

ENHANCEMENT PLAN

FY 17/18

Mission Statement

The mission of the Southeast Florida Behavioral Health Network, Inc. (SEFBHN) is to develop, support, and manage an integrated network of behavioral health services to promote the emotional and mental well-being and drug-free living of children and adults in Indian River, Martin, Okeechobee, Palm Beach and St. Lucie Counties.

**FY 17/18 Enhancement Plan
SEFBHN Local Funding Request**

Priority 1 – Restoration of the Managing Entity Administration and Direct Services Budget

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

Restoration of the Managing Entity Budget to FY 16/17 levels is identified as a priority for the Enhancement Plan. While this may not provide additional services, it will serve to maintain services at the levels they were in FY 16/17, which is critical in light of the Opioid Crisis that has hit the state of Florida. This loss of funding for direct services in Mental Health and Substance Abuse, including Prevention programs will make it difficult to tackle these issues in our network. This funding is not offset by the Statewide Targeted Response (STR) funding. STR will be a great resource for the Opioid Crisis but it has limitations as to how it can be used. The reduced services funding will make it difficult for providers to meet the needs of consumers who have no other means to pay for treatment.

The reduction in Housing Coordination and Coordination of Care in the Administrative Budget has impacted our ability to carry out the requirements of Senate Bill 12. Affordable Housing for consumers has been identified across the state as an urgent need. Stable housing contributes to the consumer's overall sustained recovery. The reduction in this funding has limited the ME's ability to work proactively with our local partners on initiative designed to identify housing opportunities in the community

As noted in Senate Bill 12 "the purpose of care coordination is to enhance the delivery of treatment services and recovery supports and to improve outcomes among priority populations". We continue to work with providers to address the complex needs of our priority populations including their placement needs but the reduction in staff has hindered our ability to prevent more restrictive placements and expedite discharges from the SMHTF.

It has been determined that restoration of budget for all seven Managing Entities is a priority

- 2. Please describe:**
 - a. The problem or unmet need that this funding will address**

The problem is addressed in question 1.

The budget restoration needs for SEFBHN include:

ME Administration

ME Operational Integrity - \$311,970

Direct Consumer Services

Care Coordination and Housing Positions - \$432,410.00

Block Grant - Mental Health - \$432,097.00

Block Grant – Substance Abuse - \$1,580,684.00

b. The proposed strategy and specific services to be provided

Unified Advocacy by all seven Managing Entities for budget restoration with DCF

c. Target population to be served

Children and Adult Mental Health

Children and Adult Substance Abuse

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

Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie

e. Number of individuals to be served

Restored funding will enable SEFBHN to minimally meet the number of individuals it served in FY 2016/2017 which was over 44,000.

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.

See attached excel workbook- budget tab

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

Ability to maintain services at FY 16/17 levels

Increased ability to assist providers in meeting the Coordination of Care and Housing needs of our Priority Populations

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

All standard outcome measures within our contract with DCF would apply to this priority.

Priority 2 – Detoxifications Services - Addictions Receiving Facility

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

SEFBHN, with funding support from the Farris Foundation, contracted with a consulting firm (Ronik-Radlauer Group) to conduct a comprehensive community mental health needs assessment for Palm Beach County. Ultimately all aspects of behavioral health (i.e. substance abuse) were included in the assessment. SEFBHN was able to identify some additional funding to expand the assessment into the four remaining counties of our network – Indian River, Martin, Okeechobee, and St. Lucie Counties. The impetus for this review of behavioral health services was Senate Bill 12 (SB12). The process for conducting the needs assessment included opportunities for public participation through key stakeholder interviews, focus groups, and surveys. In addition to the collection of qualitative data, the Ronik-Radlauer Group engaged the Health Council of Southeast Florida as a partner to collect and assist in the analysis of quantitative data. The intent was to determine the optimal array of services to meet the needs identified throughout the assessment process and to recommend the scope of prioritized services as resources become available.

During this time, the Ronik-Rodlauer Group was retained by the Palm Beach County Board of County Commissioners and Administration to drill down on PBC's escalating Opiate Crisis. The Ronik-Radlauer Group utilized information both needs assessment, as well as PBC Heroin Task Force, Sober Homes Task Force, PBC Fire Rescue, local Police Departments, and community members to make recommendations to PBC Board of County Commissioners in March 2017. The lack of publicly funded detoxification beds and emergency crisis support was identified as one of greatest needs in Palm Beach County.

