

**BROWARD BEHAVIORAL HEALTH
COALITION, INC.**

ENHANCEMENT PLAN

Fiscal Year 2017-2018

**FY 17/18 Enhancement Plan Local
Funding Request - Priority #1**

Restore Nonrecurring Funds, Fully Fund the Central Receiving System, and Restore funding for Prevention, Residential and Other Treatment Services

Please complete the following form for each of the five priorities identified in your Managing Entities' Needs Assessment.

- 1. Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.**

In 2016, Broward Behavioral Health Coalition, Inc. (BBHC) completed the Triennial Needs Assessment, as per Senate Bill 12, to identify service needs and gaps in the community. BBHC gathered program data, and held a series of focus groups in September and October 2016 involving providers, stakeholders, and individuals receiving behavioral health services in Broward County. BBHC created a standardized tool to conduct focus groups whereby all questions were open-ended to elicit individualized responses among a variety of stakeholders. Questions were customized based on the audience and BBHC achieved a 100% response rate from focus group participants.

- 2. Please describe:**

- a. The problem or unmet need that this funding will address**

During the 2016-17 Legislative Session, the state received a \$31 million reduction that included the oversight for the Housing and Care Coordination Teams, the Central Receiving System, and a \$20 million reduction in Federal Block Grant funding. Thus, a \$3.8 million reduction in services is impacting Broward's system of care, in Fiscal Year 2017-18 and an additional reduction of \$2.5 million anticipated for FY 2018-19, due to one-time only funding identified in BBHC's Schedule of Funds from the Department of Children and Families (DCF). BBHC has identified a need to restore, with re-occurring funding, the Housing and Care Coordination Team oversight at the ME level, and implementation at the provider level and, prevention services, mental health and substance use treatment services. Without restoring this funding, we anticipate an increase in arrests, overdoses, hospitalization, substance exposed newborns, children coming into foster care, and even death.

The Central Receiving System opened April 2017 providing a coordinated no wrong door to assist individuals who do not meet Baker Act or Marchman Act criteria, but need immediate services. Because of the budget reduction, operation capacity for the CRS have been reduced impacting access to continuity of care and supports, such as supportive housing, support from peer specialists, transportation, and care coordination for individuals, medication and immediate access to residential and other supportive services.

Residential treatment services for Substance Abusing and co-occurring adults have been reduced by 10 beds.

Residential level 1 Substance Abuse treatment for adolescents is no longer available in the system because of the funding cuts.

Care Coordination Team is no longer available for high user and high risk individuals that need intensive community support.

First Episode Psychosis team that provides intensive intervention services to individuals and families addressing the early onset of mental illnesses and psychotic disorders was reduced

Re-occurring funding is needed for The Maternal Addictions Treatment Program (MAT) through Memorial Healthcare Systems serves pregnant women through detoxification and support to increase the number of deliveries of healthy, substance free newborns. This program is only funded through June 2018; therefore, we are requesting recurring funds to support this innovative and necessary resource.

Reoccurring funding is needed to continue after April 2018 the Medication Assisted Treatment programs that began in June 2017 to address the opioid epidemic in Broward county. Without re-occurring funding, individuals will continue to overdose on opioids and die.

Prevention Substance Abuse services funding must be restored to continue to impact via education suicide prevention and substance use for youths. An education campaign on the harm of opioids used has been reduced. Education and prevention services in the school that provide students and families tools on how to promote protective factors will be greatly reduced due to this funding reduction.

Due to these funding reductions, there has been an overall outcry from the judiciary, family members, and service providers as these resources are no longer available in our local community or will no longer be available due to non-reoccurring funding.

b. The proposed strategy and specific services to be provided

Reinstatement of the funding reduction by the legislature is an essential strategy that will be beneficial to Broward's community to support the Central Receiving System. Support from peer specialists, housing and care coordination ensuring the linking of individuals to residential treatment and other treatment and supportive services tailored to individual needs will avoid deeper end, costly higher levels of care.

Restoring the adjustment by the Federal Block grant reduction will restore the adult and adolescent Residential treatment programs and other supportive services that provide comprehensive treatment and prepares individuals to achieve their identified goals and supports a seamless transition back into their community. Restore funding for Substance Abuse prevention in schools that will help prevent students to access opioids in community.

