



BIG BEND

COMMUNITY BASED CARE

BUILDING STRONGER FAMILIES IN OUR COMMUNITY.

Enhancement Plan

2019-2020

Introduction

Big Bend Community Based Care Managing Entity is currently conducting the 2019 Triennial Needs Assessment that will be completed by October 1, 2019. The resulting analysis and report will serve to better inform the ME and the Regional System of Care of the priorities for service enhancement going forward for the next three years.

The current 2019-2020 Enhancement Plan submission is a modification and update of the 2018-2019 Enhancement Plan which was based on the 2016 ME Needs Assessment completed in September, 2016. Some of the priorities in last year's Enhancement Plan we are proud to say were able to be completed in the last year. Specifically the Expansion of Community Action Treatment (CAT) services into all of the counties in the Northwest Region has occurred and continues to improve in the quality of services and coordination with schools and other agencies in order to meet the needs of children and families. The establishment of tele-behavioral services is well into implementation across the region to be used in schools and jails and as an integral part of the mobile response teams that function in often remote rural areas of Northwest Florida. Supportive Housing services for individuals with a mental health / co-occurring diagnoses and forensic involvement continues to expand in the region through the use of transitional vouchers as well as through newly contracted services with the Circuit 2 Public Defender Office. Care Coordination services across the region have also been working to use the Transitional Vouchers for transitional /supportive housing services with those clients being discharged from State Mental Health Treatment Centers or are high utilizers of crisis and other services. Development of housing options remains a priority in the region and the need has only increased after the devastating effects of Hurricane Michael. There is a continued need for increased community support (FACT like) services to maintain individuals in the community and avoid recidivism. The need for expansion of Detoxification Services in the Okaloosa/Walton area continues as well as other outpatient services as reflected in this plan.



**FY 19/20 Enhancement Plan
Local Funding Request
Expand Detoxification Services**

Please complete the following form for each of the five priorities identified in your Managing Entities' Needs Assessment.

- 1. Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.**

Big Bend Community Based Care's (BBCBC's) 2016 Needs Assessment was completed on September 20, 2016. It met the requirements as outlined in templates provided by the Department. BBCBC is currently completing the 2019 Triennial Needs Assessment Plan to be submitted October 1, 2019. The 2016 templates included all of the elements required under relevant federal and state statutes, including elements enacted in Senate Bill 12. BBCBC completed the required 2016 Needs Assessment in three (3) main phases: 1) planning, 2) primary data gathering and analysis, and 3) completion of a Community Needs Assessments surveys. The surveys responses included those from a) Individuals and Family Members who were served; b) Providers of Behavioral Health services; c) Community Stakeholders. In addition, BBCBC analyzed waitlist and service data. The top needs identified were: 1. Outpatient services for substance abuse and mental health; **2. Residential services for substance abuse**; 3. Housing and supported housing options; 4. Substance abuse prevention services; and 5. Health Information Exchange Platform.

During the FY 18/19 the area of NW Florida experienced Hurricane Michael that damaged provider facilities in Circuit 14 that offered Residential and Detox services for substance abuse and diverted BBCBC's efforts at enhancement of services towards recovery and restoration of services. The support and expansion of Detoxification Services continues as a priority and is made an even higher priority based on the vulnerability of service delivery experienced.

Please describe:

- a. The problem or unmet need that this funding will address**

Within the Okaloosa/Walton County area, there are no detoxification services. A freestanding detox facility was located at Ft Walton Beach but closed in 2013 because there was not sufficient funding to maintain it. Residents of these two counties must travel up to two hours to Pensacola or Panama City to reach a detox facility. The Panama City Detox facility was badly damaged as a result of Hurricane Michael and is currently closed and under repairs which has further complicated the issue of providing Detox services. The Panama City facility is expected to open again for services in September 2019 but the vulnerability of this vital service was further exposed and the need for another facility emphasized. This has been a need identified by local community leaders. Often times, individuals in substance abuse crisis are brought to the primary hospital emergency room where they are medically stabilized but not truly detoxed.

Additionally, the contracted detox beds at Lakeview Center in Pensacola are running at 180% utilization.