Following the results of the needs assessment, the Ronik-Radlauer Group facilitated a session in which stakeholders and consumer advocacy organizations were invited to review the data and identify service needs for priority populations. The results were drilled down to determine the common needs identifies across the network. The needs assessment also identified the overarching goals that should provide the framework as to

how all services should be delivered – *Trauma Informed, Culturally Sensitive, and Responsive*. While we were not surprised that the assessment demonstrated needs across the continuum of care, SEFBHN has prioritized for the Enhancement Plan, services that will essentially serve to maintain consumers in the community which also aligns with the states initiative to implement a Recovery Oriented System of Care. The identified priorities are: **Detoxification Services**, an additional FACT Team, Increased Access to Psychiatric Services, Supportive Housing for Consumers of Behavioral Health Care, and the Integration of Primary and Behavioral Health Care, we have also identified the need to increase the capacity of Forensic services which in essence entails a full array of behavioral health services for individuals involved in the criminal justice system at the pre-commitment and post-commitment level.

2. Please describe:

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

In 2016, Palm Beach County had 596 deaths due to opiate overdoses – an 194% increase over the 307 opiate overdose deaths that occurred in 2015. In 2016, with over 4,000 overdose calls, Palm Beach County averaged more than 10 overdoses per day and close to 2 deaths per day. This funding will expand detox beds and emergency crisis support services for consumers seeking help for their opiate addiction.

b. The proposed strategy and specific services to be provided

The Addictions Receiving Facility will provide detoxification, emergency crisis support and medication assisted treatment services. The proposed strategy is to have a centrally located addictions receiving facility to enable law enforcement, hospitals and consumers to access immediate care.

c. Target population to be served

IV Drug Users, Opiate Users

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

Palm Beach County

e. Number of individuals to be served

1500

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.**

See attached excel workbook- budget tab

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

Increase number of consumers receiving substance abuse services and a reduction in overdose deaths

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

Substance Abuse Performance Measures:

- 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

Priority 3 – An Additional FACT Team for Palm Beach County

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

SEFBHN, with funding support from the Farris Foundation, contracted with a consulting firm (Ronik-Radlauer Group) to conduct a comprehensive community mental health needs assessment for Palm Beach County. Ultimately all aspects of behavioral health (i.e. substance abuse) were included in the assessment. SEFBHN was able to identify some additional funding to expand the assessment into the four remaining counties of our network – Indian River, Martin, Okeechobee, and St. Lucie Counties. The impetus for this review of behavioral health services was Senate Bill 12 (SB12). The process for conducting the needs assessment included opportunities for public participation through key stakeholder interviews, focus groups, and surveys. In addition to the collection of qualitative data, the Ronik-Radlauer Group engaged the Health Council of Southeast Florida as a partner to collect and assist in the analysis of quantitative data. The intent was to determine the optimal array of services to meet the needs identified throughout the assessment process and to recommend the scope of prioritized services as resources become available.

Following the results of the needs assessment, the Ronik-Radlauer Group facilitated a session in which stakeholders and consumer advocacy organizations were invited to review the data and identify service needs for priority populations. The results were drilled down to determine the common needs identified across the network. The needs assessment also identified the overarching goals that should provide the framework as to how all services should be delivered – *Trauma Informed, Culturally Sensitive, and Responsive*. While we were not surprised that the assessment demonstrated needs across the continuum of care, SEFBHN has prioritized for the Enhancement Plan, services that will essentially serve to maintain consumers in the community which also aligns with the state's initiative to implement a Recovery Oriented System of Care. The identified priorities are: Detoxification Services, **an additional FACT Team**, Increased Access to Psychiatric Services, Supportive Housing for Consumers of Behavioral Health Care, and the Integration of Primary and Behavioral Health Care, we have also identified the need to increase the capacity of Forensic services which in essence entails a full array of behavioral health services for individuals involved in the criminal justice system at the pre-commitment and post-commitment level.

Please describe:

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

FACT Teams are an effective evidence based service that provides multidisciplinary services to consumers with SMI. The intense level of services allows the consumer to live in the community in the least restrictive setting. An additional FACT Team will prevent consumers who qualify from entering the SMHTF or conversely will increase the ability to provide appropriate discharge plans for consumers deemed ready for release from a SMHTF or other residential setting.

b. The proposed strategy and specific services to be provided

FACT Team Services

c. Target population to be served

Adults with SMI and Co-occurring Disorders

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

Palm Beach

e. Number of individuals to be served

100

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

See attached excel workbook- action plan tab

3. 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.

