

ENHANCEMENT PLAN

Fiscal Year 2017-2018

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**CENTRAL FLORIDA CARES HEALTH SYSTEM
FY 17-18 ENHANCEMENT PLAN**

ENHANCEMENT PLAN SUMMARY

Priority Needs For Services	
Central Receiving System	\$ 1,870,559
Expand Care Coordination/Housing Services	\$ 872,885
Increase Substance Abuse Residential Beds - 34 beds	\$ 1,888,166
Expand Adult Case Management	\$ 240,617
Expand Adult Mental Health Outpatient	\$ 426,300
Subtotal:	\$ 5,298,527
Restoration of Funding Adjustments	
BG - Mental Health	\$ 561,408
BG - Substance Abuse	\$ 2,048,458
Subtotal:	\$ 2,609,866
STR Opioid Grant	
Continuation of STR Opioid Grant	\$ 2,656,059
Subtotal	\$ 2,656,059
Managing Entity Operations	
ME Operational Integrity	\$ 263,647
Subtotal:	\$ 263,647
TOTAL REQUEST:	\$ 10,828,099

Priority Needs For Services

Central Receiving System

A. Please describe the process by which the area of priority were determined. What activities were conducted, who participated, etc.

Central Florida Cares Health System (CFCHS) hosted a meeting with the Department of Children and Families and the affected behavioral health providers, Aspire Health Partners and Park Place Behavioral Health Care. The group identified the impact of the statewide funding adjustments on the services delivered through the Central Receiving System (CRS). In addition, the two providers completed a survey outlining the impact of reduction to the scope of services.

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

For FY 17/18, funding allocated to the Central Receiving System was reduced statewide by 40%, affecting Orange and Osceola Counties as follows:

- Reduction of approximately 50 FTEs for direct care services
- Elimination of Addiction Receiving Center in Osceola County which includes 10 detoxification beds
- Elimination of a total of 22 substance abuse residential treatment beds
- Reduction of 4 Crisis Stabilization beds in Orange County
- Reduction in Peer Support Services
- Elimination of Face-to Face Guardian Advocate trainings in Orange County
- Reduction of Targeted Case Manager services
- Reduction in Charity Care by behavioral health providers

Funding adjustments in the direct services will impact transfers from hospital emergency room and increase wait times for a crisis/detox bed. It is also expected that there will be an increase of individuals placed on a waitlist for treatment.

C. The proposed strategy and specific services to be provided

Reinstatement of funding would expand crisis stabilization, detoxification, residential beds, peer support, case management services.

D. Target population to be served

Individuals needing evaluation or stabilization under section 394.463, F.S., the Baker Act or under section 397.675, F.S., the Marchman Act; Individuals needing crisis services as defined in subsections 394.67(17)-(18), F.S.

E. Please list the counties where the services will be provided.

Orange, Osceola

F. Number of individuals to be served

Detoxification: 1533 Residential III: 44
 Residential I : 150 Residential IV: 7

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

Tasks		Target Completion Date	Resource People	Other Resources	Success Indicator
1	Ensure funding is available through LBR or internal budget shift	1/1/2018	CEO, CFO	DCF	Contract amendment
2	Work with current providers to expand treatment capacity	3/31/2018	COO	Contract Manager, System of Care	Action plan in place
3	Amend contracts as needed	5/1/2018	Contract Manager	COO, CEO	Contract amendment
4	Begin providing services	7/1/2018	Provider	ME	Services being provided