To combat the emerging opioid crisis in the area, detox services are needed in order to stabilize individuals and transition them to a medication assisted treatment (MAT) program.

b. The proposed strategy and specific services to be provided

Develop a 10 bed detox facility in the Okaloosa/Walton County area.

c. Target population to be served

- Adults under Marchman Act or in need of detoxification services

d. County(ies) to be served

Okaloosa and Walton

e. Number of individuals to be served

At an estimated 80% of maximum capacity and an average length of stay of 4.5 days, this program would serve 649 people

2. Please describe in detail the action steps to implement the strategy

See attached excel workbook- action plan tab

3. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

See attached excel workbook- budget tab

10 beds at \$285/day at minimum required service level of 3,103 days = \$884,213.00

4. Identify expected beneficial results and outcomes associated with addressing this unmet need.

This funding will increase detoxification capacity within the Northwest Region. This community resource which has not existed for 5+ years will help to stabilize individuals in order to allow them to begin treatment in their community. The program will provide immediate detox from substances so that medication assisted treatments such as Buprenorphine and Vivitrol may be initiated.

Additionally, it reduces the costs to the hospitals and is a more appropriate approach than simple physical stabilization in a hospital emergency room.

Finally, a program located in this community does not require individuals or law enforcement to travel up to two hours to reach treatment. It also alleviates over-utilization of detox beds at Lakeview Center in Pensacola.

Specific measures that will be used to document performance data for the project.

- Number of adults served
- Priority of Effort for Detox readmissions
- Utilization rates at all system Detox facilities



Big Bend Community Based Care Enhancement Plan FY 19-20

Priority 1

10 Bed Inpatient Detox in Okaloosa/Walton

Total Budget: \$ 884,212.50

Budget

Program	Payment Methodology	Covered Services <i>(add rows to each Payment Methodology as necessary)</i>	Proposed Rate	Available Service Capacity (Units)	Minimum Required Service Level (Units)	Operating Budget Allocation	Comments
Substance Abuse	Capitated Rate	24 SA Inpatient Detox	\$ 285	3650	3103	\$ 884,213	10 Detox beds for Okaloosa/Walton



Big Bend Community Based Care Enhancement Plan FY 19-20

Priority 1

10 Bed Inpatient Detox in Okaloosa/Walton

Action Plan

		Target Completion			
	Tasks	Date	Resource People	Other Resources	Success Indicator
1	Ensure funding is available through LBR or internal budget shift	1/1/2020	CEO, CFO	DCF, Grant Source	Contract amendment, grant notification
2	Procure service provider(s) via ITN or RFP	3/31/2020	Contract Manager	Director of Contract Administration, CFO, Programs	Service provider(s) selected
3	Negotiate and contract with provider(s)	5/1/2020	Operations Manager	Director of Contract Administration, Contract Manager	Executed contract
4	Begin providing services	7/1/2020	Provider	ME	Services being provided
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6					
7					
8					
9					
10					
11					
12					
13					
14					



**FY 19/20 Enhancement Plan
Local Funding Request
Increase Forensic Services**

Please complete the following form for each of the five priorities identified in your Managing Entities' Needs Assessment.

- 1. Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.**

Big Bend Community Based Care's (BBCBC's) 2016 Needs Assessment was completed on September 20, 2016. It met the requirements as outlined in templates provided by the Department. These templates included all of the elements required under relevant federal and state statutes, including new elements recently enacted in Senate Bill 12. BBCBC completed the required 2016 Needs Assessment in three (3) main phases: 1) planning, 2) primary data gathering and analysis, and 3) completion of a Community Needs Assessments surveys. The surveys responses included those from a) Individuals and Family Members who were served; b) Providers of Behavioral Health services; c) Community Stakeholders. In addition, BBCBC analyzed waitlist and service data. The top needs identified were: 1. **Outpatient services for substance abuse and mental health**; 2. Residential services for substance abuse; 3. Housing and supported housing options; 4. Substance abuse prevention services; and 5. Health Information Exchange Platform.

Big Bend Community Based Care is currently conducting the 2019 Triennial Needs Assessment to be completed October 1, 2020 that may result in shifts of top identified needs, However, reducing the number of forensic commitments to state mental health treatment facilities remains a top priority for the Department. Not only is a community setting a less restrictive environment for the individual, the cost of caring for an individual a community setting is far less than at a SMHTF. The Department tracks forensic commitment reduction efforts each month through regional forensic action plans and monthly conference calls. The desire is to use outpatient/community resources to divert individuals from being committed and serve more individuals through conditional release.

Provider agencies that work with this population were polled to determine ways to stem the increase in forensic SMHTF commitments from the Northwest Region.