See attached excel workbook- budget tab

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

Additional FACT Team availability will result in reduced use of costly high-end residential care. In 2016 SEFBHN has a cost analysis completed on the return on Investment of FACT Teams to demonstrate the financial benefits of FACT Teams. The costs for FACT Team consumers were compared to costs for our top 100 utilizers. The average cost per FACT Team consumer was \$3090.00 and the average cost for the top 100 utilizers was \$15,527.00. Many of the costs associated with the Top 100 Utilizers are for intensive inpatient services, so while there is an obvious cost savings benefit - it is further augmented by maintaining individuals with serious mental illness in the community.

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

The measures that will be used are outlined in the DCF Guidance 16 – FACT Handbook

Priority 4 – Increased Access to Psychiatric Services

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

SEFBHN, with funding support from the Farris Foundation, contracted with a consulting firm (Ronik-Radlauer Group) to conduct a comprehensive community mental health needs assessment for Palm Beach County. Ultimately all aspects of behavioral health (i.e. substance abuse) were included in the assessment. SEFBHN was able to identify some additional funding to expand the assessment into the four remaining counties of our network – Indian River, Martin, Okeechobee, and St. Lucie Counties. The impetus for this review of behavioral health services was Senate Bill 12 (SB12). The process for conducting the needs assessment included opportunities for public participation through key stakeholder interviews, focus groups, and surveys. In addition to the collection of qualitative data, the Ronik-Radlauer Group engaged the Health Council of Southeast Florida as a partner to collect and assist in the analysis of quantitative data. The intent was to determine the optimal array of services to meet the needs identified throughout the assessment process and to recommend the scope of prioritized services as resources become available.

Following the results of the needs assessment, the Ronik-Radlauer Group facilitated a session in which stakeholders and consumer advocacy organizations were invited to review the data and identify service needs for priority populations. The results were drilled down to determine the common needs identified across the network. The needs assessment also identified the overarching goals that should provide the framework as to how all services should be delivered – *Trauma Informed, Culturally Sensitive, and Responsive*. While we were not surprised that the assessment demonstrated needs across the continuum of care, SEFBHN has prioritized for the Enhancement Plan, services that will essentially serve to maintain consumers in the community which also aligns with the state's initiative to implement a Recovery Oriented System of Care. The identified priorities are: Detoxification Services, an additional FACT Team, **Increased Access to Psychiatric Services**, Supportive Housing for Consumers of Behavioral Health Care, and the Integration of Primary and Behavioral Health Care, we have also identified the need to increase the capacity of Forensic services which in essence entails a full array of behavioral health services for individuals involved in the criminal justice system at the pre-commitment and post-commitment level.

2. Please describe:

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

Psychiatric services including medication management are a critical aspect of behavioral health services. As part of an overall treatment plan psychotropic medications are very effective at stabilizing individuals, allowing them to remain integrated within the larger community – living independently and maintaining employment. Most providers have expressed concerns that they do not have enough psychiatrists and that due to the shortage the increased workload makes it difficult to maintain the ones they do have. Monitoring psychotropic medications is a fine balancing act – blood work is required, dosages may need to be adjusted or the actual medication may need to be changed. Limited access to psychiatric services to provide the level of monitoring needed can result in decompensation and the consumer may have to be admitted to a crisis stabilization unit. These types of crisis may also result in the individual losing their employment and possibly their housing if they are unable to pay their rent. Increased access to psychiatric services will allow for a crisis to be averted before it occurs.

b. The proposed strategy and specific services to be provided

Hiring the equivalent of 2 part-time psychiatrists and contracting with a telemedicine services company for psychiatric care for up to 40 hours a week.

c. Target population to be served

Adults with SMI and Co-Occurring Disorders

Children with SED and ED

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

Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie

e. Number of individuals to be served

1800

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.

See attached excel workbook- budget tab

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

Greater access to psychiatric services will allow the consumer more time to explain their symptoms to the psychiatrist who in turn will also have more time to accurately diagnose the consumer and prescribe the most appropriate medicines at the lowest doses. The consumer is stabilized reducing the need for interim appointments, and inpatient crisis stabilization placements and the psychiatrists have more time to treat additional consumers.

