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# **Children, Families & Seniors Subcommittee**

**Wednesday, October 11, 2017  
9:00 AM – 11:00 AM  
12 HOB**

**Richard Corcoran  
Speaker**

**Gayle Harrell  
Chair**

# Committee Meeting Notice

## HOUSE OF REPRESENTATIVES

### Children, Families & Seniors Subcommittee

**Start Date and Time:** Wednesday, October 11, 2017 09:00 am  
**End Date and Time:** Wednesday, October 11, 2017 11:00 am  
**Location:** 12 HOB  
**Duration:** 2.00 hrs

Implementation updates on SB 12 (2016) and HB 807 (2017), mental health and substance abuse, by the Department of Children and Families

Presentation on provider implementation of SB 12, by Joe Rutherford, CEO, Gracepoint

**NOTICE FINALIZED on 10/04/2017 12:09PM by Krause.Jessica**





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# **Presentation on Senate Bill 12 Implementation**

**Ute Gazioch, Director, Substance and Abuse and  
Mental Health**

**October 11, 2017**

# System Issues

- Difficulties accessing the right services and navigating the system
- Poor coordination across providers and systems (i.e., criminal justice, housing, child welfare, primary care)
- Persons receiving care in crisis settings without follow-up in the community
- Managing Entity language required updates
- Historically changes occurred at the program level through member projects rather than at the larger system level



# Senate Bill 12 Overview

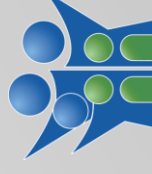
Senate Bill (SB) 12 is the result of a two-year effort to:

- Reduce barriers identified by law enforcement, courts and families in accessing mental health and substance abuse treatment
- Develop a system of care that is more responsive to Florida’s most vulnerable
- Coordinate care across community agencies
- Address the need for a clearly-identified system of acute-care services with a “no wrong door” concept



# Major Provisions

- Defines Elements of a System of Care
- Requires Central Receiving Systems with Transportation Plans and led to grant opportunities
- Changes to Baker and Marchman Acts
  - Aligning the processes
  - Mandating forms
  - Changing reporting
- Focuses on Care Coordination



# Major Provisions

- Updates Managing Entity Governance
- Requires Reports and Recommendations on:
  - Statewide Assessment of Behavioral Health Services
  - Revenue Maximization
  - Advanced Directives for Substance Abuse
  - Consolidated License Plan between DCF and AHCA
- Changes the Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant Program





# Receiving Systems

Counties and MIEs were required to plan and implement a receiving system that consists of one or more facilities serving a defined geographic area by July 1, 2017

- Responsible for assessment and evaluation (voluntary and involuntary), and for treatment, stabilization or triage for individuals with mental health and/or substance use disorders
- Must function as a no-wrong-door model and be accompanied by a transportation plan
- Must make available to first responders an accurate inventory of providers, their capacity and limitations, and transportation plan



# Central Receiving Systems Progress

- Created and distributed Behavioral Health Receiving System Plan guidance document to assist counties and managing entities
- Plans submitted to and approved by SAMH regional offices
- SAMH headquarters received 64 plans that are expected to be reviewed by November 15<sup>th</sup>, 2017.



# Central Receiving System Grants

- The Florida Legislature allocated \$10M in FY15-16, \$20M in FY16-17, and \$11.9M in FY17-18 for Central Receiving System grants
- Awards were made to 9 providers – all are operational
- Innovation
  - Care coordination teams and mobile crisis teams coordinating with the facility to focus on needs of high utilizers, reduce inpatient admissions
  - Baker Act diversions
  - Reduced law enforcement drop off times
  - Partnerships between Mental Health and Substance Use Service Providers



# Baker Act and Marchman Act

SB 12 made a number of changes to each statute, including:

- Prohibiting certain individuals from being selected as a person's representative or guardian advocate
- Adding guardian advocates to the Marchman Act
- Changing transportation requirements from nearest receiving facility to a transportation plan supporting the designated receiving system
- Changing and clarifying court procedures



# Baker Act and Marchman Act

- DCF contracted with the Florida Mental Health Institute to receive and analyze Baker Act forms on behalf of DCF and prepare the annual report to the Legislature
  - The process was established and operational by August 2016
  - The annual report to the Legislature was published for fiscal year 2015-2016 in March 2017



# Baker Act and Marchman Act

DCF contracted with the Florida Certification Board to develop trainings related to the changes in the two Acts

- Guardian Advocate training courses are complete, pending each circuit court Chief Judge approval
- 6 additional courses have been made available for free



# Baker Act and Marchman Act

- DCF drafted revised administrative rule and related forms
- Draft proposed rule publication- October 2017
- Created mandatory Protective Custody form for law enforcement agencies in June 2016
  - Published on web page
  - Notified law enforcement agencies and the courts of the availability of the form