Please describe:

- a. The problem or unmet need that this funding will address**

Over the last five years, the number of Forensic commitments from the Northwest Region to state mental health treatment facilities (SMHTF) has increase every year, despite efforts at diversion.

Sum of COMMITMENT					
Northwest Region	FY1516	FY1617	FY1718	FY1819	FY1920
LEON	73	86	92	87	81
BAY	36	39	51	61	57
ESCAMBIA	24	30	36	38	48
OKALOOSA	12	15	22	30	20
GADSDEN	14	18	26	15	16
SANTA ROSA	9	7	11	11	13
TAYLOR	1	2	4	9	8
WALTON	9	3	5	8	9
WASHINGTON	7		2	4	6
JEFFERSON	2	5		4	2
WAKULLA	4	2	5	3	5
JACKSON	7	7	7	3	11
LIBERTY	3	2	1	2	4
GULF	3	4	2	2	3
MADISON	1	2	2	2	1
CALHOUN	4	3	1	1	3
FRANKLIN	3	2	1		1
HOLMES	2	1	2		1
Grand Total	214	228	270	280	289

*source: DCF's 2019-6-30 Forensic Commitments

The percent of change for females has been particularly high.

Region/County	FY1314	FY1415	FY1516	FY1617	FY1718	5 year change
1-NORTHWEST	188	213	229	269	280	49%
Females	30	37	57	66	62	107%

The Northwest Region has the highest rate of forensic commitments per 10,000 population (1.16 versus the state rate of .58).

This while having a high rate of serving people on conditional release (1.10 per 10,000 people versus the state rate of .78) and also having a high rate of people being diverted (.79 per 10,000 people versus the state rate of .24).

b. The proposed strategy and specific services to be provided

BBCBC will develop a specialty Florida Assertive Community Treatment (FACT) program. It would be based on the evidence based ACT model and focus on two populations of people with mental illness involved with the criminal justice system. 1. People with non-violent felonies or misdemeanors who can be diverted from commitment (diversion); and 2. People who have discharged from a forensic commitment (prevent recidivism).

Because of the specialized population, the design of admission and discharge criteria would differ some from the current FACT standards while the array of services would be the same. There would be a particular focus on developing housing options with a designated allocation of funds for these individuals for whom finding housing is often very difficult.

Lakeview Center has had a similar program in the past that saw a 75% reduction in the number of forensic commitments.

Three teams would be deployed to the areas of greatest need.

c. Target population to be served

Adults who have been forensically committed to a state mental health treatment facility (SMHTF).

Adults involved in the criminal justice system who can be diverted from SMHTF including misdemeanants.

d. County(ies) to be served

Leon, Bay, Escambia, and (possibly) Santa Rosa

e. Number of individuals to be served

100 people per Forensic ACT team (300 total) monthly census

120 people per team (360 total) annual census

2. Please describe in detail the action steps to implement the strategy

See attached excel workbook- action plan tab

3. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

See attached excel workbook- budget tab

Forensic ACT teams – 3 teams at \$1,000,000 each = \$3,000,000 total

Providing housing support (rent) for 50 people/month (half the census) at \$500/month = $50 * \$500 * 12$ months = \$300,000 each team = \$900,000 total

4. Identify expected beneficial results and outcomes associated with addressing this unmet need.

- Individuals in this population would receive 24 hour treatment and support services that are delivered at least 75% of the time within homes, courts, jails and community settings.
- The number of people committed forensically to SMHTFs would decrease.
- The number of psychiatric hospitalization for this population would decrease.
- The number of arrests and rearrests for this population would decrease.
- The number of days this population spends in jail would decrease.
- The number of people on conditional releases would increase.
- Coordination of treatment services between the County and Circuit Courts and local law enforcement would increase.
- The amount of vocational training, safe and independent living, and number of days worked would increase.