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

The standard contract measures will be utilized:

- Employment of adults with SMI
- Adult with SMI who live in stable housing
- Percent of school days Children with SED and ED attended
- Children with SED and ED who improve their level of functioning

SEFBHN will also be monitoring these consumers to determine if there is a decrease in admissions to the CSU

Priority 5 – Supportive Housing

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.

SEFBHN, with funding support from the Farris Foundation, contracted with a consulting firm (Ronik-Radlauer Group) to conduct a comprehensive community mental health needs assessment for Palm Beach County. Ultimately all aspects of behavioral health (i.e. substance abuse) were included in the assessment. SEFBHN was able to identify some additional funding to expand the assessment into the four remaining counties of our network – Indian River, Martin, Okeechobee, and St. Lucie Counties. The impetus for this review of behavioral health services was Senate Bill 12 (SB12). The process for conducting the needs assessment included opportunities for public participation through key stakeholder interviews, focus groups, and surveys. In addition to the collection of qualitative data, the Ronik-Radlauer Group engaged the Health Council of Southeast Florida as a partner to collect and assist in the analysis of quantitative data. The intent was to determine the optimal array of services to meet the needs identified throughout the assessment process and to recommend the scope of prioritized services as resources become available.

Following the results of the needs assessment, the Ronik-Radlauer Group facilitated a session in which stakeholders and consumer advocacy organizations were invited to review the data and identify service needs for priority populations. The results were drilled down to determine the common needs identifies across the network. The needs assessment also identified the overarching goals that should provide the framework as to how all services should be delivered – *Trauma Informed, Culturally Sensitive, and Responsive*. While we were not surprised that the assessment demonstrated needs across the continuum of care, SEFBHN has prioritized for the Enhancement Plan, services that will essentially serve to maintain consumers in the community which also aligns with the states initiative to implement a Recovery Oriented System of Care. The identified priorities are: Detoxification Services, an additional FACT Team, Increased Access to Psychiatric Services, **Supportive Housing for Consumers of Behavioral Health Care**, and the Integration of Primary and Behavioral Health Care, we have also identified the need to increase the capacity of Forensic services which in essence entails a full array of behavioral health services for individuals involved in the criminal justice system at the pre-commitment and post-commitment level.

2. Please describe:

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

One of the biggest issues many individuals with mental illness face is the availability of housing. The cascading effects of mental illness might leave them in a precarious housing situation, or even cause them to lose their homes. Having a safe and secure place to live is an important part of recovery, along with access to services that enable those with mental health conditions to live as independently as possible. The lack of affordable housing contributes to individuals utilizing more restrictive placements as a default such as jails and crisis stabilization units, and it can hinder the ability to transition them out of the State Mental Health Treatment Facilities (SMHTF). Having a mental health condition can make finding and keeping a home challenging. If you are poor, renting an apartment may be beyond your means.

b. The proposed strategy and specific services to be provided

SEFBHN proposes to contract for the delivery of Supportive Housing Services for individuals with SMI and co-occurring disorders. The services provided would include:

- (1) Transitional setting with 6 beds. The individuals would be living independently, paying their own room and board but have access to a supportive living coach and be offered life skill and independent living training. The provider will also assist the residents of the home/apartment in applying for SOAR benefits, and food stamps and in identifying other resources in the community such as public transportation or supportive employment services. They also tend to have access to 24-hour crisis support services, although these services may not be available onsite. This level of supportive housing is intended to be transitional – allowing individuals a safe stable setting while they learn needed skills to eventually live in community based housing.
- (2) An additional component is for these same Supportive Housing Services as noted in item (1), but for individuals who are already living on their own or looking to transition to a more independent setting (i.e. the adult who has been living with family but who want to or needs to find their own living arrangement).

c. Target population to be served

Adults with SMI, and Co-occurring Disorders,

Adults with substance disorders

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

Primarily St. Lucie County but the non-transitional component of the Supported Housing services would be available in Indian River, Martin, and Okeechobee Counties

e. Number of individuals to be served

100

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.

