



Children, Families & Seniors Subcommittee

**Tuesday, November 3, 2015
9:00 AM – 11:00 AM
Reed Hall (102 HOB)**

**Steve Crisafulli
Speaker**

**Gayle B. Harrell
Chair**

Committee Meeting Notice

HOUSE OF REPRESENTATIVES

Children, Families & Seniors Subcommittee

Start Date and Time: Tuesday, November 03, 2015 09:00 am
End Date and Time: Tuesday, November 03, 2015 11:00 am
Location: Reed Hall (102 HOB)
Duration: 2.00 hrs

Presentations on mental health and substance abuse safety net system coordination by the Department of Children and Families and the Florida Association of Managing Entities

NOTICE FINALIZED on 10/27/2015 1:40PM by Ellerkamp.Donna

Presentation by DCF on
Mental Health & Substance
Abuse Safety Net System
Coordination



Mental Health and Substance Abuse Safety Net System Coordination

House Children, Families, and Seniors Subcommittee

November 3, 2015

Presentation Overview

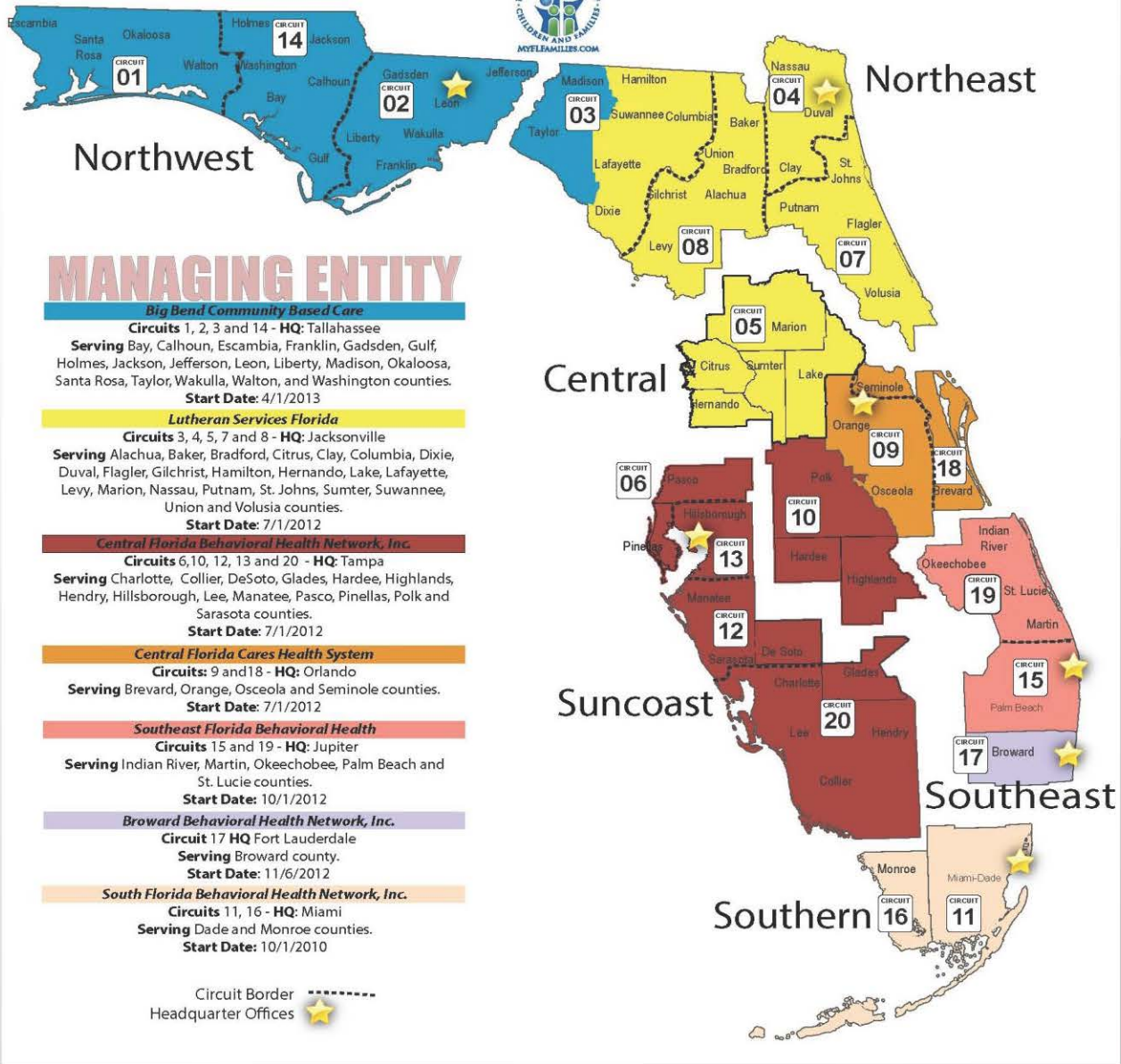
- Managing Entities
 - Defined
 - Network planning, development, and stakeholder coordination
 - Department responsibilities
- Department Initiatives
 - Project teams/priority of effort
 - State treatment facilities
 - Crisis services/access
 - Enhancement of services
 - Housing