5. Specific measures that will be used to document performance data for the project.

- Average annual days worked for Forensic ACT participants

- Percent of adults who live in a stable housing environment
- Number of participants who have a psychiatric admission during the month
- Percent of participants who have a psychiatric admission within 3 months of enrollment
- Percent of participants who are readmitted to a SMHTF within 3 and 6 months of enrollment
- Number of participants arrested during the month



Big Bend Community Based Care Enhancement Plan FY 19-20

Priority 2

Forensic ACT Services

Total Budget: \$ 3,900,000.00

Budget

Program	Payment Methodology	Covered Services <i>(add rows to each Payment Methodology as necessary)</i>	Proposed Rate	Available Service Capacity (Units)	Minimum Required Service Level (Units)	Operating Budget Allocation	Comments
Forensic FACT - Mental Health	Case Rate	N/A				\$ 3,000,000.00	3 teams at \$1,000,000 per team
Forensic FACT Housing support - Mental Health	Cost Reimbursement	N/A				\$ 900,000.00	Rent support for 50 people per month at \$500 per month for each of the 3 teams



Big Bend Community Based Care Enhancement Plan FY 19-20

Priority 2

Forensic ACT Services

Action Plan

	Tasks	Target Completion Date	Resource People	Other Resources	Success Indicator
1	Ensure funding is available	3/30/2020	Operations Manager	DCF, Grant Source	Contract amendment, grant notification
2	Procure service provider(s) via RFP	5/30/2020	Contract Manager	Director of Contract Administration, CFO, Programs	Service provider(s) selected
3	Negotiate and contract with provider(s)	6/15/2020	Operations Manager	Director of Contract Administration, Contract Manager	Executed contract
4	Begin providing services	7/1/2020	Provider	ME	Services being provided



**FY 19/20 Enhancement Plan
Local Funding Request
Expand Outpatient Services**

Please complete the following form for each of the five priorities identified in your Managing Entities' Needs Assessment.

- 1. Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.**

Big Bend Community Based Care's (BBCBC's) 2016 Needs Assessment was completed on September 20, 2016. It met the requirements as outlined in templates provided by the Department. The 2019 Triennial Needs Assessment is currently being conducted and will be completed by October 1, 2019. The 2016 templates included all of the elements required under relevant federal and state statutes, including new elements enacted in Senate Bill 12. BBCBC completed the required 2016 Needs Assessment in three (3) main phases: 1) planning, 2) primary data gathering and analysis, and 3) completion of a Community Needs Assessments surveys. The surveys responses included those from a) Individuals and Family Members who were served; b) Providers of Behavioral Health services; c) Community Stakeholders. In addition, BBCBC analyzed waitlist and service data. The top needs identified were: **1. Outpatient services for substance abuse and mental health;** 2. Residential services for substance abuse; 3. Housing and supported housing options; 4. Substance abuse prevention services; and 5. Health Information Exchange Platform.

The need for expanded outpatient services is consistent with current waitlist information where 65% of the individuals on the waitlist are waiting for outpatient services. It is also consistent with informal information collected by BBCBC staff during community meetings, interactions with stakeholders and child welfare professionals, client staffings, and budget discussions.

BBCBC has increased its relationships with several community stakeholder groups including school systems, law enforcement, and county jails. While there has been an increase in specially funded programs like CAT and Mobile Response, these enhanced relationships have uncovered even greater outpatient service needs.

Network providers were solicited for ideas of service expansion needed in their areas.

Please describe:

- a. The problem or unmet need that this funding will address**

More outpatient services are needed. Based on provider and stakeholder feedback, as well as waitlist information, greater capacity is need to support coordination of care, treatment, and recovery services.

Services needed include: Recovery and Support; care coordination (especially for pregnant/post-partem women); expanded tele-treatment services; expansion jail services; outpatient counseling, case management, and a peer lead social club.

Recovery and Support

It is widely recognized that peer support is a valuable tool to individuals in treatment and in recovery. Within a Recovery Oriented System of Care (ROSC) there needs to be adequate peer support resources. With capitated budgets, providers, at times, are reluctant to add peer support services fearing it would decrease funding for traditional treatment services. Dedicated peer support funding would help this issue.

Expand Care Coordination for Pregnant/Post-partem Women

The National Center on Substance Abuse and Child Welfare is engaged in an In-Depth Technical Assistance (IDTA) effort in Circuits 1 and 14. This is a community based project bringing together multiple agencies to work with women in need of substance abuse treatment who are also involved in the child welfare system. Positive progress is being made, however having dedicated resources to provide care coordination for this population would ensure the success of the current effort and its continuation after the IDTA project ends.

Expand Services to Jails

Many individuals are arrested for drug related charges and many county jails have inadequate resources to provide substance abuse assessment and treatment in the jail. Additionally, individuals with substance addiction, leaving jail, often turn to substances upon returning to the community which results in re-arrest. More intensive services in the jails and a focus on community re-integration will prevent re-arrest. The State Opioid Response (SOR) grant can be used in the jails for those with an opioid related disorder but the drugs that leads to most substance related arrests and re-arrests in the Northwest Region are methamphetamines for which there are no medically assisted treatments available yet.