Ensure continued funding for The Maternal Addiction Treatment (MAT) Program will use a multi-disciplinary team approach that treats substance use disorders in pregnant woman. This program will be a collaboration between Memorials detoxification and a specialized residential treatment program who serves women and children providing peer supports, intervention and other intensive services.

Ensure continued funding for the Medication Assisted Treatment programs to address opioid epidemic and reduce death and overdose rates in the community.

c. Target population to be served

The Central Receiving System assists adult individuals who do not meet Baker Act or Marchman Act criteria, but need immediate services. The target population to be served in Residential Treatment Services are persons being discharged from state mental health treatment facilities, individuals in the child welfare system, consumers needing crisis services and/or detoxification, youth with substance use disorders, persons in the criminal justice system, and individuals affected by HIV. These are critical services to support vulnerable individuals in our system of care.

Adult, youth, children, pregnant women and Families that live in the community and need Prevention, Residential Treatment, medication assisted treatment, pregnant women detox and supports, and other supportive services to maintain a recovery life style.

d. County(ies) to be served (County is defined as county of residence of service recipients)

The county to be served is Broward County, Florida.

e. Number of individuals to be served

- CRS 4,000 individuals that will be dropped off by police for triaging, assessment, care coordination, peer support and other treatment services.
- Prevention services for students and their families over 250 youths will not be targeted and over 750 families, teachers and other professionals will not be educated in the prevention on the use of opioids and the promotion of protective factors.
- Residential treatment for 42 substance using and co-occurring youths will be served if funding is restored.
- Residential treatment for 45 substance abusing and/or co-occurring adults will be treated to prevent opioid and other drug overdoses.
- Recurring funding for MAT opioid program will impact 510 individuals with opioid addictions.
- Recurring funding for Maternal Addiction program will impact approximately 40 infants annually that will be born drug free.

3. Please describe in detail the action steps to implement the strategy

See attached excel workbook- action plan tab

4. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

Funding request \$6,108,204. See attached excel workbook- budget tab

5. Identify expected beneficial results and outcomes associated with addressing this unmet need

Overall, with the provision of quality services at the right level, in the right time, consumers will best be supported throughout their recovery. Person-centered services will support and guide individuals to live healthy drug-free lives and provide long-term stabilization. Securing funds to meet these individuals needs will reduce expensive inpatient service use, reduce recurrent psychiatric hospitalizations for patients at risk, and significantly increase individuals' abilities to manage their symptoms and overall achieving positive recovery outcomes. Support and funds for these services will decrease individuals re-entering the criminal justice system, state hospitals, and crisis stabilization units. With the support of Peer Specialists, individuals will have the guidance throughout their treatment by receiving encouraging, engagement, and support in achieving their goals which will enhance their recovery.

Benefits of the MAT program include cost reduction through increased availability of community outreach targeting opioid addiction, cost reduction from earlier screenings for drug addiction, cost reduction from immediate linkage of pregnant women to inpatient detoxification, cost reduction from a reduction in infants born with Neonatal Abstinence Syndrome (NAS), Cost reduction from eliminating NAS-related stays in the Neonatal Intensive Care Unit (NICU), cost reduction by reducing the number of infants who enter Florida's child welfare system.

6. What specific measures will be used to document performance data for the project

- Reduce recidivism for State hospital, emergency rooms, detox and crisis units by CRS services and access to the treatment continuum of care.
- Reduction in opioid overdoses and deaths by providing Medication Assisted treatment, detox, residential and other supportive services.
- Reduction in numbers of students and families engaging in drug use due to lack of knowledge and the promotion of protective factors.
- Increase in immediate linkage of pregnant women to inpatient detoxification
- Reduction of infants born with Neonatal Abstinence Syndrome (NAS)
- Reduction in NAS-related stays in the Neonatal Intensive Care Unit (NICU)
- Reduction in the number of infants who enter Florida's child welfare system.

**FY 17/18 Enhancement Plan Local
Funding Request - Priority #2**

Housing and Care Coordination Teams

Please complete the following form for each of the five priorities identified in your Managing Entities' Needs Assessment.

- 1. Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.**

In 2016, BBHC completed the Triennial Needs Assessment, as per Senate Bill 12, to identify service needs and gaps in the community. BBHC gathered program data, and held a series of focus groups in September and October 2016 involving providers, stakeholders, and individuals receiving behavioral health services in Broward County. BBHC created a standardized tool to conduct focus groups whereby all questions were open-ended to elicit individualized responses among a variety of stakeholders. Questions were customized based on the audience and BBHC achieved a 100% response rate from focus group participants.

