2.1%	17.1%	0.2%
Total	9.0%	2.2%	36.5%	0.2%	0.2%	23.0%	2.9%	24.7%	1.3%

d. Bed Days Used by Payor Class

In this report, bed days used reflect the number of licensed beds that were occupied (used) each day during Fiscal Year 2008-2009 regardless of the number of persons served in those beds. For example, if a licensed bed was occupied by more than one person the same day or by the same person more than once the same day, it was counted as one bed day used.

Attachment 5 (see page 31) provides statewide summaries of the number and percentage of bed days used for adults and children by funding source, payor class, and region in Fiscal Year 2008-2009. **Chart 6** shows CSU bed days used for adults and children by funding source. As shown in this diagram, the total number of CSU bed days used for adults and children was 294,097 in Fiscal Year 2008-2009. Of this total, 86 percent (n = 252,489) were adult bed days, and 14 percent (n = 41,608) were children's CSU bed days. DCF funded 64% of CSU bed days.

Chart 6: Number of Bed Days Used for Adults and Children by Funding Source in Fiscal Year 2008-2009

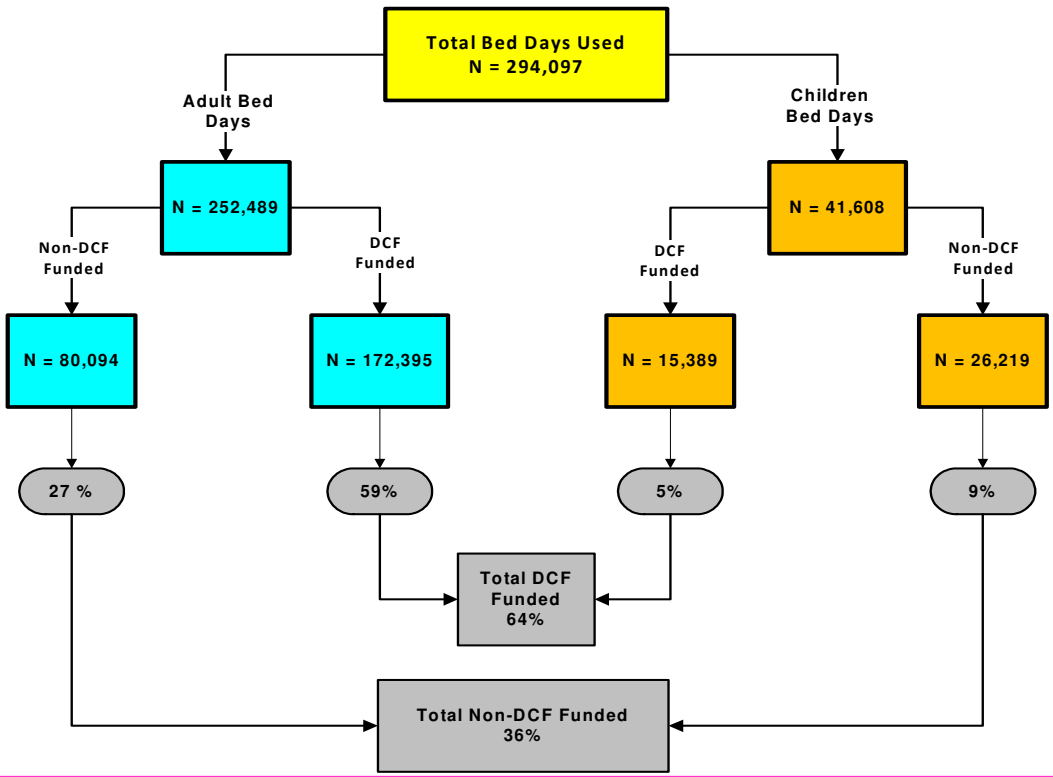
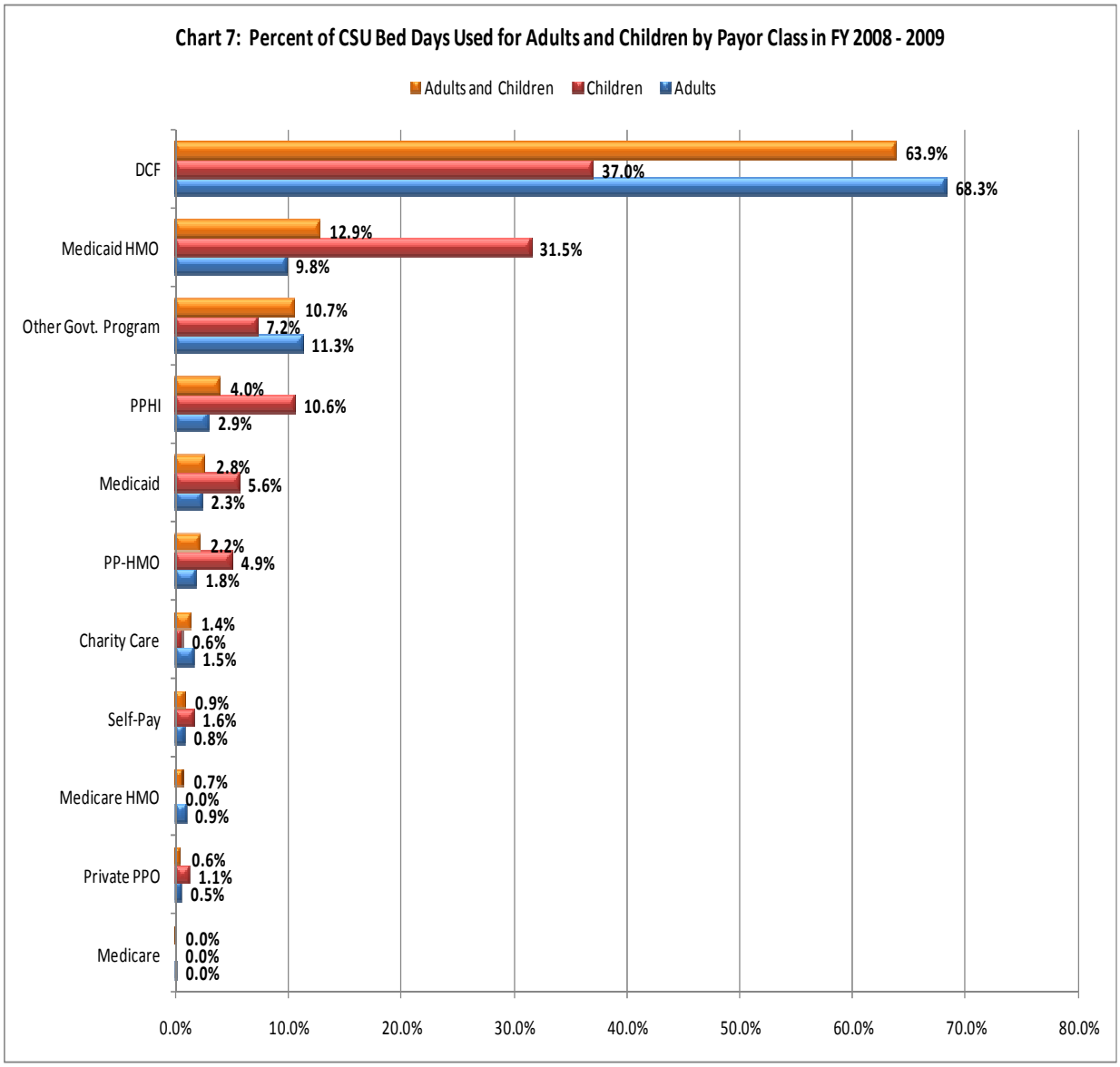


Chart 7 provides the percentage of CSU bed days used for adults and children by payor class in Fiscal Year 2008-2009. As shown in this chart, DCF used 68.3 percent of all adult bed days (172,395 of 252,489) and only 37.0 percent of the children's bed days (15,389 of 41,608). In general, the chart also indicates that all Non-DCF payor classes (except other government programs and Charity Care) consistently used more children's bed days than adult bed days.



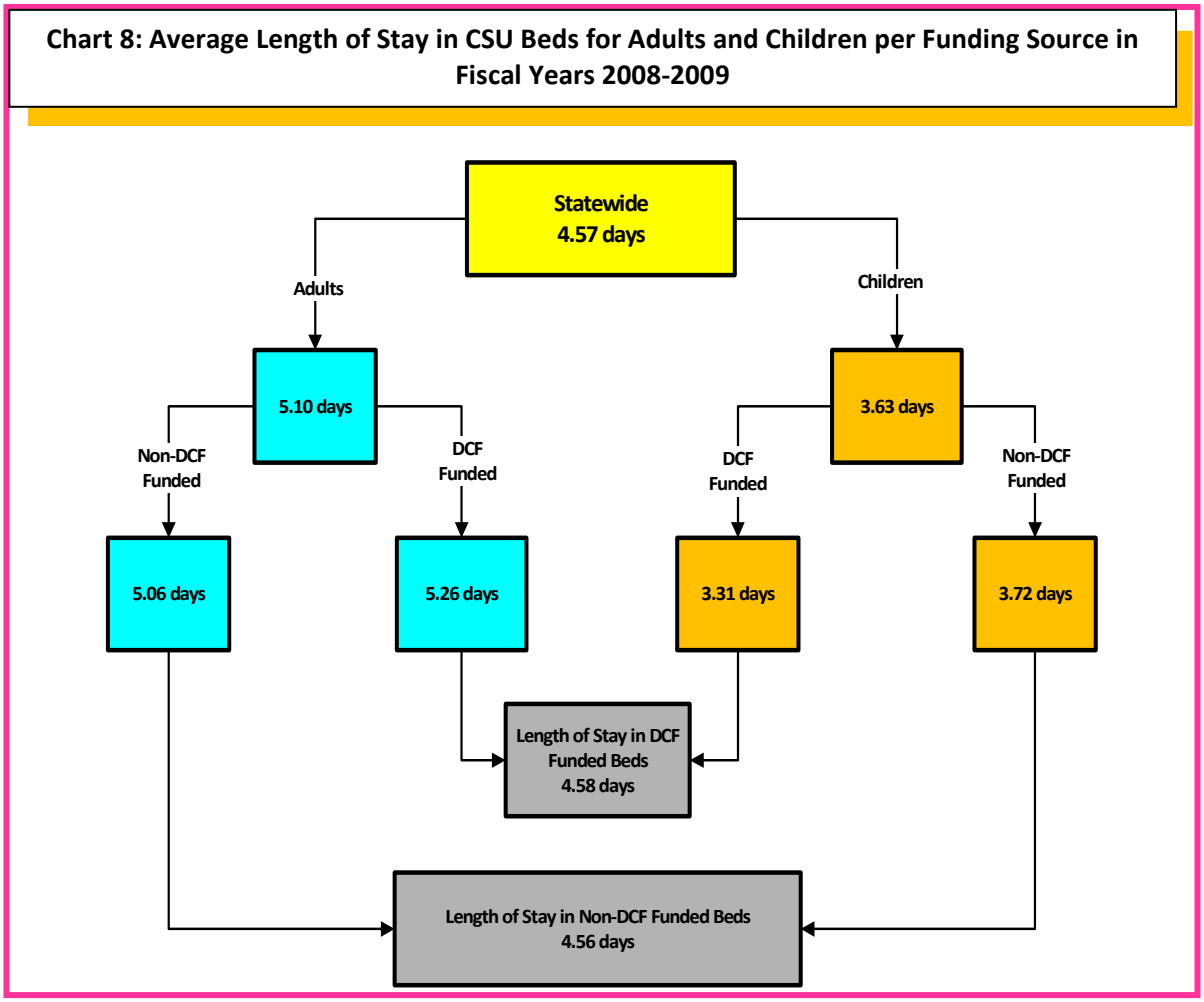
e. Average Length of Stay by Payor Class

The receiving facilities used the following process to collect and report Fiscal Year 2008-2009 data on the average lengths of stay for children and adults: (a) identify distinct number of clients served per payor class during the fiscal year; (b) for clients served who were discharged, count the number of patient days used by these clients; and (c) calculate the average length of stay per payor class within the facility by dividing the total number of patient days by the distinct number of clients

discharged. **Attachment 6** (see page 32) provides statewide summaries of the average lengths of stay for adults and children by region and payor class.

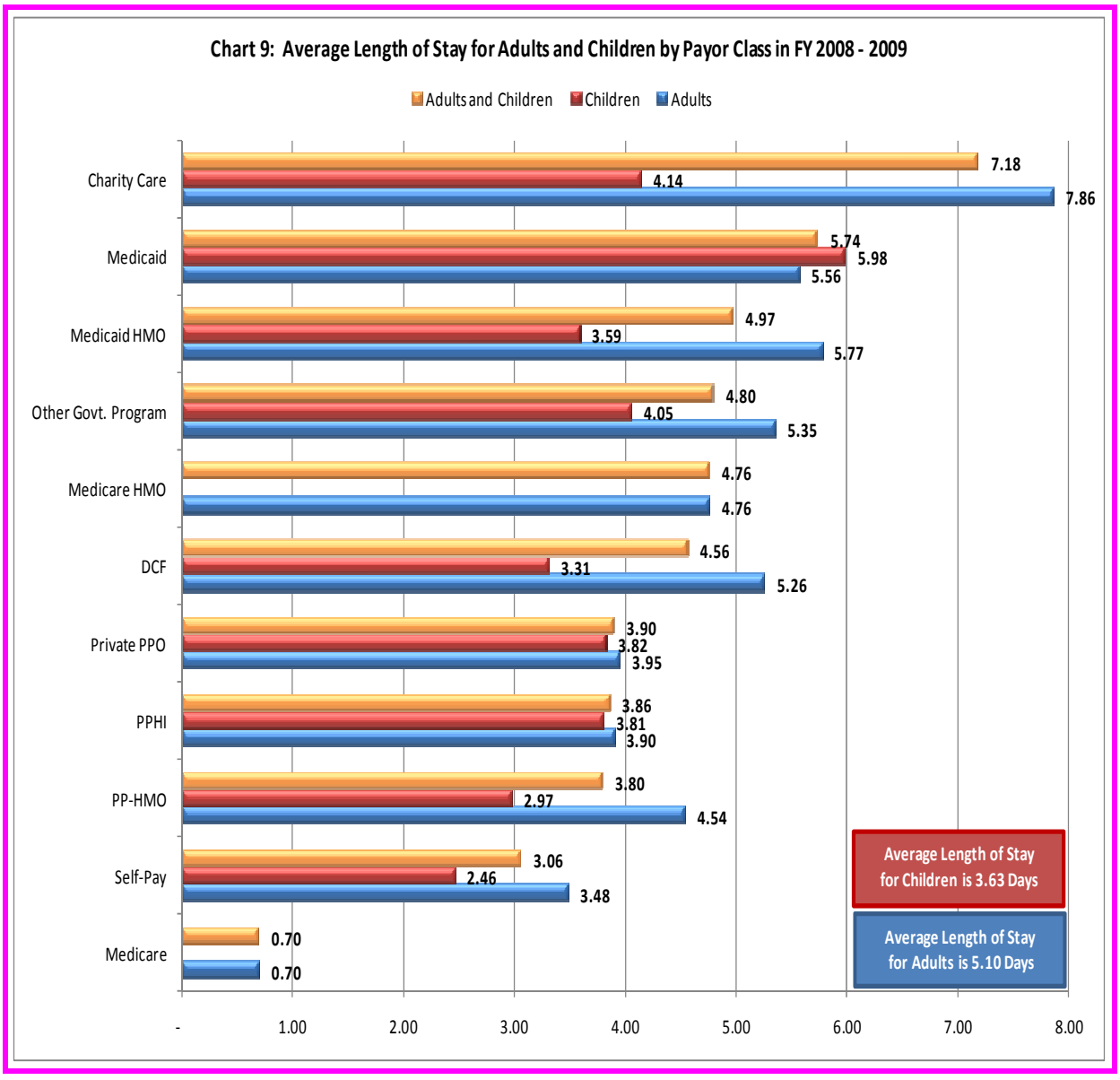
Chart 8 displays the average lengths of stay in a CSU bed for children and adults by funding source. As shown in this diagram, the statewide average length of stay was 4.57 days regardless of the funding source and age group. Overall, adults stayed much longer than children, but there were no significant differences in lengths of stay between DCF-funded beds (4.58 days) and Non-DCF funded beds (4.56 days). For example, the length of stay in DCF-funded beds was 5.26 days for adults and 3.31 days for children; and for Non-DCF funded beds, the length of stay was 5.06 days for adults and 3.72 days for children. According to the Agency for Health Care Administration's licensing regulation[2], the stays in CSU beds are expected to average 3 to 14 days, resulting in return to the patient's own home or placement in a long-term mental health facility or other living arrangements.

Chart 8: Average Length of Stay in CSU Beds for Adults and Children per Funding Source in Fiscal Years 2008-2009



[2] http://ahca.myflorida.com/mchq/health_facility_regulation/Hospital_Outpatient/crisis.shtml

The bar graph below in **Chart 9** shows the average lengths of stay for adults and children by payor class in Fiscal Year 2008-2009. As shown in this chart, the average lengths of stay varied significantly by payor class from less than one day in adult beds funded by Medicare (0.70 day) to 7.86 days in adult beds funded through Charity Care. Furthermore, it should be noted that Medicaid not only is one of the payor classes with the highest lengths of stay for adults (5.56 days) and children (5.98 days), but also is the only payor class where the length of stay for children exceeds the length of stay for adults.

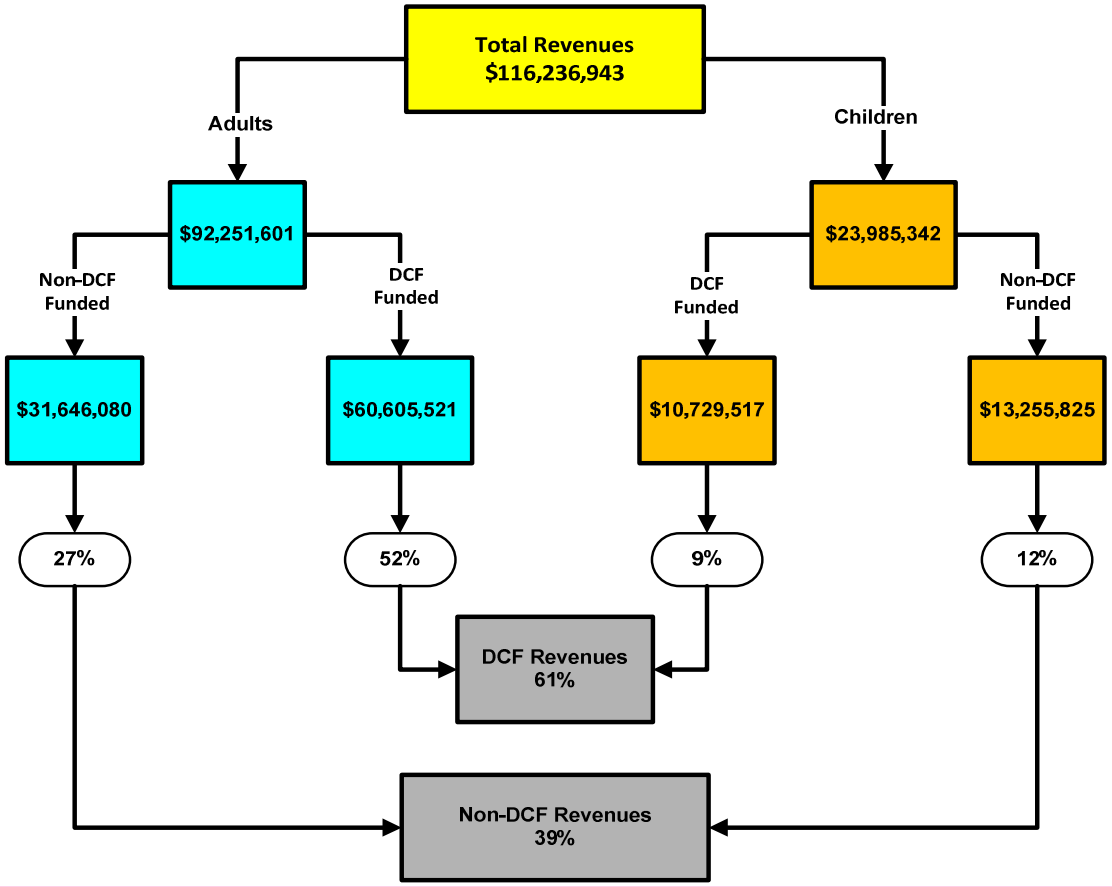


e. Total Revenues by Payor Class

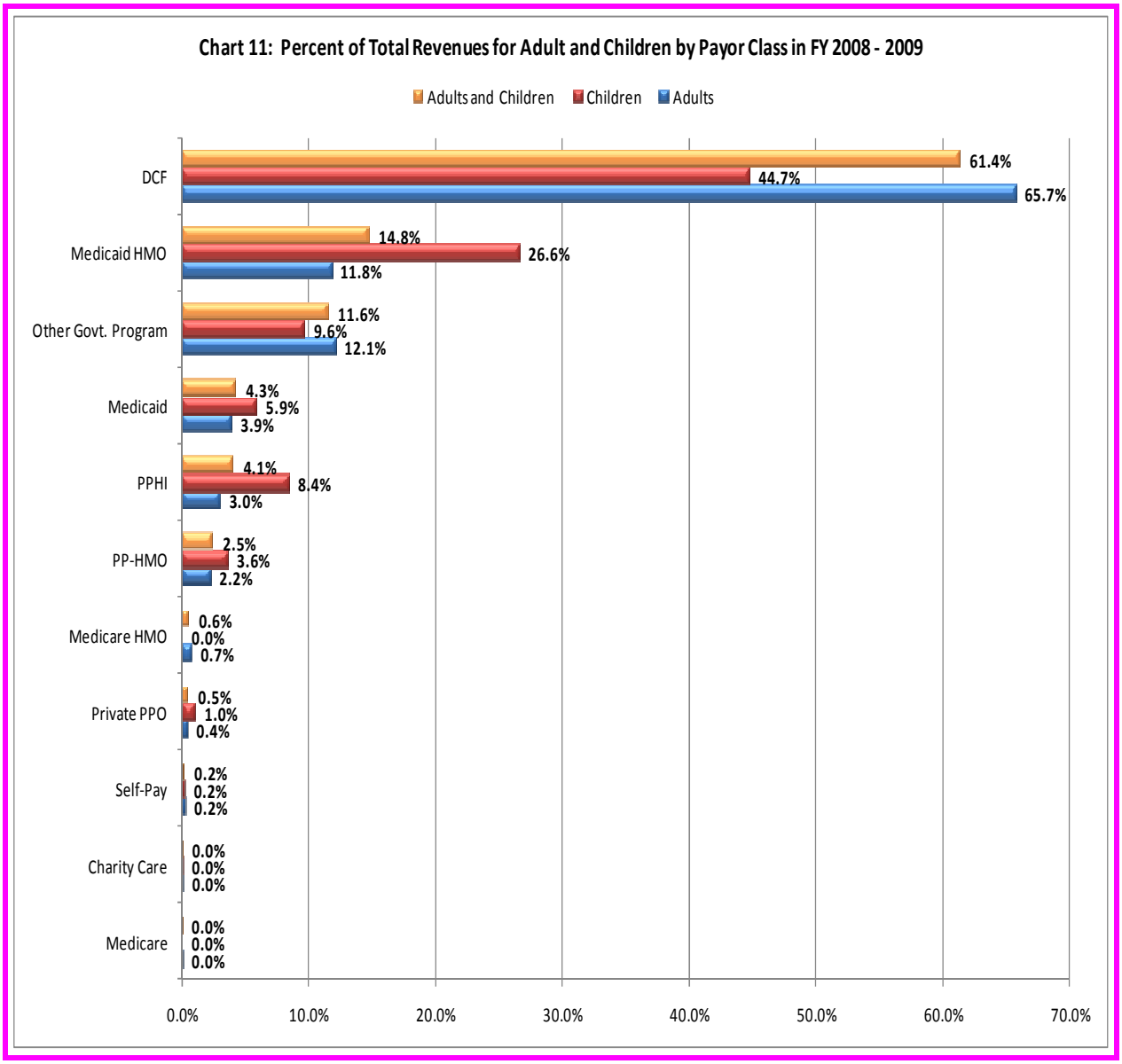
As part of the data collection requirements, the Department asked each of the 38 receiving facilities to report the actual revenue amount received from each payor class for CSU services provided to adults and children in Fiscal Year 2008-2009. **Attachment 7** (see page 33) provides a cross

tabulation of revenue amounts by region and funding source, payor class and region, and payor class and age group. The diagram in **Chart 10** provides a statewide summary of the CSU revenues by funding source for adults and children. As shown in this chart, the revenues for adult CSU services ($92,251,601) accounted for 79.4 percent of the total revenues ($116,236,943), and DCF revenues for adults and children CSU services ($71,335,038) reflected 61.4 percent of the total revenues.

Chart 10: CSU Revenues for Adults and Children by Funding Source in Fiscal Year 2008-2009



The bar graph in **Chart 11** displays the percent of total revenues for adults and children by payor class. According to this chart, DCF revenues for adults ($60,605,521) represented 65.7 percent of the total revenues for all adult CSU services ($92,251,600), whereas DCF revenues for children's services ($10,729,517) accounted for 44.7 percent of the total revenues for all children's CSU services ($23,985,342). Among Non-DCF payor classes, Other Government Programs had the highest percentages of CSU revenues for adults (12.1%), and Medicaid HMO had the highest percentage for children (26.6%).

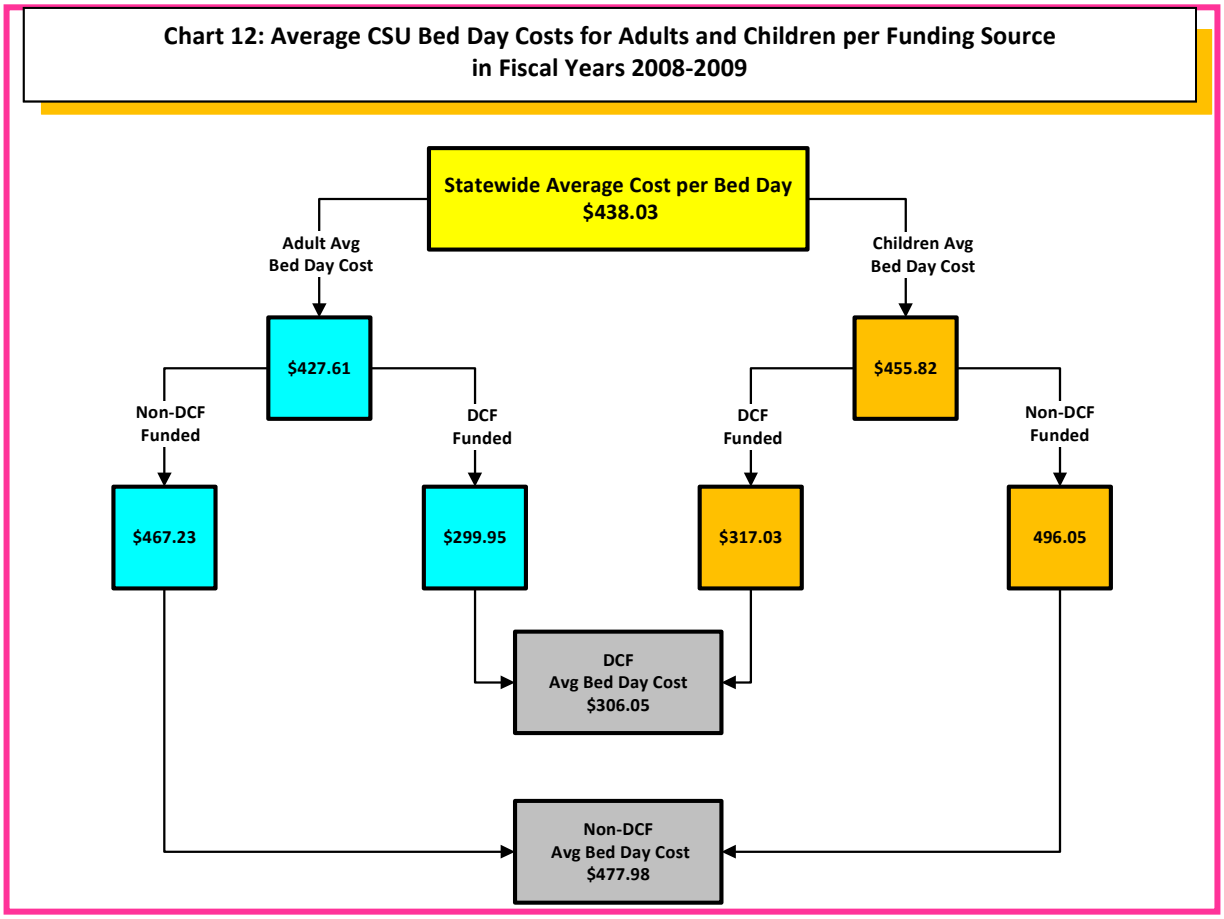


g. Average Cost per CSU Bed Day

The cost per CSU bed day reflects the actual unit cost rate contracted by each payor class per CSU bed day for adults and children served in Fiscal Year 2008-2009. In case a payor class had more than one contracted unit cost rate in the receiving facility, then the median unit cost per payor class was

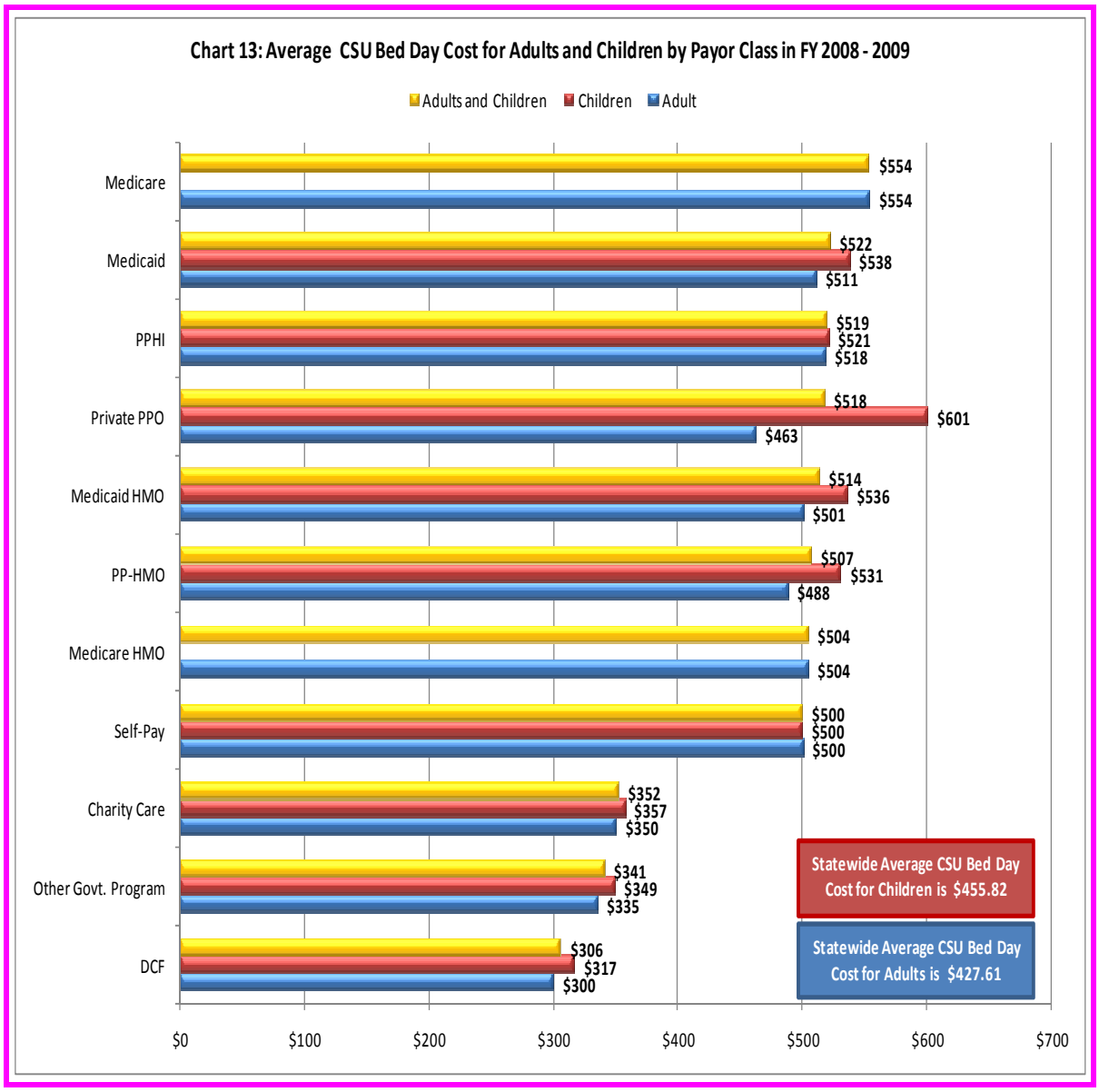
used in this report. **Attachment 8** (see page 34) displays the average unit cost per CSU bed day for adults and children by region and funding source, by payor class and region, and by payor class and age group. As indicated below in **Chart 12,** the statewide average cost per CSU bed day is $438.03 for both adults and children; $306.05 per DCF-funded CSU bed day; and $477.98 for Non-DCF funded CSU bed day. Overall, beds for children cost more per day than beds for adults regardless of the funding sources. It should be noted that Florida's costs per CSU bed day are comparable to other states such as Kentucky where the average cost per CSU bed day ranges from $175 to $350 for adults and from $90 to $571 for children (these costs exclude Medicaid share)[3].