Expand Outpatient Treatment

Based on waitlist information, provider input, and provider service data that is in excess of funds available (uncompensated care), more outpatient and medication management services are needed.

Expand Case Management

Based on waitlist information, provider input, and provider service data that is in excess of funds available (uncompensated care), more case management services are needed.

b. The proposed strategy and specific services to be provided

Expand Recovery and Support

Strategy – Obtain funding to allow each of the primary mental health and substance abuse providers to fund one (1) position to focus on Recovery and Support services within its agency. There are eight primary agencies – Lakeview Center, CDAC, Bridgeway Center, Chautauqua Healthcare System, CARE, Life Management Center, Apalachee Center, and DISC Village.

Specific Services – Recovery and Support - work to support individuals to regain or develop skills to live, work, and learn successfully in the community.

Expand Care Coordination for Pregnant/Post-partem Women

Strategy – Obtain funding to allow for 2 positions in support of IDTA efforts being provided by the National Center on Substance Abuse and Child Welfare. Enough funding for one position would be allocated to a Circuit 1 provider and funding for one position would be allocated to a Circuit 14 provider. These positions would coordinate care for individuals and their children and work at a systemic level to promote communication across various healthcare providers, the child welfare system, and courts. These positions would support the work accomplished through the IDTA efforts and continue the efforts once the consultation ends.

Specific Services – Case Management, Outreach, Assessment, Care Coordination

Expand Services to Jails

Strategies – Obtain funding to provide outpatient, non-medication substance abuse services in jail settings in order to prepare individuals to transition back to the community and prevent recidivism. Services will not be funded using Block Grant dollars and only those with an opioid disorder can be treated using SOR grant funds.

Specific Services – Assessment, Outpatient Individual, Outpatient Group, Prevention

Expand Outpatient Treatment

Strategies – Obtain funding to expand counseling and medication management. Allocation to five agencies (Lakeview, Bridgeway, Chautauqua, Life Management, Apalachee) for mental health and five agencies (Lakeview, Bridgeway, Chautauqua, CARE, DISC Village) for substance abuse will be based on an assessment of need and include factors for providers' uncompensated care.

Specific Services – Outpatient Individual, Outpatient Group, Medication Management

Expand Case Management

Strategies – Obtain funding to expand counseling and medication management. Allocation to five agencies (Lakeview, Bridgeway, Chautauqua, Life Management, Apalachee) for mental health and six agencies (Lakeview, CDAC, Bridgeway, Chautauqua, CARE, DISC Village) for substance abuse will be based on an assessment of need and include factors for providers' uncompensated care.

Specific Services – Case Management

Drop In / Self Help Center

Strategies – Develop a Drop In Center in the Walton County area.

Specific Services – Drop In / Self Help Center

c. Target population to be served

All populations

d. County(ies) to be served

Expand Recovery and Support - Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, Washington

Expand Care Coordination for Pregnant/Post-partem Women – Escambia and Bay

Expand Services to Jails - Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, Washington

Expand Outpatient Treatment - Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, Washington

Expand Case Management - Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, Washington

Drop In / Self Help Center - Walton

e. Number of individuals to be served

Expand Recovery and Support – 60 individuals x 8 agencies = 240 total

Expand Care Coordination for Pregnant/Post-partem Women – 45 individuals x 2 locations = 90 total

Expand Services to Jails – 200 individuals per jail x 18 jails = 3, 600 total

Expand Outpatient Treatment – MH - 200 individuals x 5 agencies = 1,000 total

SA – 200 individuals x 5 agencies = 1,000 total

Expand Case Management – MH - 80 individuals x 5 agencies = 400 total

SA – 80 individuals x 6 agencies = 480 total

Drop In / Self Help Center - 50 individuals total

2. Please describe in detail the action steps to implement the strategy

See attached excel workbook- action plan tab

3. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

See attached excel workbook- budget tab

Expand Recovery and Support – Fund the equivalent of 1 peer positions at 8 agencies (4 mental health and 4 substance abuse) \$40,000 each with benefits and overhead = \$320,000 total

Expand Care Coordination for Pregnant/Post-partem Women – Fund the equivalent of 1 position at 2 agencies \$50,000 each with benefits and overhead = \$100,000 total

Expand Services to Jails – Fund \$20,000 per jail x 18 jails = \$360,000 total

Expand Outpatient Treatment – MH – Fund the equivalent of 2 therapist positions at 5 agencies at \$80,000 per position with benefits and overhead = \$800,000. Also \$50,000 for additional medication management at 5 agencies = \$250,000.