H. 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.

Priority:		Central Receiving System	Total Budget:		\$ 1,870,559
Budget					
Program	Payment Methodology	Covered Services	Proposed Rate	Operating Budget Allocation	Comments
Mental Health	Fee for Service	02 Case Management	\$ 64.69	\$ 6,751.12	Aspire Health Partners-Orange County
Mental Health	Fee for Service	03 Crisis Stabilization	\$ 329.06	\$ 412,928.80	Aspire Health Partners-Orange County
Mental Health	Fee for Service	04 Crisis Support	\$ 43.32	\$ 494,820.44	Aspire Health Partners-Orange County
Mental Health	Fee for Service	20 Residential Level 3	\$ 108.51	\$ 165,499.45	Aspire Health Partners-Orange County
Mental Health	Fee for Service	02 Case Management	\$ 63.80	\$ 27,493.21	Park Place Behavioral-Osceola County
Mental Health	Fee for Service	03 Crisis Stabilization	\$ 327.20	\$ 95,542.40	Park Place Behavioral-Osceola County
Mental Health	Fee for Service	04 Crisis Support	\$ 38.39	\$ 215,598.40	Park Place Behavioral-Osceola County
Mental Health	Fee for Service	15 Outreach	\$ 45.06	\$ 1,971.82	Park Place Behavioral-Osceola County
Substance Abuse	Fee for Service	18 Residential Level 1	\$ 268.30	\$ 100,097.77	Park Place Behavioral-Osceola County
Substance Abuse	Fee for Service	21 Residential Level 4	\$ 59.00	\$ 6,928.80	Park Place Behavioral-Osceola County
Substance Abuse	Fee for Service	24 SA Inpatient Detox	\$ 223.02	\$ 340,796.00	Park Place Behavioral-Osceola County
Mental Health	Fee for Service	28 Incidental Expenses	\$ 50.00	\$ 2,130.80	Park Place Behavioral-Osceola County

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

Restoration of the funding adjustments for FY17-18 would allow re-instating the provider direct care staff positions, crisis/detox beds, residential beds and an addiction receiving facility in Osceola County that are being eliminated. It would also reduce the expected waiting times of individuals served, allow transfers from emergency rooms and decrease in waitlists for treatment.

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

- Average annual days worked for pay for adults with severe and persistent mental illness
- Percent of adults with serious mental illness who are competitively employed
- Percent of adults with severe and persistent mental illnesses who live in stable housing environment
- Percent of adults in forensic involvement who live in stable housing environment
- Percent of adults in mental health crisis who live in stable housing environment
- Number of adults with a serious and persistent mental illness in the community served
- Number of adults in mental health crisis served
- Number of adults with forensic involvement served
- Reduce drop-off processing time by law enforcement officers for admission to crisis services
- Increase participant access to community-based behavioral health services after referral
- Reduce number of individuals admitted to a forensic state mental health treatment facility
- Two additional output, process, or outcome measures tailored to the specific CRF project

Care Coordination with Housing Assistance

A. Please describe the process by which the area of priority were determined. What activities were conducted, who participated, etc.

Central Florida Cares Health System (CFCHS) contracted with The Health Council of East Central Florida, Inc. to conduct a behavioral health needs assessment. This assessment included a consumer and network provider survey to determine the strengths and gaps in services provided to individuals in mental health and substance abuse programs. A total of 883 consumer surveys and 18 CFCHS subcontractors were collected and analyzed. In addition, CFCHS reviewed funding utilization and waitlist data collected throughout the fiscal year.

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

According to the Florida Council on Homelessness 2014 Report, almost 30% of individuals who are homeless have a mental illness and over 37% have a substance use disorder. These individuals are often high utilizers of crisis services and cycle in and out of residential care or institutional settings because of their lack of stability in the community.

The results of Central Florida Cares Health System's (CFCHS) 2015 Behavioral Health Needs Assessment shows the following:

- The percentage of homelessness among clients served with high utilization within the network was three times the rate of clients in mental health programs.
- High utilizer clients in the Adult Mental Health (AMH) program were less likely to live independently alone or with a relative when compared to all adult MH clients.
- Among AMH clients with high utilization, 74.4 percent of the total costs were allocated to 'Crisis Stabilization, 'Medical Services' and 'Crisis Support/Emergency'.
- Housing Assistance was the top unmet service need in the community cited among the treatment providers surveyed in the assessment.

Due to lack of income or limited affordable housing options, many individuals return to shelters or the streets after discharge from a crisis stabilization unit. Individuals being discharged from State Mental Health Treatment Facilities (SMHTF) may not have entitlement benefits upon discharge or may experience a lapse until benefits are reinstated. Therefore, delays occur in discharging an individual from SMHTF due to lack of funding to cover housing.

C. The proposed strategy and specific services to be provided

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), recovery by individuals with a mental illness is supported by getting and maintaining accessible, affordable housing with supportive services. CFCHS proposes to expand its care coordination program to include incidental funding for housing assistance.

The goal of the Care Coordination program is to reduce the need for crisis stabilization, inpatient detoxification treatment, psychiatric hospitalizations, and to assist consumers in obtaining and maintaining placement in the least restrictive community environment. It is the desired outcome that persons served receive sufficient treatment and education to remain in the least restrictive setting within the community, enhance their psychological wellbeing, and reach an optimum level of functioning in the community.