- 2. Please describe:**

- a. The problem or unmet need that this funding will address**

During the 2016-17 Legislative Session, the legislature reduced \$31 million from the Substance Abuse and Mental Health budget, statewide, that included the Housing and Care Coordination function, the Central Receiving Systems and a \$20 million reduction in Federal Block Grant funding. Thus, a \$3.8 million reduction in services is impacting Broward's system of care in Fiscal Year 2017-18 and an additional reduction of \$2.5 million anticipated for FY 2018-19 due to one-time only funding identified in DCF's BBHC's Schedule of Funds. BBHC has identified a need to restore funding for the Housing and Care coordination oversight at the ME level and increase funding for the implementation functions at the provider network level that support the Care Coordination-Housing Initiative implemented since the beginning of 2016. Based upon the feedback gathered from the needs assessment and recent focus groups and community stakeholder's meetings; Housing (permanent and supportive housing, emergency beds and transitional living) was cited as the top priority.

The need is to reinstate funding in Broward County for the following:

- Care Coordination-Housing Team oversight at the ME level: \$500,000
- Care Coordination-Housing Teams at the provider level: \$1,050,000
 - Three (3) teams serving 210 high utilizer individuals per year: \$350,000 annually
- Voucher Funding: \$450,000
 - Housing and other community support for approximately 40-45 individuals to sustain their recovery as they transition to community housing and supported care.

BBHC serves individuals who are transitioning out of State Mental Health Treatment Facilities, emergency crisis, structured treatment care settings, or jail who, due to their length of time in a treatment setting, do not qualify for HUD homeless- specific funding. Often, they lack resources because they are not engaged with community supports that can assist navigating systems to secure and maintain housing. Subsequently, through an established initiative, BBHC has identified that a Care Coordination-Housing Initiative is imperative to the success of a Recovery Oriented System of Care because it will ensure continuity of care for consumers from inpatient treatment, and crisis treatment settings to discharge; preventing homelessness, recidivism to emergency rooms, crisis and detox settings, the jail, and the state hospital by providing an evidenced-based approach to coordinating care for individuals who are reintegrating into the

community. Dedicating funding for this Care Coordination-Housing Initiative will address the two largest priorities that are lacking in our community; providing permanent housing in conjunction with care coordination services and community supports.

b. The proposed strategy and specific services to be provided

BBHC will fund specialized care coordination teams at the provider level, comprised of two case managers, two Peer Support Specialists, and one Housing/Benefits Coordinator. Currently the provider based care coordination teams are composed of individual case managers who have the responsibility of providing a full-service array to the most vulnerable, complex persons served within the BBHC network. By expanding the care coordination initiative to include a team of specialists, individuals will receive time limited intensive targeted services to overcome complex barriers through navigation and linkage throughout multiple systems of care. Offering the person served a full-service team allows for one coordinated, comprehensive service plan and continuity of care. Rather than scattering services throughout multiple systems that have different standards of care and funding restrictions, the team and individual will work in partnership to address complex needs and achieve the person's identified goals.

- Case Managers will offer service coordination by assessing the person's needs, linking them to appropriate services of their choice, addressing behavioral health wellness, and ensuring that all linkage to eligible services is made strategically with follow through, developing the individual's natural supports so that warm hand-offs to benefit the person served is a seamless transition to their continued supportive environment.
- Housing/Benefits Coordinator is responsible for identifying the most appropriate housing placement according to program-specific eligibility criteria, finding housing options (apartments, landlords) for these individuals in need of stable and independent living, assisting individuals applying for SSI/SSDI using the SOAR model when appropriate, and implementing a work incentive strategy that assists SSI/SSDI recipients with job placement in the community while maintaining their health insurance and other benefits.
- Peer Support Specialists will assist the individuals during their transition from a care setting to community integration by encouraging engagement with providers and enhancing their recovery by supporting the person in achieving their goals.

BBHC's Care Coordinators and Housing Coordinator will facilitate the Care Coordination-Housing Initiative on a systems level, ensuring the teams have direct access to available resources, providing strategic linkage to targeted services, eliminating systems barriers, offering training opportunities, weekly treatment planning sessions, and implementation of the system-wide care coordination practice and strategy.