Chart 12: Average CSU Bed Day Costs for Adults and Children per Funding Source in Fiscal Years 2008-2009



[3] www.cyfdivision.com/documents/CSU_WHITE_PAPER.doc

The bar graph in **Chart 13** shows the average CSU bed day costs for adults and children by payor class. In this graph, DCF is the payor class with the lowest average cost per CSU bed day for both adults ($299.95) and children ($317.03). Among Non-DCF payor classes, Private Preferred Provider Organization (Private PPO) had the highest average cost per CSU bed day for children ($600.50) and Medicare had the highest average cost per CSU bed day for adults ($554.00). Overall, CSU beds for children tended to cost more per day than beds for adults regardless of the payor classes.

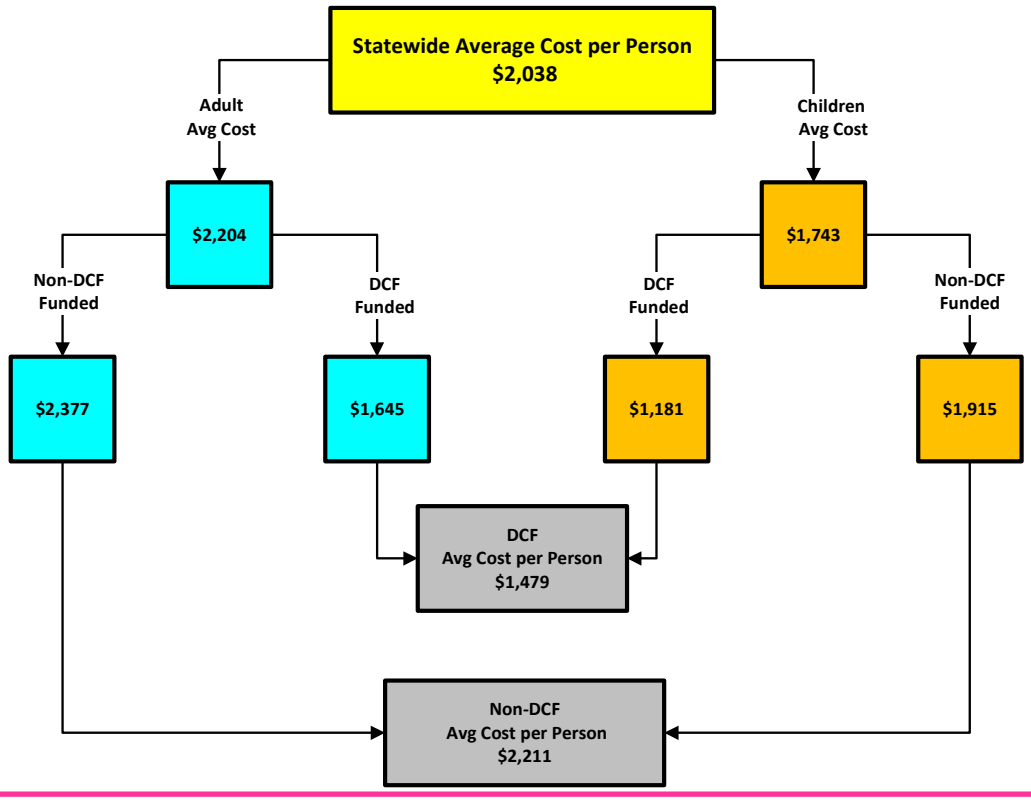


h. Average Annual CSU Cost per Capita

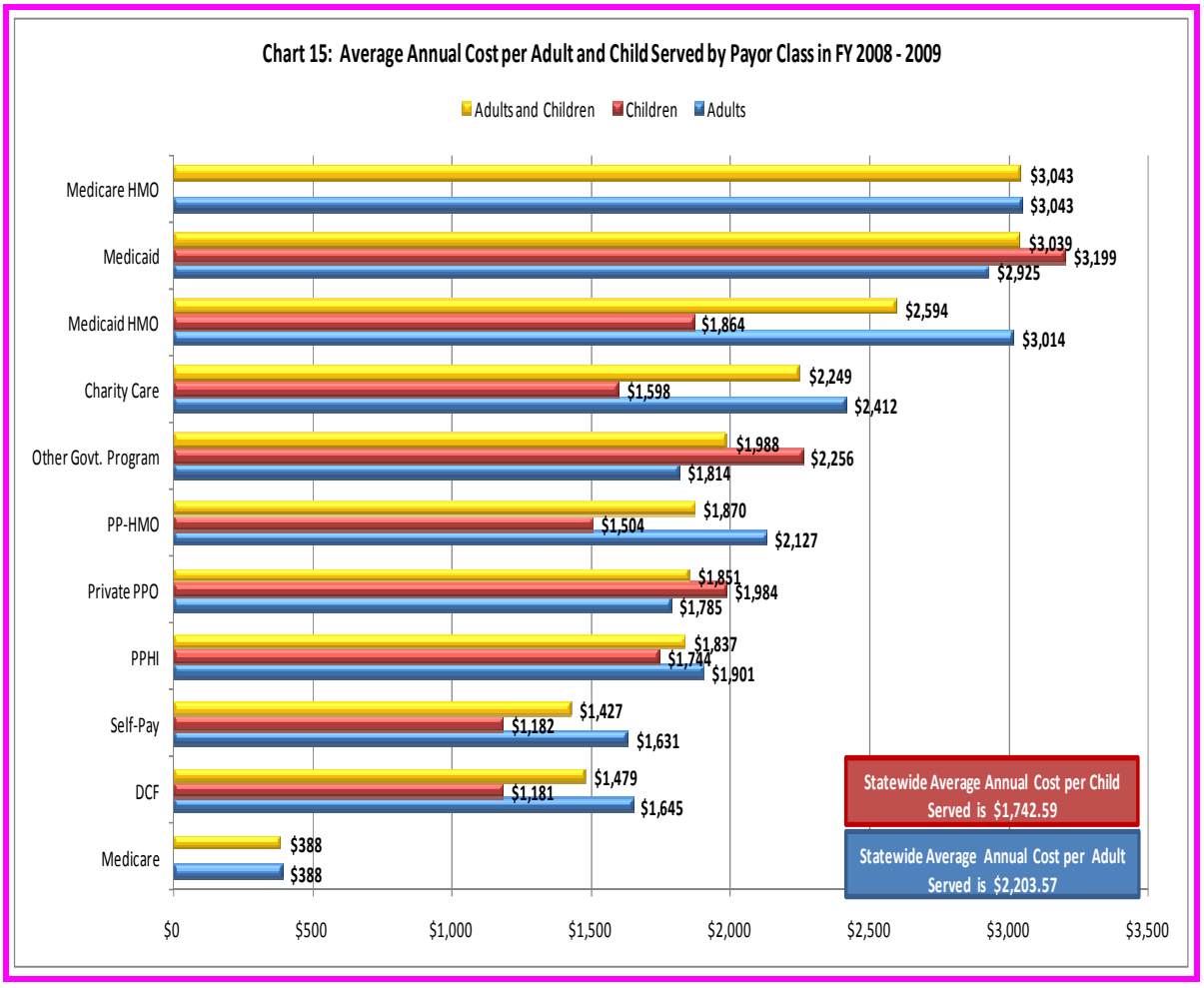
Since DCF contracts for availability of beds rather than bed use, the annual cost per person served was calculated based on adjusted revenues to include only DCF and Non-DCF revenues associated with the actual use of CSU bed days. Adjusted revenues were derived by multiplying the actual cost per CSU bed day by the actual number of bed days used by each payor. The adjusted annual revenues were divided by the actual number of persons served to get the average annual cost per

person. **Attachment 9** (see page 34) provides the tabulation of the average annual cost per adult and child served by region and funding source, payor class and region, and payor class and age group. As shown below in **Chart 14,** the overall average annual cost per person was $2,038 for both adults and children. DCF cost per person served ($1,479) is lower than per capita cost for Non-DCF ($2,211), and CSU service cost per adult ($2,204) is higher than the average cost per child ($1,743) regardless of the funding sources.

Chart 14: Average Annual Cost per Adult and Child per Funding Source in Fiscal Years 2008-2009



The bar graph in **Chart 15** shows the average annual cost for adults and children by payor class. Medicaid HMO had the highest per capita cost for adults ($3,014) and Medicare had the lowest cost per adult served ($388). It should be noted, however, that only one receiving facility in the Southern Region (i.e., Community Health Center of South Dade) reported Medicare as the payor class for 120 adults staying 84 days for an average of less than one day. Among children served, Medicaid was the payor class with the highest per capita cost ($3,199). Overall, DCF had the lowest annual cost per child ($1,181) and, as mentioned above, Medicare had the lowest cost per adult served ($338).



V. Revenues, Bed Use and Admission Diagnosis in State Treatment Facilities

Table 3 shows revenues and bed use data received for three state mental health treatment facilities. For each facility, the table shows the total bed capacity, bed days that were available and used, persons served, average lengths of stay, average daily census, annual revenue amounts, per capita average annual cost, and cost per inpatient bed day. The Department spent more than $112 million serving 1,490 persons in 941 beds for an annual average of $75,754 per capita and $335 per inpatient bed day. On average individuals stayed 226 days per capita.

Table 3: FY 2008-2009 Revenues and Bed Use in State Treatment Facilities

Revenue and Bed Use	Florida State Hospital	Northeast Florida State Hospital	South Florida State Hospital	Grand Total
Bed Capacity	200	461	280	941
Bed Days Available	73,000	170,146	102,624	345,770
Bed Days Used	68,627	168,795	99,608	337,030
Persons Served	343	625	522	1,490
Average Daily Census	188	462	273	923
Average Length of Stay	200	270	191	226
Annual Revenue	$26,877,506	$56,318,775	$29,676,531	$112,872,812
Average Cost per Person	$78,360	$90,110	$56,852	$75,754
Average Cost per Bed Day	$392	$334	$298	$335

Table 4 shows the number and percent of civil inpatient admissions in state mental health treatment facilities during Fiscal Year 2008-2009. As shown in this table, the most prevalent diagnoses were Other Disorders, Psychotic Disorders, and Personality Disorders.

Table 4: FY 2008-2009 Number of Civil Admissions by Diagnosis in State Treatment Facilities

Diagnosis Category		Florida State Hospital	Northeast Florida State Hospital	South Florida State Hospital	Grand Total
Adjustment Disorders		8	1	3	12
Anxiety Disorders		0	2	1	3
Mood Disorders		23	13	16	52
Organic Disorders		1	0	0	1
Personality Disorders		46	22	25	93
Psychotic Disorders		70	87	89	246
Substance Abuse Disorders		0	0	0	0
Other Disorders		192	475	351	1,018
No Diagnosis/ Delayed Diagnosis		3	26	37	65
Total Persons Served	Number	343	625	522	1,490
	Percent	23.0%	41.9%	35.0%	100.0%

VI. Conclusions and Recommendations

- Subsection 394.461(4), Florida Statutes, requires the Department of Children and Families (DCF) to collect the following data elements from public receiving and treatment facilities: (a) number of licensed beds; (b) number of contract days; (c) number of admissions by payor class and diagnosis; (d) number of bed days by payor class; (e) average length of stay by payor class; and (f) total revenues by payor class. The statute also requires this report to include individual facilities' data and statewide totals, to be submitted annually to the Governor, the President of the Senate, and the Speaker of the House of Representatives. This report fully complies with the requirements of 394.461(4), Florida Statutes, and, in keeping with the values of the Department, has been made accessible to all Floridians and interested parties.

- The report shows how Crisis Stabilization Unit (CSU) services are distributed across Florida. In general, there appears to be a relationship between population and CSU beds whereby there are more services offered in densely populated areas. Overall though, the number of CSU beds available statewide (1,069.12) may not meet the needs of all Floridians. The Department standard is to have ten CSU beds per 100,000 persons. Based on this formula and the July 1, 2008, estimated Florida population of 18,423,878, the statewide CSU bed need was projected as 1,842 CSU beds in Fiscal Year 2008-2009. In theory, there could be a gap of 773 beds. However, it should be noted that some persons may receive services at institutions not contracted by DCF, and such services would not be reportable to DCF.

- Overall, DCF-funded CSU beds were utilized at a higher rate than non-DCF funded beds. DCF-funded beds tended to cost less than non-DCF funded beds. Adults and children differed in terms of services provided, length of stay, and cost of care.

- Crisis Stabilization Units are required to report data to the Department on an annual basis, *unless these data are currently being submitted to the Agency for Health Care Administration*. Data submitted by these facilities to AHCA are usually not readily available or useful to DCF both in terms of the format and content needed for this report. As a result, the statute (as currently written) does not allow the Department to receive complete and accurate information from all the facilities as needed for this report. To ensure the completeness and integrity of the data submission, the Department recommends that the legislative language be amended as follows:

  > *"All facilities designated as a receiving or treatment facility shall report individual level data as part of the service event records in the Department's Substance Abuse and Mental Health Information System (SAMHIS)."*

- Data presented in this report represents services delivered to individual adults and children. The data does not take into account persons that might have been served more than once during Fiscal Years 2008-2009. Research suggests that approximately 12% of persons that receive acute psychiatric services may be readmitted to a CSU within 90-days of discharge[4]. Research also suggests that a percentage of persons that receive crisis stabilization services will have a history of multiple CSU admissions[5]. An opportunity for improvement for future reports would be to require

[4] Hodgson, Lewis and Boardman (2001). Prediction of readmission to acute psychiatric units. *Social Psychiatry and Psychiatric Epidemiology*, 36, 304 – 309.

[5] Cotton, Johnson, Bindman, Sandor, et al (2007). An investigation of factors associated with psychiatric hospital admission despite the presence of crisis resolution teams, *BMC Psychiatry*, 7:52.

providers to share individual level data. This would allow DCF to report on the total number of admissions, the total number of persons served, and total number of persons readmitted to CSUs.

Attachment 1: Licensed CSU Beds

Table 1: Licensed Beds for Adults and Children by Region in FY 2008 - 2009

	Adults			Children			Adults and Children			
Region	DCF	Non-DCF	Total	DCF	Non-DCF	Total	DCF	Non-DCF	Total Amount	Total Percent
Central	116.85	80.55	197.40	33.64	38.97	72.61	150.49	119.51	270.00	25.3%
Northeast	88.46	46.08	134.54	15.71	18.98	34.69	104.17	65.06	169.23	15.8%
Northwest	56.32	27.85	84.17	1.90	2.10	4.00	58.22	29.95	88.17	8.2%
Southeast	38.59	26.60	65.19	0.51	0.78	1.29	39.10	27.38	66.48	6.2%
Southern	81.63	24.90	106.53	12.57	5.41	17.98	94.20	30.31	124.51	11.6%
SunCoast	169.53	96.34	265.87	36.26	48.60	84.86	205.79	144.93	350.72	32.8%
Total Amount	551.38	302.31	853.69	100.59	114.83	215.42	651.97	417.14	1,069.12	100.0%
Total Percent	51.6%	28.3%	79.9%	9.4%	10.7%	20.1%	61.0%	39.0%	100.0%	

Attachment 2: Contract Bed Days

Table 1: Contracted Bed Days for Adults and Children by Region and Funding Source in FY 2008 - 2009

	Adults			Children			Adults and Children			
Region	DCF	Non-DCF	Total	DCF	Non-DCF	Total	DCF	Non-DCF	Total Amount	Total Percent
Central	41,608	20,964	62,572	12,160	8,613	20,772	53,768	29,577	83,344	24.2%
Northeast	29,060	13,933	42,993	4,993	4,880	9,873	34,053	18,813	52,866	15.4%
Northwest	24,617	4,579	29,196	724	34	758	25,341	4,613	29,954	8.7%
Southeast	13,978	7,981	21,959	105	294	399	14,082	8,275	22,357	6.5%
Southern	30,120	2,484	32,605	4,588	1,106	5,694	34,708	3,591	38,299	11.1%
SunCoast	67,509	25,610	93,119	12,614	11,777	24,391	80,123	37,387	117,510	34.1%
Total Amount	206,892	75,551	282,443	35,182	26,705	61,887	242,074	102,256	344,331	100.0%
Total Percent	60.1%	21.9%	82.0%	10.2%	7.8%	18.0%	70.3%	29.7%	100.0%	
	73.3%			56.8%						

Table 2: Contracted Bed Days for Adults and Children by Payor Class and Region in FY 2008 - 2009

Payor Class	Central	Northeast	Northwest	Southeast	Southern	SunCoast	Statewide Number	Statewide Percent
DCF	53,768	34,053	25,341	14,082	34,708	80,123	242,074	70.3%
Medicaid	992	2,902	0	0	76	4,634	8,604	2.5%
Medicaid HMO	10,470	4,284	1,958	925	2,825	13,071	33,532	9.7%
Medicare	0	0	0	0	6	0	6	0.0%
Medicare HMO	589	215	4	102	72	392	1,375	0.4%
Other Govt. Program	12,355	8,871	2,166	6,896	218	10,280	40,785	11.8%
PPHI	3,363	1,928	407	353	63	3,993	10,106	2.9%
PP-HMO	1,198	554	0	0	184	3,377	5,314	1.5%
Private PPO	607	0	79	0	23	554	1,264	0.4%
Self-Pay	3	58	0	0	124	996	1,181	0.3%
Charity Care	0	0	0	0	0	89	89	0.0%
Grand Total	83,344	52,866	29,954	22,357	38,299	117,510	344,331	100.0%
Total Percent	24.2%	15.4%	8.7%	6.5%	11.1%	34.1%	100.0%	

Table 3: Contracted Bed Days for Adults and Children by Payor Class and Age Group in FY 2008 - 2009

Payor Class	Adults	Children	Statewide Number	Adult Percent	Child Percent	Statewide Percent
DCF	206,892	35,182	242,074	73.3%	56.8%	70.3%
Medicaid	6,074	2,530	8,604	2.2%	4.1%	2.5%
Medicaid HMO	21,734	11,799	33,532	7.7%	19.1%	9.7%
Medicare	6	0	6	0.0%	0.0%	0.0%
Medicare HMO	1,375	0	1,375	0.5%	0.0%	0.4%
Other Govt. Program	34,504	6,281	40,785	12.2%	10.1%	11.8%
PPHI	6,171	3,935	10,106	2.2%	6.4%	2.9%
PP-HMO	3,848	1,466	5,314	1.4%	2.4%	1.5%
Private PPO	829	434	1,264	0.3%	0.7%	0.4%
Self-Pay	935	246	1,181	0.3%	0.4%	0.3%
Charity Care	75	15	89	0.0%	0.0%	0.0%
Grand Total	282,443	61,887	344,331	100.0%	100.0%	100.0%
Total Percent	82.0%	18.0%	100.0%	82.0%	18.0%	

Attachment 3
Diagnosis Category Codes and Descriptions

The diagnoses below represent the most recent primary presenting problems per CSU admission in FY 2008-2009. For the purpose of this report, diagnosis codes were grouped into the following eight categories, which represent major diagnostic areas described in the International Statistical Classification of Diseases and Related Health Problems Clinical Modification, 9th Edition (ICD-9-CM).

ICD-9-CM Diagnosis Categories	ICD-9-CM Diagnosis Codes
Organic Disorders	290 thru 294
Psychotic Disorders	295, 297 thru 299
Mood Disorders	296, 311
Anxiety Disorders	300
Substance Use Disorders	303 thru 305
Adjustment Disorders	308, 309
Personality Disorders	301
Other Disorders	302, 306, 307, 310, 312 thru 316, 317 thru 319

Below is a brief description of the underlying symptoms for each diagnosis category:

- **Organic Disorders** - Organic psychiatric disorders are conditions associated with a recognized medical cause. Associated disorders include Dementia, Delirium, Huntington's disease, Amnesia, and Epilepsy. Common symptoms include memory loss, language impairment, and attention or problem solving abilities.
    - ⇒ Organic Disorders accounted for 0.2% (114 of 62,156) of all CSU admissions, with adults accounting for 98.2% (112 of 114) of such admissions.
    - ⇒ For adults, 58.0% (65 of 112) of all CSU admissions were to DCF-funded beds.
    - ⇒ For children, 100.0% (2 of 2) of all CSU admissions were to non-DCF funded beds.

- **Psychotic Disorders** – Psychotic Disorders represent a spectrum of conditions that typically affect a person's contact with reality. People experiencing psychosis may report false sensations or false beliefs, may display changes to their personality, and have difficulty with language, attention or problem solving abilities. Persons with a psychotic disorder may display unusual or bizarre behavior, have difficulty interacting with others, and have problems starting or completing daily life activities.
    - ⇒ Psychotic Disorders accounted for 23.0% (14,292 of 62,156) of all CSU admissions, with adults accounting for 93.4% (13,354 of 14,292) of such admissions.
    - ⇒ For adults, 65.1% (8,689 of 13,354) of all CSU admissions were to DCF-funded beds.
    - ⇒ For children, 64.6% (606 of 938) of all CSU admissions were to non-DCF funded beds.

- **Mood Disorders** – Mood Disorders represent a spectrum of conditions that either increase or decrease the range of experienced feelings. In speaking of Mood Disorders, one can be described as having symptoms associated with depressed mood as is the case with Major Depressive Disorder or expansive mood as is the case with Mania or Bipolar Disorder. Symptoms typically associated with depressed mood include decreased appetite, feelings of worthlessness, hopelessness, and inappropriate guilt; loss of interest or pleasure in formerly important activities, fatigue, problems concentrating, physical symptoms such as headaches or stomachaches, and suicidal thoughts or behaviors. Symptoms associated with expansive mood include irritability, inflated self-esteem and decreased need for sleep, increased energy, racing thoughts, feelings of invulnerability, poor judgment, and heightened sex drive. Associated disorders include Major Depression, Bipolar Disorder, Cyclothymia, and Seasonal Affective Disorder.
    - ⇒ Mood Disorders accounted for 36.5% (22,682 of 62,156) of all CSU admissions, with adults accounting for 81.6% (18,513 of 22,682) of such admissions.
    - ⇒ For adults, 77.2% (3,143 of 4,069) of all CSU admissions were to DCF-funded beds.
    - ⇒ For children, 55.6% (851 of 1,351) of all CSU admissions were to non-DCF funded beds.

- **Anxiety Disorders** – Anxiety Disorders are characterized by acute, intense fear or avoidance of situations or stimuli. There may be an identified stressor as is the case with Specific Phobias, or there might be an overall sense of fear as is the case with Generalized Anxiety Disorder. Other disorders associated with anxiety include Panic Disorder, Phobic Disorders, Obsessive-Compulsive Disorder, Post-Traumatic Stress Disorder, Dissociative Identity Disorder, Hypochondriasis, and Factitious Disorder.
    - ⇒ Anxiety Disorders accounted for 2.2% (1,371 of 62,156) of all CSU admissions, with adults accounting for 77.1% (1,057 of 1,371) of such admissions.
    - ⇒ For adults, 76.0% (803 of 1,057) of all CSU admissions were to DCF-funded beds.
    - ⇒ For children, 53.5% (168 of 314) of all CSU admissions were to DCF-funded beds.

- **Substance Use Disorders** – Substance Use Disorders include the categories of Substance Abuse and Substance Dependence. Substance Abuse refers to a pattern of continued use of a medication, non-medically indicated drug or substance, which results in negative social consequences such as failure to meet work, family, or school obligations, interpersonal conflicts, or legal problems. Substance Dependence refers the need for greater amounts of a substance or withdrawal. Substances typically associated with Substance Use Disorders include Alcohol, Amphetamines, Cannabis, Cocaine, Hallucinogens, Inhalants, Nicotine, Opioids, Phencyclidine, and Sedatives, hypnotics, or anxiolytics.
    - ⇒ Substance Use Disorders accounted for 2.9% (1,828 of 62,156) of all CSU admissions, with adults accounting for 95.5% (1,746 of 1,828) of such admissions.
    - ⇒ For adults, 76.4% (1,334 of 1,746) of all CSU admissions were to DCF-funded beds.
    - ⇒ For children, 56.2% (46 of 82) of all CSU admissions were to non-DCF funded beds.

- **Adjustment Disorders** – Adjustments Disorders reflect a psychological response to an identifiable stressor that causes emotional or behavioral symptoms that does not meet criteria for more specific disorders. Stressors associated with Adjustment Disorders differ; they are typically not extreme events and, as such, are usually associated with Post-traumatic Stress Disorder. Although Mood and Anxiety Disorders share some features of Adjustment Disorders, they differ in that Mood and Anxiety Disorders need not have a readily identifiable stressor. Adjustment Disorders are always associated with an identified stressor.
    - ⇒ Adjustment Disorders accounted for 9.0% (5,599 of 62,156) of all CSU admissions, with adults accounting for 72.7% (4,069 of 5,599) of such admissions.
    - ⇒ For adults, 77.2% (3,143 of 4,069) of all CSU admissions were to DCF funded beds.
    - ⇒ For children, 55.6% (851 of 1,531) of all CSU admissions were to non-DCF funded beds.

- **Personality Disorders** – Personality Disorders represent a pattern of inner experience and behavior markedly different from the expectations of the culture of the individual who exhibits it. Personality disorders can greatly affect a person's life by causing problems in one's work, family, and social functioning. Individuals with a Personality Disorder typically show disturbances in how they perceive themselves, others, or the world. They tend to have difficulty forming or maintaining relationships. They also have problems regulating their emotions and controlling their impulses. Common Personality Disorders include Antisocial Personality Disorder, Paranoid Personality Disorder, and Obsessive-Compulsive Personality Disorder.
    - ⇒ Personality Disorders accounted for 0.2% (102 of 62,156) of all CSU admissions, with adults accounting for 76.5% (78 of 102) of such admissions.
    - ⇒ For adults, 78.1% (61 of 102) of all CSU admissions were to DCF-funded beds.
    - ⇒ For children, 54.2% (13 of 24) of all CSU admissions were to non-DCF funded beds.

- **Other Disorders** – This category groups together several different categories of psychiatric disorders that are not as commonly distributed in the general population as the other major classes discussed above. Some of the major disorders included here are those associated with Physiological malfunction arising from mental factors, Disturbance of conduct not elsewhere classified, Disturbance of emotions specific to childhood and adolescence, Hyperkinetic syndrome of childhood, Specific delays in development, as well as Sexual and Gender Identity Disorders.
    - ⇒ Other Disorders accounted for 24.7% (15,371 of 62,156) of all CSU admissions, with adults accounting for 68.1% (10,465 of 15,371) of such admissions.
    - ⇒ For adults, 65.2% (6,820 of 10,465) of all CSU admissions were to DCF-funded beds.
    - ⇒ For children, 66.6% (3,269 of 4,906) of all CSU admissions were to non-DCF funded beds.

