

Budget Detail Request - Fiscal Year 2016-17

Your request will not be officially submitted unless all questions and applicable sub parts are answered.

1. Title of Project: Citrus Health Network Adult Crisis Stabilization Unit
2. Date of Submission: 12/18/2015
3. House Member Sponsor(s): Jeanette Nunez

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
If answer to 4a is ?NO? skip 4b and 4c and proceed to 4d
- b. What is the most recent fiscal year the project was funded? 2015-16
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request (Note that Column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in Column G):

FY:	Input Prior Year Appropriation for this project for FY 2015-16 (If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2016-17 (If no new Recurring or Nonrecurring funding is requested, enter zeros.)			
	Column: A	B	C	D	E	F	G
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: Column A + Column B)	Recurring Base Budget (Will equal non-vetoed amounts provided in Column A)	INCREASED or NEW Recurring Requested	TOTAL Nonrecurring Requested (Nonrecurring is one time funding & must be re-requested every year)	Total Funds Requested Over Base Funding (Recurring plus Nonrecurring: Column E + Column F)
Input Amounts:	455,000	0	455,000	455,000	0	0	0

- e. New Nonrecurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs
- f. New Recurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs

5. Requester:

- a. Name: Mario Jardon
- b. Organization: Citrus Health Network, Inc.
- c. Email: mario@citrushealth.com
- d. Phone #: (305)424-3100

6. Organization or Name of Entity Receiving Funds:

- a. Name: Citrus Health Network, Inc.
- b. County (County where funds are to be expended) Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding) Miami-Dade

7. Write a project description that will serve as a stand-alone summary of the project for legislative review. The description should summarize the entire project's intended purpose, the purpose of the funds requested (if request is a sub-part of the entire project), and most importantly the detail on how the funds requested will be spent - for example how much will be spent on positions and associated salaries, specifics on capital costs, and detail of operational expenses. The summary must list what local, regional or statewide interests or areas are served. It should also document the need for the funds, the community support and expected results when applicable. Be sure to include the type and amount of services as well as the number of the specific target population that will be served (such as number of home health visits to X, # of elderly, # of school aged children to receive mentoring, # of violent crime victims to receive once a week counseling etc.)

The Adult Crisis Stabilization Unit (CSU) at Citrus Health Network is open 24 hours a day, seven days a week, and is one of only two Adult CSUs serving northern Miami-Dade. The Citrus Adult CSU is a crucial provider of emergency mental health services in Miami-Dade County. The unit provides brief, intensive services for individuals who are acutely mentally ill and experiencing a mental health crisis, with the goal of examining and stabilizing the individual, and redirecting them to the most appropriate and least restrictive treatment setting for their needs.

Citrus's Adult CSU is licensed to provide Baker Act services (as prescribed for and required by Chapter 394 F.S.), and is a critically important mental health service provider for the indigent and uninsured, including homeless and mentally ill individuals.

The Citrus Adult CSU is licensed by the Florida Agency for Health Care Administration Division of Health Quality Assurance as a Crisis Stabilization Unit complying with the rules and regulations adopted by the State of Florida and the Agency for Health Care Administration.

In addition to meeting licensing requirements, the Citrus Quality Improvement Department collects data on various performance measures center-wide, including for the Adult CSU; including seclusion and restraint, customer complaints, and medication errors.

Citrus Health Network has been accredited by the Joint Commission for Behavioral Health Accreditation and Behavioral Health Home Certification. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards.

The requested re-authorization for this \$455,000 appropriation allows the Citrus CSU to stay open and operating 24 hours a day, seven days per week to continue meeting the ever-increasing mental health services demands in the Citrus service area, which includes Hialeah, Hialeah Gardens, Doral, Sweetwater,

Miami Gardens, Opa Locka, and Miami Lakes.

CSUs are a far less expensive option than providing crisis stabilization services in a hospital setting. An analysis of CSU data collected by the DCF Crisis Stabilization Unit Workgroup in 2012 found that the statewide average cost per Bed Day is \$377, taking both adults and children CSUs into account, while the statewide hospital average cost per Bed Day of \$526.

The Citrus CSU has a license capacity to serve 24 beds. Currently, through a combination of funding from DCF and local matching dollars, the state pays for 11 of 24 beds each day at the Citrus Health Network Adult CSU to be available for indigent clients who do not have insurance coverage through Medicaid, Medicare, private insurance, or another form of coverage. DCF pays a flat rate per bed per day, with a 25 percent county match, and does not provide additional reimbursement if more beds are used by unfunded clients. Citrus also receives some payments based on utilization for clients with certain Medicaid and Medicare coverage.

The unit is regularly full, averaging more than 91% capacity during FY 2014-2015, for a total of 8,015 bed days. During the same time period, the state paid for 4,015 bed days for unfunded clients, those clients used 5,098 bed days; leaving the unfunded bed utilization rate at more than 127% for the year, and resulting in a loss of revenue for more than 1,083 bed days. Approximately 30% of the clients admitted to the Adult CSU have co-occurring substance or alcohol abuse concerns or intoxication in addition to a mental health diagnosis.

According to the South Florida Behavioral Health Network CSU Admissions, Readmissions, and Utilization Report for the Adult System of Care during FY 2014-2015, the Citrus Adult CSU received 28% of admissions, the highest percentage among the Adult CSUs in the Managing Entity's Adult System of Care. The Citrus Adult CSU also had the lowest readmission rate of any Adult CSU in the Managing Entity's Adult System of Care at 11.7%.

The services provided by the Citrus Adult CSU are essential to the mental well-being of the local community, as well patient and public safety.

8. Provide the total cost of the project for FY 2016-17 from all sources of funding:

Federal: 0

State: 0 (Excluding the requested Total Amount in #4d, Column G)

Local: 0

Other: 0

9. Is this a multi-year project requiring funding from the state for more than one year?

Yes