Once stabilized with the help of the Care Coordination-Housing Team, the individual will transition to less intensive services that may provide in-home, community-based services that may offer: clinical treatment, future wellness/treatment planning, medication monitoring, assistance maintaining housing, supported employment, and therapeutic services, as needed

c. Target population to be served

Individuals identified for the Care Coordination-Housing Initiative are high utilizers of services who have multiple, complex needs and must be willing to participate in the Care Coordination-Housing Initiative. This program will serve individuals receiving services within BBHC's provider network who have a mental health and/or co-occurring disorder and who are transitioning out of a crisis or intensive level of care setting or jail, lack permanent housing and can live independently based upon their ability to manage activities of daily living. This initiative will enhance the individual's ability to integrate into the community through sustainable independent living and supportive services. The population served may need assistance with navigating systems of care that address behavioral healthcare needs, medical needs

associated with a disabling condition, help attaining or retaining benefits, supported employment, and assistance with housing placement.

d. County(ies) to be served (County is defined as county of residence of service recipients)

Broward County, Florida

e. Number of individuals to be served

210 Individuals will be served:

- Three (3) Care Coordination-Housing Teams
- 70 Persons served per team annually
- Maximum nine-months of services from the Care Coordination-Housing Team

3. Please describe in detail the action steps to implement the strategy

See attached excel workbook- action plan tab

4. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

Funding request \$1,955,000. See attached excel workbook- budget tab

5. Identify expected beneficial results and outcomes associated with addressing this unmet need.

While in transition from an intensive care setting to independent living, initiating a team philosophy will prove successful because the Care Coordination-Housing Teams are offering a holistic, one-stop approach by working in coordination to best support the person in their recovery through targeted, person-centered services intended to provide long-term stabilization, achieve goals and address individualized needs.

A measurable result of the Care Coordination-Housing Initiative will be a decrease in the use of costly mental health and substance use crisis services. This is measured through the data BBHC collects from providers for its funded services. Transitioning our focus from crisis management to community support is cost efficient and an opportunity to improve the wellness of our Broward residents.

The primary outcome anticipated for this initiative is to increase discharges from inpatient care settings such as residential treatment facilities, State Hospitals, crisis stabilization units, and detoxification treatment to a care coordination team that offers permanent housing paired with supportive services with a sustained recovery focus.

6. What specific measures will be used to document performance data for the project

BBHC will use its database to evaluate outcomes based on number of high utilization of crisis service pre, during and post Care Coordination-Housing Team service intervention. Persons served will be eligible for this service based on a standardized level of care assessment (LOCUS/CALOCUS) and data will be utilized to assess outcomes.

Evaluation of service type and frequency will be assessed to determine if there is a decrease in levels of care and service type over a six month and one year period after enrollment.

BBHC will monitor the length of time a person has successfully maintained their rental unit once transitioned from the Care Coordination-Housing Team to a community-based case manager.

**FY 17/18 Enhancement Plan Local
Funding Request - Priority #3**

Ensure operation integrity for Managing Entity

Please complete the following form for each of the five priorities identified in your Managing Entities' Needs Assessment.

- 1. Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.**

In 2016, BBHC completed the Triennial Needs Assessment, as per Senate Bill 12, to identify service needs and gaps in the community. BBHC gathered program data, and held a series of focus groups in September and October 2016 involving providers, stakeholders, and individuals receiving behavioral health services in Broward County. BBHC created a standardized tool to conduct focus groups whereby all questions were open-ended to elicit individualized responses among a variety of stakeholders. Questions were customized based on the audience and BBHC achieved a 100% response rate from focus group participants.

- 2. Please describe:**

- a. The problem or unmet need that this funding will address**

During the 2016-17 Legislative Session, the state received a \$31 million reduction that included the oversight Housing and Care Coordination teams, the Central Receiving Systems and a \$20 million reduction in Federal Block Grant funding. . Thus, a \$3.8 million reduction in services is impacting Broward's system of care in Fiscal Year 2017-18 and an additional reduction of \$2.5 million anticipated for FY 2018-19 due to one-time only funding identified in DCF's BBHC's schedule of funds. BBHC has identified limited funds for the myriad of management and oversight functions at the Managing Entity level. There has been a significant increase in responsibilities for child welfare integration, primary care, Recovery Oriented System of Care, Care Coordination, Housing Coordination including SOAR oversight, analytic capacity and obtaining accreditation. The additional demands on the Managing Entity reduces the amount of time available to oversee the core responsibilities as indicated in the original intent.