SA – Fund the equivalent of 2 therapist positions at 5 agencies at \$80,000 per position with benefits and overhead = \$800,000.

Expand Case Management – MH – Fund the equivalent of 2 positions at 5 agencies at \$50,000 per position with benefits and overhead = \$500,000 total.

SA – Fund the equivalent of 2 positions at 6 agencies at \$50,000 per position with benefits and overhead = \$600,000 total.

Drop In / Self Help Center - Estimated cost of \$125,000

4. Identify expected beneficial results and outcomes associated with addressing this unmet need.

Expand Recovery and Support

- There will be an enhanced focus on recovery.
- There will be more individuals successfully completing treatment.

Expand Care Coordination for Pregnant/Post-partem Women

- There will be greater care coordination for this priority population.
- There will be continuation of systemic coordination started by the IDTA projects in Circuits 1 and 14.

Expand Services to Jails

- Individuals will receive needed treatment they are not getting now.
- Individuals will transition to treatment in the community.
- Fewer people will be re-arrested.

Expand Outpatient Treatment

- More people will be served.
- Waitlists will be shorter.

Expand Case Management

- More people will be served.
- There will be more opportunities for coordination of care.

Drop In / Self Help Center

- Individuals will have a safe, peer based place to continue their recovery.

5. Specific measures that will be used to document performance data for the project.

- Percentage change in clients who are employed from admission to discharge
- Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge
- Percent of adults who successfully complete substance abuse treatment services
- Percent of adults with substance abuse who live in a stable housing environment at the time of discharge

- Number of adults that receive substance related services
- Reduction in percentage of clients added to wait list
- Percent of adults with serious mental illness who are competitively employed
- Percent of adults with severe and persistent mental illnesses who live in stable housing environment
- Percent of adults in mental health crisis who live in stable housing environment
- Percent of clients engaged in services while in jail who are re-arrested



Big Bend Community Based Care Enhancement Plan FY 19-20

Priority 3

Expand Outpatient Services

Total Budget: \$ 3,855,000.00

Budget

Program	Payment Methodology	Covered Services <i>(add rows to each Payment Methodology as necessary)</i>	Proposed Rate	Available Service Capacity (Units)	Minimum Required Service Level (Units)	Operating Budget Allocation	Comments
Expand Recovery and Support - Mental Health	Fee for Service	Recovery and Support				\$ 160,000.00	Fund the equivalent of 1 peer positions at 4 agencies at \$40,000 each with benefits and overhead
Expand Recovery and Support - Substance Abuse	Fee for Service	Recovery and Support				\$ 160,000.00	Fund the equivalent of 1 peer positions at 4 agencies at \$40,000 each with benefits and overhead
Expand Care Coordination for Pregnant/Postpartem Women - Substance Abuse	Fee for Service	Case Management				\$ 100,000.00	Fund the equivalent of 1 position at 2 agencies \$50,000 each with benefits and overhead
Expand Services to Jails - Substance Abuse (Methamphetamines)	Fee for Service	Outpatient				\$ 360,000.00	Fund \$20,000 per jail x 18 jails
Expand Outpatient Treatment - Mental Health	Fee for Service	Outpatient				\$ 800,000.00	Fund the equivalent of 2 therapist positions at 5 agencies at \$80,000 per position with benefits and overhead
Expand Outpatient Treatment - Mental Health	Fee for Service	Medical Services				\$ 250,000.00	\$50,000 for additional medication management at 5 agencies
Expand Outpatient Treatment - Substance Abuse	Fee for Service	Outpatient				\$ 800,000.00	Fund the equivalent of 2 therapist positions at 5 agencies at \$80,000 per position with benefits and overhead
Expand Case Management - Mental Health	Fee for Service	Case Management				\$ 500,000.00	Fund the equivalent of 2 positions at 5 agencies at \$50,000 per position with benefits and overhead
Expand Case Management - Substance Abuse	Fee for Service	Case Management				\$ 600,000.00	Fund the equivalent of 2 positions at 6 agencies at \$50,000 per position with benefits and overhead
Drop In/Self Help Center - Mental Health	Fee for Service	Drop In/Self Help Center				\$ 125,000.00	Based on provider estimate