Attachment 4: Admission Primary Diagnoses

Table 1: Total Admissions by Diagnosis and Region in FY 2008 - 2009

	Diagnostic Category										
Region	Adjustment Disorder	Anxiety Disorder	Mood Disorder	Organic Disorder	Personality Disorder	Psychotic Disorder	Substance Abuse Disorder	Other Disorder	No Data	Total	Percent
Central	1,662	225	8,300	11	6	2,808	233	4,491	244	17,980	28.9%
Northeast	854	141	2,676	13	5	2,106	410	2,589	34	8,828	14.2%
Northwest	591	93	1,279	12	17	908	312	1,067	63	4,342	7.0%
Southeast	92	50	858	-	3	929	50	728	34	2,744	4.4%
Southern	765	696	2,323	55	36	3,979	222	163	63	8,302	13.4%
SunCoast	1,635	166	7,246	23	35	3,562	601	6,333	359	19,960	32.1%
Total	5,599	1,371	22,682	114	102	14,292	1,828	15,371	797	62,156	100.0%
Percent	9.0%	2.2%	36.5%	0.2%	0.2%	23.0%	2.9%	24.7%	1.3%	100.0%	

Table 2: Total Admissions by Diagnosis and Payor Class in FY 2008 - 2009

	Diagnostic Category										
Payor Class	Adjustment Disorder	Anxiety Disorder	Mood Disorder	Organic Disorder	Personality Disorder	Psychotic Disorder	Substance Abuse Disorder	Other Disorder	No Data	Total	Percent
DCF	3,822	971	14,230	65	72	9,022	1,370	8,457	654	38,662	62.2%
Medicaid	104	29	410	1	-	409	13	992	-	1,958	3.2%
Medicaid HMO	720	198	3,049	20	21	1,973	80	2,151	53	8,265	13.3%
Medicare	1	1	58	4	-	140	16	-	-	220	0.4%
Medicare HMO	21	13	106	4	-	147	2	31	1	325	0.5%
Other Govt. Program	266	55	2,093	2	2	1,323	192	1,662	56	5,652	9.1%
PPHI	288	32	1,239	10	1	589	77	1,049	3	3,288	5.3%
PP-HMO	161	47	873	1	5	281	14	539	3	1,924	3.1%
Private PPO	41	9	191	3	-	107	7	127	1	486	0.8%
Self-Pay	137	9	230	1	1	98	45	267	25	814	1.3%
Charity Care	37	6	202	3	-	204	12	96	1	561	0.9%
Total	5,599	1,371	22,682	114	102	14,292	1,828	15,371	797	62,156	

Attachment 4: Admission Primary Diagnoses

Table 3: Number of Admissions for Adults and Children by Diagnosis and Region in FY 2008 - 2009

	Diagnostic Category										
Age Group/Region	Adjustment Disorder	Anxiety Disorder	Mood Disorder	Organic Disorder	Personality Disorder	Psychotic Disorder	Substance Abuse Disorder	Other Disorder	No Data	Total	Percent
Children											
Central	557	40	1,978	1	1	208	-	2,081	12	4,877	40.6%
Northeast	143	12	670	-	2	136	12	596	-	1,571	13.1%
Northwest	20	-	4	1	-	-	-	7		32	0.3%
Southeast	15	-	8	-	-	22	-	5	9	59	0.5%
Southern	37	255	58	-	1	355	-	13	31	750	6.2%
SunCoast	759	7	1,452	-	20	217	70	2,204	7	4,736	39.4%
Child Total	**1,531**	**314**	**4,169**	**2**	**24**	**938**	**82**	**4,906**	**59**	**12,025**	**19.3%**
Child Percent	**12.7%**	**2.6%**	**34.7%**	**0.0%**	**0.2%**	**7.8%**	**0.7%**	**40.8%**	**0.5%**	**100.0%**	
Adults											
Central	1,106	185	6,323	10	5	2,600	233	2,410	232	13,103	26.1%
Northeast	711	129	2,006	13	3	1,970	398	1,993	34	7,257	14.5%
Northwest	571	93	1,275	11	17	908	312	1,060	63	4,310	8.6%
Southeast	77	50	850		3	907	50	723	25	2,685	5.4%
Southern	728	441	2,265	55	35	3,624	222	150	32	7,552	15.1%
SunCoast	876	159	5,794	23	15	3,345	531	4,129	352	15,224	30.4%
Adults Total	4,069	1,057	18,513	112	78	13,354	1,746	10,465	738	50,131	100.0%
Adult Percent	**8.1%**	**2.1%**	**36.9%**	**0.2%**	**0.2%**	**26.6%**	**3.5%**	**20.9%**	**1.5%**	**100.0%**	
Statewide Total	**5,599**	**1,371**	**22,682**	**114**	**102**	**14,292**	**1,828**	**15,371**	**797**	**62,156**	
Statewide Percent	**9.0%**	**2.2%**	**36.5%**	**0.2%**	**0.2%**	**23.0%**	**2.9%**	**24.7%**	**1.3%**	**100.0%**	

Attachment 4: Admission Primary Diagnoses

Table 4: Number of Admissions for Adults and Children by Diagnosis and Payor Class in FY 2008 - 2009

	Diagnostic Category										
Age Group/Payor Class	Adjustment Disorder	Anxiety Disorder	Mood Disorder	Organic Disorder	Personality Disorder	Psychotic Disorder	Substance Abuse Disorder	Other Disorder	No Data	Total	Percent
Children											
Charity Care	10	-	16	-	-	8	-	55	-	89	0.7%
DCF	679	168	1,277	-	11	332	36	1,637	45	4,185	34.8%
Medicaid	68	8	103	-	-	11	-	236	-	426	3.5%
Medicaid HMO	401	88	1,644	-	10	383	16	1,539	7	4,089	34.0%
Medicare	-	-	-	-	-	-	-	-	-	-	0.0%
Medicare HMO	-	-	-	-	-	-	-	-	-	-	0.0%
Other Govt. Program	36	2	149	-	-	41	-	218	5	450	3.7%
PPHI	161	14	507	1	-	100	21	704	2	1,510	12.6%
PP-HMO	100	32	349	1	3	43	1	245	-	774	6.4%
Private PPO	28	1	74	-	-	8	-	95	-	206	1.7%
Self-Pay	47	1	50	-	-	12	8	177	-	295	2.5%
Children Total	**1,531**	**314**	**4,169**	**2**	**24**	**938**	**82**	**4,906**	**59**	**12,025**	**100.0%**
Children Percent	**12.7%**	**2.6%**	**34.7%**	**0.0%**	**0.2%**	**7.8%**	**0.7%**	**40.8%**	**0.5%**	**100.0%**	
Adults											
Charity Care	27	6	186	3		196	12	41	1	472	0.9%
DCF	3,143	803	12,953	65	61	8,689	1,334	6,820	609	34,477	68.8%
Medicaid	36	21	307	1		398	13	756		1,532	3.1%
Medicaid HMO	319	110	1,405	20	11	1,590	64	611	46	4,176	8.3%
Medicare	1	1	58	4		140	16			220	0.4%
Medicare HMO	21	13	106	4		147	2	31	1	325	0.6%
Other Govt. Program	230	53	1,944	2	2	1,282	192	1,444	51	5,202	10.4%
PPHI	127	18	732	9	1	488	56	345	1	1,778	3.5%
PP-HMO	61	15	524		2	238	13	294	3	1,150	2.3%
Private PPO	13	8	117	3		99	7	32	1	280	0.6%
Self-Pay	90	8	180	1	1	86	37	90	25	519	1.0%
Adults	**4,069**	**1,057**	**18,513**	**112**	**78**	**13,354**	**1,746**	**10,465**	**738**	**50,131**	**100.0%**
Adult Percent	**8.1%**	**2.1%**	**36.9%**	**0.2%**	**0.2%**	**26.6%**	**3.5%**	**20.9%**	**1.5%**	**100.0%**	
Statewide: Total	**5,599**	**1,371**	**22,682**	**114**	**102**	**14,292**	**1,828**	**15,371**	**797**	**62,156**	
Statewide Percent	**9.0%**	**2.2%**	**36.5%**	**0.2%**	**0.2%**	**23.0%**	**2.9%**	**24.7%**	**1.3%**	**100.0%**	

Attachment 5: Bed Days Used

Table 1: Bed Days Used for Adults and Children by Region and Funding Source in FY 2008 - 2009

	Adults			Children			Adults and Children			
Region	DCF	Non-DCF	Total	DCF	Non-DCF	Total	DCF	Non-DCF	Total Amount	Total Percent
Central	36,625	19,472	56,097	6,191	8,354	14,545	42,816	27,826	70,642	24.0%
Northeast	23,738	15,313	39,051	2,640	5,657	8,297	26,378	20,970	47,348	16.1%
Northwest	16,179	5,430	21,609	6	50	56	16,185	5,480	21,665	7.4%
Southeast	12,497	8,575	21,071	105	287	392	12,601	8,862	21,463	7.3%
Southern	26,166	6,451	32,618	1,525	1,976	3,501	27,691	8,427	36,119	12.3%
SunCoast	57,190	24,852	82,042	4,923	9,895	14,818	62,113	34,747	96,860	32.9%
Total Amount	172,395	80,094	252,489	15,389	26,219	41,608	187,784	106,313	294,097	100.0%
Total Percent	58.6%	27.2%	85.9%	5.2%	8.9%	14.1%	63.9%	36.1%	100.0%	

Table 2: Bed Days Used for Adults and Children by Payor Class and Region in FY 2008 - 2009

Payor Class	Central	Northeast	Northwest	Southeast	Southern	SunCoast	Statewide Number	Statewide Percent
DCF	42,816	26,378	16,185	12,601	27,691	62,113	187,784	63.9%
Medicaid	485	2,902			32	4,684	8,103	2.8%
Medicaid HMO	11,048	4,451	2,513	1,111	5,588	13,121	37,832	12.9%
Medicare					84		84	0.0%
Medicare HMO	612	455	4	102	158	869	2,200	0.7%
Other Govt. Program	8,757	8,880	2,178	6,402	438	4,751	31,407	10.7%
PPHI	3,072	3,669	350	475	152	4,025	11,744	4.0%
PP-HMO	1,283	555			473	4,269	6,580	2.2%
Private PPO	946		82		33	615	1,676	0.6%
Self-Pay	727	58	315	113	248	1,088	2,550	0.9%
Charity Care	896		38	658	1,221	1,324	4,138	1.4%
Total Amount	70,642	47,348	21,665	21,463	36,119	96,860	294,097	100.0%
Total Percent	24.0%	16.1%	7.4%	7.3%	12.3%	32.9%	100.0%	

Table 3: Bed Days Used for Adults and Children by Payor Class and Age Group in FY 2008 - 2009

Payor Class	Adults	Children	Statewide Number	Adult Percent	Child Percent	Statewide Percent
DCF	172,395	15,389	187,784	68.3%	37.0%	63.9%
Medicaid	5,787	2,316	8,103	2.3%	5.6%	2.8%
Medicaid HMO	24,741	13,091	37,832	9.8%	31.5%	12.9%
Medicare	84		84	0.0%	0.0%	0.0%
Medicare HMO	2,200		2,200	0.9%	0.0%	0.7%
Other Govt. Program	28,425	2,982	31,407	11.3%	7.2%	10.7%
PPHI	7,339	4,405	11,744	2.9%	10.6%	4.0%
PP-HMO	4,522	2,058	6,580	1.8%	4.9%	2.2%
Private PPO	1,198	478	1,676	0.5%	1.1%	0.6%
Self-Pay	1,903	647	2,550	0.8%	1.6%	0.9%
Charity Care	3,896	242	4,138	1.5%	0.6%	1.4%
Total Amount	252,489	41,608	294,097	100.0%	100.0%	100.0%
Total Percent	85.9%	14.1%	100.0%	85.9%	14.1%	

Attachment 6: CSU Lengths of Stay

Table 1: Average Lengths of Stay for Adults and Children by Region and Funding Source in FY 2008 - 2009

	Adults			Children			Adults and Children		
Region	DCF	Non-DCF	Average	DCF	Non-DCF	Average	DCF	Non-DCF	Average
Central	4.39	4.79	4.70	3.30	3.65	3.56	3.88	4.30	4.20
Northeast	4.71	3.72	3.93	3.43	3.79	3.72	4.34	3.75	3.87
Northwest	4.14	5.38	5.05	1.00	3.20	2.65	3.51	4.91	4.54
Southeast	8.68	7.74	7.97	5.34	6.69	6.24	7.85	7.55	7.63
Southern	5.54	5.21	5.31	4.16	4.52	4.43	5.37	5.10	5.18
SunCoast	5.46	5.15	5.21	3.36	3.45	3.43	4.47	4.37	4.39
Overall Average	5.26	5.06	5.10	3.36	3.69	3.61	4.58	4.56	4.57

Table 2: Average Lengths of Stay for Adults and Children by Payor Class and Region in FY 2008 - 2009

Payor Class	Central	Northeast	Northwest	Southeast	Southern	SunCoast	Statewide Average
DCF	3.88	4.34	3.51	7.85	5.37	4.47	4.58
Medicaid	4.02	4.38			0.49	7.87	5.74
Medicaid HMO	5.33	3.23	5.76	5.46	5.71	4.65	4.95
Medicare					0.70		0.70
Medicare HMO	5.61	4.34	2.00	5.10	4.05	5.89	4.76
Other Govt. Program	4.53	3.49	6.40	8.55	4.80	3.92	4.77
PPHI	3.09	4.38	5.47	4.61	3.04	3.80	3.84
PP-HMO	3.93	4.05			4.94	3.36	3.88
Private PPO	4.65		5.06		1.82	3.62	3.92
Self-Pay	2.34	2.73	2.28	8.08	4.80	2.91	3.06
Charity Care	5.87		5.54	14.63	12.28	4.51	7.18
Overall Average	4.20	3.87	4.54	7.63	5.18	4.39	4.57

Table 3: Average Lengths of Stay for Adults and Children by Payor Class in FY 2008 - 2009

Payor Class	Adults	Children	Statewide Average
DCF	5.26	3.36	4.58
Medicaid	5.56	5.98	5.74
Medicaid HMO	5.77	3.53	4.95
Medicare	0.70		0.70
Medicare HMO	4.76		4.76
Other Govt. Program	5.35	3.92	4.77
PPHI	3.90	3.77	3.84
PP-HMO	4.54	3.07	3.88
Private PPO	3.95	3.87	3.92
Self-Pay	3.48	2.46	3.06
Charity Care	7.86	4.14	7.18
Overall Average	5.10	3.61	4.57

Attachment 7: Total Revenues

Table 1: Total Revenues for Adults and Children by Region and Funding Source in FY 2008 - 2009

	Adults			Children			Adults and Children			
Region	DCF	Non-DCF	Total	DCF	Non-DCF	Total	DCF	Non-DCF	Total Amount	Total Percent
Central	$12,157,066	$7,611,182	$19,768,248	$3,707,132	$4,605,643	$8,312,775	$15,864,198	$12,216,825	$28,081,022	24.2%
Northeast	$8,651,803	$6,159,693	$14,811,496	$1,478,209	$2,541,626	$4,019,835	$10,130,012	$8,701,318	$18,831,330	16.2%
Northwest	$7,169,584	$1,782,507	$8,952,091	$210,785	$12,869	$223,654	$7,380,369	$1,795,376	$9,175,745	7.9%
Southeast	$4,148,470	$2,936,243	$7,084,712	$32,050	$104,519	$136,569	$4,180,520	$3,040,762	$7,221,281	6.2%
Southern	$7,970,716	$1,098,891	$9,069,607	$1,336,128	$516,214	$1,852,342	$9,306,844	$1,615,105	$10,921,949	9.4%
SunCoast	$20,507,882	$12,057,565	$32,565,447	$3,965,214	$5,474,954	$9,440,168	$24,473,096	$17,532,519	$42,005,615	36.1%
Total Amount	$60,605,521	$31,646,080	$92,251,600	$10,729,517	$13,255,825	$23,985,342	$71,335,038	$44,901,905	$116,236,943	100.0%
Total Percent	52.1%	27.2%	79.4%	9.2%	11.4%	20.6%	61.4%	38.6%	100.0%	

Table 2: Total Revenues for Adults and Children by Payor Class and Region in FY 2008 - 2009

Payor Class	Central	Northeast	Northwest	Southeast	Southern	SunCoast	Total Amount	Total Percent
DCF	$15,864,198	$10,130,012	$7,380,369	$4,180,520	$9,306,844	$24,473,096	$71,335,038	61.4%
Medicaid	$368,773	$2,176,500			$29,278	$2,408,312	$4,982,863	4.3%
Medicaid HMO	$5,467,635	$1,846,478	$991,928	$543,374	$1,212,532	$7,169,572	$17,231,519	14.8%
Medicare					$3,520		$3,520	0.0%
Medicare HMO	$238,398	$126,003	$1,980	$45,900	$28,975	$221,755	$663,012	0.6%
Other Govt. Program	$3,670,138	$3,225,058	$630,768	$2,207,319	$141,811	$3,608,344	$13,483,437	11.6%
PPHI	$1,547,305	$1,125,246	$146,089	$211,742	$28,132	$1,688,394	$4,746,908	4.1%
PP-HMO	$607,816	$197,309			$80,297	$2,002,909	$2,888,331	2.5%
Private PPO	$282,152		$19,525		$10,200	$291,330	$603,207	0.5%
Self-Pay	$34,608	$4,724	$5,086	$32,427	$80,360	$100,293	$257,498	0.2%
Charity Care	$0					$41,610	$41,610	0.0%
Total Amount	$28,081,022	$18,831,330	$9,175,745	$7,221,281	$10,921,949	$42,005,615	$116,236,943	100.0%
Total Percent	24.2%	16.2%	7.9%	6.2%	9.4%	36.1%	100.0%	

Table 3: Total Revenues for Adults and Children by Payor Class and Age Group in FY 2008 - 2009

Payor Class	Adults	Children	Total	Adult Percent	Child Percent	Statewide Percent
DCF	$60,605,521	$10,729,517	$71,335,038	65.7%	44.7%	61.4%
Medicaid	$3,575,931	$1,406,932	$4,982,863	3.9%	5.9%	4.3%
Medicaid HMO	$10,852,670	$6,378,849	$17,231,519	11.8%	26.6%	14.8%
Medicare	$3,520		$3,520	0.0%	0.0%	0.0%
Medicare HMO	$663,012		$663,012	0.7%	0.0%	0.6%
Other Govt. Program	$11,174,672	$2,308,765	$13,483,437	12.1%	9.6%	11.6%
PPHI	$2,738,084	$2,008,824	$4,746,908	3.0%	8.4%	4.1%
PP-HMO	$2,030,221	$858,110	$2,888,331	2.2%	3.6%	2.5%
Private PPO	$356,753	$246,454	$603,207	0.4%	1.0%	0.5%
Self-Pay	$214,595	$42,903	$257,498	0.2%	0.2%	0.2%
Charity Care	$36,622	$4,988	$41,610	0.0%	0.0%	0.0%
Grand Total	$92,251,600	$23,985,342	$116,236,943	100.0%	100.0%	100.0%
Total Percent	79.4%	20.6%	100.0%	79.4%	20.6%	

Attachment 8: Average Cost per CSU Bed Day

Table 1: Average Cost per CSU bed Day for Adults and Children by Region and Funding Source in FY 2008 - 2009

	Adults			Children			Adults and Children		
Region	DCF	Non-DCF	Total	DCF	Non-DCF	Total	DCF	Non-DCF	Total
Central	$291.97	$480.15	$438.33	$302.43	$556.34	$499.01	$296.85	$515.31	$466.40
Northeast	$311.54	$478.74	$443.91	$316.62	$494.38	$458.82	$312.99	$483.37	$448.29
Northwest	$291.24	$413.65	$378.67	$291.24	$335.00	$320.41	$291.24	$400.54	$368.39
Southeast	$300.26	$424.99	$390.98	$306.55	$403.28	$371.03	$301.84	$420.65	$386.70
Southern	$267.89	$444.15	$390.51	$291.24	$456.67	$415.31	$270.81	$446.13	$394.18
SunCoast	$329.29	$486.15	$454.07	$337.67	$469.12	$441.44	$333.24	$478.29	$448.22
Statewide	$299.95	$467.23	$427.61	$317.03	$496.05	$455.82	$306.05	$477.98	$438.03

Table 2: Average Cost per CSU Bed Day for Adults and Children by Payor Class and Region in FY 2008 - 2009

Payor Class	Central	Northeast	Northwest	Southeast	Southern	SunCoast	Statewide
DCF	$296.85	$312.99	$291.24	$301.84	$270.81	$333.24	$306.05
Medicaid	$415.44	$750.00			$384.00	$466.67	$522.07
Medicaid HMO	$561.03	$473.71	$479.20	$533.33	$428.57	$531.67	$513.51
Medicare					$554.00		$554.00
Medicare HMO	$412.50	$585.00	$495.00	$450.00	$400.00	$600.00	$504.44
Other Govt. Program	$297.87	$380.00	$291.24	$316.31	$650.00	$330.00	$340.77
PPHI	$562.94	$567.50	$361.99	$600.00	$450.00	$502.00	$519.47
PP-HMO	$524.63	$356.00			$425.00	$550.00	$507.11
Private PPO	$631.00		$247.00		$450.00	$489.00	$517.70
Self-Pay	$830.00	$137.00			$650.00	$486.00	$500.00
Charity Care	$314.80		$291.24	$291.24	$213.40	$408.30	$352.30
Grand Total	$466.40	$448.29	$368.39	$386.70	$394.18	$448.22	$438.03

Table 3: Average Cost per CSU Bed Day for Adults and Children by Payor Class and Age Group in FY 2008 - 2009

Payor Class	Adults	Children	Total
DCF	$299.95	$317.03	$306.05
Medicaid	$510.84	$537.81	$522.07
Medicaid HMO	$500.56	$536.00	$513.51
Medicare	$554.00		$554.00
Medicare HMO	$504.44		$504.44
Other Govt. Program	$335.22	$349.35	$340.77
PPHI	$518.41	$520.90	$519.47
PP-HMO	$488.10	$530.88	$507.11
Private PPO	$462.50	$600.50	$517.70
Self-Pay	$500.33	$499.60	$500.00
Charity Care	$350.44	$357.27	$352.30
Grand Total	$427.61	$455.82	$438.03

Attachment 9: Average Annual Cost per Person Served

Table 1: Average Annual Cost per Person Served for Adults and Children by Region and Funding Source in FY 2008 - 2009

	Adults			Children			Adults and Children		
Region	DCF	Non-DCF	Total	DCF	Non-DCF	Total	DCF	Non-DCF	Total
Central	$1,498	$2,630	$2,378	$1,176	$1,746	$1,604	$1,348	$2,251	$2,039
Northeast	$1,545	$2,265	$2,115	$1,391	$2,413	$2,208	$1,501	$2,309	$2,142
Northwest	$1,447	$2,057	$1,883	$291	$1,175	$881	$1,216	$1,910	$1,706
Southeast	$2,539	$2,894	$2,797	$1,687	$2,508	$2,234	$2,326	$2,817	$2,677
Southern	$1,371	$1,894	$1,735	$1,210	$2,071	$1,856	$1,351	$1,922	$1,753
SunCoast	$1,833	$2,429	$2,307	$1,178	$1,895	$1,740	$1,525	$2,187	$2,048
Grand Total	$1,645	$2,377	$2,204	$1,181	$1,915	$1,743	$1,479	$2,211	$2,038

Table 2: Average Annual Cost per Person Served for Adults and Children by Payor Class and Region in FY 2008 - 2009

Payor Class	Central	Northeast	Northwest	Southeast	Southern	SunCoast	Statewide
DCF	$1,348	$1,501	$1,216	$2,326	$1,351	$1,525	$1,479
Medicaid	$2,161	$3,285			$189	$3,683	$3,039
Medicaid HMO	$3,224	$1,996	$2,178	$2,791	$2,276	$2,491	$2,594
Medicare					$388		$388
Medicare HMO	$2,327	$4,999	$1,980	$2,295	$1,621	$3,421	$3,043
Other Govt. Program	$1,306	$1,638	$2,807	$2,674	$2,542	$2,294	$1,988
PPHI	$1,660	$2,750	$1,469	$2,545	$1,368	$1,606	$1,837
PP-HMO	$1,939	$1,442			$2,028	$1,783	$1,870
Private PPO	$2,612		$1,266		$362	$1,799	$1,851
Self-Pay	$1,883	$369			$2,559	$1,439	$1,427
Charity Care	$1,861		$1,575	$4,261	$4,114	$1,764	$2,249
Grand Total	$2,039	$2,142	$1,706	$2,677	$1,753	$2,048	$2,038

Adults and Children by Payor Class and Age Group in FY 2008 - 2009

Payor Class	Adults	Children	Adults and Children
DCF	$ 1,645	$ 1,181	$ 1,479
Medicaid	$ 2,925	$ 3,199	$ 3,039
Medicaid HMO	$ 3,014	$ 1,864	$ 2,594
Medicare	$ 388		$ 388
Medicare HMO	$ 3,043		$ 3,043
Other Govt. Program	$ 1,814	$ 2,256	$ 1,988
PPHI	$ 1,901	$ 1,744	$ 1,837
PP-HMO	$ 2,127	$ 1,504	$ 1,870
Private PPO	$ 1,785	$ 1,984	$ 1,851
Self-Pay	$ 1,631	$ 1,182	$ 1,427
Charity Care	$ 2,412	$ 1,598	$ 2,249
Grand Total	$ 2,204	$ 1,743	$ 2,038

Appendix A: Number of CSU Admissions for Adults and Children by Diagnosis Category and Payor Class per Receiving Facility within each Circuit and Region in FY 2008-2009

Age Group	Region	Circuit	Facility Name	Payor Class	Adjustment Disorders	Anxiety Disorder	Mood Disorder	Organic Disorder	Personality Disorder	Psychotic Disorder	Substance Abuse Disorder	Other Disorder	No Data	Admissions
Adults	Central	5	The Centers	DCF	568	25	371	6	1	273	16	323	10	1,593
				Medicaid										-
				Medicaid HMO	36	4	34			25	1			100
				Medicare										-
				Medicare HMO										-
				PPHI	1		3			1		5		10
				PP-HMO										-
				Private PPO										-
				Other Govt. Program	1									1
				Self-Pay	12		12			5	3	6	1	39
				Charity Care										-
				Total Non-DCF	50	4	49	-	-	31	4	11	1	150
Adults	Central	5	The Harbor BH Care Institute - Hernando (Baycare)	DCF	12		237			36	11		127	423
				Medicaid										-
				Medicaid HMO	1		52			10		17		80
				Medicare										-
				Medicare HMO										-
				PPHI										-
				PP-HMO	2		48			6	1	26		83
				Private PPO										-
				Other Govt. Program										-
				Self-Pay										-
				Charity Care										-
				Total Non-DCF	3	-	100	-	-	16	1	43	-	163
Adults	Central	5	Lifestream Behavioral Center	DCF	11	8	194			60		145		418
				Medicaid										-
				Medicaid HMO			9			4		1		14
				Medicare										-
				Medicare HMO			1			3				4
				PPHI			2							2
				PP-HMO										-
				Private PPO			5			6		3		14
				Other Govt. Program										-
				Self-Pay										-
				Charity Care										-
				Total Non-DCF	-	-	17	-	-	13	-	4	-	34

Appendix A: Number of CSU Admissions for Adults and Children by Diagnosis Category and Payor Class per Receiving Facility within each Circuit and Region in FY 2008-2009

Age Group	Region	Circuit	Facility Name	Payor Class	Adjustment Disorders	Anxiety Disorder	Mood Disorder	Organic Disorder	Personality Disorder	Psychotic Disorder	Substance Abuse Disorder	Other Disorder	No Data	Admissions
Adults	Central	9	Lakeside Behavioral Healthcare	DCF	48	16	682			333	48	460		1,587
				Medicaid										-
				Medicaid HMO	6	2	83			41	6	56		194
				Medicare										-
				Medicare HMO										-
				PPHI	3	1	46			22	3	31		107
				PP-HMO										-
				Private PPO										-
				Other Govt. Program	82	27	1,172			572	82	791		2,726
				Self-Pay	1	0	21			10	1	14		48
				Charity Care										-
				Total Non-DCF	92	31	1,322	-	-	646	92	892	-	3,075
Adults	Central	9	Park Place Behavioral Health Care/Osceola Mental Health*	DCF	11	2	376			72	1			462
				Medicaid			31			16				47
				Medicaid HMO			89			47		3		139
				Medicare										-
				Medicare HMO										-
				PPHI	2		184			42		5		233
				PP-HMO										-
				Private PPO										-
				Other Govt. Program										-
				Self-Pay										-
				Charity Care	2		66			17				85
				Total Non-DCF	4	-	370	-	-	122	-	8	-	504
Adults	Central	10	Peace River Center for Personal Development	DCF	99	39	1,072	3	1	355	14	395	40	2,018
				Medicaid										-
				Medicaid HMO	8	3	216		1	93		14	6	341
				Medicare										-
				Medicare HMO		1	38			27		1	1	68
				PPHI										-
				PP-HMO	6		68			7	2	6		89
				Private PPO										-
				Other Govt. Program										-
				Self-Pay	1		6						1	8
				Charity Care										-
				Total Non-DCF	15	4	328	-	1	127	2	21	8	506

Appendix A: Number of CSU Admissions for Adults and Children by Diagnosis Category and Payor Class per Receiving Facility within each Circuit and Region in FY 2008-2009