- b. The proposed strategy and specific services to be provided**

DCF to ensure that the Managing Entities are funded at an appropriate level to cover the cost to sustain operational integrity. Additional initiatives require oversight of new services such as FIT Teams, opioid treatment, CAT Teams, residential treatment, housing and care coordination, data analytics, and strategies to meet new priorities of effort. There are also increased ME costs for staff cost of living, health insurance, other professional liability insurance, and rent that is necessary for the ME operations. Increased funding to MEs is needed to sustain operational integrity and add proviso language that ensures the continuity of this funding level.

- c. Target population to be served**

This impacts the quality of oversight for the services the BBHC's network provides and the individuals we serve. Target population are Broward County residents that access services through the BBHC network providers approximately 30,000 individuals annually this does not include prevention and mental health promotion services that may account for another 1,500

d. County(ies) to be served (County is defined as county of residence of service recipients)

The county to be served is Broward County, Florida.

e. Number of individuals to be served

30,000 individuals, including adults, youth children and families.

3. Please describe in detail the action steps to implement the strategy

See attached excel workbook- action plan tab

4. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

Funding request \$351,469. See attached excel workbook- budget tab

5. Identify expected beneficial results and outcomes associated with addressing this unmet need.

Benefits of increasing the Managing Entity budget will improve all facets of BBHC functions. This includes contract management, monitoring, quality improvement, programmatic oversight, accountability, expansion of evidence based practices and increase collaboration with system partners, overall increasing recovery.

6. What specific measures will be used to document performance data for the project

Meet outcome measure as per contractual requirements. Oversee with operational integrity or new programs that are funded through the legislature and DCF. Oversee and implement and support the Priority of Efforts as per DCF mandates. Increase the quality and efficiency of services provided by the network providers via data analytics capacity, training, implementation and fidelity reviews of Evidenced Based Practices.

**FY 17/18 Enhancement Plan Local
Funding Request - Priority 4**

Multi-Disciplinary Treatment Teams

Please complete the following form for each of the five priorities identified in your Managing Entities' Needs Assessment.

- 1. Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.**

In 2016, BBHC completed the Triennial Needs Assessment, as per Senate Bill 12, to identify service needs and gaps in the community. BBHC gathered program data and held a series of focus groups in September and October 2016 involving providers, stakeholders, and individuals receiving behavioral health services in Broward County. BBHC created a standardized tool to conduct focus groups whereby all questions were open-ended to elicit individualized responses among a variety of stakeholders. Questions were customized based on the audience and BBHC achieved a 100% response rate from focus group participants.

- 2. Please describe:**

- a. The problem or unmet need that this funding will address**

During the 2016-17 Legislative Session, the state received a \$31 million reduction that included the oversight Housing and Care Coordination teams, the Central Receiving Systems and a \$20 million adjustment reduction in Federal Block Grant funding. Thus, a \$3.8 million reduction in services is impacting Broward's system of care in Fiscal Year 2017-18 and an additional reduction of \$2.5 million anticipated for FY 2018-19 due to one-time only funding identified in DCF's BBHC's Schedule of Funds.

With the current opioid crisis, there is a huge demand for Family Intensive Treatment (FIT) services and an additional team is urgently needed in Broward County. This crisis not only affects the individual, but sadly the children who enter the child welfare system due to parental substance use. Family's enrolled in FIT are in need parenting and implementation of behavior management.

BBHC is the only Managing Entity in the state who does not have a Community Action Team (CAT) to serve those children/youths with co-occurring or substance use disorders. These individuals are at risk of out of home placements, psychiatric hospitalizations, poor academic performance, and multiple episode involving law enforcement.

- b. The proposed strategy and specific services to be provided**

Specific services to be provide are increased immediate access to substance abuse and mental health services, crisis stabilization, detoxification services, relapse prevention, skill development, parenting, education, transportation assistance, and peer support. Funding will also assist with expenses such as housing security deposits, and expenses related to obtaining employment which will lead individuals to address their complex needs and achieve their identified goals on a long-term basis.

- c. Target population to be served**

Both FIT and CAT teams are family focused and follow a multi-disciplinary team approach to achieve and maintain stability in the community.