Big Bend Community Based Care Enhancement Plan FY 19-20

Priority 3

Expand Outpatient Services

Action Plan

		Target Completion			
	Tasks	Date	Resource People	Other Resources	Success Indicator
1	Confirm funding	1/1/2020	Operations Manager	DCF region and HQ BBCBC Finance	Funding confirmed
2	Amend provider contracts as appropriate	1/31/2020	BBCBC contracts	Finance	All contract amended
4	Develop action plan for expansion of jail services	2/15/2020	Operations Manager	Network Coordinators, Providers, Jails	Action Plan drafted
5	Procure Drop In Center	2/28/2020	BBCBC contracts	Finance	Service procured
6	Begin services at Drop In Center	5/1/2020	Provider	BBCBC contracts, Network Coordinator	Services begin
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18					



**FY 19/20 Enhancement Plan
Local Funding Request
ME Operational Integrity**

Please complete the following form for each of the five priorities identified in your Managing Entities' Needs Assessment.

- 1. Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.**

The Big Bend Community Based Care (BBCBC) management team met to discuss what resources are needed to adequately meet the current requirements of the Managing Entity (ME).

Please describe:

- a. The problem or unmet need that this funding will address**

Since April 2013 when BBCBC was awarded its ME contract, the amount of services funding under supervision has increased 62.5% from \$46,311,313 to \$74,130,847, in FY 18-19. There has not been an appreciable increase in ME Operations funding over that time period. During this same period, there have been additional expectations added to the list of managing entity responsibilities. These include: a focus on what were the Department's Priority of Efforts (PoE) and are now revised to be Wildly Important Goals (WIGS), focus on developing and enhancing a Recovery Oriented System of Care (ROSC), integration with child welfare, an extensive overhaul of the data system, school safety coordination, Central Receiving (No Wrong Door)/Transportation Planning, and management of multiple newly funded programs – Early Intervention Services for Psychotic Disorders, Children's Mental Health System of Care grant, Community Action Treatment (CAT) teams, mobile response teams, forensic and civil transitional beds, transition vouchers, Central Receiving Facility, Family Intensive Treatment Teams (FITT), State Targeted Response (STR) Opioid Grant (medication assisted treatment, school based prevention, hospital based peer support that ended June 30, 2019, and now the State Opioid Response (SOR) Grant for) that did add \$143,437.00 to the ME Operational Costs along with a need for providers to complete expanded assessments, data collection and evaluation requirements that must be integrated into the ME and provider data systems as well as the requirement additional training and monitoring.

Furthermore, requirements/expectations for care coordination and housing coordination have also been added. The Department requested and approved care coordination and housing proposals from the ME. These proposals were funded by the Department during FY 16-17 and care coordination and housing activities were initiated. During FY 17-18, the funding was reduced by 29%; effectively eliminating two full-time equivalent (FTE) positions and have not been restored in the FY 19/20. The expectations, however, were not reduced.

- b. The proposed strategy and specific services to be provided**

The increased workload has not been accompanied by an increase in operations funding. In order to fully develop the system of care, improve collaboration, reduce duplication, ensure accountability, and focus on Department priorities, BBCBC needs additional staff.

BBCBC requests additional funding to staff:

- Three (3) Court/Jail Liaisons – work with Civil, Forensic, Drug, and Mental Health Courts to focus on diversion from deep-end behavioral health services and further court involvement. Additionally, work with county jails to coordinate services upon release to the community.
- Three (3) Peer Specialists – work with providers at a systemic level to develop, train, and incorporate a peer workforce. There would be a heavy focus on Recovery activities.
- One (1) Data Analyst - conduct statistical analysis of behavioral health dataset to identify trends; support care coordination efforts; support continuous quality improvement; produce meaningful reports that support Department priorities; and produce data reports for grant applications.
- One (1) Care Coordination Specialist – work at a systemic level to identify high utilizers; assist providers and consumers in navigating multiple systems; track provider care coordination activities; and assist providers in developing creative and far reaching approaches to serving individuals in need of care coordination.
- One (1) Housing and Resources Specialist – work at a systemic level to develop housing and other community resources to meet the needs of clients; promote SOAR activities; identify trends and gaps in services; assist with housing of individuals exiting state mental health treatment facilities (SMHTF); and develop relationships with Homeless Coalitions and others to expand efforts to house clients.

c. Target population to be served

All clients, especially those forensically involved, school children, and high utilizers.

d. County(ies) to be served

All 18 counties in the BBCBC catchment area.

e. Number of individuals to be served

Most of this work would be at a systems level. Unable to determine how many individuals will be directly affected.