Managing Entities

- DCF contracts for behavioral health services through regional systems of care called managing entities (MEs).
- MEs do not provide direct services; they contract for a comprehensive array of behavioral health services that are accessible and responsive to the needs of individuals served, their families, and community stakeholders.
- Major ME responsibilities include:
 - Development: planning with stakeholders to address community needs
 - Implementation: execution of ME strategy for behavioral health safety net
 - Administration: operation and management of behavioral health services
 - Monitoring: acquisition, review, and reporting of compliance with state and federal law and the ME contract throughout the network





MANAGING ENTITY

Big Bend Community Based Care

Circuits 1, 2, 3 and 14 - HQ: Tallahassee

Serving Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, and Washington counties.

Start Date: 4/1/2013

Lutheran Services Florida

Circuits 3, 4, 5, 7 and 8 - HQ: Jacksonville

Serving Alachua, Baker, Bradford, Citrus, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Hernando, Lake, Lafayette, Levy, Marion, Nassau, Putnam, St. Johns, Sumter, Suwannee, Union and Volusia counties.

Start Date: 7/1/2012

Central Florida Behavioral Health Network, Inc.

Circuits 6, 10, 12, 13 and 20 - HQ: Tampa

Serving Charlotte, Collier, DeSoto, Glades, Hardee, Highlands, Hendry, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk and Sarasota counties.

Start Date: 7/1/2012

Central Florida Cares Health System

Circuits: 9 and 18 - **HQ:** Orlando

Serving Brevard, Orange, Osceola and Seminole counties.

Start Date: 7/1/2012

Southeast Florida Behavioral Health

Circuits 15 and 19 - HQ: Jupiter

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

Start Date: 10/1/2012

Broward Behavioral Health Network, Inc.

Circuit 17 HQ: Fort Lauderdale

Serving Broward county.

Start Date: 11/6/2012

South Florida Behavioral Health Network, Inc.

Circuits 11, 16 - HQ: Miami

Serving Dade and Monroe counties.

Start Date: 10/1/2010

Circuit Border
 Headquarter Offices



Managing Entities

Network Planning and Development

ME's must annually develop and submit:

- Business Operations Plan for network planning and capacity, to include:
 - ✓ The planning and development process and operations implementation
 - ✓ Projected community need and anticipated service targets
- Coordination of Care Plan for the coordination of services, to include:
 - ✓ Reducing, managing, and eliminating waitlists for services
 - ✓ Promoting increased planning and delivery of services to individuals
 - ✓ Monitoring and implementing system changes for increased effectiveness.
- Network Management Plan and budget for how the ME will implement contractually required duties.



