



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1285

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**
- Managing Entity Care Coordination (MECC) targets "high-utilizers"(HU) to ensure individuals receive appropriate care across systems and providers. One top need in behavioral health is "system" care coordination. MECC is this service. MECC identifies HU; ensures transition to local services; engage a team include case managers and housing coordinators to secure resources such as benefits, housing, transportation, work programs; facilitates warm-handoffs to providers; share data across providers. This will reduce readmission from costly services and inappropriate settings (i.e.; jails, ERs, CSUs/Detox facilities, and reduce out-of-home care for children. Some MEs are seeing less than 5% readmissions rate- well below industry standards. This supports DCF's goal to reduce the number of people in crisis by 20% by June 30, 2021. Medically Assisted Treatment (MAT) is an evidence based treatment to decrease use and overdose from additions. MAT assists Florida's fight against the opioid crisis.

5. **State Agency to receive requested funds**
- State Agency contacted? Yes No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="6,000,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
Total State Funds Requested	6,000,000

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 80%;" type="text" value="6000000"/>	<input style="width: 80%;" type="text" value="100.0"/> %
Matching Funds		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	6,000,000	100 %

8. **Has this project previously received state funding?** Yes No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 80%;" type="text" value="2019-20"/>	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="6,000,000"/>	<input style="width: 80%;" type="text" value="3 and 3"/>	<input type="text" value="No"/>

9. **Is future-year funding likely to be requested?** Yes No

If yes, indicate nonrecurring amount per year.



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10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Each Managing Entity (7) to supplement current FTE project management.	21,000
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Other		
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	Contract with providers for administering Medically Assisted Treatment (MAT) Services to contracted providers with the Managing Entities.	2,500,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		6,000,000



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11. Program Performance

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

Managing Entity (ME) Care Coordination (\$3.5 million) To reduce readmission 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 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 program complies with DCF's goal to reduce 20% of the number of people in crisis by June 30, 2021. Medication-Assisted Treatment (MAT) (\$2.5 million) ROAD TO RECOVERY includes evidence-based treatment that will decrease use/overdoses.

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

MECC: Assist individuals who are not effectively connected with treatment and supports they need to transition successfully from higher levels of care to effective community-based care: 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. MAT: Administer MAT to those in need of treatment to assist in recovery.

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

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

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

High Utilizers: 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, ME or network of providers as potentially high-risk due to concerns that warrant Care Coordination. MECC is expected to assist approximately 4,900 high-utilizers.

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

MECC: Reduce re-admissions of high-utilizers who are in care coordination; identification and linkage to safe, affordable, stable housing for individuals with behavioral health conditions; improve transitions from acute care and restrictive settings to less restrictive community-based levels of care; decrease hospitalization, inpatient care, incarcerations, and homelessness; and increase diversion from state mental health facility admissions. Outcomes: Reduction of acute care admissions: 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 housing. MAT: Evidence-based treatments to decrease use and overdoses. Outcomes: increase access to MAT treatments in each ME.

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 in the contract?

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



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12. **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

13. **Requestor Contact Information**

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

14. **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

15. **Lobbyist Contact Information**

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