Age Group	Region	Circuit	Facility Name	Payor Class	Adjustment Disorders	Anxiety Disorder	Mood Disorder	Organic Disorder	Personality Disorder	Psychotic Disorder	Substance Abuse Disorder	Other Disorder	No Data	Admissions
Adults	Central	18	Seminole Community Mental Health Center	DCF	88	6	200		1	166	5	29	43	538
				Medicaid										-
				Medicaid HMO	6		25			41		3	3	78
				Medicare										-
				Medicare HMO										-
				PPHI										-
				PP-HMO										-
				Private PPO										-
				Other Govt. Program	2		9			9		3		23
				Self-Pay										-
				Charity Care										-
				Total Non-DCF	8	-	34	-	-	50	-	6	3	101
Adults	Central	19	New Horizons of the Treasure Coast	DCF	74	43	817		1	214	38	2		1,189
				Medicaid										-
				Medicaid HMO			10			6		4		20
				Medicare										-
				Medicare HMO	3	1	12			4	1	5		26
				PPHI	12	2	74	1		54		34		177
				PP-HMO			3							3
				Private PPO	8	4	48			21		24		105
				Other Govt. Program			6			1		4		11
				Self-Pay										-
				Charity Care										-
				Total Non-DCF	23	7	153	1	-	86	1	71	-	342
Adults	Central Region Totals			DCF	911	139	3,949	9	4	1,509	133	1,354	220	8,228
				Non-DCF	195	46	2,373	1	1	1,091	100	1,056	12	4,875
				Central Region Totals	1,106	185	6,323	10	5	2,600	233	2,410	232	13,103
				DCF	911	139	3,949	9	4	1,509	133	1,354	220	8,228
				Medicaid	-	-	31	-	-	16	-	-	-	47
				Medicaid HMO	57	9	518	-	1	267	7	98	9	966
				Medicare	-	-	-	-	-	-	-	-	-	-
				Medicare HMO	3	2	51	-	-	34	1	6	1	98
				PPHI	18	3	309	1	-	119	3	75	-	529
				PP-HMO	8	-	119	-	-	13	3	32	-	175
				Private PPO	8	4	53	-	-	27	-	27	-	119
				Other Govt. Program	85	27	1,187	-	-	582	82	798	-	2,761
				Self-Pay	14	0	39	-	-	15	4	20	2	95
				Charity Care	2	-	66	-	-	17	-	-	-	85
				Total Non-DCF	195	46	2,373	1	1	1,091	100	1,056	12	4,875

Appendix A: Number of CSU Admissions for Adults and Children by Diagnosis Category and Payor Class per Receiving Facility within each Circuit and Region in FY 2008-2009

Age Group	Region	Circuit	Facility Name	Payor Class	Adjustment Disorders	Anxiety Disorder	Mood Disorder	Organic Disorder	Personality Disorder	Psychotic Disorder	Substance Abuse Disorder	Other Disorder	No Data	Admissions
Adults	Northeast	3	Meridian Behavioral Healthcare - Lake City	DCF	77	46	231	2	1	146	32	303	25	863
				Medicaid	20	8	58			47	3	118		254
				Medicaid HMO										-
				Medicare										-
				Medicare HMO										-
				PPHI										-
				PP-HMO										-
				Private PPO										-
				Other Govt. Program										-
				Self-Pay										-
				Charity Care										-
				Total Non-DCF	20	8	58	-	-	47	3	118	-	254
Adults	Northeast	4	Mental Health Resource Center	DCF	90		310	4		252	84	236		976
				Medicaid										-
				Medicaid HMO	4		27			61	1	6		99
				Medicare										-
				Medicare HMO			4			10				14
				PPHI	39		87			67	3	58		254
				PP-HMO										-
				Private PPO										-
				Other Govt. Program	14		50	1		51	9	41		166
				Self-Pay										-
				Charity Care										-
				Total Non-DCF	57	-	168	1	-	189	13	105	-	533
Adults	Northeast	4	Mental Health Center of Jacksonville	DCF	239		330	2		468	132	250		1,421
				Medicaid										-
				Medicaid HMO	9		22			108	4	15		158
				Medicare										-
				Medicare HMO	1		3			30	1	1		36
				PPHI	20		32	3		97	6	15		173
				PP-HMO										-
				Private PPO										-
				Other Govt. Program	60		62			84	28	50		284
				Self-Pay	5		1			5	2	5		18
				Charity Care										-
				Total Non-DCF	95	-	120	3	-	324	41	86	-	669

Age Group	Region	Circuit	Facility Name	Payor Class	Adjustment Disorders	Anxiety Disorder	Mood Disorder	Organic Disorder	Personality Disorder	Psychotic Disorder	Substance Abuse Disorder	Other Disorder	No Data	Admissions
Adults	Northeast	7	SMA Behavioral	DCF	17	8	297			285	22	168	4	801
				Medicaid										-
				Medicaid HMO			27			52		10		89
				Medicare										-
				Medicare HMO										-
				PPHI										-
				PP-HMO	2		51			64		20		137
				Private PPO										-
				Other Govt. Program										-
				Self-Pay										-
				Charity Care										-
				Total Non-DCF	2	-	78	-	-	116	-	30	-	226
Adults	Northeast	8	Meridian Behavioral Healthcare - Gainesville	DCF	105	62	375	1	2	81	71	117	5	819
				Medicaid	9	5	39			62		580		695
				Medicaid HMO										-
				Medicare										-
				Medicare HMO										-
				PPHI										-
				PP-HMO										-
				Private PPO										-
				Other Govt. Program										-
				Self-Pay										-
				Charity Care										-
				Total Non-DCF	9	5	39	-	-	62	-	580	-	695
Adults	Northeast Region Totals			DCF	528	116	1,543	9	3	1,232	341	1,074	34	4,880
				Non-DCF	183	13	463	4	-	738	57	919	-	2,377
				Northeast Region Totals	711	129	2,006	13	3	1,970	398	1,993	34	7,257
														-
				DCF	528	116	1,543	9	3	1,232	341	1,074	34	4,880
				Medicaid	29	13	97	-	-	109	3	698	-	949
				Medicaid HMO	13	-	76	-	-	221	5	31	-	346
				Medicare	-	-	-	-	-	-	-	-	-	-
				Medicare HMO	1	-	7	-	-	40	1	1	-	50
				PPHI	59	-	119	3	-	164	9	73	-	427
				PP-HMO	2	-	51	-	-	64	-	20	-	137
				Private PPO	-	-	-	-	-	-	-	-	-	-
				Other Govt. Program	74	-	112	1	-	135	37	91	-	450
				Self-Pay	5	-	1	-	-	5	2	5	-	18
				Charity Care	-	-	-	-	-	-	-	-	-	-
				Total Non-DCF	183	13	463	4	-	738	57	919	-	2,377

Appendix A: Number of CSU Admissions for Adults and Children by Diagnosis Category and Payor Class per Receiving Facility within each Circuit and Region in FY 2008-2009

Age Group	Region	Circuit	Facility Name	Payor Class	Adjustment Disorders	Anxiety Disorder	Mood Disorder	Organic Disorder	Personality Disorder	Psychotic Disorder	Substance Abuse Disorder	Other Disorder	No Data	Admissions
Adults	Northwest	1	Lakeview Center	DCF	113	36	632		11	167	115	290		1,364
				Medicaid										-
				Medicaid HMO	7	4	62		4	61	12	26		176
				Medicare										-
				Medicare HMO			1							1
				PPHI	2	5	31		1	16	8	6		69
				PP-HMO										-
				Private PPO										-
				Other Govt. Program										-
				Self-Pay										-
				Charity Care										-
				Total Non-DCF	9	9	94	-	5	77	20	32	-	246
Adults	Northwest	1	Bridgeway Center	DCF	115	7	129	1	1	78	3	399	31	764
				Medicaid										-
				Medicaid HMO	9	2	15			24		29	3	82
				Medicare										-
				Medicare HMO										-
				PPHI										-
				PP-HMO										-
				Private PPO										-
				Other Govt. Program										-
				Self-Pay										-
				Charity Care										-
				Total Non-DCF	9	2	15	-	-	24	-	29	3	82
Adults	Northwest	2	Apalachee Center for Human Services	DCF	23		135	1		310	2	215	2	688
				Medicaid										-
				Medicaid HMO			3			38		5	3	49
				Medicare										-
				Medicare HMO										-
				PPHI			2			6		3		11
				PP-HMO										-
				Private PPO										-
				Other Govt. Program	7		44			103	1	70	1	226
				Self-Pay										-
				Charity Care										-
				Total Non-DCF	7	-	49	-	-	147	1	78	4	286

Age Group	Region	Circuit	Facility Name	Payor Class	Adjustment Disorders	Anxiety Disorder	Mood Disorder	Organic Disorder	Personality Disorder	Psychotic Disorder	Substance Abuse Disorder	Other Disorder	No Data	Admissions
Adults	Northwest	14	Life Management Center of Northwest Florida	DCF	228	27	173	4		74	139	14	14	673
				Medicaid										-
				Medicaid HMO	14	9	28	4		17	8	1	4	85
				Medicare										-
				Medicare HMO										-
				PPHI										-
				PP-HMO										-
				Private PPO	3		3			3	5	1	1	16
				Other Govt. Program										-
				Self-Pay	50	3	16	1		8	18		3	99
				Charity Care			1			3	1	1	1	7
				Total Non-DCF	67	12	48	5	-	31	32	3	9	207
Adults	Northwest Region Totals			DCF	479	70	1,069	6	12	629	259	918	47	3,489
				Non-DCF	92	23	206	5	5	279	53	142	16	821
				Northwest Region Totals	571	93	1,275	11	17	908	312	1,060	63	4,310
														-
				DCF	479	70	1,069	6	12	629	259	918	47	3,489
				Medicaid	-	-	-	-	-	-	-	-	-	-
				Medicaid HMO	30	15	108	4	4	140	20	61	10	392
				Medicare	-	-	-	-	-	-	-	-	-	-
				Medicare HMO	-	-	1	-	-	-	-	-	-	1
				PPHI	2	5	33	-	1	22	8	9	-	80
				PP-HMO	-	-	-	-	-	-	-	-	-	-
				Private PPO	3	-	3	-	-	3	5	1	1	16
				Other Govt. Program	7	-	44	-	-	103	1	70	1	226
				Self-Pay	50	3	16	1	-	8	18	-	3	99
				Charity Care	-	-	1	-	-	3	1	1	1	7
				Total Non-DCF	92	23	206	5	5	279	53	142	16	821
Adults	Southeast	15	South County Mental Health Center	DCF	32	24	323			209	8	419	3	1,018
				Medicaid										-
				Medicaid HMO	1	2	36			61	1	35		136
				Medicare										-
				Medicare HMO										-
				PPHI	3	1	36			29	1	42		112
				PP-HMO										-
				Private PPO										-
				Other Govt. Program	11	9	116			75	3	152	1	367
				Self-Pay	1		4			3		6		14
				Charity Care	2	1	14			9		19		45
				Total Non-DCF	18	13	206	-	-	177	5	254	1	674

Appendix A: Number of CSU Admissions for Adults and Children by Diagnosis Category and Payor Class per Receiving Facility within each Circuit and Region in FY 2008-2009

Age Group	Region	Circuit	Facility Name	Payor Class	Adjustment Disorders	Anxiety Disorder	Mood Disorder	Organic Disorder	Personality Disorder	Psychotic Disorder	Substance Abuse Disorder	Other Disorder	No Data	Admissions
Adults	Southeast	15	Oakwood Center of the Palm Beaches - Glades	DCF	10		15			60	5	15	15	120
				Medicaid										-
				Medicaid HMO	2		4			8	1			15
				Medicare										-
				Medicare HMO										-
				PPHI										-
				PP-HMO										-
				Private PPO										-
				Other Govt. Program	12	4	16			91	5	21	6	155
				Self-Pay										-
				Charity Care										-
				Total Non-DCF	14	4	20	-	-	99	6	21	6	170
Adults	Southeast	17	Henderson Mental Health Center	DCF	1	6	182		2	226	17	9		443
				Medicaid										-
				Medicaid HMO										-
				Medicare										-
				Medicare HMO			6			14				20
				PPHI										-
				PP-HMO										-
				Private PPO										-
				Other Govt. Program	2	3	98		1	122	9	5		240
				Self-Pay										-
				Charity Care										-
				Total Non-DCF	2	3	104	-	1	136	9	5	-	260
Adults	Southeast Region			DCF	43	30	520	-	2	495	30	443	18	1,581
				Non-DCF	34	20	330	-	1	412	20	280	7	1,104
				Southeast Region	77	50	850	-	3	907	50	723	25	2,685
														-
				DCF	43	30	520	-	2	495	30	443	18	1,581
				Medicaid	-	-	-	-	-	-	-	-	-	-
				Medicaid HMO	3	2	40	-	-	69	2	35	-	151
				Medicare	-	-	-	-	-	-	-	-	-	-
				Medicare HMO	-	-	6	-	-	14	-	-	-	20
				PPHI	3	1	36	-	-	29	1	42	-	112
				PP-HMO	-	-	-	-	-	-	-	-	-	-
				Private PPO	-	-	-	-	-	-	-	-	-	-
				Other Govt. Program	25	16	230	-	1	288	17	178	7	762
				Self-Pay	1	-	4	-	-	3	-	6	-	14
				Charity Care	2	1	14	-	-	9	-	19	-	45
				Total Non-DCF	34	20	330	-	1	412	20	280	7	1,104

Appendix A: Number of CSU Admissions for Adults and Children by Diagnosis Category and Payor Class per Receiving Facility within each Circuit and Region in FY 2008-2009

Age Group	Region	Circuit	Facility Name	Payor Class	Adjustment Disorders	Anxiety Disorder	Mood Disorder	Organic Disorder	Personality Disorder	Psychotic Disorder	Substance Abuse Disorder	Other Disorder	No Data	Admissions
Adults	Southern	11	Bayview Center for Mental Health	DCF	53	16	137	1	1	330	13	77		628
				Medicaid										-
				Medicaid HMO	1	1	23			56		16		97
				Medicare										-
				Medicare HMO										-
				PPHI										-
				PP-HMO		1	4			7		2		14
				Private PPO										-
				Other Govt. Program										-
				Self-Pay										-
				Charity Care										-
				Total Non-DCF	1	2	27	-	-	63	-	18	-	111
Adults	Southern	11	Citrus Health Network	DCF	352	213	85	7	19	210		27	29	942
				Medicaid										-
				Medicaid HMO	152	72	12		3	32		2		273
				Medicare										-
				Medicare HMO	16	11	3	4		3		2		39
				PPHI	1	4	2			4		1		12
				PP-HMO	9	9	5		1	5		2		31
				Private PPO										-
				Other Govt. Program										-
				Self-Pay										-
				Charity Care										-
				Total Non-DCF	178	96	22	4	4	44	-	7	-	355
Adults	Southern	11	Community Health Center of South Dade	DCF	20	19	505	13	2	1,032	159	8		1,758
				Medicaid	1	2	73	1		134	6	1		218
				Medicaid HMO	1	1	30	1		199	6	1		239
				Medicare	1	1	58	4		140	16			220
				Medicare HMO										-
				PPHI										-
				PP-HMO										-
				Private PPO		2	20	3		57	1			83
				Other Govt. Program										-
				Self-Pay										-
				Charity Care										-
				Total Non-DCF	3	6	181	9	-	530	29	2	-	760

Appendix A: Number of CSU Admissions for Adults and Children by Diagnosis Category and Payor Class per Receiving Facility within each Circuit and Region in FY 2008-2009

Age Group	Region	Circuit	Facility Name	Payor Class	Adjustment Disorders	Anxiety Disorder	Mood Disorder	Organic Disorder	Personality Disorder	Psychotic Disorder	Substance Abuse Disorder	Other Disorder	No Data	Admissions
Adults	Southern	11	Jackson North Mental Health Center (Jackson Memorial Hospital)	DCF	72	13	146	14		442	2			689
				Medicaid										-
				Medicaid HMO	15	3	32	3		99	2			154
				Medicare										-
				Medicare HMO										-
				PPHI										-
				PP-HMO										-
				Private PPO										-
				Other Govt. Program										-
				Self-Pay										-
				Charity Care	16	3	34	3		104	9			169
				Total Non-DCF	31	6	66	6	-	203	11	-	-	323
Adults	Southern	11	Miami Behavioral Health Center*	DCF	8	27	470	1	5	295	7	11	3	827
				Medicaid										-
				Medicaid HMO			46			19				65
				Medicare										-
				Medicare HMO										-
				PPHI										-
				PP-HMO										-
				Private PPO										-
				Other Govt. Program										-
				Self-Pay										-
				Charity Care										-
				Total Non-DCF	-	-	46	-	-	19	-	-	-	65
Adults	Southern	11	New Horizons CMHC	DCF	10	7	247		4	306	1			575
				Medicaid										-
				Medicaid HMO										-
				Medicare										-
				Medicare HMO										-
				PPHI										-
				PP-HMO										-
				Private PPO										-
				Other Govt. Program										-
				Self-Pay										-
				Charity Care			8			10				18
				Total Non-DCF	-	-	8	-	-	10	-	-	-	18

Appendix A: Number of CSU Admissions for Adults and Children by Diagnosis Category and Payor Class per Receiving Facility within each Circuit and Region in FY 2008-2009

Age Group	Region	Circuit	Facility Name	Payor Class	Adjustment Disorders	Anxiety Disorder	Mood Disorder	Organic Disorder	Personality Disorder	Psychotic Disorder	Substance Abuse Disorder	Other Disorder	No Data	Admissions
Adults	Southern	16	Guidance Clinic - Middle Keys	DCF		22	199			86				307
				Medicaid										-
				Medicaid HMO		1	13			5				19
				Medicare										-
				Medicare HMO										-
				PPHI										-
				PP-HMO										-
				Private PPO										-
				Other Govt. Program		8	73			31				112
				Self-Pay		5	40			18				63
				Charity Care										-
				Total Non-DCF	-	14	126	-	-	54	-	-	-	194
Adults	Southern Region			DCF	515	317	1,789	36	31	2,701	182	123	32	5,726
				Non-DCF	213	124	476	19	4	923	40	27	-	1,826
				Southern Region	728	441	2,265	55	35	3,624	222	150	32	7,552
														-
				DCF	515	317	1,789	36	31	2,701	182	123	32	5,726
				Medicaid	1	2	73	1	-	134	6	1	-	218
				Medicaid HMO	169	78	156	4	3	410	8	19	-	847
				Medicare	1	1	58	4	-	140	16	-	-	220
				Medicare HMO	16	11	3	4	-	3	-	2	-	39
				PPHI	1	4	2	-	-	4	-	1	-	12
				PP-HMO	9	10	9	-	1	12	-	4	-	45
				Private PPO	-	2	20	3	-	57	1	-	-	83
				Other Govt. Program	-	8	73	-	-	31	-	-	-	112
				Self-Pay	-	5	40	-	-	18	-	-	-	63
				Charity Care	16	3	42	3	-	114	9	-	-	187
				Total Non-DCF	213	124	476	19	4	923	40	27	-	1,826
Adults	SunCoast	6	The Harbor Behavioral Health Care - Pasco	DCF	4		574		1	249	5	849		1,682
				Medicaid										-
				Medicaid HMO	6		126			40		125		297
				Medicare										-
				Medicare HMO	1		8			1		7		17
				PPHI										-
				PP-HMO	2		126			88		228		444
				Private PPO										-
				Other Govt. Program										-
				Self-Pay										-
				Charity Care										-
				Total Non-DCF	9	-	260	-	-	129	-	360	-	758

Appendix A: Number of CSU Admissions for Adults and Children by Diagnosis Category and Payor Class per Receiving Facility within each Circuit and Region in FY 2008-2009

Age Group	Region	Circuit	Facility Name	Payor Class	Adjustment Disorders	Anxiety Disorder	Mood Disorder	Organic Disorder	Personality Disorder	Psychotic Disorder	Substance Abuse Disorder	Other Disorder	No Data	Admissions
Adults	SunCoast	6	Personal Enrichment MH Services - Pinellas and St. Pete	DCF	354	41	1,492	1	6	457	131	147		2,629
				Medicaid										-
				Medicaid HMO	19	2	133	2	3	124	10	10		303
				Medicare										-
				Medicare HMO										-
				PPHI	5	1	16			8	1			31
				PP-HMO	23	2	139		1	35	10	7		217
				Private PPO										-
				Other Govt. Program										-
				Self-Pay	11		16		1	1		6		35
				Charity Care										-
				Total Non-DCF	58	5	304	2	5	168	21	23	-	586
Adults	SunCoast	12	Manatee Glens Hospital	DCF	60		324			109		245		738
				Medicaid										-
				Medicaid HMO	4		13			10		10		37
				Medicare										-
				Medicare HMO										-
				PPHI	1		2			1		2		6
				PP-HMO										-
				Private PPO	1		18			4		4		27
				Other Govt. Program	6		93			27		188		314
				Self-Pay			4					1		5
				Charity Care										-
				Total Non-DCF	12	-	130	-	-	42	-	205	-	389
Adults	SunCoast	12	Coastal Behavioral Healthcare	DCF	71	9	322		2	165	129	62	20	780
				Medicaid	1		18			10	4	4		37
				Medicaid HMO	4		22			15	3	6	2	52
				Medicare										-
				Medicare HMO										-
				PPHI	8		22			8	5	2	1	46
				PP-HMO										-
				Private PPO										-
				Other Govt. Program	17	2	79		1	40	31	15	5	190
				Self-Pay										-
				Charity Care										-
				Total Non-DCF	30	2	141	-	1	73	43	27	8	325

Appendix A: Number of CSU Admissions for Adults and Children by Diagnosis Category and Payor Class per Receiving Facility within each Circuit and Region in FY 2008-2009

Age Group	Region	Circuit	Facility Name	Payor Class	Adjustment Disorders	Anxiety Disorder	Mood Disorder	Organic Disorder	Personality Disorder	Psychotic Disorder	Substance Abuse Disorder	Other Disorder	No Data	Admissions
Adults	SunCoast	13	Mental Health Care	DCF	25	4	503	1		412		381	2	1,328
				Medicaid	5	3	69			106		35		218
				Medicaid HMO	1	3	104			158		61		327
				Medicare										-
				Medicare HMO			30			55		15		100
				PPHI	2	1	43			45		34		125
				PP-HMO										-
				Private PPO										-
				Other Govt. Program			7			5		3		15
				Self-Pay										-
				Charity Care	1	1	32			38		21		93
				Total Non-DCF	9	8	285	-	-	407	-	169	-	878
Adults	SunCoast	13	Northside Mental Health Center	DCF		6	130			252	3	404	77	872
				Medicaid										-
				Medicaid HMO			22			82		86	1	191
				Medicare										-
				Medicare HMO										-
				PPHI										-
				PP-HMO										-
				Private PPO										-
				Other Govt. Program										-
				Self-Pay										-
				Charity Care										-
				Total Non-DCF	-	-	22	-	-	82	-	86	1	191
Adults	SunCoast	20	Ruth Cooper/Lee MH	DCF	69		481	3		288	100	414	156	1,511
				Medicaid										-
				Medicaid HMO	12		70	10		42	8	69	24	235
				Medicare										-
				Medicare HMO										-
				PPHI	20		118	5		75	29	105		352
				PP-HMO										-
				Private PPO										-
				Other Govt. Program	17		118	1		71	25	102	38	372
				Self-Pay	9		60	0		36	13	52	20	190
				Charity Care										-
				Total Non-DCF	58	-	367	16	-	224	74	328	82	1,149

Appendix A: Number of CSU Admissions for Adults and Children by Diagnosis Category and Payor Class per Receiving Facility within each Circuit and Region in FY 2008-2009

Age Group	Region	Circuit	Facility Name	Payor Class	Adjustment Disorders	Anxiety Disorder	Mood Disorder	Organic Disorder	Personality Disorder	Psychotic Disorder	Substance Abuse Disorder	Other Disorder	No Data	Admissions
Adults	SunCoast	20	David Lawrence Mental Health Center	DCF	54	10	257			119	6	3	3	452
				Medicaid										-
				Medicaid HMO	1	1	17			12	1			32
				Medicare										-
				Medicare HMO										-
				PPHI	8	3	32			13		2		58
				PP-HMO	17	3	80			26		3	3	132
				Private PPO										-
				Other Govt. Program										-
				Self-Pay										-
				Charity Care	6	1	31			15	2			55
				Total Non-DCF	32	8	160	-	-	66	3	5	3	277
Adults	SunCoast	20	Charlotte Behavioral Health Care	DCF	30	61				72	15	403		581
				Medicaid		3	19			23		18		63
				Medicaid HMO										-
				Medicare										-
				Medicare HMO										-
				PPHI										-
				PP-HMO										-
				Private PPO	1	2	23			8	1			35
				Other Govt. Program										-
				Self-Pay										-
				Charity Care										-
				Total Non-DCF	1	5	42	-	-	31	1	18	-	98
Adults	Suncoast Totals			DCF	667	131	4,083	5	9	2,123	389	2,908	258	10,573
				Non-DCF	209	28	1,711	18	6	1,222	142	1,221	94	4,651
				Suncoast Totals	876	159	5,794	23	15	3,345	531	4,129	352	15,224
														-
				DCF	667	131	4,083	5	9	2,123	389	2,908	258	10,573
				Medicaid	6	6	106	-	-	139	4	57	-	318
				Medicaid HMO	47	6	507	12	3	483	22	367	27	1,474
				Medicare	-	-	-	-	-	-	-	-	-	-
				Medicare HMO	1	-	38	-	-	56	-	22	-	117
				PPHI	44	5	233	5	-	150	35	145	1	618
				PP-HMO	42	5	345	-	1	149	10	238	3	793
				Private PPO	2	2	41	-	-	12	1	4	-	62
				Other Govt. Program	40	2	297	1	1	143	56	308	43	891
				Self-Pay	20	-	80	0	1	37	13	59	20	230
				Charity Care	7	2	63	-	-	53	2	21	-	148
				Total Non-DCF	209	28	1,711	18	6	1,222	142	1,221	94	4,651

Age Group	Region	Circuit	Facility Name	Payor Class	Adjustment Disorders	Anxiety Disorder	Mood Disorder	Organic Disorder	Personality Disorder	Psychotic Disorder	Substance Abuse Disorder	Other Disorder	No Data	Admissions
Adults	Statewide Totals			DCF	3,143	803	12,953	65	61	8,689	1,334	6,820	609	34,477
				Non-DCF	926	254	5,559	47	17	4,665	413	3,645	129	15,654
				Statewide Totals	4,069	1,057	18,513	112	78	13,354	1,746	10,465	738	50,131
														-
				DCF	3,143	803	12,953	65	61	8,689	1,334	6,820	609	34,477
				Medicaid	36	21	307	1	-	398	13	756	-	1,532
				Medicaid HMO	319	110	1,405	20	11	1,590	64	611	46	4,176
				Medicare	1	1	58	4	-	140	16	-	-	220
				Medicare HMO	21	13	106	4	-	147	2	31	1	325
				PPHI	127	18	732	9	1	488	56	345	1	1,778
				PP-HMO	61	15	524	-	2	238	13	294	3	1,150
				Private PPO	13	8	117	3	-	99	7	32	1	280
				Other Govt. Program	230	53	1,944	2	2	1,282	192	1,444	51	5,202
				Self-Pay	90	8	180	1	1	86	37	90	25	519
				Charity Care	27	6	186	3	-	196	12	41	1	472
				Total Non-DCF	926	254	5,559	47	17	4,665	413	3,645	129	15,654

Appendix A: Number of CSU Admissions for Adults and Children by Diagnosis Category and Payor Class per Receiving Facility within each Circuit and Region in FY 2008-2009

Age Group	Region	Circuit	Facility Name	Payor Class	Adjustment Disorders	Anxiety Disorder	Mood Disorder	Organic Disorder	Personality Disorder	Psychotic Disorder	Substance Abuse Disorder	Other Disorder	No Data	Admissions
Children	Central	5	The Centers	DCF	218	5	51		1	10		137	3	425
				Medicaid										-
				Medicaid HMO	65	1	20			8		37		131
				Medicare										-
				Medicare HMO										-
				PPHI	10	1	1			1		4		17
				PP-HMO										-
				Private PPO										-
				Other Govt. Program										-
				Self-Pay	8		1							9
				Charity Care										-
				Total Non-DCF	83	2	22	-	-	9	-	41	-	157
Children	Central	5	The Harbor BH Care Institute - Hernando (Baycare)	DCF			57			7		15		79
				Medicaid										-
				Medicaid HMO			117			5		20		142
				Medicare										-
				Medicare HMO										-
				PPHI										-
				PP-HMO			70					20		90
				Private PPO										-
				Other Govt. Program										-
				Self-Pay										-
				Charity Care										-
				Total Non-DCF	-	-	187	-	-	5	-	40	-	232
Children	Central	5	Lifestream Behavioral Center	DCF	10	11	63	-	-	4	-	28		116
				Medicaid										-
				Medicaid HMO	9	6	95			5		33		148
				Medicare										-
				Medicare HMO										-
				PPHI			5					1		6
				PP-HMO		1	2					1		4
				Private PPO	13	1	43			4		24		85
				Other Govt. Program			1			1		2		4
				Self-Pay										-
				Charity Care										-
				Total Non-DCF	22	8	146	-	-	10	-	61	-	247

Age Group	Region	Circuit	Facility Name	Payor Class	Adjustment Disorders	Anxiety Disorder	Mood Disorder	Organic Disorder	Personality Disorder	Psychotic Disorder	Substance Abuse Disorder	Other Disorder	No Data	Admissions
Children	Central	9	Lakeside Behavioral Healthcare	DCF	10		171			17		137		335
				Medicaid										-
				Medicaid HMO	27		445			45		356		872
				Medicare										-
				Medicare HMO										-
				PPHI	2		29			3		23		56
				PP-HMO										-
				Private PPO										-
				Other Govt. Program	1		15			2		12		29
				Self-Pay										-
				Charity Care										-
				Total Non-DCF	29	-	489	-	-	49	-	391	-	957
Children	Central	9	Park Place Behavioral Health Care/Osceola Mental Health*	DCF	3		32			3				38
				Medicaid	1		34					11		46
				Medicaid HMO	3		61			5		20		89
				Medicare										-
				Medicare HMO										-
				PPHI	4	1	94			4		16		119
				PP-HMO										-
				Private PPO										-
				Other Govt. Program										-
				Self-Pay										-
				Charity Care										-
				Total Non-DCF	8	1	189	-	-	9	-	47	-	254
Children	Central	10	Peace River Center for Personal Development	DCF	16	4	85	-	-	2	-	114	5	226
				Medicaid										-
				Medicaid HMO	9		149			8		108	4	278
				Medicare										-
				Medicare HMO										-
				PPHI										-
				PP-HMO	-		24	1		2		17	-	44
				Private PPO										-
				Other Govt. Program	2		5			1		3		11
				Self-Pay										-
				Charity Care										-
				Total Non-DCF	11	-	178	1	-	11	-	128	4	333