Managing Entities

Network Planning and Development

- The managing entity contract addresses requirements for system of care development and implementation.
 - System development must include system planning with stakeholders, assessment of need, and strategies to meet identified needs.
 - MEs participate in community, circuit, regional, and state level planning and provide data and program information for department strategic planning.



Managing Entities

Coordination with Stakeholders

- MEs collaborate with and accept input from stakeholders to administer services and manage the local network (local stakeholder meetings, interagency meetings, surveys, etc.)
- MEs coordinate with:
 - ✓ Judicial and criminal justice systems and local law enforcement agencies to divert individuals from the criminal justice system
 - ✓ Judicial systems to address substance abuse and mental health needs of children and parents in the child welfare and juvenile justice systems
 - ✓ Community Based Care lead agencies to address needs of families served by child welfare



Managing Entities

Coordination with Stakeholders – *Cont.*

- MEs participate in interagency team meetings under the Interagency Agreement for child-serving agencies (contract requirement).
- MEs designate staff to serve as:
 - ✓ Consumer Affairs Representative
 - ✓ Facilities Representative as point of contact for reintegrating individuals ready for discharge from mental health treatment facilities
 - ✓ Network Service Provider Affairs Ombudsman



Managing Entities

Department Responsibilities

S. 394.9082, F.S

DCF's statutory responsibilities for planning and coordination include:

- Negotiation of system quality improvement goals each contract year
- Conducting community and regional substance abuse and mental health planning
- Assessing local needs and issues
- Coordinating with other state and local agencies



Managing Entities

Department Responsibilities – *Cont.*

- Department regional and headquarters staff review and approve required plans and reports.
- The Contract Oversight Unit (COU) monitors each ME annually.
- Department staff approves and monitors Corrective Action Plans. CAPs are developed when deficiencies are found as a result of contract monitoring, reviews of required plans or performance reports.



Department Initiatives

- DCF identified three priorities of effort:
 - Improve care coordination for high need SAMH populations;
 - Reduce the forensic waitlist; and
 - Integrate child welfare and substance abuse and mental health service systems.
- DCF convened four project teams in June 2015 to guide implementation of the priorities of effort and other high priority initiatives.
 - Project teams included key stakeholders such as MEs, providers, judicial and a consumer of behavioral health services
- DCF is also implementing new laws

Department Initiatives

Forensic Waiting List

- Ch. 916 requires persons committed to forensic programs to be admitted within 15 days
- However, increased forensic commitments are making statutory compliance difficult.
 - As of Nov. 1, 19 persons were awaiting admission and 98 persons awaiting a return to court.
- Department efforts:
 - Opened 16 new forensic beds on Sept. 1
 - Transferring more persons to civil beds
 - Working with the courts to expedite individuals' return for disposition
 - Submitting a budget amendment to fund additional forensic capacity



Department Initiatives

Project Teams – Purpose

- 1. Baker Act and Marchman Act Project Team:** To integrate access to the Baker Act and Marchman Act by defining a community system of behavioral health acute care services.
- 2. Care Coordination Project Team:** To develop a system of care coordination to address poorly managed transitions between services for high-risk, high-need individuals.
- 3. Child Welfare Integration Project Team:** To improve the coordination of and access to family focused and evidenced-based services and supports.
- 4. Information Management Project Team:** To modify the Department's Substance Abuse and Mental Health Information System (SAMHIS) to support substance abuse and mental health service provision, coordination, and financial accountability.



Department Initiatives

State Mental Health Treatment Facilities

- **Current Initiatives:**
 - Audit of facilities underway
 - Decreasing the number of long-term individuals at the facilities (with a length of stay over five years)
 - Improving partnerships with nursing homes
 - Level of Care Utilization System (LOCUS)
 - Community forensic assessment inventory
 - Forensic waiting list
- **Challenges**
 - Safety
 - Workforce Issues
 - Staffing Study
 - Technology
 - Physical Plant Limitations



Department Initiatives

Crisis Services/Access

- **Implementation of HB 79 – Crisis Stabilization Services**
 - Developed standards and protocols for CSSU data collection and submission;
 - Completed implementation of CSSU database and currently uploading monthly CSSU data from ME databases into SAMHIS;
 - Initiated rule making; and
 - Analyzing CSSU data and developing report due to the Legislature.
- **Central Receiving Facilities Proviso Project**
 - \$2.5 million contracted to Orange County Central Receiving Facility;
 - RFA has been released for remaining \$7.5 million; and
 - Notice of Award to be published on December 22, 2015.