The FIT team is designed for families whose families involved in the child welfare system due to parental substance use.

The CAT team is designed for children/youth who may experience multi-system involvement with mental health, substance use, juvenile justice, and child welfare due to the severity of their symptoms and behaviors.

d. County(ies) to be served (County is defined as county of residence of service recipients)

The county to be served is Broward County, Florida.

e. Number of individuals to be served

FIT – 58 families served annually

CAT – 60 youths and their families served annually

3. Please describe in detail the action steps to implement the strategy

See attached excel workbook- action plan tab

4. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

Funding Request \$1,300,000. See attached excel workbook- budget tab

5. Identify expected beneficial results and outcomes associated with addressing this unmet need.

The benefit of the multi-disciplinary teams is to provide immediate, intensive, and solution-focused individual and family therapy that takes place in the home environment.

The expected beneficial results for the CAT team include providing family centered, culturally competent services focused on the strengths and needs of each child and his/her family with a goal of supporting and sustaining the child in his/her family system and in the community.

The expected benefits of the FIT team can be achieved through rapid identification of parental behavioral health disorders, immediate access to evidence based practices, and multi-disciplinary teams resulting in better outcomes for children and their families. Certified Recovery Peer Specialists assist the individual in the recovery process as they link them to community resources, provide social networking opportunities and support the individual in daily living activities. Support and funds for these services will decrease individuals re-entering the criminal justice system, state hospitals, foster care and acute crisis stabilization units.

6. What specific measures will be used to document performance data for the project

The measures that will be used for the FIT team will be to increase child safety and reduce risks, increase parental protective capacity, reduce rates of re-abuse and neglect of children with parents with a substance use disorder, reduce the number of out of home placements and the time the children remain in the child welfare system.

Specific measures for the CAT team will be used to show a decrease out of home placement, improve family and youth functioning, decrease substance use, decrease psychiatric hospitalizations, prove school related outcomes such as grades, attendance, graduation rates, increase health and awareness, and decrease juvenile delinquency.

**FY 17/18 Enhancement Plan Local
Funding Request - Priority #5**

Fund Priority of Effort for Acute Care Services

Please complete the following form for each of the five priorities identified in your Managing Entities' Needs Assessment.

- 1. Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.**

In 2016, BBHC completed the Triennial Needs Assessment, as per Senate Bill 12, to identify service needs and gaps in the community. BBHC gathered program data, and held a series of focus groups in September and October 2016 involving providers, stakeholders, and individuals receiving behavioral health services in Broward County. BBHC created a standardized tool to conduct focus groups whereby all questions were open-ended to elicit individualized responses among a variety of stakeholders. Questions were customized based on the audience and BBHC achieved a 100% response rate from focus group participants.

- 2. Please describe:**

a. The problem or unmet need that this funding will address

During the 2016-17 Legislative Session, the state received a \$31 million reduction that included the oversight Housing and Care Coordination teams, the Central Receiving Systems and a \$20 million adjustment reduction in Federal Block Grant funding. Thus, a \$3.8 million reduction in services is impacting Broward's system of care in Fiscal Year 2017-18 and an additional reduction of \$2.5 million anticipated for FY 2018-19 due to one-time only funding identified in DCF's BBHC's Schedule of Funds. BBHC has identified a need to secure funding for Extended Acute Care beds as individuals requiring this level of care have limited availability in Broward County. The benefit of having an increased number of detoxification beds will reduce the likelihood of deaths from opioid overdoses and eliminate the waiting list that exists for inpatient detoxification as the result of the opioid epidemic.

b. The proposed strategy and specific services to be provided

Securing funding from the legislature will provide extended acute care residential beds and inpatient detoxification services with linkage to less restrictive community placements. The short term residential facilities will provide an alternative to hospitalization at the state mental health facilities as a diversion strategy. The additional detoxification beds will reduce the existing waiting list for detoxification and reduced the opioid overdoses by providing immediate access to detox services.

c. Target population to be served

The target population are adults who could be diverted from the state mental health facilities. The beds for inpatient detoxification would be used to address those particularly who are facing the opioid epidemic and for others requiring detoxification from other substances.

d. County(ies) to be served (County is defined as county of residence of service recipients)

The county to be served is Broward County, Florida.

e. Number of individuals to be served

SRT - 72 individuals to be served annually and will be diverted from the State Hospitals