Age Group	Region	Circuit	Facility Name	Payor Class	Adjustment Disorders	Anxiety Disorder	Mood Disorder	Organic Disorder	Personality Disorder	Psychotic Disorder	Substance Abuse Disorder	Other Disorder	No Data	Admissions
Children	Central	18	Circles of Care	DCF	49	3	101	-	-	27	-	353	-	533
				Medicaid										-
				Medicaid HMO	37	1	87			16		171		312
				Medicare										-
				Medicare HMO										-
				PPHI	28	1	71			8		183		291
				PP-HMO	5	1	4			2		15		27
				Private PPO	6		3			1		14		24
				Other Govt. Program	4	2	10			6		40		62
				Self-Pay	7	1	20			4		112		144
				Charity Care	10		12			8		54		84
				Total Non-DCF	97	6	207	-	-	45	-	589	-	944
Children	Central Region Totals			DCF	306	23	560	-	1	70	-	784	8	1,752
				Non-DCF	250	17	1,418	1	-	138	-	1,297	4	3,124
				Central Region Totals	557	40	1,978	1	1	208	-	2,081	12	4,877
														-
				DCF	306	23	560	-	1	70	-	784	8	1,752
				Medicaid	1	-	34	-	-	-	-	11	-	46
				Medicaid HMO	150	8	974	-	-	92	-	745	4	1,972
				Medicare	-	-	-	-	-	-	-	-	-	-
				Medicare HMO	-	-	-	-	-	-	-	-	-	-
				PPHI	44	3	200	-	-	16	-	227	-	489
				PP-HMO	5	2	100	1	-	4	-	53	-	165
				Private PPO	19	1	46	-	-	5	-	38	-	109
				Other Govt. Program	7	2	31	-	-	10	-	57	-	106
				Self-Pay	15	1	21	-	-	4	-	112	-	153
				Charity Care	10	-	12	-	-	8	-	54	-	84
				Total Non-DCF	250	17	1,418	1	-	138	-	1,297	4	3,124
Children	Northeast	4	Mental Health Resource Center	DCF	36		182			38	1	168		425
				Medicaid										-
				Medicaid HMO	14		154			36	1	120		325
				Medicare										-
				Medicare HMO										-
				PPHI	15		179			32		168		394
				PP-HMO										-
				Private PPO										-
				Other Govt. Program	12		81			13		70		176
				Self-Pay	1		1					1		3
				Charity Care										-
				Total Non-DCF	42	-	415	-	-	81	1	359	-	898

Age Group	Region	Circuit	Facility Name	Payor Class	Adjustment Disorders	Anxiety Disorder	Mood Disorder	Organic Disorder	Personality Disorder	Psychotic Disorder	Substance Abuse Disorder	Other Disorder	No Data	Admissions
Children	Northeast	8	Meridian Behavioral Healthcare - Gainesville	DCF	42	5	46	-	2	17	10	3	-	125
				Medicaid	23	7	27	-	-	-	-	66	-	123
				Medicaid HMO	-	-	-	-	-	-	-	-	-	-
				Medicare										-
				Medicare HMO										-
				PPHI	-	-	-	-	-	-	-	-	-	-
				PP-HMO										-
				Private PPO										-
				Other Govt. Program	-	-	-	-	-	-	-	-	-	-
				Self-Pay										-
				Charity Care										-
				Total Non-DCF	23	7	27	-	-	-	-	66	-	123
Children	Northeast Region Totals			DCF	78	5	228	-	2	55	11	171	-	550
				Non-DCF	65	7	442	-	-	81	1	425	-	1,021
				Northeast Region Totals	143	12	670	-	2	136	12	596	-	1,571
														-
				DCF	78	5	228	-	2	55	11	171	-	550
				Medicaid	23	7	27	-	-	-	-	66	-	123
				Medicaid HMO	14	-	154	-	-	36	1	120	-	325
				Medicare	-	-	-	-	-	-	-	-	-	-
				Medicare HMO	-	-	-	-	-	-	-	-	-	-
				PPHI	15	-	179	-	-	32	-	168	-	394
				PP-HMO	-	-	-	-	-	-	-	-	-	-
				Private PPO	-	-	-	-	-	-	-	-	-	-
				Other Govt. Program	12	-	81	-	-	13	-	70	-	176
				Self-Pay	1	-	1	-	-	-	-	1	-	3
				Charity Care	-	-	-	-	-	-	-	-	-	-
				Total Non-DCF	65	7	442	-	-	81	1	425	-	1,021
Children	Northwest	14	Life Management Center of Northwest Florida	DCF	5	-	-	-	-	-	-	1		6
				Medicaid										-
				Medicaid HMO	8	-	3	-	-	-	-	5		16
				Medicare										-
				Medicare HMO										-
				PPHI	-	-	1	1						2
				PP-HMO										-
				Private PPO										-
				Other Govt. Program										-
				Self-Pay	7							1		8
				Charity Care										-
				Total Non-DCF	15	-	4	1	-	-	-	6	-	26

Age Group	Region	Circuit	Facility Name	Payor Class	Adjustment Disorders	Anxiety Disorder	Mood Disorder	Organic Disorder	Personality Disorder	Psychotic Disorder	Substance Abuse Disorder	Other Disorder	No Data	Admissions
Children	Northeast Region Totals			DCF	5	-	-	-	-	-	-	1	-	6
				Non-DCF	15	-	4	1	-	-	-	6	-	26
				Northeast Region Totals	20	-	4	1	-	-	-	7	-	32
														-
				DCF	5	-	-	-	-	-	-	1	-	6
				Medicaid	-	-	-	-	-	-	-	-	-	-
				Medicaid HMO	8	-	3	-	-	-	-	5	-	16
				Medicare	-	-	-	-	-	-	-	-	-	-
				Medicare HMO	-	-	-	-	-	-	-	-	-	-
				PPHI	-	-	1	1	-	-	-	-	-	2
				PP-HMO	-	-	-	-	-	-	-	-	-	-
				Private PPO	-	-	-	-	-	-	-	-	-	-
				Other Govt. Program	-	-	-	-	-	-	-	-	-	-
				Self-Pay	7	-	-	-	-	-	-	1	-	8
				Charity Care	-	-	-	-	-	-	-	-	-	-
				Total Non-DCF	15	-	4	1	-	-	-	6	-	26

Age Group	Region	Circuit	Facility Name	Payor Class	Adjustment Disorders	Anxiety Disorder	Mood Disorder	Organic Disorder	Personality Disorder	Psychotic Disorder	Substance Abuse Disorder	Other Disorder	No Data	Admissions
Children	Southeast	15	Oakwood Center of the Palm Beaches - Glades	DCF	3	-	5	-	-	6	-	2	3	19
				Medicaid										-
				Medicaid HMO	7	-	-	-	-	5	-	1	2	15
				Medicare										-
				Medicare HMO										-
				PPHI										-
				PP-HMO										-
				Private PPO										-
				Other Govt. Program	5	-	3	-	-	11	-	2	4	25
				Self-Pay										-
				Charity Care										-
				Total Non-DCF	12	-	3	-	-	16	-	3	6	40
Children	Southeast Region Totals			DCF	3	-	5	-	-	6	-	2	3	19
				Non-DCF	12	-	3	-	-	16	-	3	6	40
				Southeast Region Totals	15	-	8	-	-	22	-	5	9	59
														-
				DCF	3	-	5	-	-	6	-	2	3	19
				Medicaid	-	-	-	-	-	-	-	-	-	-
				Medicaid HMO	7	-	-	-	-	5	-	1	2	15
				Medicare	-	-	-	-	-	-	-	-	-	-
				Medicare HMO	-	-	-	-	-	-	-	-	-	-
				PPHI	-	-	-	-	-	-	-	-	-	-
				PP-HMO	-	-	-	-	-	-	-	-	-	-
				Private PPO	-	-	-	-	-	-	-	-	-	-
				Other Govt. Program	5	-	3	-	-	11	-	2	4	25
				Self-Pay	-	-	-	-	-	-	-	-	-	-
				Charity Care	-	-	-	-	-	-	-	-	-	-
				Total Non-DCF	12	-	3	-	-	16	-	3	6	40
Children	Southern	11	Citrus Health Network	DCF	24	137	35	-	-	133	-	7	31	367
				Medicaid										-
				Medicaid HMO	8	78	14	-	1	175	-	6	-	282
				Medicare										-
				Medicare HMO										-
				PPHI	2	11	1	-	-	17	-	-	-	31
				PP-HMO	3	29	8	-	-	30	-	-	-	70
				Private PPO										-
				Other Govt. Program										-
				Self-Pay										-
				Charity Care										-
				Total Non-DCF	13	118	23	-	1	222	-	6	-	383
				DCF	24	137	35	-	-	133	-	7	31	367
				Non-DCF	13	118	23	-	1	222	-	6	-	383
				Southern Region Totals	37	255	58	-	1	355	-	13	31	750

Age Group	Region	Circuit	Facility Name	Payor Class	Adjustment Disorders	Anxiety Disorder	Mood Disorder	Organic Disorder	Personality Disorder	Psychotic Disorder	Substance Abuse Disorder	Other Disorder	No Data	Admissions
Children	Southern Region Totals													-
				DCF	24	137	35	-	-	133	-	7	31	367
				Medicaid	-	-	-	-	-	-	-	-	-	-
				Medicaid HMO	8	78	14	-	1	175	-	6	-	282
				Medicare	-	-	-	-	-	-	-	-	-	-
				Medicare HMO	-	-	-	-	-	-	-	-	-	-
				PPHI	2	11	1	-	-	17	-	-	-	31
				PP-HMO	3	29	8	-	-	30	-	-	-	70
				Private PPO	-	-	-	-	-	-	-	-	-	-
				Other Govt. Program	-	-	-	-	-	-	-	-	-	-
				Self-Pay	-	-	-	-	-	-	-	-	-	-
				Charity Care	-	-	-	-	-	-	-	-	-	-
				Total Non-DCF	13	118	23	-	1	222	-	6	-	383
Children	SunCoast	6	The Harbor Behavioral Health Care - Pasco	DCF	2	-	147	-	-	8	-	96	-	253
				Medicaid										-
				Medicaid HMO	6	-	254	-	-	21	-	177	-	458
				Medicare										-
				Medicare HMO										-
				PPHI										-
				PP-HMO	9	-	142	-	-	6	-	137	-	294
				Private PPO										-
				Other Govt. Program										-
				Self-Pay										-
				Charity Care										-
				Total Non-DCF	15	-	396	-	-	27	-	314	-	752
Children	SunCoast	6	Personal Enrichment MH Services - Pinellas and St. Pete	DCF	110	2	92	-	8	9	-	83	-	304
				Medicaid	-	-	-	-	-	-	-	-	-	-
				Medicaid HMO	110	1	114	-	9	9	-	83	-	326
				Medicare	-	-	-	-	-	-	-	-	-	-
				Medicare HMO	-	-	-	-	-	-	-	-	-	-
				PPHI	-	-	-	-	-	-	-	-	-	-
				PP-HMO	68	1	66	-	3	2	-	38	-	178
				Private PPO	-	-	-	-	-	-	-	-	-	-
				Other Govt. Program	-	-	9	-	-	-	-	4	-	13
				Self-Pay	6	-	3	-	-	1	-	-	-	10
				Charity Care	-	-	-	-	-	-	-	-	-	-
				Total Non-DCF	184	2	192	-	12	12	-	125	-	527

Appendix A: Number of CSU Admissions for Adults and Children by Diagnosis Category and Payor Class per Receiving Facility within each Circuit and Region in FY 2008-2009

Age Group	Region	Circuit	Facility Name	Payor Class	Adjustment Disorders	Anxiety Disorder	Mood Disorder	Organic Disorder	Personality Disorder	Psychotic Disorder	Substance Abuse Disorder	Other Disorder	No Data	Admissions
Children	SunCoast	12	Coastal Behavioral Healthcare	DCF	38	-	29	-	-	3	-	12	-	82
				Medicaid	33	-	12	-	-	1	-	12	-	58
				Medicaid HMO	30	1	11	-	-	3	-	7	-	52
				Medicare										-
				Medicare HMO										-
				PPHI	36	-	9	-	-	1	-	2	1	49
				PP-HMO										-
				Private PPO										-
				Other Govt. Program	8	-	6	-	-	1	-	2	-	17
				Self-Pay										-
				Charity Care	-	-	-	-	-	-	-	-	-	-
				Total Non-DCF	107	1	38	-	-	6	-	23	1	176
Children	SunCoast	12	Manatee Glens Hospital	DCF	12		16			3		42		73
				Medicaid										-
				Medicaid HMO	8		19			7		78		112
				Medicare										-
				Medicare HMO										-
				PPHI	1		16			1		21		39
				PP-HMO										-
				Private PPO	8		19			2		51		80
				Other Govt. Program	-		8					29		37
				Self-Pay			1					2		3
				Charity Care										-
				Total Non-DCF	17	-	63	-	-	10	-	181	-	271
Children	SunCoast	13	Mental Health Care	DCF	29		22			20		199	3	273
				Medicaid	6		17			10		124		157
				Medicaid HMO	24		37			19		198	1	279
				Medicare										-
				Medicare HMO										-
				PPHI	15		27			14		136	1	193
				PP-HMO	1		1					11		13
				Private PPO										-
				Other Govt. Program	4		9			6		54		73
				Self-Pay										-
				Charity Care										-
				Total Non-DCF	50	-	91	-	-	49	-	523	2	715

Age Group	Region	Circuit	Facility Name	Payor Class	Adjustment Disorders	Anxiety Disorder	Mood Disorder	Organic Disorder	Personality Disorder	Psychotic Disorder	Substance Abuse Disorder	Other Disorder	No Data	Admissions
Children	SunCoast	20	Ruth Cooper Center/ Lee MH	DCF	55		75			22	25	188		365
				Medicaid										-
				Medicaid HMO	34		46			14	15	115		224
				Medicare										-
				Medicare HMO										-
				PPHI	44		59			17	20	149		289
				PP-HMO										-
				Private PPO										-
				Other Govt. Program										-
				Self-Pay	18		24			7	8	61		118
				Charity Care										-
				Total Non-DCF	95	-	130	-	-	38	43	325	-	631
Children	SunCoast	20	David Lawrence Mental Health Center	DCF	15	1	43			3		6		68
				Medicaid										-
				Medicaid HMO	3		18			3		4		28
				Medicare										-
				Medicare HMO										-
				PPHI	5		15			2	1	1		24
				PP-HMO	14		32			1	1	6		54
				Private PPO										-
				Other Govt. Program			2						1	3
				Self-Pay										-
				Charity Care			4					1		5
				Total Non-DCF	22	-	71	-	-	6	2	12	1	114
Children	SunCoast	20	Charlotte Behavioral Health Care	DCF	2		25					46		73
				Medicaid	5	1	13					23		42
				Medicaid HMO										-
				Medicare										-
				Medicare HMO										-
				PPHI										-
				PP-HMO										-
				Private PPO	1		9			1		6		17
				Other Govt. Program										-
				Self-Pay										-
				Charity Care										-
				Total Non-DCF	6	1	22	-	-	1	-	29	-	59
				DCF	263	3	449	-	8	68	25	672	3	1,491
				Non-DCF	496	4	1,003	-	12	149	45	1,532	4	3,245
				Suncoast Totals	759	7	1,452	-	20	217	70	2,204	7	4,736
														-
				DCF	263	3	449	-	8	68	25	672	3	1,491
				Medicaid	44	1	42	-	-	11	-	159	-	257
				Medicaid HMO	215	2	499	-	9	76	15	662	1	1,479

Age Group	Region	Circuit	Facility Name	Payor Class	Adjustment Disorders	Anxiety Disorder	Mood Disorder	Organic Disorder	Personality Disorder	Psychotic Disorder	Substance Abuse Disorder	Other Disorder	No Data	Admissions
Children	Suncoast Totals			Medicare	-	-	-	-	-	-	-	-	-	-
				Medicare HMO	-	-	-	-	-	-	-	-	-	-
				PPHI	101	-	126	-	-	35	21	309	2	594
				PP-HMO	92	1	241	-	3	9	1	192	-	539
				Private PPO	9	-	28	-	-	3	-	57	-	97
				Other Govt. Program	12	-	34	-	-	7	-	89	1	143
				Self-Pay	24	-	28	-	-	8	8	63	-	131
				Charity Care	-	-	4	-	-	-	-	1	-	5
				Total Non-DCF	496	4	1,003	-	12	149	45	1,532	4	3,245

Appendix A: Number of CSU Admissions for Adults and Children by Diagnosis Category and Payor Class per Receiving Facility within each Circuit and Region in FY 2008-2009

Age Group	Region	Circuit	Facility Name	Payor Class	Adjustment Disorders	Anxiety Disorder	Mood Disorder	Organic Disorder	Personality Disorder	Psychotic Disorder	Substance Abuse Disorder	Other Disorder	No Data	Admissions
Children	Statewide Totals			DCF	679	168	1,277	-	11	332	36	1,637	45	4,185
				Non-DCF	851	146	2,892	2	13	606	46	3,269	14	7,839
				Statewide Totals	1,531	314	4,169	2	24	938	82	4,906	59	12,025
														-
				DCF	679	168	1,277	-	11	332	36	1,637	45	4,185
				Medicaid	68	8	103	-	-	11	-	236	-	426
				Medicaid HMO	401	88	1,644	-	10	383	16	1,539	7	4,089
				Medicare	-	-	-	-	-	-	-	-	-	-
				Medicare HMO	-	-	-	-	-	-	-	-	-	-
				PPHI	161	14	507	1	-	100	21	704	2	1,510
				PP-HMO	100	32	349	1	3	43	1	245	-	774
				Private PPO	28	1	74	-	-	8	-	95	-	206
				Other Govt. Program	36	2	149	-	-	41	-	218	5	450
				Self-Pay	47	1	50	-	-	12	8	177	-	295
				Charity Care	10	-	16	-	-	8	-	55	-	89
				Total Non-DCF	851	146	2,892	2	13	606	46	3,269	14	7,839
	Adult and Children Statewide Totals			DCF	3,822	971	14,230	65	72	9,022	1,370	8,457	654	38,662
				Non-DCF	1,777	400	8,451	49	30	5,271	459	6,914	143	23,493
				Statewide Totals	5,599	1,371	22,682	114	102	14,292	1,828	15,371	797	62,156
														-
				DCF	3,822	971	14,230	65	72	9,022	1,370	8,457	654	38,662
				Medicaid	104	29	410	1	-	409	13	992	-	1,958
				Medicaid HMO	720	198	3,049	20	21	1,973	80	2,151	53	8,265
				Medicare	1	1	58	4	-	140	16	-	-	220
				Medicare HMO	21	13	106	4	-	147	2	31	1	325
				PPHI	288	32	1,239	10	1	589	77	1,049	3	3,288
				PP-HMO	161	47	873	1	5	281	14	539	3	1,924
				Private PPO	41	9	191	3	-	107	7	127	1	486
				Other Govt. Program	266	55	2,093	2	2	1,323	192	1,662	56	5,652
				Self-Pay	137	9	230	1	1	98	45	267	25	814
				Charity Care	37	6	202	3	-	204	12	96	1	561
				Total Non-DCF	1,777	400	8,451	49	30	5,271	459	6,914	143	23,493

Age Group	Region	Circuit	Facility Name	Payor Class	Licensed CSU Beds	Bed Days Used	Persons Served	Average Length of Stay	Total Annual Revenue Amount	Contracted Unit Cost	Bed Days Contracted (Total Revenue / Unit Cost)	Adjusted Cost per Person
Adults	Central	5	The Centers	DCF	18.46	5,737.00	1,530.00	3.00	$ 1,744,000.00	$ 291.24	5,988.19	$ 1,092.05
				Medicaid								
				Medicaid HMO		338.00	100.00	3.00	$ 357,085.00	$ 570.00	626.46	$ 1,926.60
				Medicare								
				Medicare HMO								
				PPHI		142.00	63.00	1.00	$ 141,977.00	$ 550.00	258.14	$ 1,239.68
				PP-HMO								
				Private PPO								
				Other Govt. Program		1.00	1.00		$ 251.00	$ 200.00	1.26	$ 200.00
				Self-Pay		112.00	39.00	2.00	$ 2,227.00	$ 830.00	2.68	$ 2,383.59
				Charity Care								
				Total Non-DCF	5.54	593.00	203.00	2.00	$ 501,540.00	$ 537.50	888.54	$ 1,570.14
Adults	Central	5	The Harbor BH Care Institute - Hernando (Baycare)	DCF	3.24	1,182.60	423.00	3.51	$ 383,635.00	$ 291.24	1,317.25	$ 814.23
				Medicaid								
				Medicaid HMO		319.00	80.00	3.99	$ 250,400.62	$ 650.00	385.23	$ 2,591.88
				Medicare								
				Medicare HMO								
				PPHI								
				PP-HMO		295.00	83.00	3.55	$ 231,569.10	$ 650.00	356.26	$ 2,310.24
				Private PPO								
				Other Govt. Program								
				Self-Pay								
				Charity Care								
				Total Non-DCF	2.76	614.00	163.00	3.77	$ 481,969.72	$ 650.00	741.49	$ 2,448.47
Adults	Central	5	Lifestream Behavioral Center	DCF	8.82	2,277.78	418.00	5.42	$ 937,588.93	$ 291.24	3,219.30	$ 1,587.04
				Medicaid								
				Medicaid HMO		287.00	14.00	20.50	$ 208,362.00	$ 700.00	297.66	$ 14,350.00
				Medicare								
				Medicare HMO								
				PPHI		8.00	2.00	4.00	$ 5,816.00	$ 700.00	8.31	$ 2,800.00
				PP-HMO		26.00	4.00	6.50	$ 18,382.00	$ 700.00	26.26	$ 4,550.00
				Private PPO		80.00	14.00	5.71	$ 61,360.00	$ 700.00	87.66	$ 4,000.00
				Other Govt. Program								
				Self-Pay								
				Charity Care								
				Total Non-DCF	1.18	401.00	34.00	9.18	$ 293,920.00	$ 700.00	419.89	$ 8,255.88

Age Group	Region	Circuit	Facility Name	Payor Class	Licensed CSU Beds	Bed Days Used	Persons Served	Average Length of Stay	Total Annual Revenue Amount	Contracted Unit Cost	Bed Days Contracted (Total Revenue / Unit Cost)	Adjusted Cost per Person
Adults	Central	9	Lakeside Behavioral Healthcare	DCF	22.19	6,960.71	1,587.00	3.50	$ 2,250,506.00	$ 286.78	7,847.50	$ 1,257.84
				Medicaid								
				Medicaid HMO		450.00	194.00	4.00	$ 185,073.00	$ 612.50	302.16	$ 1,420.75
				Medicare								
				Medicare HMO								
				PPHI		362.00	107.00	2.50	$ 137,050.00	$ 605.00	226.53	$ 2,046.82
				PP-HMO								
				Private PPO								
				Other Govt. Program		8,178.00	2,726.00	3.50	$ 2,994,287.00	$ 286.78	10,441.06	$ 860.34
				Self-Pay		227.00	48.30	3.50	$ 13,748.00			
				Charity Care								
				Total Non-DCF	34.81	9,217.00	3,075.30	3.38	$ 3,330,158.00	$ 501.43	10,969.75	$ 1,502.83
Adults	Central	9	Park Place Behavioral Health Care/Osceola Mental Health*	DCF	10.04	3,664.60	462.00	5.15	$ 1,010,206.00	$ 280.28	3,604.27	$ 2,223.19
				Medicaid		247.00	47.00	4.30	$ 195,766.00	$ 291.85	670.78	$ 1,533.76
				Medicaid HMO		854.00	139.00	3.94	$ 338,676.00	$ 291.85	1,160.45	$ 1,793.09
				Medicare								
				Medicare HMO								
				PPHI		689.00	233.00	4.00	$ 340,689.00	$ 291.85	1,167.34	$ 863.02
				PP-HMO								
				Private PPO								
				Other Govt. Program								
				Self-Pay								
				Charity Care		677.40	85.00	6.02		$ 291.85	-	$ 2,325.87
				Total Non-DCF	11.96	2,467.40	504.00	4.57	$ 875,131.00	$ 291.85	2,998.56	$ 1,428.79
Adults	Central	10	Peace River Center for Personal Development	DCF	18.50	5,902.00	1,896.00	3.26	$ 1,966,618.49	$ 291.24	6,752.57	$ 906.59
				Medicaid								
				Medicaid HMO		2,383.00	341.00	6.99	$ 781,745.00	$ 400.00	1,954.36	$ 2,795.31
				Medicare								
				Medicare HMO		395.00	69.00	5.72	$ 187,761.92	$ 400.00	469.40	$ 2,289.86
				PPHI								
				PP-HMO		460.00	90.00	5.11	$ 116,589.89	$ 300.00	388.63	$ 1,533.33
				Private PPO								
				Other Govt. Program								
				Self-Pay		10.00	8.00	1.25	$ 576.00			
				Charity Care								
				Total Non-DCF	8.90	3,248.00	508.00	4.77	$ 1,086,672.81	$ 366.67	2,812.40	$ 2,344.36

Age Group	Region	Circuit	Facility Name	Payor Class	Licensed CSU Beds	Bed Days Used	Persons Served	Average Length of Stay	Total Annual Revenue Amount	Contracted Unit Cost	Bed Days Contracted (Total Revenue / Unit Cost)	Adjusted Cost per Person
Adults	Central	18	Seminole Community Mental Health Center	DCF	15.00	4,672.00	538.00	7.40	$ 1,674,678.00	$ 312.46	5,359.66	$ 2,713.41
				Medicaid								
				Medicaid HMO		810.00	78.00	6.75	$ 381,521.00	$ 575.00	663.51	$ 5,971.15
				Medicare								
				Medicare HMO								
				PPHI								
				PP-HMO								
				Private PPO								
				Other Govt. Program		261.00	23.00	7.90	$ 68,035.00	$ 312.46	217.74	$ 3,545.74
				Self-Pay								
				Charity Care								
				Total Non-DCF	6.00	1,071.00	101.00	7.33	$ 449,556.00	$ 443.73	881.25	$ 4,705.30
Adults	Central	19	New Horizons of the Treasure Coast	DCF	20.60	6,228.30	1,305.00	3.90	$ 2,189,833.56	$ 291.24	7,519.00	$ 1,389.98
				Medicaid								
				Medicaid HMO		99.00	20.00	4.80	$ 58,050.00	$ 487.50	119.08	$ 2,413.13
				Medicare								
				Medicare HMO		217.00	39.00	5.50	$ 50,636.00	$ 425.00	119.14	$ 2,364.74
				PPHI		712.00	164.00	4.30	$ 283,550.00	$ 562.50	504.09	$ 2,442.07
				PP-HMO		3.00	2.00	1.50	$ 776.00	$ 400.00	1.94	$ 600.00
				Private PPO		799.00	176.00	4.50	$ 191,923.00	$ 400.00	479.81	$ 1,815.91
				Other Govt. Program		31.00	12.00	2.50	$ 7,299.00	$ 260.00	28.07	$ 671.67
				Self-Pay								
				Charity Care								
				Total Non-DCF	9.40	1,861.00	413.00	3.85	$ 592,234.00	$ 422.50	1,252.13	$ 1,903.81
Adults	Central Region Totals			DCF	116.85	36,624.99	8,159.00	4.39	$ 12,157,065.98	$ 291.97	41,607.74	$ 1,498.04
				Non-DCF	80.55	19,472.40	5,001.30	4.85	$ 7,611,181.53	$ 489.21	20,964.02	$ 3,019.95
				Central Region Totals	197.40	56,097.39	13,160.30	4.62	$ 19,768,247.51	$ 390.59	62,571.75	$ 2,258.99
				DCF	116.85	36,624.99	8,159.00	4.39	$ 12,157,065.98	$ 291.97	41,607.74	$ 1,498.04
				Medicaid		247.00	47.00	4.30	$ 195,766.00	$ 291.85	670.78	$ 1,533.76
				Medicaid HMO		5,540.00	966.00	6.75	$ 2,560,912.62	$ 535.86	5,508.92	$ 4,157.74
				Medicare								
				Medicare HMO		612.00	108.00	5.61	$ 238,397.92	$ 412.50	588.55	$ 2,327.30
				PPHI		1,913.00	569.00	3.16	$ 909,082.00	$ 541.87	2,164.41	$ 1,878.32
				PP-HMO		784.00	179.00	4.17	$ 367,316.99	$ 512.50	773.09	$ 2,248.39
				Private PPO		879.00	190.00	5.11	$ 253,283.00	$ 550.00	567.46	$ 2,907.95
				Other Govt. Program		8,471.00	2,762.00	4.63	$ 3,069,872.00	$ 264.81	10,688.13	$ 1,319.44
				Self-Pay		349.00	95.30	2.25	$ 16,551.00	$ 830.00	2.68	$ 2,383.59
				Charity Care		677.40	85.00	6.02		$ 291.85		$ 2,325.87
				Total Non-DCF	80.55	19,472.40	5,001.30	4.85	$ 7,611,181.53	$ 489.21	20,964.02	$ 3,019.95