Care Coordinators are responsible for providing outreach services, intensive case management team services, life skills training and crisis intervention and support to individuals referred to the program in order to reduce their recidivism and assist them in maintaining placement in a community-based setting. Primary Linkages include, but are not limited to:

- Access to treatment
- Case management
- Integration with primary care physician for medical treatment
- Residential programs (Independence & Education College Place)
- Other housing options such as ALFs, adult foster homes, independent living, etc.
- Medication clinic/pharmacy
- Entitlement & transportation services (provide transportation as necessary)
- SOAR/connected to benefits (once client obtains benefits the Care Coordinator will facilitate referral and transitions to case management within 60 days of notification)

- Program for psychosocial rehabilitation such as clubhouse, Wellness Recovery Action Planning (WRAP) groups, and social, independent living skills
- Vocational rehabilitation
- Supported employment services
- Peer support and advocacy

Program services are provided with the belief that all clients should and can be empowered to develop control over their own lives. Individuals enrolled to the Care Coordination program are assessed to determine needs and to develop a plan of recovery. Staff work with the client in developing realistic, attainable goals and objectives with clinically appropriate interventions and authorized durations.

The Care Coordination services are flexible and provide clients with the necessary support and training to maintain stability in community settings. This includes but is not limited to providing accessibility to 24 hours, 7 days a week crisis intervention services, staff provide support and crisis intervention, as well as training in the use of the transportation system, meal preparation, monthly budgeting, childcare, socialization skills, etc.

Care Coordinators also assist individuals in obtaining Entitlement benefits through the SOAR process and locate housing options. Affordable housing options may be limited but it becomes even more difficult to place an individual with limited or no income. Housing assistance funding would be provided through the care coordination program to secure stable housing for individuals.

D. Target population to be served

- Adults (18 years and older) with a serious mental illness (SMI), substance use disorder (SUD), or co-occurring disorders who demonstrate high utilization of acute care services, including crisis stabilization, inpatient, and inpatient detoxification services. For the purposes of this document, high utilization is defined as:
 - Adults with two (2) or more acute care admissions within 180 days; or
 - Adults with acute care admissions that last 16 days or longer.
- Adults with a SMI awaiting discharge from a state mental health treatment facility (SMHTF) back into the community.
- Meets criteria for a DSM-V primary psychiatric diagnosis of a major mental illness; i.e., Schizophrenia or a Major Affective Disorder, etc., a substance abuse disorder and may have co-occurring diagnosis. But not exclusively organic brain syndromes, developmental disabilities, or isolated antisocial/criminal behavior.

E. Please list the counties where the services will be provided.

Orange, Osceola, Brevard and Seminole

F. Number of individuals to be served

Approximately 110 individuals

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

	Tasks	Target Completion Date	Resource People	Other Resources	Success Indicator
1	Ensure funding is available through LBR or internal budget shift	1/1/2018	CEO, CFO	DCF	Contract amendment
2	Work with current providers to expand treatment capacity	3/31/2018	COO	Contract Manager, System of Care	Action plan in place
3	Amend contracts as needed	5/1/2018	Contract Manager	COO, CEO	Contract amendment
4	Begin providing services	7/1/2018	Provider	ME	Services being provided