Broward Behavioral Health Coalition Enhancement Plan FY 17-18

Restore Non-Recurring Funds, Fully Fund Central Receiving System (CRS) and
Residential Services

Priority 1 Action Plan

Tasks	Target Completion Date	Resource People	Other Resources	Success Indicator
1	2/28/2018	All community partners		
2	1/1/2018	CEO, CFO	DCF, Grant Source	Contract amendment, grant notification
3	3/31/2018	Director of Administration	Contract Manager, CFO, Programs	Service provider(s) selected
4	5/1/2018	Director of Administration, Director of Operations, CEO	Procurement Manager, Contract Manager	Executed contract
5	7/1/2018	Providers	ME	Services being provided

Broward Behavioral Health Coalition Enhancement Plan FY 17-18

Priority 1

Restore Funding Reductions and Non-Recurring Funds and Fully Fund
Central Receiving System (CRS) and Residential Services

Total Budget: \$

6,108,204.00

Budget

Program	Payment Methodology	Covered Services (add rows to each Payment Methodology as necessary)	Proposed Rate	Available Service Capacity (Units)	Minimum Required Service Level (Units)	Operating Budget Allocation	Comments
Substance Abuse	Fee for Service	18 Residential Level 1	\$ 295.35	0	3.5	\$ 379,742.00	Restore Adults residential beds
Substance Abuse	Fee for Service	18 Residential Level 1	\$ 295.35	0	7	\$ 721,880.00	Restore Children residential beds
Mental Health	Fee for Service	18 Residential Level 1	\$ 295.35	0	3.4	\$ 365,130.00	Restore Adults residential beds co-occurring
Substance Abuse	Fee for Service	49 Selective Prevention				\$ 500,000.00	Restore SA Prevention services
Mental Health	Fee for Service	04 Crisis Support	\$ 64.89			\$ 1,988,165.00	Restore Central Receiving System (CRS)
Substance Abuse	Cost Reimbursement	11 Intervention				\$ 500,000.00	Make re-occurring Maternal Addiction Treatment (Memorial)
Substance Abuse	Fee for Service	13 Medication Assisted Treatment				\$ 1,600,002.00	Make Re-occurring Response to Opioid Crisis (MAT) if not funded by the Federal Opioid Grant
Mental Health	Case Rate					\$53,285	Restore First Episode Psychotic Team funding

Broward Behavioral Health Coalition Enhancement Plan FY 17-18

Priority 2

Housing and Care Coordination Teams ME and Provider Level

Action Plan

Tasks	Target Completion Date	Resource People	Other Resources	Success Indicator
1	1/1/2018	CEO, CFO	DCF	Notification of funding award
2	4/1/2018	Housing Coordinator	Provider and BBHC Staff	Action Plan in place
3	4/1/2018	Director of Operations	Provider and BBHC Staff	
4	4/1/2018	Housing Coordinator	County Executive Staff	Action Plan in place
5	5/1/2018	BBHC Staff		Executed amendments

Broward Behavioral Health Coalition Enhancement Plan FY 17-18

Housing and Care Coordination Teams ME and

Priority 2

Network level

Total Budget: \$

1,955,000.00

Budget

Program	Payment Methodology	Covered Services (Add rows to each Payment Methodology as necessary)	Proposed Rate	Available Service Capacity (Units)	Minimum Required Service Level (Units)	Operating Budget Allocation	Comments
Mental Health	Case Rate	10 Intensive Case Management	\$ 192.30	30	100	\$ 700,000.00	Care Coordination Team Provider Level
Mental Health	Case Rate	46 Recovery Support - Individual					Care Coordination Team Provider Level
Mental Health	Case Rate	26 Supported Housing					Care Coordination Team Provider Level
Substance Abuse	Case Rate	10 Intensive Case Management	\$ 192.30	15	500	\$ 350,000.00	Care Coordination Team Provider Level
Substance Abuse	Case Rate	46 Recovery Support - Individual					Care Coordination Team Provider Level
Substance Abuse	Case Rate	26 Supported Housing					Care Coordination Team Provider Level
Substance Abuse	Cost Reimbursement	28 Incidental Expenses				\$ 200,000.00	Transitional vouchers
Mental Health	Cost Reimbursement	28 Incidental Expenses				\$ 200,000.00	Transitional vouchers
Care Coordination Initiative at	Line Item	Care Coordination oversight management				305,000	Restore Recurring funding to support POE ME Level
Housing Initiative at	Line Item	Housing coordination and development				200,000	Restore Recurring funding to support POE ME Level