Age Group	Region	Circuit	Facility Name	Payor Class	Licensed CSU Beds	Bed Days Used	Persons Served	Average Length of Stay	Total Annual Revenue Amount	Contracted Unit Cost	Bed Days Contracted (Total Revenue / Unit Cost)	Adjusted Cost per Person
Adults	Northeast	3	Meridian Behavioral Healthcare - Lake City	DCF	10.35	2,540.00	863.00	2.94	$ 869,772.20	$ 342.00	2,543.19	$ 1,006.58
				Medicaid		1,034.00	254.00	4.07	$ 775,500.00	$ 750.00	1,034.00	$ 3,053.15
				Medicaid HMO		90.00	57.00	1.58	$ 49,500.00	$ 550.00	90.00	$ 868.42
				Medicare								
				Medicare HMO								
				PPHI		14.00	7.00	2.00	$ 7,700.00	$ 550.00	14.00	$ 1,100.00
				PP-HMO								
				Private PPO								
				Other Govt. Program		2,482.00	501.00	4.95	$ 849,911.26	$ 342.00	2,485.12	$ 1,694.30
				Self-Pay								
				Charity Care								
				Total Non-DCF	9.92	3,620.00	819.00	3.15	$ 1,682,611.26	$ 548.00	3,623.12	$ 2,422.17
Adults	Northeast	4	Mental Health Resource Center	DCF	16.98	4,706.66	976.00	3.96	$ 1,804,657.00	$ 291.24	6,196.46	$ 1,404.48
				Medicaid								
				Medicaid HMO		752.00	99.00	4.48	$ 307,312.18	$ 423.00	726.51	$ 3,213.09
				Medicare								
				Medicare HMO		102.00	14.00	4.43	$ 24,997.00	$ 585.00	42.73	$ 4,262.14
				PPHI		1,040.00	254.00	3.47	$ 294,955.07	$ 585.00	504.20	$ 2,395.28
				PP-HMO								
				Private PPO								
				Other Govt. Program		669.32	166.00	3.96	$ 261,915.37	$ 393.00	666.45	$ 1,584.59
				Self-Pay								
				Charity Care								
				Total Non-DCF	7.02	2,563.32	533.00	4.09	$ 889,179.62	$ 496.50	1,939.88	$ 2,387.78
Adults	Northeast	4	Mental Health Center of Jacksonville	DCF	26.32	6,830.68	1,421.00	3.86	$ 2,797,418.71	$ 291.24	9,605.20	$ 1,399.98
				Medicaid								
				Medicaid HMO		1,160.00	158.00	4.00	$ 437,048.84	$ 423.00	1,033.21	$ 3,105.57
				Medicare								
				Medicare HMO		353.00	36.00	4.25	$ 101,006.12	$ 585.00	172.66	$ 5,736.25
				PPHI		845.00	173.00	3.24	$ 201,734.83	$ 585.00	344.85	$ 2,857.37
				PP-HMO								
				Private PPO								
				Other Govt. Program		1,513.62	284.00	3.83	$ 498,667.57	$ 320.00	1,558.34	$ 1,705.49
				Self-Pay		50.00	18.00	2.78	$ 3,009.00	$ 60.00	50.15	$ 166.67
				Charity Care								
				Total Non-DCF	12.68	3,921.62	669.00	3.62	$ 1,241,466.36	$ 394.60	3,159.20	$ 2,313.11

Age Group	Region	Circuit	Facility Name	Payor Class	Licensed CSU Beds	Bed Days Used	Persons Served	Average Length of Stay	Total Annual Revenue Amount	Contracted Unit Cost	Bed Days Contracted (Total Revenue / Unit Cost)	Adjusted Cost per Person
Adults	Northeast	7	SMA Behavioral	DCF	25.00	7,062.00	781.00	9.04	$ 2,780,214.00	$ 291.24	9,546.13	$ 2,633.47
				Medicaid								
				Medicaid HMO		471.00	89.00	5.29	$ 187,044.00	$ 397.00	471.14	$ 2,100.98
				Medicare								
				Medicare HMO								
				PPHI								
				PP-HMO		555.00	137.00	4.05	$ 197,309.00	$ 356.00	554.24	$ 1,442.19
				Private PPO								
				Other Govt. Program								
				Self-Pay								
				Charity Care								
				Total Non-DCF	5.00	1,026.00	226.00	4.67	$ 384,353.00	$ 376.50	1,025.38	$ 1,709.24
Adults	Northeast	8	Meridian Behavioral Healthcare - Gainesville	DCF	9.82	2,599.00	695.00	3.74	$ 399,740.88	$ 342.00	1,168.83	$ 1,278.93
				Medicaid		1,164.00	348.00	3.34	$ 873,000.00	$ 750.00	1,164.00	$ 2,508.62
				Medicaid HMO		231.00	79.00	2.92	$ 127,050.00	$ 550.00	231.00	$ 1,608.23
				Medicare								
				Medicare HMO								
				PPHI		37.00	9.00	4.11	$ 20,350.00	$ 550.00	37.00	$ 2,261.11
				PP-HMO								
				Private PPO								
				Other Govt. Program		2,750.00	687.00	4.00	$ 941,682.50	$ 342.00	2,753.46	$ 1,369.00
				Self-Pay								
				Charity Care								
				Total Non-DCF	11.46	4,182.00	1,123.00	3.60	$ 1,962,082.50	$ 548.00	4,185.46	$ 2,040.73
Adults	Northeast Region Totals			DCF	88.46	23,738.34	4,736.00	4.71	$ 8,651,802.79	$ 311.54	29,059.81	$ 1,544.69
				Non-DCF	46.08	15,312.94	3,370.00	3.82	$ 6,159,692.74	$ 472.72	13,933.05	$ 2,174.61
				Northeast Region Totals	134.54	39,051.28	8,106.00	4.27	$ 14,811,495.53	$ 392.13	42,992.86	$ 1,859.65
				DCF	88.46	23,738.34	4,736.00	4.71	$ 8,651,802.79	$ 311.54	29,059.81	$ 1,544.69
				Medicaid		2,198.00	602.00	3.71	$ 1,648,500.00	$ 750.00	2,198.00	$ 2,780.89
				Medicaid HMO		2,704.00	482.00	3.66	$ 1,107,955.02	$ 468.60	2,551.86	$ 2,179.26
				Medicare								
				Medicare HMO		455.00	50.00	4.34	$ 126,003.12	$ 585.00	215.39	$ 4,999.20
				PPHI		1,936.00	443.00	3.21	$ 524,739.90	$ 567.50	900.04	$ 2,153.44
				PP-HMO		555.00	137.00	4.05	$ 197,309.00	$ 356.00	554.24	$ 1,442.19
				Private PPO								
				Other Govt. Program		7,414.94	1,638.00	4.19	$ 2,552,176.70	$ 349.25	7,463.37	$ 1,588.34
				Self-Pay		50.00	18.00	2.78	$ 3,009.00	$ 60.00	50.15	$ 166.67
				Charity Care								
				Total Non-DCF	46.08	15,312.94	3,370.00	3.82	$ 6,159,692.74	$ 472.72	13,933.05	$ 2,174.61

Age Group	Region	Circuit	Facility Name	Payor Class	Licensed CSU Beds	Bed Days Used	Persons Served	Average Length of Stay	Total Annual Revenue Amount	Contracted Unit Cost	Bed Days Contracted (Total Revenue / Unit Cost)	Adjusted Cost per Person
Adults	Northwest	1	Lakeview Center	DCF	12.70	4,635.00	1,364.00	4.23	$ 1,348,930.50	$ 291.24	4,631.68	$ 989.66
				Medicaid								
				Medicaid HMO		1,370.00	176.00	3.41	$ 707,400.00	$ 523.00	1,352.58	$ 4,071.08
				Medicare								
				Medicare HMO		4.00	1.00	2.00	$ 1,980.00	$ 495.00	4.00	$ 1,980.00
				PPHI		312.00	69.00	4.46	$ 134,957.00	$ 357.98	377.00	$ 1,618.69
				PP-HMO								
				Private PPO								
				Other Govt. Program								
				Self-Pay								
				Charity Care								
				Total Non-DCF	17.30	1,686.00	246.00	3.29	$ 844,337.00	$ 458.66	1,733.58	$ 3,143.50
Adults	Northwest	1	Bridgeway Center	DCF	10.62	2,608.00	764.00	2.52	$ 1,459,493.56	$ 291.24	5,011.31	$ 994.18
				Medicaid								
				Medicaid HMO		502.00	82.00	3.71	$ 175,700.00	$ 523.00	335.95	$ 3,201.78
				Medicare								
				Medicare HMO								
				PPHI								
				PP-HMO								
				Private PPO								
				Other Govt. Program								
				Self-Pay								
				Charity Care								
				Total Non-DCF	1.38	502.00	82.00	3.71	$ 175,700.00	$ 523.00	335.95	$ 3,201.78
Adults	Northwest	2	Apalachee Center for Human Services	DCF	21.00	6,637.00	688.00	6.40	$ 2,232,355.00	$ 291.24	7,665.00	$ 2,809.53
				Medicaid								
				Medicaid HMO		14.60	49.00	13.00	$ 4,425.00	$ 550.00	8.05	$ 163.88
				Medicare								
				Medicare HMO								
				PPHI		25.55	11.00	5.45	$ 7,686.00	$ 458.00	16.78	$ 1,063.81
				PP-HMO								
				Private PPO								
				Other Govt. Program		2,177.85	226.00	6.40	$ 630,768.00	$ 291.24	2,165.80	$ 2,806.54
				Self-Pay								
				Charity Care								
				Total Non-DCF	7.00	2,218.00	286.00	8.28	$ 642,879.00	$ 433.08	2,190.63	$ 3,358.64

Age Group	Region	Circuit	Facility Name	Payor Class	Licensed CSU Beds	Bed Days Used	Persons Served	Average Length of Stay	Total Annual Revenue Amount	Contracted Unit Cost	Bed Days Contracted (Total Revenue / Unit Cost)	Adjusted Cost per Person
Adults	Northwest	14	Life Management Center of Northwest Florida	DCF	12.00	2,299.00	673.00	3.41	$ 2,128,805.00	$ 291.24	7,309.45	$ 994.89
				Medicaid								
				Medicaid HMO		601.00	85.00	7.07	$ 95,743.00	$ 400.00	239.36	$ 2,828.24
				Medicare								
				Medicare HMO								
				PPHI								
				PP-HMO								
				Private PPO		82.00	16.00	5.06	$ 19,525.00	$ 247.00	79.05	$ 1,265.88
				Other Govt. Program								
				Self-Pay		303.00	99.00	3.06	$ 4,323.00			
				Charity Care		37.85	7.00	5.54		$ 291.24	-	$ 1,574.78
				Total Non-DCF	2.17	1,023.85	207.00	5.18	$ 119,591.00	$ 312.75	318.41	$ 1,546.89
Adults	Northwest Region Totals			DCF	56.32	16,179.00	3,489.00	4.14	$ 7,169,584.06	$ 291.24	24,617.44	$ 1,447.07
				Non-DCF	27.85	5,429.85	821.00	5.12	$ 1,782,507.00	$ 431.87	4,578.56	$ 2,812.70
				Northwest Region Totals	84.17	21,608.85	4,310.00	4.63	$ 8,952,091.06	$ 361.56	29,196.00	$ 2,129.88
				DCF	56.32	16,179.00	3,489.00	4.14	$ 7,169,584.06	$ 291.24	24,617.44	$ 1,447.07
				Medicaid							-	
				Medicaid HMO		2,487.60	392.00	6.80	$ 983,268.00	$ 499.00	1,935.93	$ 2,566.24
				Medicare							-	
				Medicare HMO		4.00	1.00	2.00	$ 1,980.00	$ 495.00	4.00	$ 1,980.00
				PPHI		337.55	80.00	4.96	$ 142,643.00	$ 407.99	393.78	$ 1,341.25
				PP-HMO							-	
				Private PPO		82.00	16.00	5.06	$ 19,525.00	$ 247.00	79.05	$ 1,265.88
				Other Govt. Program		2,177.85	226.00	6.40	$ 630,768.00	$ 291.24	2,165.80	$ 2,806.54
				Self-Pay		303.00	99.00	3.06	$ 4,323.00		-	
				Charity Care		37.85	7.00	5.54	$ -	$ 291.24	-	$ 1,574.78
				Total Non-DCF	27.85	5,429.85	821.00	5.12	$ 1,782,507.00	$ 431.87	4,578.56	$ 2,812.70
Adults	Southeast	15	South County Mental Health Center	DCF	21.24	7,752.60	1,018.00	8.25	$ 2,257,336.35	$ 291.24	7,750.78	$ 2,217.94
				Medicaid								
				Medicaid HMO		991.00	136.00	8.38	$ 486,236.72	$ 600.00	810.39	$ 4,372.06
				Medicare								
				Medicare HMO								
				PPHI		475.00	112.00	4.61	$ 211,742.30	$ 600.00	352.90	$ 2,544.64
				PP-HMO								
				Private PPO								
				Other Govt. Program		2,784.95	367.00	8.05	$ 845,998.09	$ 349.15	2,423.02	$ 2,649.50
				Self-Pay		113.15	14.00	8.08	$ 32,427.08			
				Charity Care		658.30	45.00	14.63		$ 291.24	-	$ 4,260.52
				Total Non-DCF	13.76	5,022.40	674.00	8.75	$ 1,576,404.19	$ 460.10	3,586.32	$ 3,428.48

Age Group	Region	Circuit	Facility Name	Payor Class	Licensed CSU Beds	Bed Days Used	Persons Served	Average Length of Stay	Total Annual Revenue Amount	Contracted Unit Cost	Bed Days Contracted (Total Revenue / Unit Cost)	Adjusted Cost per Person
Adults	Southeast	15	Oakwood Center of the Palm Beaches - Glades	DCF	3.66	1,153.00	120.00	9.55	$ 380,551.17	$ 306.55	1,241.40	$ 2,945.43
				Medicaid								
				Medicaid HMO		49.00	15.00	3.27	$ 20,132.00	$ 500.00	40.26	$ 1,633.33
				Medicare								
				Medicare HMO								
				PPHI								
				PP-HMO								
				Private PPO								
				Other Govt. Program		1,468.00	153.00	9.59	$ 458,869.00	$ 306.55	1,496.88	$ 2,941.28
				Self-Pay								
				Charity Care								
				Total Non-DCF	4.34	1,517.00	168.00	6.43	$ 479,001.00	$ 403.28	1,537.15	$ 3,641.48
Adults	Southeast	17	Henderson Mental Health Center	DCF	13.69	3,591.00	443.30	8.25	$ 1,510,582.20	$ 303.00	4,985.42	$ 2,454.48
				Medicaid								
				Medicaid HMO								
				Medicare								
				Medicare HMO		102.00	20.00	5.10	$ 45,900.00	$ 450.00	102.00	$ 2,295.00
				PPHI								
				PP-HMO								
				Private PPO								
				Other Govt. Program		1,933.40	238.70	7.92	$ 834,937.50	$ 303.00	2,755.57	$ 2,454.21
				Self-Pay								
				Charity Care								
				Total Non-DCF	8.50	2,035.40	258.70	6.51	$ 880,837.50	$ 376.50	2,857.57	$ 2,962.23
Adults	Northwest Region Totals			DCF	38.59	12,496.60	1,581.30	8.68	$ 4,148,469.72	$ 300.26	13,977.60	$ 2,539.29
				Non-DCF	26.60	8,574.80	1,100.70	7.23	$ 2,936,242.69	$ 413.29	7,981.03	$ 3,344.06
				Northwest Region Totals	65.19	21,071.40	2,682.00	7.96	$ 7,084,712.41	$ 356.78	21,958.63	$ 2,941.67
				DCF	38.59	12,496.60	1,581.30	8.68	$ 4,148,469.72	$ 300.26	13,977.60	$ 2,539.29
				Medicaid								
				Medicaid HMO		1,040.00	151.00	5.82	$ 506,368.72	$ 550.00	850.66	$ 3,002.70
				Medicare								
				Medicare HMO		102.00	20.00	5.10	$ 45,900.00	$ 450.00	102.00	$ 2,295.00
				PPHI		475.00	112.00	4.61	$ 211,742.30	$ 600.00	352.90	$ 2,544.64
				PP-HMO								
				Private PPO								
				Other Govt. Program		6,186.35	758.70	8.52	$ 2,139,804.59	$ 319.57	6,675.47	$ 2,681.66
				Self-Pay		113.15	14.00	8.08	$ 32,427.08			
				Charity Care		658.30	45.00	14.63	$ -	$ 291.24		$ 4,260.52
				Total Non-DCF	26.60	8,574.80	1,100.70	7.23	$ 2,936,242.69	$ 413.29	7,981.03	$ 3,344.06

Age Group	Region	Circuit	Facility Name	Payor Class	Licensed CSU Beds	Bed Days Used	Persons Served	Average Length of Stay	Total Annual Revenue Amount	Contracted Unit Cost	Bed Days Contracted (Total Revenue / Unit Cost)	Adjusted Cost per Person
Adults	Southern	11	Bayview Center for Mental Health	DCF	15.50	4,880.21	627.00	7.78	$ 1,355,381.85	$ 271.96	4,983.75	$ 2,116.78
				Medicaid								
				Medicaid HMO		1,034.00	97.00	10.65	$ 100,300.00	$ 375.00	267.47	$ 3,997.42
				Medicare								
				Medicare HMO								
				PPHI								
				PP-HMO		111.00	14.00	7.90	$ 12,650.00	$ 375.00	33.73	$ 2,973.21
				Private PPO								
				Other Govt. Program								
				Self-Pay								
				Charity Care								
				Total Non-DCF	4.61	1,145.00	111.00	9.28	$ 112,950.00	$ 375.00	301.20	$ 3,868.24
Adults	Southern	11	Citrus Health Network	DCF	11.51	4,115.72	942.00	5.67	$ 1,223,291.00	$ 291.24	4,200.28	$ 1,272.47
				Medicaid								
				Medicaid HMO		1,556.00	273.00	10.00	$ 376,350.00	$ 470.00	800.74	$ 2,678.83
				Medicare								
				Medicare HMO		158.00	39.00	4.05	$ 28,975.00	$ 400.00	72.44	$ 1,620.51
				PPHI		23.00	12.00	1.92	$ 200.00	$ 450.00	0.44	$ 862.50
				PP-HMO		97.00	31.00	3.13	$ 12,045.00	$ 450.00	26.77	$ 1,408.06
				Private PPO								
				Other Govt. Program								
				Self-Pay								
				Charity Care								
				Total Non-DCF	5.02	1,834.00	355.00	4.77	$ 417,570.00	$ 442.50	900.39	$ 2,286.04
Adults	Southern	11	Community Health Center of South Dade	DCF	12.29	4,183.86	1,411.00	3.11	$ 1,048,018.37	$ 233.65	4,485.42	$ 692.81
				Medicaid		32.00	65.00	0.49	$ 29,278.00	$ 384.00	76.24	$ 189.05
				Medicaid HMO		279.00	324.00	0.86	$ 42,325.00	$ 450.00	94.06	$ 387.50
				Medicare		84.00	120.00	0.70	$ 3,520.00	$ 554.00	6.35	$ 387.80
				Medicare HMO								
				PPHI								
				PP-HMO								
				Private PPO		33.00	41.00	1.82	$ 10,200.00	$ 450.00	22.67	$ 362.20
				Other Govt. Program								
				Self-Pay								
				Charity Care								
				Total Non-DCF	1.71	428.00	550.00	0.97	$ 85,323.00	$ 459.50	199.32	$ 357.57

Age Group	Region	Circuit	Facility Name	Payor Class	Licensed CSU Beds	Bed Days Used	Persons Served	Average Length of Stay	Total Annual Revenue Amount	Contracted Unit Cost	Bed Days Contracted (Total Revenue / Unit Cost)	Adjusted Cost per Person
Adults	Southern	11	Jackson North Mental Health Center (Jackson Memorial Hospital)	DCF	10.01	3,798.54	697.00	5.45	$ 1,085,903.00	$ 250.00	4,343.61	$ 1,362.46
				Medicaid								
				Medicaid HMO		849.00	154.00	5.51	$ 190,422.00	$ 325.00	585.91	$ 1,791.72
				Medicare								
				Medicare HMO								
				PPHI								
				PP-HMO								
				Private PPO								
				Other Govt. Program								
				Self-Pay								
				Charity Care		874.46	163.00	5.36				
				Total Non-DCF	7.34	1,723.46	317.00	5.44	$ 190,422.00	$ 325.00	585.91	$ 1,766.95
Adults	Southern	11	Miami Behavioral Health Center*	DCF	11.55	4,215.00	827.00	5.10	$ 1,236,227.78	$ 291.24	4,244.70	$ 1,484.37
				Medicaid								
				Medicaid HMO		164.00	65.00	2.53	$ 30,275.09	$ 375.00	80.73	$ 946.15
				Medicare								
				Medicare HMO								
				PPHI								
				PP-HMO								
				Private PPO								
				Other Govt. Program								
				Self-Pay								
				Charity Care								
				Total Non-DCF	1.00	164.00	65.00	2.53	$ 30,275.09	$ 375.00	80.73	$ 946.15
Adults	Southern	11	New Horizons CMHC	DCF	12.23	3,771.00	575.00	6.90	$ 1,012,671.00	$ 213.40	4,745.41	$ 1,399.53
				Medicaid								
				Medicaid HMO								
				Medicare								
				Medicare HMO								
				PPHI								
				PP-HMO								
				Private PPO								
				Other Govt. Program								
				Self-Pay								
				Charity Care		347.00	18.00	19.20		$ 213.40	-	$ 4,113.88
				Total Non-DCF	3.00	347.00	18.00	19.20	$ -	$ 213.40	-	$ 4,113.88

Age Group	Region	Circuit	Facility Name	Payor Class	Licensed CSU Beds	Bed Days Used	Persons Served	Average Length of Stay	Total Annual Revenue Amount	Contracted Unit Cost	Bed Days Contracted (Total Revenue / Unit Cost)	Adjusted Cost per Person
Adults	Southern	16	Guidance Clinic - Middle Keys	DCF	8.54	1,201.88	307.00	4.80	$ 1,009,223.00	$ 323.77	3,117.10	$ 1,267.53
				Medicaid								
				Medicaid HMO		124.00	19.00	4.80	$ 40,180.00	$ 535.00	75.10	$ 3,491.58
				Medicare								
				Medicare HMO								
				PPHI								
				PP-HMO								
				Private PPO								
				Other Govt. Program		438.00	112.00	4.80	$ 141,811.00	$ 650.00	218.17	$ 2,541.96
				Self-Pay		248.00	63.00	4.80	$ 80,360.00	$ 650.00	123.63	$ 2,558.73
				Charity Care								
				Total Non-DCF	2.22	810.00	194.00	4.80	$ 262,351.00	$ 611.67	416.90	$ 2,553.87
Adults	Northwest Region Totals			DCF	81.63	26,166.21	5,386.00	5.54	$ 7,970,716.00	$ 267.89	30,120.29	$ 1,370.85
				Non-DCF	24.90	6,451.46	1,610.00	6.71	$ 1,098,891.09	$ 400.30	2,484.47	$ 2,270.39
				Northwest Region Totals	106.53	32,617.67	6,996.00	6.13	$ 9,069,607.09	$ 334.09	32,604.75	$ 1,820.62
				DCF	81.63	26,166.21	5,386.00	5.54	$ 7,970,716.00	$ 267.89	30,120.29	$ 1,370.85
				Medicaid		32.00	65.00	0.49	$ 29,278.00	$ 384.00	76.24	$ 189.05
				Medicaid HMO		4,006.00	932.00	5.73	$ 779,852.09	$ 421.67	1,904.02	$ 2,215.53
				Medicare		84.00	120.00	0.70	$ 3,520.00	$ 554.00	6.35	$ 387.80
				Medicare HMO		158.00	39.00	4.05	$ 28,975.00	$ 400.00	72.44	$ 1,620.51
				PPHI		23.00	12.00	1.92	$ 200.00	$ 450.00	0.44	$ 862.50
				PP-HMO		208.00	45.00	5.51	$ 24,695.00	$ 412.50	60.50	$ 2,190.64
				Private PPO		33.00	41.00	1.82	$ 10,200.00	$ 450.00	22.67	$ 362.20
				Other Govt. Program		438.00	112.00	4.80	$ 141,811.00	$ 650.00	218.17	$ 2,541.96
				Self-Pay		248.00	63.00	4.80	$ 80,360.00	$ 650.00	123.63	$ 2,558.73
				Charity Care		1,221.46	181.00	12.28		$ 213.40		$ 4,113.88
				Total Non-DCF	24.90	6,451.46	1,610.00	6.71	$ 1,098,891.09	$ 400.30	2,484.47	$ 2,270.39
Adults	SunCoast	6	The Harbor Behavioral Health Care - Pasco	DCF	16.50	5,883.00	1,682.00	3.50	$ 2,219,169.48	$ 291.24	7,619.73	$ 1,018.65
				Medicaid								
				Medicaid HMO		1,170.00	297.00	3.94	$ 716,360.10	$ 650.00	1,102.09	$ 2,560.61
				Medicare								
				Medicare HMO		63.00	17.00	3.71	$ 38,573.49	$ 650.00	59.34	$ 2,408.82
				PPHI								
				PP-HMO		1,477.00	444.00	3.33	$ 904,327.71	$ 650.00	1,391.27	$ 2,162.27
				Private PPO								
				Other Govt. Program								
				Self-Pay								
				Charity Care								
				Total Non-DCF	13.50	2,710.00	758.00	3.66	$ 1,659,261.30	$ 650.00	2,552.71	$ 2,323.88

Age Group	Region	Circuit	Facility Name	Payor Class	Licensed CSU Beds	Bed Days Used	Persons Served	Average Length of Stay	Total Annual Revenue Amount	Contracted Unit Cost	Bed Days Contracted (Total Revenue / Unit Cost)	Adjusted Cost per Person
Adults	SunCoast	6	Personal Enrichment MH Services - Pinellas and St. Pete	DCF	54.64	16,116.00	2,629.00	4.36	$ 5,362,150.26	$ 256.19	20,930.37	$ 1,570.47
				Medicaid								
				Medicaid HMO		2,415.00	303.00	7.54	$ 1,239,006.62	$ 475.00	2,608.43	$ 3,785.89
				Medicare								
				Medicare HMO								
				PPHI		113.00	31.00	4.20	$ 31,134.62	$ 550.00	56.61	$ 2,004.84
				PP-HMO		937.00	217.00	4.43	$ 305,836.36	$ 550.00	556.07	$ 2,374.88
				Private PPO								
				Other Govt. Program								
				Self-Pay		110.00	35.00	1.65	$ 19,521.96	$ 650.00	30.03	$ 2,042.86
				Charity Care								
				Total Non-DCF	9.79	3,575.00	586.00	4.46	$ 1,595,499.56	$ 556.25	3,251.14	$ 3,393.50
Adults	SunCoast	12	Manatee Glens Hospital	DCF	*10.74*	3,860.00	738.00	6.26	$ 1,344,418.00	$ 342.83	3,921.53	$ 1,793.12
				Medicaid								
				Medicaid HMO		160.60	37.00	4.35	$ 68,478.00	$ 537.50	127.40	$ 2,333.04
				Medicare								
				Medicare HMO								
				PPHI		18.25	6.00	3.17	$ 12,768.00	$ 612.50	20.85	$ 1,863.02
				PP-HMO								
				Private PPO		94.00	27.00	3.48	$ 31,478.00	$ 578.00	54.46	$ 2,012.30
				Other Govt. Program		1,298.00	314.00	4.13	$ 554,730.00	$ 342.83	1,618.09	$ 1,417.18
				Self-Pay		16.00	5.00	3.20	$ 14,403.00	$ 750.00	19.20	$ 2,400.00
				Charity Care		109.50	126.00	0.88	$ 15,386.00	$ 750.00	20.51	$ 651.79
				Total Non-DCF	7.10	1,696.35	515.00	3.20	$ 697,243.00	$ 595.14	1,860.52	$ 1,960.32
Adults	SunCoast	12	Coastal Behavioral Healthcare	DCF	11.09	3,866.80	780.00	4.77	$ 1,315,850.00	$ 325.16	4,046.78	$ 1,611.96
				Medicaid		224.00	37.00	5.46	$ 101,891.00	$ 400.00	254.73	$ 2,421.62
				Medicaid HMO		237.00	52.00	4.55	$ 79,511.00	$ 400.00	198.78	$ 1,823.08
				Medicare								
				Medicare HMO								
				PPHI		238.00	46.00	5.41	$ 34,124.00	$ 400.00	85.31	$ 2,069.57
				PP-HMO								
				Private PPO								
				Other Govt. Program		974.70	190.00	5.11	$ 622,844.00	$ 325.16	1,915.50	$ 1,668.07
				Self-Pay								
				Charity Care								
				Total Non-DCF	8.91	1,673.70	325.00	5.13	$ 838,370.00	$ 381.29	2,454.32	$ 1,963.58

Age Group	Region	Circuit	Facility Name	Payor Class	Licensed CSU Beds	Bed Days Used	Persons Served	Average Length of Stay	Total Annual Revenue Amount	Contracted Unit Cost	Bed Days Contracted (Total Revenue / Unit Cost)	Adjusted Cost per Person
Adults	SunCoast	13	Mental Health Care	DCF	29.55	10,785.75	1,328.00	8.12	$ 3,918,639.00	$ 283.27	13,833.58	$ 2,300.66
				Medicaid		2,455.00	218.00	11.26	$ 1,352,196.00	$ 600.00	2,253.66	$ 6,756.88
				Medicaid HMO		2,816.00	327.00	8.61	$ 1,619,916.00	$ 600.00	2,699.86	$ 5,166.97
				Medicare								
				Medicare HMO		806.00	100.00	8.06	$ 183,182.00	$ 550.00	333.06	$ 4,433.00
				PPHI		837.00	125.00	6.70	$ 435,040.00	$ 550.00	790.98	$ 3,682.80
				PP-HMO								
				Private PPO								
				Other Govt. Program		67.00	15.00	4.47	$ 21,180.00	$ 283.27	74.77	$ 1,265.27
				Self-Pay								
				Charity Care		675.00	93.00	7.26		$ 283.27	-	$ 2,055.99
				Total Non-DCF	30.45	7,656.00	878.00	7.73	$ 3,611,514.00	$ 477.76	6,152.33	$ 4,165.95
Adults	SunCoast	13	Northside Mental Health Center	DCF	10.00	3,650.00	851.00	4.16	$ 1,063,000.00	$ 291.24	3,649.91	$ 1,249.15
				Medicaid								
				Medicaid HMO		967.00	191.00	5.06	$ 576,250.00	$ 550.00	1,047.73	$ 2,784.55
				Medicare								
				Medicare HMO								
				PPHI								
				PP-HMO								
				Private PPO								
				Other Govt. Program								
				Self-Pay								
				Charity Care		78.00	19.00	4.10		$ 291.24	-	$ 1,195.62
				Total Non-DCF	6.21	1,045.00	210.00	4.58	$ 576,250.00	$ 420.62	1,047.73	$ 2,093.09
Adults	SunCoast	20	Ruth Cooper/Lee MH	DCF	16.66	6,082.50	1,511.00	4.50	$ 2,379,717.30	$ 391.24	6,082.50	$ 1,574.93
				Medicaid								
				Medicaid HMO		883.08	234.96	4.50	$ 441,542.00	$ 500.00	883.08	$ 1,879.21
				Medicare								
				Medicare HMO								
				PPHI		1,321.99	351.74	4.50	$ 385,730.00	$ 292.00	1,320.99	$ 1,097.46
				PP-HMO								
				Private PPO								
				Other Govt. Program		1,396.79	371.64	4.50	$ 1,441,485.92	$ 391.24	3,684.40	$ 1,470.46
				Self-Pay		713.47	189.83	4.50	$ 44,000.00	$ 62.00	709.68	$ 233.03
				Charity Care								
				Total Non-DCF	13.34	4,315.33	1,148.17	4.50	$ 2,312,757.92	$ 311.31	6,598.16	$ 1,170.04