See attached excel workbook- budget tab

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

Reduction in the use of more restrictive placements (i.e. jail, CSU's and SMHTF's)

Sustained Recovery for consumers receiving these services

Increase in the consumers receiving these services living independently

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

The standard contract measures will be utilized to include

- Adults with SMI living in stable housing
- Reduction in number of adults arrested
- Adults with Co-Occurring disorders who live in stable housing

Priority 6 – Forensic Services

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

SEFBHN, with funding support from the Farris Foundation, contracted with a consulting firm (Ronik-Radlauer Group) to conduct a comprehensive community mental health needs assessment for Palm Beach County. Ultimately all aspects of behavioral health (i.e. substance abuse) were included in the assessment. SEFBHN was able to identify some additional funding to expand the assessment into the four remaining counties of our network – Indian River, Martin, Okeechobee, and St. Lucie Counties. The impetus for this review of behavioral health services was Senate Bill 12 (SB12). The process for conducting the needs assessment included

opportunities for public participation through key stakeholder interviews, focus groups, and surveys. In addition to the collection of qualitative data, the Ronik-Radlauer Group engaged the Health Council of Southeast Florida as a partner to collect and assist in the analysis of quantitative data. The intent was to determine the optimal array of services to meet the needs identified throughout the assessment process and to recommend the scope of prioritized services as resources become available.

Following the results of the needs assessment, the Ronik-Radlauer Group facilitated a session in which stakeholders and consumer advocacy organizations were invited to review the data and identify service needs for priority populations. The results were drilled down to determine the common needs identified across the network. The needs assessment also identified the overarching goals that should provide the framework as to how all services should be delivered – *Trauma Informed, Culturally Sensitive, and Responsive*. While we were not surprised that the assessment demonstrated needs across the continuum of care, SEFBHN has prioritized for the Enhancement Plan, services that will essentially serve to maintain consumers in the community which also aligns with the states initiative to implement a Recovery Oriented System of Care. While we were not surprised that the assessment demonstrated needs across the continuum of care, SEFBHN has prioritized for the Enhancement Plan, services that will essentially serve to maintain consumers in the community which also aligns with the states initiative to implement a Recovery Oriented System of Care. The identified priorities are: Detoxification Services, an additional FACT Team, Increased Access to Psychiatric Services, Supportive Housing for Consumers of Behavioral Health Care, and the Integration of Primary and Behavioral Health Care, we have also identified the need to **increase the capacity of Forensic services** which in essence entails a full array of behavioral health services for individuals involved in the criminal justice system at the pre-commitment and post-commitment level.

Please describe:

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

A primary responsibility of Forensic services is coordinating the inpatient and outpatient placements of adults and juveniles either prior to their adjudication and commitment or upon discharge from a facility after the adult or juvenile has been adjudicated. In order to stabilize these individuals in the community a service plan outlining the array of services needed must be developed and put into place. The types of services that are utilized are psychosocial rehabilitation, anger management, **mental health** and substance abuse awareness and treatment, medication and relapse prevention, and vocational training. SEFBHN forensic providers has found it challenging to meet the needs of this growing number of forensic involved individuals. There are currently 5 staff working with the forensic population within our network. SEFBHN is also one of two out of seven Managing Entities that does not have a Community Forensic Multidisciplinary Team for State Hospital Diversion which is part of the continuum of forensic services. Additional funding for forensic services will allow for more concentrated efforts in coordinating care and to provide evaluation and treatment to all individuals in the least restrictive manner possible, ensuring the safety of the people we serve, and the community.

b. The proposed strategy and specific services to be provided

The strategy to address this need includes:

- The hiring of 5 Forensic Care Coordinators to be assigned to the Community Mental Health Centers located within our network and increase the availability of services across the network, as described in question 2.a. Additional funding for Forensic Care Coordination Specialist services will allow for more concentrated efforts in coordinating care and to provide evaluation and treatment to all individuals in the least restrictive manner possible, ensuring the safety of the people we serve, and the community.
- The establishment of a Community Forensic Multidisciplinary Team for State Hospital Diversion to serve the most complex forensic involve individuals who would be admitted to the state hospital without this service in place. These teams are comprised of a specialized group of six (6) practioners with expertise in housing, justice system compliance, and recovery supports for a caseload of 45. This team will also ensure access to 24/7 crisis support, as-needed psychiatric care, and individual counseling. The goals include diverting individuals to community-based care when appropriate; lessening the debilitating symptoms of mental illness; addressing co-occurring disorders; reducing state hospitalization; supporting stable living environments; and collaborating with the criminal justice system to minimize incarcerations.

c. Target population to be served

Adult and Adolescents adjudicated as an adult consumers identified by the criminal justice system as needing forensic services

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

Indian River, Martin, Okeechobee, Palm Beach, and St Lucie

e. Number of individuals to be served

- Consumers to be served by the additional Care Coordinators:

125

- Consumers to be served by the Community Forensic Multidisciplinary Team for Hospital Diversion:

45 forensic consumers

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

See attached excel workbook- action plan tab

3. 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.