H. 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.

Priority :		Care Coordination with Housing Assistance				Total Budget:	\$ 872,885
Budget							
Program	Payment Methodology	Covered Services	Proposed Rate	Operating Budget Allocation	Comments	Cost/Client	Avg. Hours (Units)
Mental Health	Cost Reimbursement	02 Case Management	1 FTE	\$ 60,480.00	Orange County 1 Case Mgr Salary & Fringe		
Mental Health	Cost Reimbursement	02 Case Management	1 FTE	\$ 60,480.00	Osceola County 1 Case Mgr Salary & Fringe		
Mental Health	Cost Reimbursement	02 Case Management	1 FTE	\$ 60,480.00	Seminole County 1 Case Mgr Salary & Fringe		
Mental Health	Cost Reimbursement	02 Case Management	1 FTE	\$ 60,480.00	Brevard County 1 Case Mgr Salary & Fringe		
Mental Health	Cost Reimbursement	02 Case Management	1 FTE	\$ 60,480.00	CareCoord Forensic Orange Salary & Fringe		
Mental Health	Cost Reimbursement	02 Case Management	1 FTE	\$ 60,480.00	CareCoord Civil Orange Salary & Fringe		
Mental Health	Cost Reimbursement	02 Case Management	1 FTE	\$ 60,480.00	CareCoord Civil Brevard Salary & Fringe		
Mental Health	Cost Reimbursement	02 Case Management		\$ 49,525.00	7 FTE Travel-Laptop-Training-Phones		
Mental Health	Cost Reimbursement	14 Outpatient-Individual	\$ 64.00	\$ 136,702.50	Case Management Services for 110 Projected clients- Based on utilization by CareCoord clients in pilot	\$ 1,242.75	19 Hours
Mental Health	Cost Reimbursement	14 Outpatient-Individual	\$ 96.00	\$ 184,288.50	Outpatient Services for 110 Projected clients- Based on utilization by CareCoord clients in pilot	\$ 1,675.35	17 Hours
Mental Health	Cost Reimbursement	28 Incidental Expenses	\$ 50.00	\$ 79,009.20	Outpatient Services for 110 Projected clients- Based on utilization by CareCoord clients in pilot	\$ 718.27	14 Units

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

It is expected that cost of services to individuals who are high-utilizers of crisis services would decrease by providing them with lower cost support services and housing assistance. In 2014, the Central Florida Commission on Homelessness released a report that included a study of a cohort of 107 chronically homeless individuals in Central Florida, which calculated that the cost of cycling in and out of incarceration, emergency rooms, and inpatient hospitalization was \$31,065 per person annually. In a sample of 55 high-utilizers, CFCHS found that cost in direct services decreased by 88% (over \$400,000) when these clients were provided support services and placed in stable housing. Among these same individuals, admissions to Crisis Stabilization/Detoxification decreased by 97%.

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

- Increase the average days between admissions to the CSU and/or inpatient detox facility.
- Care Coordinator will conduct a face-to-face meeting with the potential consumers admitted to the CSU/inpatient detox facility up to the maximum caseload capacity.
- Consumers accepting Care Coordination services will be placed in community care within 3-5 days.
- Care Coordinator will contact (via phone and/or face-to-face) consumers who were referred to Care Coordination within 48 hours of discharge from the CSU/inpatient detox facility or SMHTF.
- Consumers participating in the Care Coordination program will have an increase in income, linked to entitlement or other benefits through employment.
- Homeless consumers participating in the Care Coordination program will be placed in transitional/permanent housing.

Adult Substance Abuse Residential Treatment

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

Central Florida Cares Health System (CFCHS) contracted with The Health Council of East Central Florida, Inc. to conduct a behavioral health needs assessment. This assessment included a consumer and network provider survey to determine the strengths and gaps in services provided to individuals in mental health and substance abuse programs. A total of 883 consumer surveys and 18 CFCHS subcontractors were collected and analyzed. In addition, CFCHS reviewed funding utilization and waitlist data collected throughout the fiscal year.

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

Substance abuse residential treatment provide a safe and structured setting to help individuals who may not respond to less intensive care due to severe dysfunctional behaviors related to substance abuse. During fiscal year 2015-2016, CFCHS waitlist reports show that 667 individuals were placed on a waitlist for substance abuse residential treatment. During fiscal year 2016-2017, the number of individuals placed on

the waitlist rose to 1048. Individuals, many involved with the child welfare system, may be on the waitlist for up to several weeks, delaying access to the recommended service meeting their needs.

C. The proposed strategy and specific services to be provided

Additional funding would allow to expand the capacity of state funded substance abuse residential beds within CFCHS network.

D. Target population to be served

- Adults with a substance-related disorder as defined by a DSM-5 diagnosis
- Priority would be given to individuals who are identified as pregnant, IV drug users, or involved in the child welfare system

E. Counties to be served

Orange, Brevard, Osceola and Seminole

F. Number of individuals to be served

Average of 75 waitlist clients utilizing on average 30 to 45 days of each residential services levels I-IV. This equates to approximately 15 additional residential beds serving approximately 300 individuals.