Age Group	Region	Circuit	Facility Name	Payor Class	Licensed CSU Beds	Bed Days Used	Persons Served	Average Length of Stay	Total Annual Revenue Amount	Contracted Unit Cost	Bed Days Contracted (Total Revenue / Unit Cost)	Adjusted Cost per Person
Adults	SunCoast	20	David Lawrence Mental Health Center	DCF	10.00	3,650.00	452.00	7.83	$ 1,426,931.00	$ 391.24	3,647.20	$ 3,159.35
				Medicaid								
				Medicaid HMO		315.00	32.00	6.39	$ 173,250.00	$ 550.00	315.00	$ 5,414.06
				Medicare								
				Medicare HMO								
				PPHI		126.00	58.00	5.00	$ 50,880.00	$ 600.00	84.80	$ 1,303.45
				PP-HMO		561.00	132.00	5.85	$ 230,736.00	$ 450.00	512.75	$ 1,912.50
				Private PPO								
				Other Govt. Program								
				Self-Pay								
				Charity Care		438.00	55.00	7.74	$ 21,236.00	$ 391.24	54.28	$ 3,115.69
				Total Non-DCF	5.00	1,440.00	277.00	6.25	$ 476,102.00	$ 497.81	966.83	$ 2,587.89
Adults	SunCoast	20	Charlotte Behavioral Health Care	DCF	10.35	3,296.00	581.00	5.67	$ 1,478,007.00	$ 391.24	3,777.75	$ 2,219.50
				Medicaid		631.45	63.00	10.02	$ 248,300.00	$ 400.00	620.75	$ 4,009.21
				Medicaid HMO								
				Medicare								
				Medicare HMO								
				PPHI								
				PP-HMO								
				Private PPO		109.50	35.00	3.13	$ 42,266.72	$ 400.00	105.67	$ 1,251.43
				Other Govt. Program								
				Self-Pay								
				Charity Care								
				Total Non-DCF	2.03	740.95	98.00	6.58	$ 290,566.72	$ 400.00	726.42	$ 3,024.29
Adults	SunCoast Region Totals			DCF	169.53	57,190.05	10,552.00	5.46	$ 20,507,882.04	$ 329.29	67,509.34	$ 1,833.09
				Non-DCF	96.34	24,852.33	4,795.17	5.12	$ 12,057,564.50	$ 476.69	25,610.14	$ 2,520.28
				SunCoast Region Totals	265.87	82,042.38	15,347.17	5.29	$ 32,565,446.54	$ 402.99	93,119.49	$ 2,176.68
				DCF	169.53	57,190.05	10,552.00	5.46	$ 20,507,882.04	$ 329.29	67,509.34	$ 1,833.09
				Medicaid		3,310.45	318.00	8.91	$ 1,702,387.00	$ 466.67	3,129.14	$ 4,395.90
				Medicaid HMO		8,963.68	1,473.96	5.62	$ 4,914,313.72	$ 532.81	8,982.38	$ 3,218.43
				Medicare								
				Medicare HMO		869.00	117.00	5.89	$ 221,755.49	$ 600.00	392.40	$ 3,420.91
				PPHI		2,654.24	617.74	4.83	$ 949,676.62	$ 500.75	2,359.54	$ 2,003.52
				PP-HMO		2,975.00	793.00	4.54	$ 1,440,900.07	$ 550.00	2,460.09	$ 2,149.89
				Private PPO		203.50	62.00	3.30	$ 73,744.72	$ 489.00	160.13	$ 1,631.86
				Other Govt. Program		3,736.49	890.64	4.55	$ 2,640,239.92	$ 335.63	7,292.76	$ 1,455.24
				Self-Pay		839.47	229.83	3.12	$ 77,924.96	$ 487.33	758.92	$ 1,558.63
				Charity Care		1,300.50	293.00	4.99	$ 36,622.00	$ 428.94	74.79	$ 1,754.77
				Total Non-DCF	96.34	24,852.33	4,795.17	5.12	$ 12,057,564.50	$ 476.69	25,610.14	$ 2,520.28

Age Group	Region	Circuit	Facility Name	Payor Class	Licensed CSU Beds	Bed Days Used	Persons Served	Average Length of Stay	Total Annual Revenue Amount	Contracted Unit Cost	Bed Days Contracted (Total Revenue / Unit Cost)	Adjusted Cost per Person
Adults	Statewide Totals			DCF	551.38	172,395.19	33,903.30	5.49	$ 60,605,520.59	$ 298.70	206,892.22	$ 1,705.50
				Non-DCF	302.31	80,093.78	16,698.17	5.48	$ 31,646,079.55	$ 447.35	75,551.27	$ 2,690.33
				Statewide Totals	853.69	252,488.97	50,601.47	5.48	$ 92,251,600.14	$ 373.02	282,443.49	$ 2,197.92
				DCF	551.38	172,395.19	33,903.30	5.49	$ 60,605,520.59	$ 298.70	206,892.22	$ 1,705.50
				Medicaid		5,787.45	1,032.00	4.35	$ 3,575,931.00	$ 473.13	6,074.16	$ 2,224.90
				Medicaid HMO		24,741.28	4,396.96	5.73	$ 10,852,670.17	$ 501.32	21,733.76	$ 2,889.98
				Medicare		84.00	120.00	0.70	$ 3,520.00	$ 554.00	6.35	$ 387.80
				Medicare HMO		2,200.00	335.00	4.50	$ 663,011.53	$ 490.42	1,374.78	$ 2,773.82
				PPHI		7,338.79	1,833.74	3.78	$ 2,738,083.82	$ 511.35	6,171.12	$ 1,797.28
				PP-HMO		4,522.00	1,154.00	4.57	$ 2,030,221.06	$ 457.75	3,847.92	$ 2,007.78
				Private PPO		1,197.50	309.00	3.82	$ 356,752.72	$ 434.00	829.31	$ 1,541.97
				Other Govt. Program		28,424.63	6,387.34	5.52	$ 11,174,672.21	$ 368.42	34,503.70	$ 2,065.53
				Self-Pay		1,902.62	519.13	4.01	$ 214,595.04	$ 506.83	935.38	$ 1,666.90
				Charity Care		3,895.51	611.00	8.69	$ 36,622.00	$ 303.33	74.79	$ 2,805.96
				Total Non-DCF	302.31	80,093.78	16,698.17	5.48	$ 31,646,079.55	$ 447.35	75,551.27	$ 2,690.33

Age Group	Region	Circuit	Facility Name	Payor Class	Licensed CSU Beds	Bed Days Used	Persons Served	Average Length of Stay	Total Annual Revenue Amount	Contracted Unit Cost	Bed Days Contracted (Total Revenue / Unit Cost)	Adjusted Cost per Person
Children	Central	5	The Centers	DCF	8.73	1,286.00	425.00	3.00	$ 850,000.00	$ 291.24	2,918.56	$ 881.26
				Medicaid								
				Medicaid HMO		414.00	131.00	3.00	$ 435,680.00	$ 570.00	764.35	$ 1,801.37
				Medicare								
				Medicare HMO								
				PPHI		40.00	17.00	2.00	$ 163,254.00	$ 550.00	296.83	$ 1,294.12
				PP-HMO								
				Private PPO								
				Other Govt. Program								
				Self-Pay		15.00	9.00	1.00	$ 657.00	$ 830.00	0.79	$ 1,383.33
				Charity Care								
				Total Non-DCF	3.27	469.00	157.00	2.00	$ 599,591.00	$ 650.00	1,061.97	$ 1,941.72
Children	Central	5	The Harbor BH Care Institute - Hernando (Baycare)	DCF	1.62	320.00	79.00	4.05	$ 215,233.00	$ 291.24	739.02	$ 1,179.71
				Medicaid								
				Medicaid HMO		411.00	142.00	2.89	$ 322,594.84	$ 650.00	496.30	$ 1,881.34
				Medicare								
				Medicare HMO								
				PPHI								
				PP-HMO		260.00	90.00	2.89	$ 204,074.00	$ 650.00	313.96	$ 1,877.78
				Private PPO								
				Other Govt. Program								
				Self-Pay								
				Charity Care								
				Total Non-DCF	2.38	671.00	232.00	2.89	$ 526,668.84	$ 650.00	810.26	$ 1,879.96
Children	Central	5	Lifestream Behavioral Center	DCF	3.12	1,138.80	257.00	5.02	$ 331,664.11	$ 291.24	1,138.80	$ 1,290.52
				Medicaid								
				Medicaid HMO		282.00	75.00	3.76	$ 211,500.00	$ 700.00	302.14	$ 2,632.00
				Medicare								
				Medicare HMO								
				PPHI								
				PP-HMO								
				Private PPO								
				Other Govt. Program								
				Self-Pay								
				Charity Care								
				Total Non-DCF	2.88	282.00	75.00	3.76	$ 211,500.00	$ 700.00	302.14	$ 2,632.00

Age Group	Region	Circuit	Facility Name	Payor Class	Licensed CSU Beds	Bed Days Used	Persons Served	Average Length of Stay	Total Annual Revenue Amount	Contracted Unit Cost	Bed Days Contracted (Total Revenue / Unit Cost)	Adjusted Cost per Person
Children	Central	9	Lakeside Behavioral Healthcare	DCF	7.94	1,026.76	342.00	2.40	$ 896,880.00	$ 309.64	2,896.52	$ 929.61
				Medicaid								
				Medicaid HMO		2,152.00	890.00	4.00	$ 1,075,000.00	$ 612.50	1,755.10	$ 1,481.01
				Medicare								
				Medicare HMO								
				PPHI		121.00	57.00	2.50	$ 56,700.00	$ 625.00	90.72	$ 1,326.75
				PP-HMO								
				Private PPO								
				Other Govt. Program		62.00	30.00	2.40	$ 273,782.62	$ 309.64	884.20	$ 639.92
				Self-Pay								
				Charity Care								
				Total Non-DCF	12.06	2,335.00	977.00	2.97	$ 1,405,482.62	$ 515.71	2,730.02	$ 1,232.54
Children	Central	9	Park Place Behavioral Health Care/Osceola Mental Health*	DCF	3.03	324.00	38.00	3.60	$ 336,778.00	$ 304.64	1,105.50	$ 2,597.46
				Medicaid		238.00	46.00	3.73	$ 173,007.00	$ 539.03	320.96	$ 2,788.89
				Medicaid HMO		539.00	89.00	3.34	$ 239,645.00	$ 539.03	444.59	$ 3,264.46
				Medicare								
				Medicare HMO								
				PPHI		289.00	119.00	3.01	$ 132,614.00	$ 539.03	246.02	$ 1,309.07
				PP-HMO								
				Private PPO								
				Other Govt. Program								
				Self-Pay								
				Charity Care								
				Total Non-DCF	4.97	1,066.00	254.00	3.36	$ 545,266.00	$ 539.03	1,011.57	$ 2,262.23
Children	Central	10	Peace River Center for Personal Development	DCF	3.45	330.94	221.00	1.50	$ 367,626.43	$ 291.24	1,262.28	$ 436.12
				Medicaid								
				Medicaid HMO		925.00	278.00	3.33	$ 257,060.00	$ 400.00	642.65	$ 1,330.94
				Medicare								
				Medicare HMO								
				PPHI								
				PP-HMO		157.00	44.00	3.57	$ 28,849.94	$ 300.00	96.17	$ 1,070.45
				Private PPO								
				Other Govt. Program		67.00	11.00	6.09	$ 13,000.00	$ 291.24	44.64	$ 1,773.92
				Self-Pay								
				Charity Care								
				Total Non-DCF	3.15	1,149.00	333.00	4.33	$ 298,909.94	$ 330.41	783.45	$ 1,140.07

Age Group	Region	Circuit	Facility Name	Payor Class	Licensed CSU Beds	Bed Days Used	Persons Served	Average Length of Stay	Total Annual Revenue Amount	Contracted Unit Cost	Bed Days Contracted (Total Revenue / Unit Cost)	Adjusted Cost per Person
Children	Central	18	Circles of Care	DCF	5.75	1,764.25	648.00	3.53	$ 708,950.00	$ 337.74	2,099.10	$ 919.53
				Medicaid								
				Medicaid HMO		785.00	191.00	5.73	$ 365,243.00	$ 657.00	555.93	$ 2,700.24
				Medicare								
				Medicare HMO								
				PPHI		709.00	222.00	4.50	$ 285,655.00	$ 506.00	564.54	$ 1,616.01
				PP-HMO		82.00	25.00	4.36	$ 7,575.00	$ 497.00	15.24	$ 1,630.16
				Private PPO		67.00	24.00	3.75	$ 28,869.00	$ 724.00	39.87	$ 2,021.17
				Other Govt. Program		157.00	46.00	4.76	$ 313,483.00	$ 425.00	737.61	$ 1,450.54
				Self-Pay		363.00	128.00	3.95	$ 17,400.00			
				Charity Care		219.00	53.00	5.72		$ 337.74		$ 1,395.57
				Total Non-DCF	10.26	2,382.00	689.00	4.68	$ 1,018,225.00	$ 524.46	1,913.18	$ 1,813.14
Children	Central Region Totals			DCF	33.64	6,190.75	2,010.00	3.30	$ 3,707,131.54	$ 302.43	12,159.78	$ 1,176.32
				Non-DCF	38.97	8,354.00	2,717.00	3.43	$ 4,605,643.40	$ 558.52	8,612.60	$ 1,843.09
				Central Region Totals	72.61	14,544.75	4,727.00	3.36	$ 8,312,774.94	$ 430.47	20,772.37	$ 1,509.70
				DCF	33.64	6,190.75	2,010.00	3.30	$ 3,707,131.54	$ 302.43	12,159.78	$ 1,176.32
				Medicaid		238.00	46.00	3.73	$ 173,007.00	$ 539.03	320.96	$ 2,788.89
				Medicaid HMO		5,508.00	1,796.00	3.72	$ 2,906,722.84	$ 589.79	4,961.06	$ 2,155.91
				Medicare								
				Medicare HMO								
				PPHI		1,159.00	415.00	3.00	$ 638,223.00	$ 555.01	1,198.10	$ 1,386.49
				PP-HMO		499.00	159.00	3.61	$ 240,498.94	$ 482.33	425.37	$ 1,526.13
				Private PPO		67.00	24.00	3.75	$ 28,869.00	$ 724.00	39.87	$ 2,021.17
				Other Govt. Program		286.00	87.00	4.42	$ 600,265.62	$ 341.96	1,666.44	$ 1,288.13
				Self-Pay		378.00	137.00	2.48	$ 18,057.00	$ 830.00	0.79	$ 1,383.33
				Charity Care		219.00	53.00	5.72		$ 337.74		$ 1,395.57
				Total Non-DCF	38.97	8,354.00	2,717.00	3.43	$ 4,605,643.40	$ 558.52	8,612.60	$ 1,843.09
Children	Northeast	4	Mental Health Resource Center	DCF	12.38	2,165.64	424.78	3.06	$ 1,315,897.34	$ 291.24	4,518.26	$ 1,484.82
				Medicaid								
				Medicaid HMO		1,703.00	325.00	2.70	$ 713,772.93	$ 423.00	1,687.41	$ 2,216.52
				Medicare								
				Medicare HMO								
				PPHI		1,704.00	394.00	3.10	$ 583,455.98	$ 585.00	997.36	$ 2,530.05
				PP-HMO								
				Private PPO								
				Other Govt. Program		1,021.08	176.22	3.21	$ 520,842.75	$ 541.00	962.74	$ 3,134.74
				Self-Pay		8.00	3.00	2.67	$ 1,715.00	$ 214.00	8.01	$ 570.67
				Charity Care								
				Total Non-DCF	15.63	4,436.08	898.22	2.92	$ 1,819,786.66	$ 440.75	3,655.52	$ 2,176.75

Age Group	Region	Circuit	Facility Name	Payor Class	Licensed CSU Beds	Bed Days Used	Persons Served	Average Length of Stay	Total Annual Revenue Amount	Contracted Unit Cost	Bed Days Contracted (Total Revenue / Unit Cost)	Adjusted Cost per Person
Children	Northeast	8	Meridian Behavioral Healthcare - Gainesville	DCF	3.33	474.00	125.00	3.79	$ 162,311.82	$ 342.00	474.60	$ 1,296.86
				Medicaid		704.00	123.00	5.72	$ 528,000.00	$ 750.00	704.00	$ 4,292.68
				Medicaid HMO		43.80	28.00	1.61	$ 24,750.00	$ 550.00	45.00	$ 860.36
				Medicare								
				Medicare HMO								
				PPHI		29.20	3.00	10.33	$ 17,050.00	$ 550.00	31.00	$ 5,353.33
				PP-HMO								
				Private PPO								
				Other Govt. Program		444.00	444.00	1.00	$ 152,038.92	$ 342.00	444.56	$ 342.00
				Self-Pay								
				Charity Care								
				Total Non-DCF	3.35	1,221.00	598.00	4.67	$ 721,838.92	$ 548.00	1,224.56	$ 1,118.91
Children	Northeast Region Totals			DCF	15.71	2,639.64	549.78	3.43	$ 1,478,209.16	$ 316.62	4,992.85	$ 1,390.84
				Non-DCF	18.98	5,657.08	1,496.22	3.79	$ 2,541,625.58	$ 494.38	4,880.08	$ 1,647.83
				Northeast Region Totals	34.69	8,296.72	2,046.00	3.61	$ 4,019,834.74	$ 405.50	9,872.93	$ 1,519.34
				DCF	15.71	2,639.64	549.78	3.43	$ 1,478,209.16	$ 316.62	4,992.85	$ 1,390.84
				Medicaid		704.00	123.00	5.72	$ 528,000.00	$ 750.00	704.00	$ 4,292.68
				Medicaid HMO		1,746.80	353.00	2.15	$ 738,522.93	$ 486.50	1,732.41	$ 1,538.44
				Medicare								
				Medicare HMO								
				PPHI		1,733.20	397.00	6.72	$ 600,505.98	$ 567.50	1,028.36	$ 3,941.69
				PP-HMO								
				Private PPO								
				Other Govt. Program		1,465.08	620.22	2.11	$ 672,881.67	$ 441.50	1,407.30	$ 1,738.37
				Self-Pay		8.00	3.00	2.67	$ 1,715.00	$ 214.00	8.01	$ 570.67
				Charity Care								
				Total Non-DCF	18.98	5,657.08	1,496.22	3.79	$ 2,541,625.58	$ 494.38	4,880.08	$ 1,647.83
Children	Northwest	14	Life Management Center of Northwest Florida	DCF	1.90	6.00	6.00	1.00	$ 210,785.00	$ 291.24	723.75	$ 291.24
				Medicaid								
				Medicaid HMO		25.00	16.00	1.60	$ 8,660.00	$ 400.00	21.65	$ 625.00
				Medicare								
				Medicare HMO								
				PPHI		12.78	2.00	6.50	$ 3,446.00	$ 270.00	12.76	$ 1,725.30
				PP-HMO								
				Private PPO								
				Other Govt. Program								
				Self-Pay		12.00	8.00	1.50	$ 763.00			
				Charity Care								
				Total Non-DCF	2.10	49.78	26.00	3.20	$ 12,869.00	$ 335.00	34.41	$ 641.40

Age Group	Region	Circuit	Facility Name	Payor Class	Licensed CSU Beds	Bed Days Used	Persons Served	Average Length of Stay	Total Annual Revenue Amount	Contracted Unit Cost	Bed Days Contracted (Total Revenue / Unit Cost)	Adjusted Cost per Person
Children	Northwest Region Totals			DCF	1.90	6.00	6.00	1.00	$ 210,785.00	$ 291.24	723.75	$ 291.24
				Non-DCF	2.10	49.78	26.00	3.20	$ 12,869.00	$ 335.00	38.41	$ 641.40
				Northwest Region Totals	4.00	55.78	32.00	2.10	$ 223,654.00	$ 313.12	762.17	$ 466.32
				DCF	1.90	6.00	6.00	1.00	$ 210,785.00	$ 291.24	723.75	$ 291.24
				Medicaid		-	-	-	$ -			
				Medicaid HMO		25.00	16.00	1.60	$ 8,660.00	$ 400.00	21.65	$ 625.00
				Medicare								
				Medicare HMO								
				PPHI		12.78	2.00	6.50	$ 3,446.00	$ 270.00	12.76	$ 1,725.30
				PP-HMO								
				Private PPO								
				Other Govt. Program								
				Self-Pay		12.00	8.00	1.50	$ 763.00			
				Charity Care								
				Total Non-DCF	2.10	49.78	26.00	3.20	$ 12,869.00	$ 335.00	38.41	$ 641.40
Children	Southeast	15	Oakwood Center of the Palm Beaches - Glades	DCF	0.51	104.55	19.00	5.34	$ 32,049.81	$ 306.55	104.55	$ 1,686.83
				Medicaid								
				Medicaid HMO		71.00	15.00	4.73	$ 37,005.00	$ 500.00	74.01	$ 2,366.67
				Medicare								
				Medicare HMO								
				PPHI								
				PP-HMO								
				Private PPO								
				Other Govt. Program		216.10	25.00	8.64	$ 67,514.00	$ 306.55	220.24	$ 2,649.82
				Self-Pay								
				Charity Care								
				Total Non-DCF	0.78	287.10	40.00	6.69	$ 104,519.00	$ 403.28	294.25	$ 2,894.51
Children	Southeast Region Totals			DCF	0.51	104.55	19.00	5.34	$ 32,049.81	$ 306.55	104.55	$ 1,686.83
				Non-DCF	0.78	287.10	40.00	6.69	$ 104,519.00	$ 403.28	294.25	$ 2,894.51
				Southeast Region Totals	1.29	391.65	59.00	6.01	$ 136,568.81	$ 354.91	398.80	$ 2,290.67
				DCF	0.51	104.55	19.00	5.34	$ 32,049.81	$ 306.55	104.55	$ 1,686.83
				Medicaid								
				Medicaid HMO		71.00	15.00	4.73	$ 37,005.00	$ 500.00	74.01	$ 2,366.67
				Medicare								
				Medicare HMO								
				PPHI								
				PP-HMO								
				Private PPO								
				Other Govt. Program		216.10	25.00	8.64	$ 67,514.00	$ 306.55	220.24	$ 2,649.82
				Self-Pay								
				Charity Care								
				Total Non-DCF	0.78	287.10	40.00	6.69	$ 104,519.00	$ 403.28	294.25	$ 2,894.51

Age Group	Region	Circuit	Facility Name	Payor Class	Licensed CSU Beds	Bed Days Used	Persons Served	Average Length of Stay	Total Annual Revenue Amount	Contracted Unit Cost	Bed Days Contracted (Total Revenue / Unit Cost)	Adjusted Cost per Person
Children	Southern	11	Citrus Health Network	DCF	12.57	1,525.00	367.00	4.16	$ 1,336,128.00	$ 291.24	4,587.72	$ 1,210.19
				Medicaid								
				Medicaid HMO		1,582.00	282.00	5.61	$ 432,680.00	$ 470.00	920.60	$ 2,636.67
				Medicare								
				Medicare HMO								
				PPHI		129.00	31.00	4.16	$ 27,932.00	$ 450.00	62.07	$ 1,872.58
				PP-HMO		265.00	70.00	3.79	$ 55,602.00	$ 450.00	123.56	$ 1,703.57
				Private PPO								
				Other Govt. Program								
				Self-Pay								
				Charity Care								
				Total Non-DCF	5.41	1,976.00	383.00	4.52	$ 516,214.00	$ 456.67	1,106.23	$ 2,356.07
Children	Southern Region Totals			DCF	12.57	1,525.00	367.00	4.16	$ 1,336,128.00	$ 291.24	4,587.72	$ 1,210.19
				Non-DCF	5.41	1,976.00	383.00	4.52	$ 516,214.00	$ 456.67	1,106.23	$ 2,356.07
				Southern Region Totals	17.98	3,501.00	750.00	4.34	$ 1,852,342.00	$ 373.95	5,693.95	$ 1,783.13
				DCF	12.57	1,525.00	367.00	4.16	$ 1,336,128.00	$ 291.24	4,587.72	$ 1,210.19
				Medicaid								
				Medicaid HMO		1,582.00	282.00	5.61	$ 432,680.00	$ 470.00	920.60	$ 2,636.67
				Medicare								
				Medicare HMO								
				PPHI		129.00	31.00	4.16	$ 27,932.00	$ 450.00	62.07	$ 1,872.58
				PP-HMO		265.00	70.00	3.79	$ 55,602.00	$ 450.00	123.56	$ 1,703.57
				Private PPO								
				Other Govt. Program								
				Self-Pay								
				Charity Care							-	
				Total Non-DCF	5.41	1,976.00	383.00	4.52	$ 516,214.00	$ 456.67	1,106.23	$ 2,356.07
Children	SunCoast	6	The Harbor Behavioral Health Care - Pasco	DCF	4.90	798.60	253.00	2.36	$ 611,962.60	$ 291.24	2,101.23	$ 919.31
				Medicaid								
				Medicaid HMO		1,034.00	458.00	2.23	$ 628,512.18	$ 650.00	966.94	$ 1,467.47
				Medicare								
				Medicare HMO								
				PPHI								
				PP-HMO		671.00	294.00	2.28	$ 407,864.67	$ 650.00	627.48	$ 1,483.50
				Private PPO								
				Other Govt. Program								
				Self-Pay								
				Charity Care								
				Total Non-DCF	11.10	1,705.00	752.00	2.26	$ 1,036,376.85	$ 650.00	1,594.43	$ 1,473.74

Age Group	Region	Circuit	Facility Name	Payor Class	Licensed CSU Beds	Bed Days Used	Persons Served	Average Length of Stay	Total Annual Revenue Amount	Contracted Unit Cost	Bed Days Contracted (Total Revenue / Unit Cost)	Adjusted Cost per Person
Children	SunCoast	6	Personal Enrichment MH Services - Pinellas and St. Pete	DCF	11.40	1,008.00	304.00	2.20	$ 900,921.00	$ 277.17	3,250.43	$ 919.04
				Medicaid								
				Medicaid HMO		1,052.00	326.00	3.22	$ 504,731.80	$ 475.00	1,062.59	$ 1,532.82
				Medicare								
				Medicare HMO								
				PPHI								
				PP-HMO		414.00	178.00	2.33	$ 131,390.51	$ 550.00	238.89	$ 1,279.21
				Private PPO								
				Other Govt. Program		58.00	13.00	2.58	$ 16,075.86	$ 277.00	58.04	$ 1,235.85
				Self-Pay		17.00	10.00	1.83	$ 6,124.37	$ 650.00	9.42	$ 1,105.00
				Charity Care								
				Total Non-DCF	4.24	1,541.00	527.00	2.49	$ 658,322.54	$ 488.00	1,368.94	$ 1,426.96
Children	SunCoast	12	Coastal Behavioral Healthcare	DCF	2.50	440.00	82.00	5.36	$ 291,415.00	$ 325.16	896.22	$ 1,744.76
				Medicaid		293.00	58.00	5.14	$ 128,254.00	$ 400.00	320.64	$ 2,020.69
				Medicaid HMO		261.00	52.00	5.01	$ 88,800.00	$ 400.00	222.00	$ 2,007.69
				Medicare								
				Medicare HMO								
				PPHI		200.00	49.00	4.35	$ 152,075.00	$ 400.00	380.19	$ 1,632.65
				PP-HMO								
				Private PPO								
				Other Govt. Program		535.00	17.00	5.25	$ 754,783.00	$ 325.16	2,321.27	$ 10,232.98
				Self-Pay								
				Charity Care								
				Total Non-DCF	12.50	1,289.00	176.00	4.94	$ 1,123,912.00	$ 381.29	3,244.09	$ 2,792.52
Children	SunCoast	12	Manatee Glens Hospital	DCF	*2.37*	222.00	73.00	3.04	$ 166,727.00	$ 342.83	486.33	$ 1,042.58
				Medicaid								
				Medicaid HMO		335.00	112.00	2.99	$ 188,600.00	$ 537.50	350.88	$ 1,607.70
				Medicare								
				Medicare HMO								
				PPHI		33.00	39.00	0.85	$ 21,037.00	$ 612.50	34.35	$ 518.27
				PP-HMO								
				Private PPO		352.00	80.00	4.40	$ 194,346.00	$ 578.00	336.24	$ 2,543.20
				Other Govt. Program		174.00	37.00	4.70	$ 130,361.00	$ 342.83	380.25	$ 1,612.23
				Self-Pay		11.00	3.00	3.67	$ 4,274.00	$ 750.00	5.70	$ 2,750.00
				Charity Care					$ 4,988.00	$ 342.83		
				Total Non-DCF	3.79	905.00	271.00	3.32	$ 543,606.00	$ 527.28	1,107.42	$ 1,760.83

