

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: Integrated Care Team
2. Date of Submission: 01/07/2016
3. House Member Sponsor(s): Janet Adkins

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No
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?
- 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:					250,000	0	250,000

- 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: Laureen Page
- b. Organization: Starting Point Behavioral Healthcare
- c. Email: lpagel@spbh.org
- d. Phone #: (904)225-8280

6. Organization or Name of Entity Receiving Funds:

- a. Name: Starting Point Behavioral Healthcare
- b. County (County where funds are to be expended) Nassau
- c. Service Area (Counties being served by the service(s) provided with funding) Duval, Nassau

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.)

Starting Point Behavioral Healthcare Integrated Care Team proposal

The Providers

Starting Point is the only community safety-net provider of behavioral health services in Nassau County

The Problem

High Medical Cost: 68% of adults with a mental illness have one or more chronic physical conditions. Medical costs for treating those patients with chronic medical and comorbid mental health/substance use disorder conditions can be 2-3 times as high as for those who don't have the comorbid MH/SUD conditions. Readmission rates for those with a mental health disorder are 2x higher and with a mental health and substance abuse disorder it is 3x higher. Medicaid rates only cover 60% of the cost of providing care. Nassau County has the 5th highest rate of suicide in Florida. Starting Point has the only Board Certified Child psychiatrist in the county to serve the Medicaid and uninsured population.

Low Priority: More than one in three adults with serious impairment received no mental health treatment during the past year, with less than one third of adults with mental health disorders who do get treatment and receive care considered to be minimally adequate. People with psychotic disorders and bipolar disorder are 45% and 26% less likely, respectively, to have a primary care doctor than those without mental disorders. The second diagnosis by volume for hospital readmission rates nationally is mood disorders.

There is a shortage of psychiatric care available in Nassau County. There is only one Psychiatric Medicaid provider for the whole county. There is no detox or CSU in this County.

The Solution

The solution to addressing the healthcare needs of persons with serious mental health and substance use disorders and the behavioral health needs of all Americans is straightforward.

Starting Point Behavioral Healthcare proposes to develop an integrated care team comprised of a Psychiatrist, licensed social worker and a community based care manager/case manager. The social worker will be co-located at the local hospital and rural health clinics to identify patients with mental health and substance use disorders, specifically targeting high utilizers and those admitted under a Baker Act and/or Marchman Act along with patients that meet the criteria as referred from Mental Health Courts and those on probation or parole from the Florida Department of Corrections. Follow-up care will be coordinated by the community care manager/case manager to focus on five key areas; 1) patient/family/legal guardianship engagement, 2) medication management, where the care manager/case manager may determine obstacles to the delivery of services and develop solutions based on available resources and networks accessible through the managed care plans and may include the results of genetic testing to help establish the correct medication regimes, 3) comprehensive transition planning, which may include coordination of housing agreements with a range of housing providers, including licensed assisted living facilities, adult family care homes, mental health residential treatment facilities and department-approved supportive housing programs, 4) care transition support, which may include coordination of a patients medial and psychiatric appointments, and 5) transition communication. The Psychiatrist will provide direct care as well as consultations.

Integrated care is a team-based model of care, based on the blending of numerous provider disciplines? expertise to treat a shared population through a collaborative treatment plan with clearly defined outcomes. The client and their family play a vital role as members of the team, providing input on personalized health outcomes and preferences in treatment approach. The precise mix of providers in each setting is determined in part by the clinical setting, the population needs, funding, and pre-determined outcomes. Workforce development in integrated care has unique needs and challenges, including a focus on expansion and flexibility in provider function and roles; changes in traditional healthcare provider culture and provider training; and development of an effective and efficient team.

Care Coordination Initiative: A comprehensive continuum of services promotes recovery and enables the client to fully integrate into society as a healthy substance free individual. Care coordination must be client centered moving clients to optimal levels of health and well-being while educating the clients on treatment options and exploring options of care. Reducing barriers by providing outreach/engagement of services: linking clients to housing, medical, mental health, employment and assistance with benefits establishments. The care manager/case manager will make direct contact with identified high need clients while in the acute care settings in order to engage the client and ensure smooth transition to the next level of care. Client engagement at this point of care is critical to the success of the program.

1. Close the gap between those needing behavioral healthcare and those receiving it.
2. Better integrate medical and behavioral healthcare, as well as substance use and mental health care.
3. Expand the use of evidence-based practices to coordinate care, treat behavioral health disorders, and treat chronic medical conditions.

How do we do this?

1. Employ a care manager/case manager to address patients with MH/SUD needs and help link them with community resources.
2. Ensure patients follow up with primary care physician post discharge.
3. Place a licensed therapist in the rural health clinics and Emergency department to provide behavioral health and medical services at the same time.
4. Increase capacity of Psychiatric care, especially Child Psychiatry.

Measurable outcomes:

- ? Increase time between acute care episodes (increase time from last discharge to next admission)
- ? Increase linkage to next treatment appointment within 7 days of discharge
- ? Decrease cost per person involved in care coordination
- ? Increase days in the community
- ? Increase engagement time in treatment

Positions: 2.50 (FTE) Salaries and Fringe: \$200,000

Operating Expenses: \$30,000

Indirect Expenses: \$20,000

Total \$250,000

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: 10,000

Other: 15,000

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

Yes