



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1911

1. Project Title ROAD TO RECOVERY - Modernizing Behavioral Health System

2. Senate Sponsor Darryl Rouson

3. Date of Request 12/21/2021

4. Project/Program Description

Managing Entity Care Coordination (MECC) synchronizes the delivery of a client's behavioral health needs from multiple providers and other systems of care. The recent (MSDC) Grand Jury report identifies the problem of a "parallel case management over several agencies..." ROAD TO RECOVERY breaks the siloes and creates greater cooperation and communications across agencies. MECC identifies high utilizers; ensures transition to local services; engages a team to secure resources such as benefits, housing, transportation, work programs; facilitates warm-handoffs to providers; and shares data across providers. This will reduce readmission from costly services and inappropriate settings (jails, ERs, CSUs, detox facilities) and reduce out-of-home care for children. Some Managing Entities are seeing less than 5% readmissions rate, well below industry standards. This funding complies with ch 394.9082(1), F.S., "...creates linkages among various services and systems...promote service continuity."

5. State Agency to receive requested funds Department of Children and Families

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	3,500,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>3,500,000</b>

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	3,500,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>3,500,000</b>	<b>100%</b>

8. Has this project previously received state funding? Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21		3,500,000	376	No

9. Is future funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year. 3,500,000

b. Describe the source of funding that can be used in lieu of state funding.

Currently, there are no available resources for a "systems" or "Managing Entity" care coordinator for individuals with high utilization risk.



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## Local Funding Initiative Request

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LFIR # 1911

#### 10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

Yes

If yes, indicate the amount of funds received and what the funds were used for.

Five out of the seven managing entities received Paycheck Protection Program funding: LSF- \$1,600,000; CFBHN- \$1,033,200; CFCHS- \$288,000; SEFBHN- \$292,259 TM- \$688,582. These funds were used to offset staff furloughs, layoffs, and to ensure continuity of services. (NWFHN received PPP for other services, not the ME)

#### 11. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Each of the 7 Managing Entities to supplement current FTE for project management.	21,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	49 Care Coordinators/Housing Coordinators @ \$65,000 per year to conduct systems care coordination on high-utilizers.	3,185,000
Expense/Equipment/Travel/Supplies/Other	6,000 annually per 49 Care/Housing Coordinators to cover technology, travel expenses, occupancy rates and other related expenses.	294,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>3,500,000</b>

#### 12. Program Performance

##### a. What specific purpose or goal will be achieved by the funds requested?

The purpose is to reduce readmissions of high-utilizers by ensuring appropriate treatment that will assist in recovery, including behavioral health care, housing, primary care, transportation, work programs, benefits, (insurance, disability). MEs identify individuals as high-utilizers, lead a team to ensure appropriate treatment, track individuals across services, and compile data. The goal is to reduce readmissions from deep-end costly services and inappropriate settings such as jails, ERs, CSUs, Detox facilities, and reduce out-of-home care for children. This supports DCF's goal to reduce the number of people in crisis by 20% by June 30, 2021.

##### b. What activities and services will be provided to meet the intended purpose of these funds?

Assist individuals who are not effectively connected with treatment: Identify the high-utilizer; assess treatment (team approach with provider case managers and therapists) and engage social supports including medical, housing, employment, education, transportation, and benefits (insurance/disabilities) that impact the individual's success in the community; facilitate warm hand-off between providers, episodes of care, across lifespan changes, and across trajectory of illness; share information and data across the provider system to assist with future care/needs.

##### c. What direct services will be provided to citizens by the appropriation project?



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LFIR # 1911

Direct services: Services include treatment engagement, support, and coordination across the physical and behavioral health care system. Case managers/therapists provide the direct care; Managing Entities staff work with the case manager/therapists to transition individuals when linked to the most appropriate services: housing, employment, transportation, and connection to benefits.

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

High Utilizers: Defined by DCF as three or more acute care admission with 180 days; acute care admission lasting 16 days or more; any consumer referred from a State Mental Health Treatment Facility; individuals identified by DCF, Managing Entity or network of providers as potentially high-risk due to concerns that warrant Care Coordination. Approximately 4,500 high utilizers are expected to qualify for the program.

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

Outcomes: 30, 60, 90 days pre-care coordination and 30, 60, 90 days post care coordination (comparing high- utilizers who received MECC versus those who did not.) MEs will measure re-admission after discharge within 30 days, and placement of individuals into stable housing. Study published by the National Institute of Health found care coordination enrollees reduced emergency department visits by 29.7%, hospitalizations by 30% and increased primary care visits by 123.2%.

**f. 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 the contract?**

Current Managing Entity contracts contain penalties for failing to meet performance measures and deliverables.

**13. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

N/A



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### Fiscal Year 2022-2023

LFIR # 1911

#### 14. Requestor Contact Information

a. First Name  Last Name   
b. Organization   
c. E-mail Address   
d. Phone Number  Ext.

#### 15. Recipient Contact Information

a. Organization   
b. Municipality and County

#### c. Organization Type

- ☐ For Profit Entity  
☒ Non Profit 501(c)(3)  
☐ Non Profit 501(c)(4)  
☐ Local Entity  
☐ University or College  
☐ Other (please specify)

d. First Name  Last Name   
e. E-mail Address   
f. Phone Number

#### 16. Lobbyist Contact Information

a. Name   
b. Firm Name   
c. E-mail Address   
d. Phone Number