See attached excel workbook- budget tab

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

This addition of a Community Forensic Multidisciplinary Team to our network will allow for more concentrated efforts in coordinating care and providing services necessary to divert the forensic consumer from admission to the state hospital, ensuring the safety of the people we serve, and the community.

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

The following measures will be used:

- Adults with forensic involvement who live in stable housing
- Adults with forensic involvement who do reoffend while receiving services
- Adults with forensic involvement who do not require admission to the State Hospital

Priority 7 – Integration of Primary and Behavioral Health Care

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

SEFBHN, with funding support from the Farris Foundation, contracted with a consulting firm (Ronik-Radlauer Group) to conduct a comprehensive community mental health needs assessment for Palm Beach County. Ultimately all aspects of behavioral health (i.e. substance abuse) were included in the assessment. SEFBHN was able to identify some additional funding to expand the assessment into the four remaining counties of our network – Indian River, Martin, Okeechobee, and St. Lucie Counties. The impetus for this review of behavioral health services was Senate Bill 12 (SB12). The process for conducting the needs assessment included opportunities for public participation through key stakeholder interviews, focus groups, and surveys. In addition to the collection of qualitative data, the Ronik-Radlauer Group engaged the Health Council of Southeast Florida as a partner to collect and assist in the analysis of quantitative data. The intent was to determine the optimal

array of services to meet the needs identified throughout the assessment process and to recommend the scope of prioritized services as resources become available.

Following the results of the needs assessment, the Ronik-Radlauer Group facilitated a session in which stakeholders and consumer advocacy organizations were invited to review the data and identify service needs for priority populations. The results were drilled down to determine the common needs identifies across the network. The needs assessment also identified the overarching goals that should provide the framework as to how all services should be delivered – *Trauma Informed, Culturally Sensitive, and Responsive*. While we were not surprised that the assessment demonstrated needs across the continuum of care, SEFBHN has prioritized for the Enhancement Plan, services that will essentially serve to maintain consumers in the community which also aligns with the states initiative to implement a Recovery Oriented System of Care. The identified priorities are: **Detoxification Services**, an additional FACT Team, Increased Access to Psychiatric Services, Supportive Housing for Consumers of Behavioral Health Care, and **the Integration of Primary and Behavioral Health Care**, we have also identified the need to increase the capacity of Forensic services which in essence entails a full array of behavioral health services for individuals involved in the criminal justice system at the pre-commitment and post-commitment level.

2. Please describe:

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

Many consumers who receive services through the publicly funded providers are often faced with other challenges such as little or no income, minimal access to transportation, food insecurity and limited familial or other social supports. These challenges then contribute to their ability to access a full continuum of health care services and ultimately their ability to maintain a state of wellness.

Failure to recognize and appropriately treat behavioral health conditions has a significant impact on health outcomes and costs: patients with these diagnoses use more medical resources, are more likely to be hospitalized for medical conditions, and are readmitted to the hospital more frequently. Some of these patterns are reflected in an analysis commissioned by the American Psychiatric Association (APA) that found spending for patients with comorbid mental health or substance abuse problems is 2.5 to 3.5 times higher than for those without such problems—with the vast majority of spending going to general medical services, not behavioral health.

Integrated primary/behavioral health care has the potential to improve health outcomes for patients and health care delivery within practices. “Behavioral Health integration is the care that results from a practice team of primary care and behavioral health clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population.” This care may address mental health and substance abuse conditions, health behaviors

(including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, and ineffective patterns of health care utilization.

b. The proposed strategy and specific services to be provided

Piloting a fully integrated Primary/Behavioral Health Care Clinic.