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

	Tasks	Target Completion Date	Resource People	Other Resources	Success Indicator
1	Ensure funding is available through LBR or internal budget shift	1/1/2018	CEO, CFO	DCF	Contract amendment
2	Work with current providers to expand treatment capacity	3/31/2018	COO	Contract Manager, System of Care	Action plan in place
3	Amend contracts as needed	5/1/2018	Contract Manager	COO, CEO	Contract amendment
4	Begin providing services	7/1/2018	Provider	ME	Services being provided

H. 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.

Priority : Adult Substance Abuse Residential Treatment				Total Budget: \$ 1,888,166	
Budget					
Program	Payment Methodology	Covered Services	Proposed Rate	Operating Budget Allocation	Comments
Substance Abuse	Cost Reimbursement	18 Residential Level 1	\$ 279.15	\$ 628,087.50	Avg 75 Waitlist Clients 30 Days of Res-1 Services
Substance Abuse	Cost Reimbursement	19 Residential Level 2	\$ 183.50	\$ 619,301.25	Avg 75 Waitlist Clients 45 Days of Res-2 Services
Substance Abuse	Cost Reimbursement	20 Residential Level 3	\$ 94.93	\$ 320,388.75	Avg 75 Waitlist Clients 45 Days of Res-3 Services
Substance Abuse	Cost Reimbursement	21 Residential Level 4	\$ 94.93	\$ 320,388.75	Avg 75 Waitlist Clients 45 Days of Res-4 Services

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

Additional funding would increase capacity of residential beds and decrease waitlists. Individuals involved in the child welfare system would be able to access the recommended service and work towards meeting compliance with court orders case plans.

J. Specific measures that will be used to document performance data for the project.

- Percentage change in clients who are employed from admission to discharge
- Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge
- Percent of adults who successfully complete substance abuse treatment services
- Percent of adults with substance abuse who live in a stable housing environment at the time of discharge
- Number of adults that receive substance related services
- Reduction in time spent on wait list for ASA residential service
- Reduction in percentage of clients added to wait list who ultimately receive services

Adult Mental Health Case Management

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

Central Florida Cares Health System (CFCHS) contracted with The Health Council of East Central Florida, Inc. to conduct a behavioral health needs assessment. This assessment included a consumer and network provider survey to determine the strengths and gaps in services provided to individuals in mental health and

substance abuse programs. A total of 883 consumer surveys and 18 CFCHS subcontractors were collected and analyzed. In addition, CFCHS reviewed funding utilization and waitlist data collected throughout the fiscal year.

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

Within Central Florida Cares Health System (CFCHS) network , Adult Case Management may not be accessible to adults with serious and persistent mental illness (SPMI) due to lack of state funded programs or long waitlists. Due to limited availability and funding resources, individuals served in FACT or intensive case management services are unable to be stepped down to lower cost case management services.

C. The proposed strategy and specific services to be provided

Additional funding for Adult mental health case management would allow to expand the number of FTE’s at the Network Provider level. This will increase capacity to serve individuals with mental illness who need assistance with linkages to community based services.

D. Target population to be served

- Adults with serious and persistent mental illness (SPMI) and due to mental illness,
- exhibits behavioral or symptoms that could result in long-term hospitalization if frequent interventions for an extended period of time were not provided, or
 - requires advocacy for and coordination of services to maintain or improve level of functioning

E. Please list the counties where the services will be provided.

Orange, Brevard, Osceola and Seminole

F. Number of individuals to be served

Additional funding would allow adding 4 FTEs, one for each county, to serve a total minimum of 100 individuals.

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

	Tasks	Target Completion Date	Resource People	Other Resources	Success Indicator
1	Ensure funding is available through LBR or internal budget shift	1/1/2018	CEO, CFO	DCF	Contract amendment
2	Work with current providers to expand treatment capacity	3/31/2018	COO	Contract Manager, System of Care	Action plan in place
3	Amend contracts as needed	5/1/2018	Contract Manager	COO, CEO	Contract amendment
4	Begin providing services	7/1/2018	Provider	ME	Services being provided

H. 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.

Priority: Adult Mental Health Case Management			Total Budget:		\$ 240,617
Budget					
Program	Payment Methodology	Covered Services	Proposed Rate	Operating Budget Allocation	Comments
Mental Health	Cost Reimbursement	02 Case Management	\$ 64.00	\$ 55,466.67	Orange County
Mental Health	Cost Reimbursement	02 Case Management	\$ 64.00	\$ 55,466.67	Osceola County
Mental Health	Cost Reimbursement	02 Case Management	\$ 64.00	\$ 55,466.67	Brevard County
Mental Health	Cost Reimbursement	02 Case Management	\$ 64.00	\$ 55,466.67	Seminole County
Mental Health	Cost Reimbursement	28 Incidental Expenses	\$ 50.00	\$ 18,750.00	Assistance with transportation, housing etc.