Department Initiatives

Enhancement of Services

- **Implementation of HB 21 – Substance Abuse Services**
 - Published application materials on the DCF website for entities interested in becoming an approved credentialing entity for Recovery Residences and Recovery Residence Administrators.
 - Will publish a list of approved certification entities on the DCF website on or before December 1, 2015.
 - Executed contracts with the Florida Association of Recovery Residences (FARR) and Florida Certification Board (FCB) to develop and administer a voluntary certification program.
- **Substance Abuse and Mental Health Financial and Services Accountability Management System Proviso Project**
 - Developed methodology for creating unique client identifier (UCI) based on Medicaid Recipient ID and other client identifiers.
 - Developed standards and protocols for producing invoice verification reports.
 - Three vendors responded to a Request for Quote (RFQ) expressing interest in developing business and technical requirements.



Department Initiatives

Enhancement of Services

- **Community Action Teams (CAT)**
 - Executed contracts for the 2 additional CAT Teams funded during 2015 session.
 - The 2 additional CAT teams will serve Escambia and Alachua counties
- **Family Intensive Treatment (FIT) Teams**
 - Executed contracts for the 5 additional FIT Teams funded during 2015 session.
 - The 5 additional FIT teams will serve the following areas:
 - 3 teams will serve all 18 counties in the Northwest Region – 1 team will be located in each of the 3 circuits
 - 1 team will serve Broward county
 - 1 team will serve Palm Beach County



Department Initiatives

Housing System and Network Development Initiative

- Housing is a critical requirement for serving high need individuals receiving substance abuse and mental health services and support
- Initiative will expand housing options for individuals with mental health/co-occurring diagnoses.
- Department is amending ME contracts to include a focus on improved coordination of housing resources and is currently reviewing proposals submitted by ME's for housing coordination.
- Initiative funded by recurring SAMH Block Grant funds appropriated by Legislature for FY 15-16.



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Presentation by Florida
Association of Managing
Entities on Substance
Abuse & Mental Illness

Florida's Managing Entities

Substance Abuse & Mental Health (SAMH)

“Our dividends are lives saved”



Managing Entities:

- Local, not-for-profit businesses with COMMUNITY BOARDS
- Manage, administer, and ensure accountability of state and federal funds
- Ensure the highest quality of care
- Serve those who have no other way of paying for help
- Manage a provider network across the state
 - Does NOT include Medicaid, private insurance or services for people who have other means to pay

With Less Than 5% Administrative Rate,

MEs:

- Manage approximately \$543 million in community services (\$153 million in Federal SAMH Block Grant; \$390 million in GR)
 - EXCLUDES: State hospitals, sexual violent predators program and state administrative costs.
- Other funding sources for SAMH — DO NOT GO THROUGH MEs — including Medicaid, Child Welfare, Dept of Corrections, DJJ, APD, local governments, and private care

Connecting the Dots

- Develop and manage a community based system of care
- Provide SAMH services through contracted network of providers statewide
- Match severity of illness to intensity of service
- Promote use of evidence-based best practices
- Include services not provided by traditional medical insurance called “wraparound” e.g. housing, employment, transportation



What Managing Entities DON'T DO:

- Direct services
- Case management
- Duplicate care

Determining Services

MEs employ a variety of evidence-based strategies to evaluate community need and service priority:

- Needs assessment
- Asset mapping
- System mapping
- Community education engagement, information, feedback
- Data analysis
- Consumer, stakeholder, and provider satisfaction

“Treatment services are beginning to focus on the family’s needs instead of the program and population (adult/child).” Ann Berner, CEO, Southeast Florida BHN

Determining Services, continued

- Example:
 - **Lutheran Services of Florida (Northeast Florida)** conducts Community Engagement Teams
 - **Southeast Florida Behavioral Health Network** uses a Continuum of Care Mapping model
 - **South Florida Behavioral Health Network** allows community to prioritize services
- Analyze data - wait list, utilization, outcomes
- Identify and prioritize services for each community's system of care

Procurement

All ME's follow 65E- 14, F.A.C., purchasing requirements which ensure value-based services are maintained while new funding or system development is subject to competition.

