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

2. **Senate Sponsor**: Darryl Rouson

3. **Date of Request**: 11/12/2019

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**: Department of Children and Families

   - **State Agency contacted?**: Yes

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

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>6,000,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td>000</td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td>6,000,000</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>6000000</td>
<td>100.0 %</td>
</tr>
<tr>
<td><strong>Matching Funds</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal</td>
<td>00</td>
<td>0 %</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>00</td>
<td>0 %</td>
</tr>
<tr>
<td>Local</td>
<td>00</td>
<td>0 %</td>
</tr>
<tr>
<td>Other</td>
<td>00</td>
<td>0 %</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2020-2021</strong></td>
<td>6,000,000</td>
<td>100 %</td>
</tr>
</tbody>
</table>

8. **Has this project previously received state funding?**: Yes

   - **Fiscal Year (yyyy-yy) | Recurring | Nonrecurring | Specific Appropriation # | Vetoeed**
   |
   | 2019-20 | 00 | 6,000,000 | 3 and 3 | No |

9. **Is future-year funding likely to be requested?**: Yes

   - **If yes, indicate nonrecurring amount per year**: 6,000,000
10. **Details on how the requested state funds will be expended**

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Administrative Costs:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive Director/Project Head Salary and Benefits</td>
<td>Each Managing Entity (7) to supplement current FTE project management.</td>
<td>21,000</td>
</tr>
<tr>
<td>Other Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expense/Equipment/ Travel/Supplies/Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Operational Costs: Other</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salary and Benefits</td>
<td>49 Care Coordinators/Housing Coordinators @ $65,000 per year to conduct systems care coordination on high-utilizers.</td>
<td>3,185,000</td>
</tr>
<tr>
<td>Expense/Equipment/ Travel/Supplies/Other</td>
<td>$6,000 annually per 49 Care/Housing Coordinators to cover technology, travel expenses, occupancy rates and other related expenses.</td>
<td>294,000</td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td>Contract with providers for administering Medically Assisted Treatment (MAT) Services to contracted providers with the Managing Entities.</td>
<td>2,500,000</td>
</tr>
<tr>
<td><strong>Fixed Capital Construction/Major Renovation:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Construction/Renovation/ Land/Planning Engineering</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested (must equal total from question #6)</strong></td>
<td></td>
<td>6,000,000</td>
</tr>
</tbody>
</table>
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
ilness; 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.
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 Darryl
   Last Name Rouson

b. Organization N/A

c. E-mail Address rousonlaw@aol.com

d. Phone Number (727)224-4557 Ext. 

14. Recipient Contact Information

a. Organization Managing Entities

b. Municipality and County Statewide

c. Organization Type
   ○ For-profit Entity
   ○ Non-Profit 501(c) (3)
   ○ Non-Profit 501(c) (4)
   ○ Local Entity
   ○ University or College
   ○ Other (please specify) Non Profit 501(c) (3)

d. First Name Darryl
   Last Name Rouson

e. E-mail Address rousonlaw@aol.com

f. Phone Number (727)2244557

15. Lobbyist Contact Information

a. Name None

b. Firm Name None

c. E-mail Address

d. Phone Number Ext.