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

The additional FTE's at the provider level will allow to expand case management programs. This will allow for an increase in number of clients receiving case management services, decrease in higher cost services, step-downs from FACT and other higher level case management programs.

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

- Average annual days worked for pay for adults with severe and persistent mental illness
- Percent of adults with serious mental illness who are competitively employed
- Percent of adults with severe and persistent mental illnesses who live in stable housing environment
- Percent of adults in forensic involvement who live in stable housing environment
- Percent of adults in mental health crisis who live in stable housing environment
- Number of adults with a serious and persistent mental illness in the community served
- Number of adults in mental health crisis served
- Number of adults with forensic involvement served
- Reduction in the number of crisis (CSU, Crisis Support/Emergency, Inpatient, SRT) readmission

Adult Mental Health Outpatient Treatment

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

Central Florida Cares Health System (CFCHS) contracted with The Health Council of East Central Florida, Inc. to conduct a behavioral health needs assessment. This assessment included a consumer and network provider survey to determine the strengths and gaps in services provided to individuals in mental health and substance abuse programs. A total of 883 consumer surveys and 18 CFCHS subcontractors were collected and analyzed. In addition, CFCHS reviewed funding utilization and waitlist data collected throughout the fiscal year.

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

Central Florida Cares Health System's (CFCHS) 2015 Behavioral Health Needs Assessment included a consumer survey to determine the strengths and gaps in services provided to clients in their mental health and substance abuse programs. A total of 883 consumer surveys were collected and analyzed. The majority of respondents were in the mental health program and identified as adult consumers. The result of this survey is as follows:

- The most important services cited by all survey respondents were 'individual counseling', 'group counseling', 'family therapy' and 'support group'.
- Outpatient therapy was the second most used service by a large percentage of the survey respondents

In the 2015 publication "Management Strategies to Reduce Psychiatric Readmissions", the Agency for Healthcare Research and Quality identifies that one key factor in decreasing the likelihood of subsequent psychiatric admissions is adequate outpatient services allowing individuals to remain in the community. Due to limited capacity and funding resources, individuals receiving medication management and/or case management services may not be able to access outpatient therapy.

C. The proposed strategy and specific services to be provided

Additional funding for mental health outpatient treatment will increase capacity to serve individuals with chronic mental illness who need assistance with specific areas important to stabilization and recovery.

D. Target population to be served

Adults with a serious mental illness or co-occurring disorders

E. Counties to be served

Orange, Brevard, Osceola and Seminole

F. Number of individuals to be served

Approximately 300 individuals

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

	Tasks	Target Completion Date	Resource People	Other Resources	Success Indicator
1	Ensure funding is available through LBR or internal budget shift	1/1/2018	CEO, CFO	DCF	Contract amendment
2	Work with current providers to expand treatment capacity	3/31/2018	COO	Contract Manager, System of Care	Action plan in place
3	Amend contracts as needed	5/1/2018	Contract Manager	COO, CEO	Contract amendment
4	Begin providing services	7/1/2018	Provider	ME	Services being provided

H. 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

Priority: Adult Mental Health Outpatient Treatment				Total Budget: \$ 426,300	
Budget					
Program	Payment Methodology	Covered Services	Proposed Rate	Operating Budget Allocation	Comments
Mental Health	Cost Reimbursement	14 Outpatient-Individual	\$ 96.00	\$ 345,600.00	Estimated 150 individuals
Mental Health	Cost Reimbursement	33 Outpatient Group	\$ 24.00	\$ 43,200.00	Estimated 150 individuals
Mental Health	Cost Reimbursement	28 Incidental Expenses	\$ 50.00	\$ 37,500.00	Estimated 150 clients utilizing 5 units of incidentals per year

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

The additional funding will allow to expand the capacity for outpatient treatment to serve adults with chronic mental illness. This will lead to an increase in number of clients receiving outpatient therapy and decrease in higher cost services (i.e. crisis stabilization). Adequate outpatient treatment allows individuals to address their psychiatric needs while remaining in the community.