Understanding that this is a process that will not happen overnight and in turn will require a great deal of planning and working with community stakeholders and providers, SEFBHN is proposing to hire a consultant with expertise in this area. The consultant would be responsible for bringing the key stakeholders together to develop a plan and the strategies needed to open a truly integrated Primary/Behavioral Health Care Clinic. This will include identification of a community within the network to locate the clinic and the budget needed to run it. While state funding would be used to support the clinic, other sources of funding such as Medicaid and local funding will be required also. The funding request for this fiscal year is for the consultant's fees.

c. Target population to be served

Children with SED and ED

Adults with SMI, and Co-occurring Disorders,

Adults and youth with substance disorders

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

One piloted location within the 5-county network to be determined by planning process

e. Number of individuals to be served

1000-1500 month

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.

See attached excel workbook- budget tab

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

A truly integrated primary/behavioral health care clinic will lead to improved care and reduced costs as health problems will be identified at earlier stages when they are less expensive to treat and the integrated care will increase the health care provider's ability to identify the root cause of the illness.

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

The standard contract measures will be utilized to include

- Employment of adults with SMI
- Adults with SMI and substance abuse disorders who live in stable housing
- Percent of school days Children with SED and ED attended
- Children with SED and ED who improve their level of functioning
- Adults and children successfully completing substance abuse treatment

Additional measures will be developed to track individual health status of consumers served and the cost savings for both primary care and behavioral health care.

Southeast Florida Behavioral Health Network Enhancement Plan FY 17-18

Priority 1

Restoration of ME Budget

Action Plan

| | Tasks | Target Completion | | | Success Indicator |
|----|--|-------------------|-----------------|--------------------------|---|
| | | Date | Resource People | Other Resources | |
| 1 | Complete Impact Assessment due to Reduction in Budget | 8/15/12017 | COO, CFO | CEO | Impact Assessment completed |
| 2 | Joining with all Florida Managing Entities identifying the need for budget restoration as a priority for FY 2017/2018. | 9/1/2017 | CEO, COO | | Funding restored |
| 3 | Hiring of SEFBHN Housing Coordination and Coordination of Care Staff | 12/1/2017 | COO, CFO | CFO | Positions Filled and ability to provide increased assistance in transitioning consumers out of more restrictive programs. |
| 4 | Complete Contract Amendments for providers to add restored funding | 12/1/2017 | COO, CFO | Compliance Administrator | Direct Service Funding restored to provider contracts |
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Southeast Florida Behavioral Health Network Enhancement Plan FY 17-18

Priority 2
 Addiction Receiving Facility - 14 Detox beds and 24-hr Crisis Support/Emergency Services for Palm Beach County

Action Plan

| | | Target Completion | | Resource People | | Other Resources | | Success Indicator | |
|---|---|-------------------|---------------------|--------------------------------------|--|-----------------|--|-------------------|--|
| | | Tasks | Date | Resource People | | Other Resources | | Success Indicator | |
| 1 | Work with Palm Beach County to secure and modify facility to Addiction Receiving Facility standards; Present to PBC - Board of County Commissioners for site approval | 10/15/2017 | CEO, COO | ME, Palm Beach County Administration | Contract amendment, grant notification | | | | |
| 3 | Contract with identified service provider | 11/1/2017 | Procurement Manager | Contract Manager, COO, DAF | Executed contract | | | | |
| 2 | Ensure funding is available through LBR or internal budget shift | 1/1/2018 | CEO, CFO | DCF, Grant Source | Contract amendment, grant notification | | | | |
| 4 | Begin providing services | 1/1/2018 | Provider - DAF | ME, PBC Administration | Services being provided | | | | |
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Southeast Florida Behavioral Health Network Enhancement Plan FY 17-18

Priority 3

One Additional FACT Team

Action Plan

| 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, Grant Source | Contract amendment, grant notification |
| 2 | Procure service provider(s) via ITN | 3/31/2018 | Compliance Manager | COO, Compliance Administrator, Director of Program Innovation | Service provider(s) selected |
| 3 | Negotiate and contract with provider(s) | 5/1/2018 | CEO, COO, CFO | Compliance Administrator, Director of Program Innovation | Executed contract |
| 4 | Begin providing services | 7/1/2018 | Provider | ME | Services being provided resulting in decreased use of Crisis Stabilization Units and increase discharge from STMH |
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Southeast Florida Behavioral Health Network Enhancement Plan FY 17-18

Priority 4

Increase Availability of Psychiatric Services in Palm Beach and the Treasure Coast