# Care Coordination Progress

- Defined priority populations for care coordination
- Developed a Care Coordination framework and ME guidance contract document
- Funded a Care Coordination Learning Collaborative for providers and MEs including 24 teams, made up of 120 individuals
- Funded the Florida Alcohol and Drug and Abuse Association to conduct web-based training
- Conducted regional care coordination technical assistance site visits





# Care Coordination Implementation

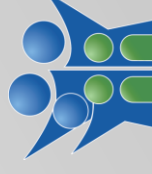
Between 01/ 2017 and 06/2017, 1,506 individuals were engaged into care coordination. Innovative practices include:

- Improved transitions/warm hand-offs using peer support
- Use of standardized assessment of level of care determination process
- Developed new service options based on need
- Diverted inpatient admissions through voluntary screenings at the emergency room
- Reallocated existing case management and acute care funds to support care coordination



# Care Coordination Next Steps

- Develop a technical assistance document and webinar for MIEs
- Incorporate identified training needs into the annual training plan
- Develop a rating system for MIE performance and monitor performance



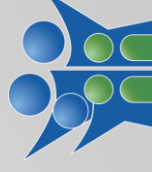
# Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program

- Special Appropriation increased from \$3M to \$9M annually
- Expanded the interagency review committee for the program and eligibility of who can apply
- DCF has awarded 19 three-year grants for implementation and expansion and 8 one-year planning grants
  - 14 Implementation and Expansion projects are implemented
  - 7 Planning projects are implemented
  - Remaining projects to be implemented by November 1, 2017



# Remaining Tasks

- Implement new data system including unique client identifier and new performance measures (target date: December 2018)
- Complete administrative rule promulgation to implement statutory changes (target date: February 2018)
- 6 BA/MA courses and 2 Reference Guides are under development (target date: 6/30/18)
- Accreditation of ME's (6/30/19)
- ME enhancement plans (received in September 2017 and under review)



# Questions?



# Central Receiving Facility

REPORT TO CHILDREN, FAMILIES & SENIORS  
SUBCOMMITTEE (2018 SESSION)

Joe Rutherford, MA, MBA  
Chief Executive Officer



October, 2017

# Gracepoint's Central Receiving Facility

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- **The MCRT (Mobile Crisis Response Team), IMPACT, and Care Coordination Team (CCT) coordinates care within the Central Receiving Facility with a focus on high utilizers and reducing and/or preventing CRF/CSU/Detox and Hospital ED admissions.**
- **The MCRT (4 staff) screens and/or assesses individuals in the community to determine the need for crisis stabilization/detox or another appropriate level of care.**
- **The IMPACT (4 staff) program is a 30 day in-home case management and therapy program that removes barriers to receiving timely behavioral health services.**
- **The CCT (5 staff) screens/engages individuals in the CRF/CSU/Detox/ED and community in the effort to coordinate behavioral and medical services as well as other needs/preferences to reduce the need for crisis stabilization, detox, and ED utilization.**

# Gracepoint's Central Receiving Facility MCRT Outcomes

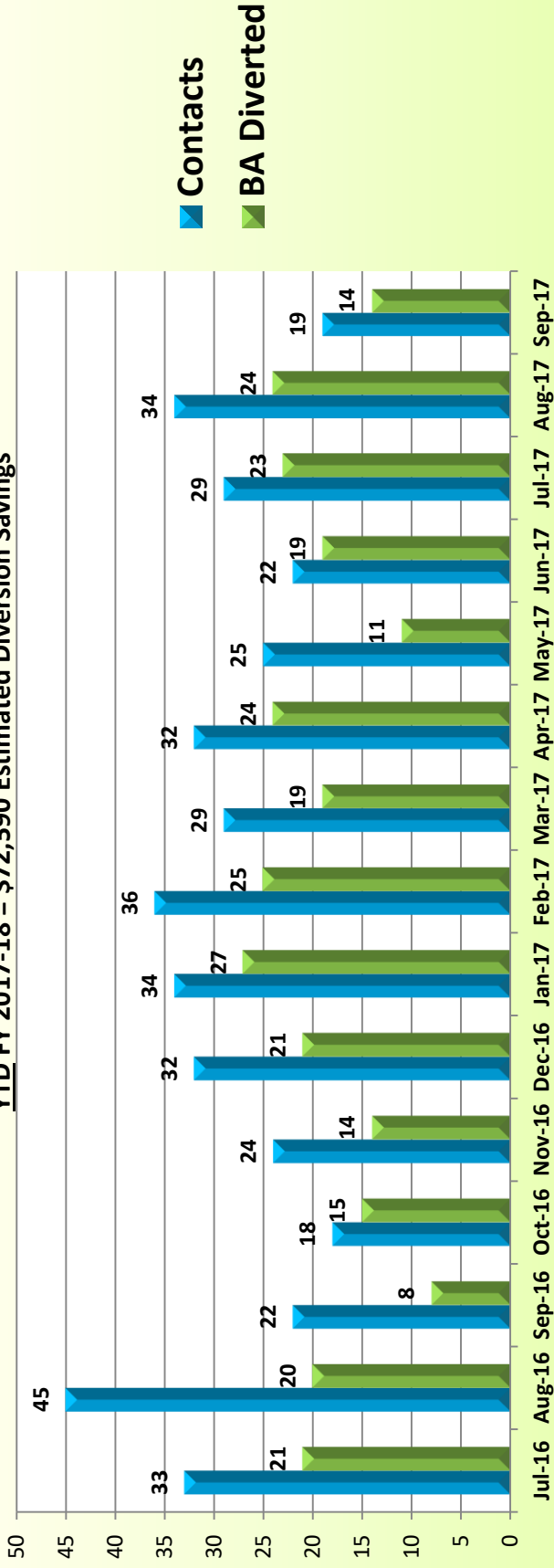
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# of Mobile Crisis Response Team Contacts and Baker Act Diversions