J. Specific measures will be used to document performance data for the project.

- Increase in the percentage of AMH clients receiving outpatient services
- Average annual days worked for pay for adults with severe and persistent mental illness
- Percent of adults with serious mental illness who are competitively employed
- Percent of adults with severe and persistent mental illnesses who live in stable housing environment
- Percent of adults in forensic involvement who live in stable housing environment
- Percent of adults in mental health crisis who live in stable housing environment
- Number of adults with a serious and persistent mental illness in the community served
- Number of adults in mental health crisis served
- Number of adults with forensic involvement served

STATEWIDE FUNDING ADJUSTMENTS

During the 2016-17 Legislative Session, the State of Florida received a \$31 million adjustment in funding for behavioral health services that included the oversight for Housing and Care Coordination teams, the Central Receiving System, and a \$20 million funding adjustment in Federal Block Grant funding. Thus, the adjustment of 2.6 million in services is impacting the behavioral health system of care in Circuits 9 & 18 in Fiscal Year 2017-18. An additional adjustment of funds of \$5.4 million is anticipated for FY 2018-19 due to non-recurring funding identified in DCF's CFCHS Schedule of Funds. CFCHS has identified a need to restore with recurring funding mental health and substance use treatment services and prevention services. Included in the one-time only funding is the new Medication Assisted Treatment program that will run out of funding on April 2018. This will result in approximately 773 individuals without access to Medication Assisted Treatment. CFCHS serves as the safety net for a vast number of consumers in Circuits 9 & 18; without restoring this funding we anticipate an increase in arrests, overdoses, hospitalization, and substance exposed newborns, children coming into foster care, and even death.

Restoration of Funding Adjustments

Central Florida Cares Health System Restoration of Funding Adjustments		
BG - Mental Health		
Adult Residential Treatment	Increase capacity of adult residential beds by 8 beds for individuals stepping down from SMHTFs to serve a minimum of 16 individuals.	\$ 561,408
Subtotal:		\$ 561,408
BG - Substance Abuse		
Detoxification Beds	Funding Request will allow an additional 3 detox beds, serving approximately 215 individuals.	\$291,533
Ambulatory Services	Outpatient, medical services, recovery support, assessment, intervention, case management, day treatment, approximately 12 FTEs to serve a minimum of 720 individuals	\$1,453,504
Prevention	This service is to provide education and diversion to address ATOD among children and adults. Funding requested will cover 5,949 units at an average rate of \$51.00 per hour of youth school-based and adult services, including a media campaign.	\$303,421
Subtotal:		\$ 2,048,458
Total Request		\$ 2,609,866

STR Opioid Grant

CENTRAL FLORIDA CARES HEALTH SYSTEM STR OPIOID GRANT	
Opioid Grant	
Continuation of STR Opioid Grant	\$ 2,656,059
Subtotal:	\$ 2,656,059
Total Request	\$ 2,656,059

Managing Entity Operational Integrity

Central Florida Cares Health System Managing Entity Operational Integrity	
Project Budget Needs	
A. PERSONNEL	
1 FTE Contract Manager-Increased contracts and funding streams to manage (CATT, FMT, Opioid, UCF, SERG).	\$58,350
1 FTE Data Manager devoted to work on reporting and reconciling data between data system (Behavix) and SAMHIS, as well as identification and mitigation of reporting errors from providers through to SAMHIS. Identify and work to rectify Exception report issues and performance measure issues. Follow up with providers over time to correct data reporting problems.	\$68,959
1 FTE Finance Staff to monitor provider rates charged, compare audited financials to fiscal reports used to determine rates paid, work with providers to address and confirm activities related to material changes in expenses year to year; audit versus fiscal report, monitor and resolve data issues that affect payments to providers.	\$63,654
TOTAL PERSONNEL	\$190,962
B. FRINGE BENEFITS	
FICA Taxes	\$14,609
Health, Dental, Vision, Disability and Retirement	\$36,668
TOTAL FRINGE BENEFITS	\$51,277
TOTAL PERSONNEL WITH FRINGES	\$242,239
C. TRAVEL & TRAININGS	
Travel for 4 staff on average 300 miles per month per staff at \$.445 per mile	\$6,408
Trainings and Seminars for 4 Staff \$2,000 per staff per year	\$8,000
TOTAL TRAVEL	\$14,408
D. EQUIPMENT	
Laptops, accessories and software \$1,750 per staff	\$7,000
TOTAL EQUIPMENT	\$7,000
TOTAL REQUEST	\$263,647