Broward Behavioral Health Coalition Enhancement Plan FY 17-18

Priority 3

Ensure Operation Integrity for Managing Entity

Action Plan

Tasks	Target Completion Date	Resource People	Other Resources	Success Indicator
1	6/30/2018	DCF to advocate and fund ME's operational integrity at a rate of 5% of service delivery budget or the negotiated rate		Operational rate is sustained at proper level based on operational responsibilities BBHC's negotiated rate is 4.95% of Service budget
2	10/31/2017	DCF to advocate and fund ME's operational integrity at a rate of 5% of service delivery budget		MMA plans operational oversight are at 15% of service allocation
3	4/1/2018	DCF to advocate for ME's operational integrity cost to properly implement these initiatives.		Restore funding for the oversight implementation of Housing and Care Coordination initiative
4	4/1/2018	DCF to advocate for ME's operational integrity at a rate of 5% of service delivery budget or the negotiated rate		Funding for ME oversight at 4.95% of service budget allocation
5	4/1/2018	DCF to advocate for ME's operational integrity at a rate of 5% of service delivery budget or the negotiated rate		Funding for ME oversight at 4.95% of service budget allocation

Broward Behavioral Health Coalition Enhancement Plan FY 17-18

Priority 4

Multi-Disciplinary Treatment Teams

Action Plan

	Tasks	Target Completion Date	Resource People	Other Resources	Success Indicator
1	Educate the legislature as to needs for this service	2/28/2018	All community partners		
2	Ensure funding is available through LBR or internal budget shift	1/1/2018	CEO, CFO	DCF, Grant Source	Contract amendment, grant notification
3	Procure service provider(s)	3/31/2018	Director of Administration	Contract Manager, CFO, Programs	Service provider(s) selected
4	Negotiate and contract with provider(s)	5/1/2018	Director of Administration, Director of Operations, CEO	Procurement Manager, Contract Manager	Executed contract
5	Begin providing services	7/1/2017	Providers	ME	Services being provided

Broward Behavioral Health Coalition Enhancement Plan FY 17-18

Priority 4

Multi-Disciplinary Treatment Teams

Total Budget: \$

1,300,000.00

Budget

Program	Payment Methodology	Covered Services (add rows to each Payment Methodology as necessary)	Proposed Rate	Available Service Capacity (Units)	Minimum Required Service Level (Units)	Operating Budget Allocation	Comments
Mental Health	Fee for Service			0	60	\$ 700,000.00	Children - CAT Team if not funded in FY 17-18
Substance Abuse	Fee for Service			48	120	\$ 600,000.00	Additional FIT - Team due to increase need

Broward Behavioral Health Coalition Enhancement Plan FY 17-18

Priority 5

Fund Priority of Effort for Acute Care Services

Action Plan

	Tasks	Target Completion Date	Resource People	Other Resources	Success Indicator
1	Educate the legislature as to needs for this service	2/28/2018	All community partners		
2	Ensure funding is available through LBR or internal budget shift	1/1/2018	CEO, CFO	DCF, Grant Source	Contract amendment, grant notification
3	Procure service provider(s)	3/31/2018	Director of Administration	Contract Manager, CFO, Programs	Service provider(s) selected
4	Negotiate and contract with provider(s)	5/1/2018	Director of Administration, Director of Operations, CEO	Procurement Manager, Contract Manager	Executed contract
5	Begin providing services	7/1/2017	Providers	ME	Services being provided

Broward Behavioral Health Coalition Enhancement Plan FY 17-18

Priority 5

Fund Priority of Effort for Acute Care Services

Total Budget: \$

4,343,500.00

Budget

Program	Payment Methodology	Covered Services (add rows to each Payment Methodology as necessary)	Proposed Rate	Available Service Capacity (Units)	Minimum Required Service Level (Units)	Operating Budget Allocation	Comments
Mental Health	Fee for Service	39 Short-Term Residential Treatment	350	4	22	\$ 2,299,500.00	SRT beds needed to divert person's from State Hospitals
Substance Abuse	Fee for Service	24 SA Inpatient Detox	350	34	50	\$ 2,044,000.00	Additional Detox beds needed to address opioid emergency