2. Please describe in detail the action steps to implement the strategy

See attached excel workbook- action plan tab

3. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

See attached excel workbook- budget tab

- Three (3) Court/Jail Liaisons – \$40,000 + 45% (benefits and overhead) = \$174,000

- Three (3) Peer Specialists – \$40,000 + 45% (benefits and overhead) = \$174,000
- One (1) Data Analyst - \$50,000 + 45% (benefits and overhead) = \$72,500
- One (1) Care Coordination Specialist – \$50,000 + 45% (benefits and overhead) = \$72,500
- One (1) Housing and Resources Specialist – \$50,000 + 45% (benefits and overhead) = \$72,500

4. Identify expected beneficial results and outcomes associated with addressing this unmet need.

If funding is appropriated, BBCBC will provide even better program oversight and system coordination as well as an even greater focus on the Department’s priorities.

Court Liaisons

- More people will be diverted from the court system and mental health institutionalization.
- More people will be engaged in community treatment services upon exiting county jails.

Peer Specialist

- Efforts to expand ROSC within the provider network through use of certified peers will be amplified.
- Systemically, service quality monitoring and program development will have a peer’s (client centered) focus.

Data Analyst

- Advanced root cause analysis will be conducted at the individual, provider, and managing entity level.
- Performance, client satisfaction, data integration will improve.

Care Coordination Specialist

- High utilizing clients will receive the level of service they need in accordance with current care coordination practices.
- BBCBC’s care coordination efforts will be fully staffed as designed and approved by the Department.

Housing and Resources Specialist

- Individuals, especially high utilizers, in need of housing or other community resources will have the service available or it will be developed.
- BBCBC’s housing and resources efforts will be fully staffed as designed and approved by the Department.

5. Specific measures that will be used to document performance data for the project.

- Number of forensic diversions
- Percent of jails sharing data
- Number of recovery and support services (units) provided within the provider network
- Percent of peers employed in the network are certified
- Percent of performance measures at or above target
- Number of people on the Seeking Placement List greater than 30 days



Big Bend Community Based Care Enhancement Plan FY 19-20

Priority 4

ME Operational Integrity

Total Budget: \$ 565,500.00

Budget

Program	Payment Methodology	Covered Services <i>(add rows to each Payment Methodology as necessary)</i>	Proposed Rate	Available Service Capacity (Units)	Minimum Required Service Level (Units)	Operating Budget Allocation	Comments
3 FTEs - Court/Jail Liaisons (one in each circuit)						\$ 174,000.00	\$40,000 + benefits/overhead
3 FTE - Peer Specialist (one in each circuit)						\$ 174,000.00	\$40,000 + benefits/overhead
1 FTE - Data Analyst						\$ 72,500.00	\$50,000 + benefits/overhead
1 FTE - Care Coordination Specialist						\$ 72,500.00	\$50,000 + benefits/overhead
1 FTE - Housing and Resources Specialist						\$ 72,500.00	\$50,000 + benefits/overhead



Big Bend Community Based Care Enhancement Plan FY 19-20

Priority 4

ME Operational Integrity

Action Plan

		Target Completion			
	Tasks	Date	Resource People	Other Resources	Success Indicator
1	Confirm funding	1/1/2020	Operations Manager	DCF region and HQ BBCBC Finance	Funding confirmed
2	Further define positions and operations needs	1/31/2020	Operations Manager	Supervisors	Position Descriptions and needs list drafted
3	Hire and train staff	2/28/2020	Operations Manager	HR	Positions filled
4	Introduce new staff to community partners	3/31/2020	Supervisors	Community Partners	Key partner meetings
5	Assess progress with new staff	6/30/2020	Supervisors	Operations Manager	Assesment complete
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Big Bend Community Based Care Enhancement Plan FY 19-20

Priority 4

ME Operational Integrity

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Big Bend Community Based Care Enhancement Plan FY 19-20

Priority 4

ME Operational Integrity

Total Budget: \$ 565,500.00

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