Service Array Continuity

- Most core community services remain stable year to year. Services may change due to assessment of need, provider performance, successful initiatives, and funding.
 - **Big Bend CBC** added services to address child welfare involved families
 - **Central Florida BHN** serves rural areas with telemedicine and partnerships with the schools and health department

Addressing High Utilization

- MEs identify individuals through data received from daily crisis stabilization reporting and provide care coordination to persons with multiple admissions.
 - **Big Bend CBC** is participating in a Greenbelt Sterling Award project to reduce readmissions to acute care.
 - **Lutheran Services of Florida** coordinators communicate with provider staff to ensure that warm handoffs occur and customers' needs are met.

System of Care

- Services to increase community education and consumer engagement include:
 - Peer services
 - Consumer and family education and support
 - Crisis intervention team training for law enforcement and other first responders
 - Mental health First Aid
 - Supportive housing and education
 - In-school and other colocated services
- ME's supply information and data to all partners to inform decisions and monitor progress

MEs Making Progress

- All MEs collect and use utilization and outcome data to ensure provider performance, improve outcomes for the individual, and meet community needs:
- **Broward Behavioral Health Coalition:** *“35% of individuals discharged from state hospitals were admitted to acute care services; following the implementation of the peer to peer program, there have been no admissions to acute care of people coming back to our community from state hospitals.”*
Silvia Quintana, CEO, BBHC

MEs Making Progress, continued

- *“The combination of care coordination, peer and family engagement and necessary support services have had remarkable results.”* Linda McKinnon, **Central Florida BHN**
- Acute care readmissions of persons receiving care management is below 10%
- 93% of the families at high-risk of “lock out” have been able to remain intact with the child in the home.
- 40% of persons slated for admission to the state hospitals have been successfully into community services.

Network Provider Coordination

- All MEs work with their providers, communities, and consumers to develop annual plans related to community needs, system of care development, quality and risk management, network management, etc.
- All ME Quality and Network Management plans identify adopted referral, admission, and geographic standards

Network Provider Coordination

ME's work in partnership to help families access education, and information necessary to respond to mental health crises and to identify ways for communities to respond to new or unmet needs and identify solutions

- **Southeast Florida BHN** has a monthly Continuous Quality Improvement Committee and supports system-wide special events that support both providers and stakeholders
- **Central Florida BHN** supports more than 63 regularly scheduled stakeholder meetings that address specific issues (like acute care and child welfare) and community issues (like prevention.)

Uniform Protocols for Continuity of Care

- All MEs have uniform protocols and procedures that are submitted to DCF annually for approval
- All ME use accepted utilization review processes and follow accepted principles of care coordination for people meeting high need, high utilization criteria
- All ME's follow accepted quality review, risk management, contract management, and financial management processes, and utilize the proven "System of Care" approach which identifies solutions and tracks success throughout all levels of care

MEs Engage with Stakeholders on Concerns

All MEs collaborate with community stakeholders including:

- Governmental agencies (APD, DOC, DJJ, DCF)
- Community Based Care organizations, schools
- FQHCs, Homeless Coalitions and Continuums of Care
- Domestic violence agencies
- Law enforcement, jails, judicial advocacy groups
- Primary care, hospitals
- Public receiving facilities
- Faith based organizations
- County and state officials
- United Way and other community organizations
- Others

Thank You

Presenter: Linda McKinnon,
CEO, Central Florida Behavioral
Health Network

For more information contact
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