Age Group	Region	Circuit	Facility Name	Payor Class	Licensed CSU Beds	Bed Days Used	Persons Served	Average Length of Stay	Total Annual Revenue Amount	Contracted Unit Cost	Bed Days Contracted (Total Revenue / Unit Cost)	Adjusted Cost per Person
Children	SunCoast	13	Mental Health Care	DCF	7.36	976.00	273.00	3.58	$ 891,314.00	$ 291.24	3,060.41	$ 1,041.21
				Medicaid		597.00	157.00	3.80	$ 311,571.00	$ 600.00	519.29	$ 2,281.53
				Medicaid HMO		951.00	279.00	3.41	$ 577,068.00	$ 600.00	961.78	$ 2,045.16
				Medicare								
				Medicare HMO								
				PPHI		544.00	193.00	2.82	$ 358,784.00	$ 550.00	652.33	$ 1,550.26
				PP-HMO		31.00	13.00	2.38	$ -			
				Private PPO								
				Other Govt. Program		242.00	73.00	3.32	$ 64,537.00	$ 291.24	221.59	$ 965.48
				Self-Pay								
				Charity Care								
				Total Non-DCF	6.64	2,365.00	715.00	3.15	$ 1,311,960.00	$ 510.31	2,354.99	$ 1,687.95
Children	SunCoast	20	Ruth Cooper Center/ Lee MH	DCF	2.71	987.55	365.00	2.60	$ 386,371.00	$ 391.24	987.55	$ 1,058.55
				Medicaid								
				Medicaid HMO		421.79	224.28	2.60	$ 210,896.00	$ 500.00	421.79	$ 940.32
				Medicare								
				Medicare HMO								
				PPHI		543.01	288.73	2.60	$ 192,827.00	$ 355.00	543.17	$ 667.64
				PP-HMO								
				Private PPO								
				Other Govt. Program								
				Self-Pay		221.01	117.52	2.60	$ 11,970.00	$ 54.00	221.67	$ 101.55
				Charity Care								
				Total Non-DCF	7.29	1,185.81	630.53	2.60	$ 415,693.00	$ 303.00	1,186.63	$ 569.84
Children	SunCoast	20	David Lawrence Mental Health Center	DCF	3.56	172.00	68.00	3.34	$ 507,901.00	$ 391.24	1,298.18	$ 989.61
				Medicaid								
				Medicaid HMO		103.00	28.00	5.36	$ 56,650.00	$ 550.00	103.00	$ 2,023.21
				Medicare								
				Medicare HMO								
				PPHI		51.00	24.00	2.24	$ 13,994.00	$ 600.00	23.32	$ 1,275.00
				PP-HMO		178.00	54.00	2.92	$ 22,754.00	$ 450.00	50.56	$ 1,483.33
				Private PPO								
				Other Govt. Program		6.00	3.00	1.20	$ 2,347.00	$ 391.24	6.00	$ 782.48
				Self-Pay								
				Charity Care		23.00	5.00	2.56	$ -	$ 391.24		$ 1,799.70
				Total Non-DCF	1.44	361.00	114.00	2.86	$ 95,745.00	$ 476.50	182.89	$ 1,508.90

Age Group	Region	Circuit	Facility Name	Payor Class	Licensed CSU Beds	Bed Days Used	Persons Served	Average Length of Stay	Total Annual Revenue Amount	Contracted Unit Cost	Bed Days Contracted (Total Revenue / Unit Cost)	Adjusted Cost per Person
Children	SunCoast	20	Charlotte Behavioral Health Care	DCF	1.46	319.00	73.00	4.37	$ 208,602.00	$ 391.24	533.18	$ 1,709.67
				Medicaid		484.00	42.00	11.52	$ 266,100.00	$ 400.00	665.25	$ 4,609.52
				Medicaid HMO								
				Medicare								
				Medicare HMO								
				PPHI								
				PP-HMO								
				Private PPO		59.00	17.00	3.47	$ 23,239.00	$ 400.00	58.10	$ 1,388.24
				Other Govt. Program								
				Self-Pay								
				Charity Care								
				Total Non-DCF	1.60	543.00	59.00	7.50	$ 289,339.00	$ 400.00	723.35	$ 3,681.36
Children	SunCoast Region Totals			DCF	36.26	4,923.15	1,491.00	3.36	$ 3,965,213.60	$ 337.67	12,613.53	$ 1,178.09
				Non-DCF	48.60	9,894.81	3,244.53	3.64	$ 5,474,954.39	$ 467.05	11,762.74	$ 1,862.76
				SunCoast Region Totals	84.86	14,817.96	4,735.53	3.50	$ 9,440,167.99	$ 402.36	24,376.27	$ 1,520.43
				DCF	36.26	4,923.15	1,491.00	3.36	$ 3,965,213.60	$ 337.67	12,613.53	$ 1,178.09
				Medicaid		1,374.00	257.00	6.82	$ 705,925.00	$ 466.67	1,505.17	$ 2,970.58
				Medicaid HMO		4,157.79	1,479.28	3.55	$ 2,255,257.98	$ 530.36	4,088.99	$ 1,660.63
				Medicare								
				Medicare HMO								
				PPHI		1,371.01	593.73	2.57	$ 738,717.00	$ 503.50	1,633.37	$ 1,128.76
				PP-HMO		1,294.00	539.00	2.48	$ 562,009.18	$ 550.00	916.94	$ 1,415.35
				Private PPO		411.00	97.00	3.94	$ 217,585.00	$ 489.00	394.34	$ 1,965.72
				Other Govt. Program		1,015.00	143.00	3.41	$ 968,103.86	$ 325.49	2,987.14	$ 2,965.80
				Self-Pay		249.01	130.52	2.70	$ 22,368.37	$ 484.67	236.79	$ 1,318.85
				Charity Care		23.00	5.00	2.56	$ 4,988.00	$ 367.04		$ 1,799.70
				Total Non-DCF	48.60	9,894.81	3,244.53	3.64	$ 5,474,954.39	$ 467.05	11,762.74	$ 1,862.76
Children	Statewide Totals			DCF	100.59	15,389.09	4,442.78	3.43	$ 10,729,517.11	$ 307.62	35,182.19	$ 1,155.59
				Non-DCF	114.83	26,218.77	7,906.75	4.21	$ 13,255,825.37	$ 452.48	26,690.30	$ 1,874.28
				Statewide Totals	215.42	41,607.86	12,349.53	3.82	$ 23,985,342.48	$ 380.05	61,872.49	$ 1,514.93
				DCF	100.59	15,389.09	4,442.78	3.43	$ 10,729,517.11	$ 307.62	35,182.19	$ 1,155.59
				Medicaid		2,316.00	426.00	4.07	$ 1,406,932.00	$ 585.23	2,530.13	$ 3,350.72
				Medicaid HMO		13,090.59	3,941.28	3.56	$ 6,378,848.75	$ 496.11	11,798.71	$ 1,830.55
				Medicare								
				Medicare HMO								
				PPHI		4,404.99	1,438.73	4.59	$ 2,008,823.98	$ 469.20	3,934.67	$ 2,010.97
				PP-HMO		2,058.00	768.00	3.29	$ 858,110.12	$ 494.11	1,465.87	$ 1,548.35
				Private PPO		478.00	121.00	3.84	$ 246,454.00	$ 606.50	434.21	$ 1,993.44
				Other Govt. Program		2,982.18	875.22	4.64	$ 2,308,765.15	$ 353.88	6,281.12	$ 2,160.53
				Self-Pay		647.01	278.52	2.34	$ 42,903.37	$ 509.56	245.59	$ 1,090.95
				Charity Care		242.00	58.00	4.14	$ 4,988.00	$ 352.39		$ 1,597.64
				Total Non-DCF	114.83	26,218.77	7,906.75	4.21	$ 13,255,825.37	$ 452.48	26,690.30	$ 1,874.28

Age Group	Region	Circuit	Facility Name	Payor Class	Licensed CSU Beds	Bed Days Used	Persons Served	Average Length of Stay	Total Annual Revenue Amount	Contracted Unit Cost	Bed Days Contracted (Total Revenue / Unit Cost)	Adjusted Cost per Person
	Adults and Children Statewide Totals			DCF	651.97	187,784.28	38,346.08	4.46	$ 71,335,037.70	$ 303.16	242,074.41	$ 1,430.54
				Non-DCF	417.14	106,312.55	24,604.92	4.07	$ 44,901,904.92	$ 449.91	102,241.57	$ 2,282.30
				Statewide Totals	1,069.12	294,096.83	62,951.00	4.26	$ 116,236,942.62	$ 376.54	344,315.97	$ 1,856.42
				DCF	651.97	187,784.28	38,346.08	4.46	$ 71,335,037.70	$ 303.16	242,074.41	$ 1,430.54
				Medicaid		8,103.45	1,458.00	4.21	$ 4,982,863.00	$ 529.18	8,604.29	$ 2,787.81
				Medicaid HMO		37,831.87	8,338.24	4.64	$ 17,231,518.92	$ 498.72	33,532.47	$ 2,360.27
				Medicare		84.00	120.00	0.70	$ 3,520.00	$ 554.00	6.35	$ 387.80
				Medicare HMO		2,200.00	335.00	4.50	$ 663,011.53	$ 490.42	1,374.78	$ 2,773.82
				PPHI		11,743.78	3,272.47	4.18	$ 4,746,907.80	$ 490.28	10,105.78	$ 1,904.12
				PP-HMO		6,580.00	1,922.00	3.93	$ 2,888,331.18	$ 475.93	5,313.79	$ 1,778.06
				Private PPO		1,675.50	430.00	3.83	$ 603,206.72	$ 520.25	1,263.52	$ 1,767.71
				Other Govt. Program		31,406.81	7,262.56	5.08	$ 13,483,437.36	$ 361.15	40,784.82	$ 2,113.03
				Self-Pay		2,549.63	797.65	3.18	$ 257,498.41	$ 508.19	1,180.97	$ 1,378.93
				Charity Care		4,137.51	669.00	6.42	$ 41,610.00	$ 327.86	74.79	$ 2,201.80
				Total Non-DCF	417.14	106,312.55	24,604.92	4.07	$ 44,901,904.92	$ 449.91	102,241.57	$ 2,282.30

STATEMENT OF

JUDGE STEVEN LEIFMAN

Special Advisor on Criminal Justice and Mental Health
Supreme Court of Florida

Associate Administrative Judge
Eleventh Judicial Circuit of Florida

before the

BUDGET SUBCOMMITTEE ON HEALTH AND HUMAN SERVICES APPROPRIATIONS

of the

FLORIDA SENATE

concerning

MENTAL ILLNESS AND THE CRIMINAL JUSTICE SYSTEM:

Recommended Financing and Service Delivery Strategies to Transform Florida's Mental Health System

February 23, 2011

Thank you for the opportunity to provide testimony today about the critically important issue of mental illness and the criminal justice system. My name is Judge Steve Leifman. Since April 2007, I have been serving as Special Advisor on Criminal Justice and Mental Health for the Supreme Court of Florida. In October, 2010, I was appointed to Chair the Florida Supreme Court's Task Force on Substance Abuse and Mental Health Issues in the Court. In addition, since 1995 I have served as a judge in the Eleventh Judicial Circuit in Miami-Dade County.

When I became a judge, I had no idea I would become the gatekeeper to the largest psychiatric facility in the State of Florida. The Miami-Dade County Jail contains nearly half as many beds serving individuals with mental illnesses as all state psychiatric hospitals combined. On any given day, the jail houses 1,200 individuals receiving psychiatric medications at a cost to taxpayers of $60 million annually, more than $160 thousand per day. A recent analysis completed by the Florida Mental Health Institute at the University of South Florida examined arrest, incarceration, acute care, and inpatient service utilization rates among 97 individuals with mental illnesses who are frequent recidivists to the county jail. Over a five year period these individuals accounted for nearly 2,200 arrests, 27,000 days in jail, and 13,000 days in crisis units, state hospitals, and emergency rooms. The estimated cost to taxpayers was nearly $13 million.

As a member of the judiciary, I see first hand the consequences of untreated mental illnesses both on our citizens and our communities. A former Surgeon General, Dr. David Satcher, once called mental illness the silent epidemic of our time, however for those of us who work in the justice system nothing could be further from the truth. Everyday our courts, correctional facilities, and law enforcement agencies are witness to a parade of misery brought on by untreated mental illnesses.

Part of the reason for this is that, over time and as the result of the unintended consequences of efforts to provide more compassionate alternatives to institutional confinement, the public mental health systems in Florida and across the United States have been funded and organized in such a way as to all but ensure that the most expensive services are provided, in the least effective manner, to the fewest number of individuals; those in acute crisis in inpatient settings.

Because community-based service delivery systems are often fragmented, difficult to navigate, and slow to respond to critical needs, many individuals with the most severe and disabling forms of mental illnesses who are unable to access primary and preventive care in the community eventually fall through the cracks and land in the criminal justice or state hospital systems where service costs are exponentially higher and targeted toward crisis resolution and restoration of competency, as opposed to promoting ongoing stable recovery and community integration.

As a result, instead of investing in community-based prevention, treatment, and wellness services, the state is increasingly forced to disproportionately allocate limited mental health funding and resources to costly crises services and inpatient hospital care in both the civil and forensic mental health systems. A similar impact is seen in the departments of corrections and juvenile justice as increasing numbers of individuals in prisons and detention centers are requiring ongoing and intensive mental health care.

For the past several years, I have had the unique privilege of chairing the Supreme Court's Mental Health Subcommittee, which was charged with reviewing the existing criminal justice and mental health systems, and making recommendations to improve the way in which these systems interact with one another and respond to individuals with mental illnesses. This remarkable group, which consists of representatives from all three branches of government, as well as top experts from the criminal justice, juvenile justice, and mental health communities, has developed a comprehensive proposal targeting planning, leadership, financing, and service delivery strategies for individuals involved in or at risk of becoming involved in the justice system.

These strategies, outlined in a report titled *Transforming Florida's Mental Health System*[1] which was released in November 2007, focus on preventing individuals from unnecessarily entering the justice system to begin with, and responding quickly and effectively to individuals who do become involved in the justice system to link them to appropriate community-based services that will foster adaptive community living and decrease the likelihood of recidivism to the justice system.

Before discussing these recommendations in more detail, I would like to provide a brief historical overview to place the current challenges facing Florida in context:

Historical overview:

200 years ago, people with severe and disabling mental illnesses were often confined under cruel and inhumane conditions in jails. This was largely due to the fact that no alternative system of competent, community-based mental health care existed. During the 1800's, a movement known as moral treatment emerged that sought to hospitalize and treat individuals with mental illnesses rather than simply incarcerating them.

The first state psychiatric hospitals were opened in the United States during the late-1700's and early-1800's, and were intended to serve as more appropriate and compassionate alternatives to the neglect and abuse associated with incarceration. Unfortunately, overcrowding at these institutions, inadequate staffing, and lack of effective treatment programs eventually resulted in facilities being able to provide little more than custodial care. Physical and mental abuses became common and the widespread use of restraints such as straight-jackets and chains deprived patients of their most basic dignity and freedom. The asylums intended to be humane refuges for the suffering had instead turned into houses of horrors.

During the early part of the 19th century, Floridians with serious mental illnesses requiring hospitalization were sent to Georgia State Hospital in Milledgeville and South Carolina State Hospital in Columbia, and the State of Florida was charged $250 per person annually for care. In 1876, Florida State Hospital was opened in a former civil war arsenal in Chattahoochee, two years after the state first enacted statutes governing the care of people with mental illnesses. With little effective treatment available, the institution functioned primarily to provide a custodial environment where patients would not injure themselves, staff, or other residents, and to ensure public safety. In 1947, two years after the end of World War II, Florida's second state

[1] Available at: http://www.floridasupremecourt.org/pub_info/documents/11-14-2007_Mental_Health_Report.pdf

institution, G. Pierce Wood Hospital was opened in Arcadia on the site of a former military training grounds and air field. Because of tremendous population growth in the state following the war, overcrowding quickly became a significant problem at both facilities. By the late 1950s two additional hospitals were opened in Pembroke Pines and MacClenny.

By the mid-1900's, more than a half million people were housed in state psychiatric hospitals across the United States. The system was stretched beyond its limits and states desperately needed some alternative to addressing this costly and ever-expanding crisis. Around this same time, the first effective medications for treating symptoms of psychosis were being developed, lending further support to the emerging belief that people with serious mental illnesses could be treated more effectively and humanely in the community. This period marked the beginning of the community mental health movement.

In 1963, Congress passed the Community Mental Health Centers Act which was intended to create a network of community-based mental health providers that would replace failing and costly state hospitals, and integrate people with mental illnesses back into their home communities with comprehensive treatment and services. In what would be his last public bill signing, President Kennedy signed a $3 billion authorization to support this movement from institutional to community-based treatment. Tragically, following President Kennedy's assassination and the escalation of the Vietnam War, not one penny of this authorization was ever appropriated.

As more light was shed on the horrific treatment people received in state psychiatric hospitals, along with the hope offered by the availability of new and effective medications, a flurry of federal lawsuits were filed against states which resulted what became known as the deinstitutionalization of public mental health care. Unfortunately, there was no organized or adequate network of community mental health centers to receive and absorb these newly displaced individuals.

The fact that a comprehensive network of community mental health centers and services were never established has resulted in a fragmented continuum of care that has failed to adequately integrate services, providers, or systems; leaving enormous gaps in treatment and disparities in access to care. Furthermore, the community mental health system that was developed was not designed to serve the needs of individuals who experience the most chronic and severe manifestations of mental illnesses.

In two centuries, we have come full circle, and today our jails are once again psychiatric warehouses. There are two ironies in this chronology that have resulted in the fundamental failure to achieve the goals of the community mental health movement and allowed history to repeat itself in costly and unnecessary ways:

- First, despite enormous scientific advances, treatment for severe and persistent mental illnesses was never deinstitutionalized, but rather was transinstituionalized from state psychiatric hospitals to jails and prisons.

- Second, because no comprehensive and competent community mental health treatment system was ever developed, jails and prisons once again function as de facto mental health institutions for people with severe and disabling mental illnesses.

Current crisis:

The problems currently facing Florida's mental health and, consequently, criminal justice systems relate to the fact that the community mental health infrastructure was developed at a time when most people with severe and disabling forms of mental illnesses resided in state hospitals. As such, the community mental health system was designed around individuals with more moderate treatment needs, and not around the needs of individuals who experience highly acute and chronic mental illnesses. People who would have been hospitalized 40 years ago because of the degree to which mental illness has impaired their ability to function are now forced to seek services from an inappropriate, fragmented, and unwelcoming system of community-based care. Oftentimes when these individuals are unable access to services through traditional sources, their only options to receive treatment is by accessing care through the some of the most costly and inefficient points of entry into the healthcare delivery system including emergency rooms, acute crisis services, and ultimately the juvenile and criminal justice systems.

Over the past 50 years, the number of psychiatric hospital beds nationwide has decreased by more than 90 percent, while the number of people with mental illnesses incarcerated in jails and prisons has grown by 400 percent. On any given day, 550,000 people with mental illnesses are incarcerated in jails and prisons across the United States, and 900,000 people with mental illnesses are on probation or parole in the community. According to the National Alliance on Mental Illness, 40% of adults who experience SMI will come into contact with the criminal justice system at some point in their lives.

Each year, roughly 125,000 people experiencing serious mental illnesses requiring immediate treatment are arrested and booked into Florida jails. On any given day, there are nearly 18,000 state prison inmates, 15,000 local jail detainees, and 40,000 individuals under correctional supervision in communities who experience serious mental illnesses. The vast majority of these individuals are charged with minor misdemeanor and low level felony offenses that are a direct result of their psychiatric illnesses. People with SMI who come in contact with the criminal justice system are typically poor, uninsured, homeless, members of minority groups, and experience co-occurring substance use disorders. Approximately 25 percent of the homeless population in Florida has an SMI and over 50 percent of these individuals have spent time in a jail or prison.

Roughly 150,000 children and adolescents, under the age of 18, are referred to Florida's Department of Juvenile Justice every year. Many of these youth have been impacted by poverty, violence, substance abuse, and academic disadvantage. Over 70 percent have at least one mental health disorder. Of youth diagnosed with a mental health disorder, 79 percent meet criteria for at least one other psychiatric diagnosis.

Individuals ordered into forensic commitment have historically been one of the fastest growing segments of the publicly funded mental health marketplace in Florida. Between 1999 and 2007,

forensic commitments increased by 72 percent, including an unprecedented 16 percent increase between 2005 and 2006. In 2006, Florida experienced a constitutional crisis when demand for state hospital beds among people with mental illnesses involved in the justice system outpaced the number of beds in state treatment facilities. With an average waiting time for admission of three months, the Secretary of the Department of Children and Family Services (DCF) was found in contempt of court. The state was forced to allocate $16 million in emergency funding and $48 million in recurring annual funding to create 300 additional forensic treatment beds. Florida currently spends more than $210 million annually – one third of all adult mental health dollars and two thirds of all state mental health hospital dollars – on 1,700 beds serving roughly 3,000 individuals under forensic commitment.

The majority of individuals who currently enter the forensic treatment system do not go on to prison. Rather, 80-90 percent return to court and either have their charges dismissed for lack of prosecution or the defendant takes a plea such as conviction with credit for time served or probation. Most individuals are then released to the community, often with little or no community supports and services in place. Many are subsequently rearrested and return to the justice and forensic mental health systems, either as the result of committing a new offense or failing to comply with the terms of probation or community control.

People with mental illnesses represent the fastest growing sub-population within Florida's prison system. Between 1996 and 2009, the overall inmate population in Florida prisons increased by 57 percent. By contrast, the number of inmates receiving ongoing mental health treatment in state prisons increased by 165 percent. Based on historic growth rates, the number of beds serving inmates with mental illnesses is projected to more than double in the next decade from nearly 18,000 to more than 38,000 beds. This represents an increase of over 2,000 beds – or one and a half prisons – per year. Capital and operating costs for new mental health beds alone is projected to reach nearly $3.5 billion in the next decade, with annual operating expenditures for mental health beds of nearly $900 million.

The total cost to house people with mental illnesses in Florida's prisons and forensic treatment facilities is approximately $625 million dollars annually, or $1.7 million per day. Another $500 million dollars annually, $1.3 million per day, is spent housing people with mental illnesses in local jails. Based on recent growth rates, if nothing changes state expenditures will increase by as much as a billion dollars annually over the next decade.

The justice system was never intended to serve as the safety net for the public mental health system and is ill-equipped to do so. Florida's jails and prisons have been forced to house an increasing number of individuals who are unable to access critically needed and competent care in the community. In many cases, necessary linkages between the justice system and the community for individuals coming out of jails and prisons simply don't exist. As a result, individuals who may have been identified and received care while incarcerated are routinely released to the community with no reasonable plan or practical means for accessing follow-up services. In other situations, such as those involving individuals charged with misdemeanor offenses and found to be incompetent to stand trial, the system has no choice but to release the individual back to the community, often with no treatment at all. The irony is that if a hospital or healthcare professional were to release a person known to be psychiatrically and functionally

impaired and in need of further treatment without a comprehensive discharge plan, they could be accused of malpractice; however when judges are forced to make the same decision, they are simply following the law. This is a dangerous precedent and one which has the potential to result in unintended, unnecessary, and harmful consequences.

The failure to design and implement an appropriate and comprehensive continuum of community-based care for people who experience the most severe forms of mental illnesses have resulted in:

- Substantial and disproportionate cost shifts from considerably less expensive, front end services in the public mental health system to much more expensive, back-end services in the juvenile justice, criminal justice, and forensic mental health systems
- Compromised public safety
- Increased arrest, incarceration, and criminalization of people with mental illnesses
- Increased police shootings of people with mental illnesses
- Increased police injuries
- Increased rates of chronic homelessness

Solution:

To effectively and efficiently address the most pressing needs currently facing the mental health, criminal justice, and juvenile justice systems in Florida, it is recommended that the state invest in a redesigned and transformed system of care oriented around ensuring adequate access to appropriate prevention and treatment services in the community, minimizing unnecessary involvement of people with mental illnesses in the criminal justice system, and developing collaborative cross-systems relationships that will facilitate continuous, integrated service delivery across all levels of care and treatment settings.

In the Supreme Court Mental Health Subcommittee's report, recommendations are made for the development of a comprehensive and competent mental health system which will prevent individuals from entering the justice system to begin with and will respond to individuals who do become involved in the justice system quickly and effectively to link them to appropriate community-based services that will foster adaptive community living and decrease the likelihood of recidivism to the justice system. By designing an appropriate and responsive system of care for individuals with serious mental illnesses, severe emotional disturbances, and/or co-occurring substance use disorders, people who otherwise would continue to recycle through the justice system will be served more effectively and efficiently. Public safety will be improved and the rate of individuals accessing more costly services in forensic mental health and criminal justice systems will be reduced.

A key element necessary to transform Florida's mental health system is to begin to decrease demand for some of the most costly level of services provided in state forensic hospital settings. To do so will involve the establishment of pilot programs around the state that will divert individuals charged with less serious offenses who do not pose public safety risks from

placement in state forensic facilities to placement in locked community-based competency restoration services. Since August 2009, a program to demonstrate the feasibility of such an approach has been in operation in Miami-Dade County. Participants include individuals charged with 2nd and 3rd degree felonies that do not have significant histories of violent felony offenses and are not likely to face incarceration if convicted of their alleged offenses. Eligible participants are screened for admission by mental health staff from DCF as well as the treatment provider. Screening includes review of criminal history for indications of risk of violence or public safety concerns, as well as appropriateness for treatment in an alternative community-based setting. Participants are initially placed in a locked inpatient setting where they receive crisis stabilization and short-term residential treatment services. When ready to step-down to a less restrictive community placement and outpatient services, participants are provided assistance with re-entry and ongoing service engagement.

The treatment provider is responsible for providing a full continuum of care and competency restoration services ranging from locked crisis stabilization and residential treatment to outpatient care. The provider also is responsible for assisting participants in accessing entitlement benefits and other means to build economic self-sufficiency, developing effective community supports, and improving living skills.

Unlike the current forensic treatment system, individuals participating in the Miami-Dade County pilot program are not returned to jail upon restoration of competency. This eases the burdens placed on local jails, and prevents individuals' symptoms from worsening while incarcerated, possibly requiring readmission to state treatment facilities. Because individuals are provided ongoing assistance, support, and monitoring following community re-entry, individuals are more likely to access necessary services in a timely and efficient manner, and less likely to return to jails, prisons, state hospitals, emergency rooms, and other crisis settings.

To date, 34 individuals have been diverted from placement in state forensic facilities. This represents roughly 20 percent of all forensically committed individuals from Miami-Dade County. The cost to provide services in the pilot program, which currently operates 10 beds, is 19 percent lower than the cost of providing services in state forensic facilities. However, by expanding the program from 10 beds to 20 beds, even greater efficiency could be achieved reducing costs by 32 percent over state hospital placement.

An interim report[2] completed by the Florida Senate Committee on Children, Families, and Elder Affairs in October 2010 reviewed the current forensic treatment system and feasibility of expanding forensic diversion pilot programs similar to the one operating in Miami-Dade County to other areas of the state. The report concluded that "diversion is a promising strategy" and recommended expansion of pilot programs to two other areas of the state.

The current short-comings of the community mental health and criminal justice systems did not arise recently, nor did they arise as the result of any one stakeholder's actions or inactions. None of us created these problems alone and none of us will be able to solve these problems alone. As a state, we all must be a part of the solution.

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[2] Available at: http://flsenate.gov/Committees/InterimReports/2011/2011-106cf.pdf

By designing an appropriate and responsive system of care for individuals with serious mental illnesses, severe emotional disturbances, and/or co-occurring substance use disorders, people who otherwise would continue to recycle through the justice system will be served more effectively and efficiently. Furthermore, by ensuring that individuals transitioning between systems of care such as hospitals, correctional settings, and community mental health centers are provided with services that are coordinated and continuous, we will reduce the numbers of individuals who fall through the cracks. Public safety will be improved and the rate of individuals accessing more costly services in forensic mental health and criminal justice systems will be reduced.

Thank you for your time and for your consideration.

- Florida's AHEC Network consists of five AHEC Programs and ten community-based centers.
- The AHEC Network provides:
    - Direct primary care services to patients
    - Tobacco cessation services
    - Health care workforce recruitment and training

Return on Investment

- AHEC is the only program in which Florida's Medical Schools collaborate to provide primary care services to patients in underserved areas.
- In 2009-2010, using a $9.78 million legislative appropriation, AHEC delivered primary care services valued at $14.96 million, a 53% Return on Investment.
- AHEC allows working Floridians to take personal responsibility for their health care and saves taxpayer dollars.
- In 2009-2010, the AHEC Network deployed 6,700 health students across Florida (nursing, dentistry, etc.), delivering 1.2 million hours of care to underserved patients. This is equivalent to almost 600 FTEs.
- At least 75% of AHEC funding is returned to local communities via the 10 not-for-profit AHEC centers.

Direct Patient Services—Examples of the AHEC Network in Your Community

Tobacco Cessation: AHEC is responsible for the Tobacco Cessation Program. In just three years, AHEC has provided counseling to over 13,600 Floridians throughout the state. In 2009, AHEC helped save Florida businesses $9.37 million dollars by helping their employees quit smoking.

Dental Care: Gulfcoast North AHEC sends UF dental residents to the Johnnie Ruth Clarke Health Center in St. Petersburg. This year, 40 residents will spend almost 21,000 hours providing care at the clinic. The West Florida AHEC manages the Escambia Dental Cooperative, which has provided services for 5,000 patients since 2006, valued at approximately $2.13 million.

Pediatrics: University of Miami AHEC provided primary medical care and chronic disease management to approx. 8,000 medically needy school children in North Miami Beach, North Miami and Overtown at AHEC's affiliated school health clinics. 1,095 students received 3,575 immunizations. Nova Southeastern University AHEC manages Pediatric Medical residents' training rotations, providing 4,000 hours of primary care to approximately 1,100 low-income children in Martin, Okeechobee, St. Lucie, Palm Beach and Hendry Counties.

Keeping Patients Out of Emergency Rooms: The University of Miami AHEC has provided care for over 33,000 patients in a South Dade farm worker clinic and a homeless clinic, offering a cost-effective alternative to emergency room care. Over the past nine years, AHEC has served 320,000 patients at these and other sites.