



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Integrated Care Team

2. **Senate Sponsor:** Aaron Bean

3. **Date of Submission:** 11/29/2017

4. **Project/Program Description:**

Starting Point Behavioral Healthcare proposes to develop an integrated care team comprised of a Psychiatrist, mental health therapists, peer specialists and community based care coordinators. The definition of integrated care 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. The solution to addressing the healthcare needs of persons with serious mental health and substance use disorders and the behavioral health needs of all Americans is straightforward. The Integrated Care Team will ensure that individuals and families receive quality services that are well coordinated, individualized and cost effective while overall helping form a system of care that meets the total behavioral health needs of the community we serve.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Children and Families

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
400,000		400,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	50,000	11.1%
TOTAL	50,000	11.1 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 450,000

9. **Previous Year Funding Details:**



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- Has funding been provided in a previous state budget for this activity? Yes
- In the previous 5 fiscal years, how many years was funding provided? (Optional) 1
- What is the most recent fiscal year the project was funded? 2017-18
- Were the funds provided in the most recent fiscal year subsequently vetoed? No
- Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
	Column:	A	B
Funds Description:		Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *
Input Amounts:			200,000
			200,000

### 10. Is future-year funding likely to be requested?

Yes

- If yes, indicate non-recurring amount per year.

\$400,000

### 11. Program Performance:

- What is the specific purpose or goal that will be achieved by the funds requested?

To assist DCF in assuring that high risk, high need individuals with behavioral health disorders receive the best care available, and to reduce re-admission rates, Starting Point Behavioral Healthcare (SPBH) is proposing the development of a local integrated care team to: (1) Close the gap between those needing behavioral healthcare and those receiving it; (2) Better integrate medical and behavioral healthcare, as well as substance use and mental health care; (3) Expand the use of evidence-based practices to coordinate care, treat behavioral health disorders, and treat chronic medical conditions; (4) Employ a care coordinator and peer specialist to address the needs of patients with mental health and substance use disorders and to link them to community care resources; and (5) Ensure patients follow up with primary care physician and psychiatric services post discharge.

- What are the activities and services that will be provided to meet the intended purpose of these funds?

SPBH will employ a care coordinator and peer specialist to address the needs of individuals with mental health and substance abuse disorders needs and help link them with community resources for mental health, addiction and psychiatric treatment and continue to monitor the case to ensure that the individual follows up with primary care physician and psychiatric services post discharge.



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### c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	The Chief Executive Officer is responsible for overall oversight of this program.	4,200
<input checked="" type="checkbox"/> Other Salary and Benefits	The Chief Financial Officer will be responsible for invoicing, budget management and submittal of all required federal financial reporting. The HR Manager will be responsible for recruiting of vacant positions and benefits management. The IT Manager will be responsible for the company computer systems and data management. The Billing Specialist will ensure that services are billed appropriately to ensure timely reimbursement. The Medical Records Clerk will be coordinating records transfer.	21,540
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Operational Staff: Project Director (1 FTE) Community Care Managers (3 FTEs) Licensed Practitioner of Healing Arts (1 FTE) Certified Peer Specialists (2 FTEs).	291,692
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Operational Expenses: Local Travel and Training - \$15,643	46,568



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	Equipment (Laptops, Cell Phones, etc) - \$4,500 Supplies (Postage, Office Supplies, Air Cards, etc.) - \$6,925 Client Services (Utilities, Transportation, Housing, etc) - \$19,500	
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Psychiatrist - will provide psychiatric evaluations, medication management and consultation.	36,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		400,000

**d. What are the direct services to be provided to citizens by the appropriations project?**

The care coordinators will be on-site at the ED during high utilization times and on-call. The care coordinator will go on-site to other acute care settings to meet clients within 2 days of admission. The care coordinator will engage with the client while in the hospital, and follow up with them post discharge to increase client engagement and follow through on post discharge orders. They will provide behavioral health screenings, brief interventions, and client engagement activities thus establishing the "warm handoff". The care coordinator/peer specialist will assist in getting the clients connected to mental health and psychiatric treatment in the community, and continue to monitor the case until the client reaches stability. The care coordinator/peer specialist will follow up with the client post discharge in their home and assist them with scheduling and keeping all required appointments.

**e. Who is the target population served by this project? How many individuals are expected to be served?**

High risk, high need users of acute care services including Hospital Emergency Departments (ED), Crisis Stabilization Units (CSU), detox facilities, and jails. Those admitted through the Marchman or Baker Acts and those with an Opioid Use disorder or who have experienced an Opioid overdose. We expect to screen 400 individuals. 75% of those will receive care coordination services.

**f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**

Decrease in number of ED/CSU visits during 6 month period following referral versus number of ED/CSU visits during 6 months prior to referral. Availability of follow up behavioral health appointment within 7 days of



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referral. Increase in length of behavioral health treatment episodes versus pre-care coordination. Increase in referrals to behavioral health providers from ED/CSU. Increase in engagement in Care Coordination Services. Percentage of Care Coordination referrals that received care coordination services within 72 hours of referral.

- g. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?**

There are existing penalties in all contracts with Managing Entities for Providers who fail to meet contract deliverables.

- 12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

N/A

- 13. Requestor Contact Information:**

- a. Name:** Laureen Pagel
- b. Organization:** Starting Point Behavioral Healthcare
- c. Email:** lpagel@spbh.org
- d. Phone Number:** (904)225-8280

- 14. Recipient Contact Information:**

- a. Organization:** Starting Point Behavioral Healthcare
- b. County:** Nassau
- c. Organization Type:**
  - ☐ For Profit
  - ☒ Non Profit 501(c) (3)
  - ☐ Non Profit 501(c) (4)
  - ☐ Local Entity
  - ☐ University or College
  - ☐ Other (Please specify)
- d. Contact Name:** Laureen Pagel
- e. E-mail Address:** lpagel@spbh.org
- f. Phone Number:** (904)225-8280

- 15. If there is a registered lobbyist, fill out the lobbyist information below.**

- a. Name:** Larry Williams
- b. Firm:** Larry Williams Consulting
- c. Email:** larry@larrywilliamsconsulting.com
- d. Phone Number:** (904)557-8593