Action Plan

| | Tasks | Target Completion | | Resource People | | Other Resources | | Success Indicator |
|---|---|-------------------|--|------------------------|--|--|--|--|
| | | Date | | | | | | |
| 1 | Ensure funding is available through LBR or internal budget shift | 1/1/2018 | | CEO, CFO | | DCF, Grant Source | | Contract amendment, grant notification |
| 2 | Work with existing community mental health providers on strategies for hiring and retaining psychiatrist to Palm Beach and the Treasure Coast. | 2/1/2018 | | CEO, COO, Providers | | Director of Program Innovation and Director of Children's System of Care | | Strategies Identified |
| 3 | Advertise for psychiatrist positions | 3/1/2018 | | Providers to advertise | | As Determined by Provider | | Applications Received |
| 4 | Hire psychiatrists | 5/1/2018 | | Providers to Hire | | As Determined by Provider | | Psychiatrists Hired - services provided |
| 5 | Work with existing community mental health providers who utilized telemedicine to determine their satisfaction with the providers they use. Obtain additional fee information from at least 2 other telemedicine providers. | 2/1/2018 | | CEO, COO, Providers | | Compliance Administrator, Compliance Manager | | Selection of Telemedicine Provider |
| 6 | SEFBHN providers to finalize contracts with Telemedicine Providers | 5/1/2018 | | Providers to complete | | SEFBHN Compliance Administrator | | Telemedicine Services being provided to consumers in Palm Beach and the Treasure Coast |

Action Plan

| | 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, Grant Source | Contract amendment, grant notification |
| 2 | Amend existing contracts of providers who deliver forensic services | 2/1/2018 | CEO, CFO | COO, Compliance Administrator, Director of Program Innovation | Provider contracts amended |
| 3 | Providers to hire and train additional staff | 3/1/2018 | Providers | N/A | Staff hired |
| 4 | Begin increased provision of forensic services | 4/1/2018 | Providers | ME | Increase in community level services and decrease in in-patient placements for forensic clients |
| 5 | Issue competitive bid for the Community Forensic Multidisciplinary Team for State Hospital Diversion (CFMTSHD) | 1/31/2018 | COO, Compliance Manager | Director of Program Innovation | Bid will be released and multiple providers will respond |
| 6 | Select a provider for the CFMTSHD | 3/31/2018 | CEO, COO | Bid Selection Team Members | CFMTHD provider will be selected |
| 7 | CFMTSHD begins providing services | 5/31/2017 | Provider | | Services being provided - less forensic involved consumers admitted to the State Hospital |
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Southeast Florida Behavioral Health Network Enhancement Plan FY 17-18

Priority 7

Planning for Primary/Behavioral Health Integrated Site Pilot

Total Budget:

\$50,000.00

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 |
|----------------------------------|---------------------|--|---------------|------------------------------------|--|-----------------------------|--|
| Substance Abuse Mental Health | Cost Reimbursement | N/A | N/A | N/A | N/A | \$50,000.00 | Funding is for a consultant to take the lead in planning and coordinating the implementation of this fully integrated Primary/Behavioral Health Care Site. Realistically additional funding would be required in FY 18/19 for the operation of the site. |
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Southeast Florida Behavioral Health Network Enhancement Plan FY 17-18

Priority 7

Planning for Primary/Behavioral Health Integrated Site Pilot

Action Plan

| | 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, Grant Source | Contract amendment, grant notification |
| 2 | Hire consultant to start planning process | 1/31/2018 | CEO, COO | | Consultant hired |
| 3 | Determine most appropriate location within the network to pilot a fully integrated Primary Care/Behavioral Health Care Site. Actions to accomplish this include Data review, board and network providers input via a Survey Monkey | 2/15/2018 | Consultant | To be determined by CEO, COO and consultant | Location Identified |
| 4 | Conduct meetings with providers, community stakeholders, local health dept representatives to start planning process for implementation of pilot | 4/15/2018 | Consultant | DOH, DCF SAMH liaison to DOH for Primary Care/Behavioral Health Integration | Action plan in place |
| 5 | Develop budget needed to operationalized an integrated primary care/behavioral health clinic and identify funding | 6/1/2018 | CEO, COO, Consultant | CFO | budget developed including all funding sources. (ie state, grants, Medicaid, other insurance) |
| 6 | Apply for additional funding | 6/30/2018 | CEO, COO, Consultant | CFO | Funding obtained |
| 7 | Pilot program is operationalized | 9/30/2018 | Consultant, CEO, COO | Provider staff | Services being provided |