66% CRF Diversion Rate (285 Diverted / 434 Contacts)

FY 2016-17 = \$266,560 Estimated Diversion Savings (3.5 Days Average Length of Stay at \$340/Day)

YTD FY 2017-18 = \$72,590 Estimated Diversion Savings



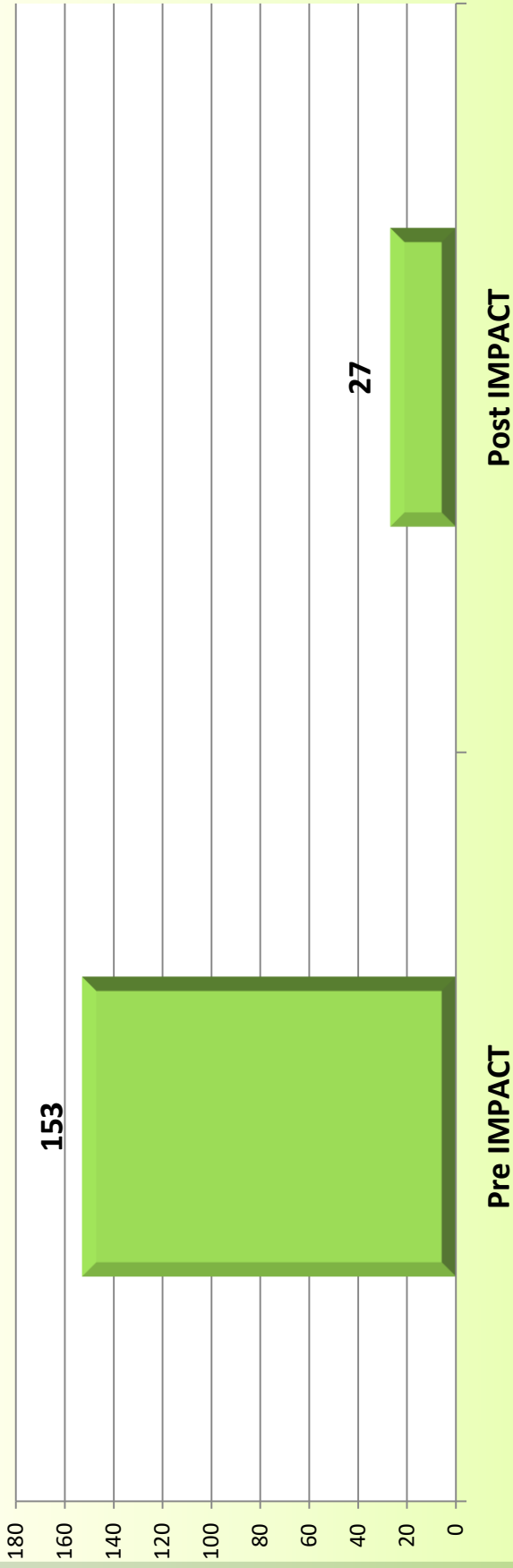
Cost Avoided figures exclude transportation costs.



# Gracepoint's Central Receiving Facility IMPACT Team Outcomes

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# of CRF Admissions 90 Days Pre IMPACT Services & 90 Days Post IMPACT Services  
N = 151 (82% CRF Admission Reduction) Date Range: FY 2016-17  
(Admission Cost Based on: 3.5 Average Length of Stay at \$340/Day)

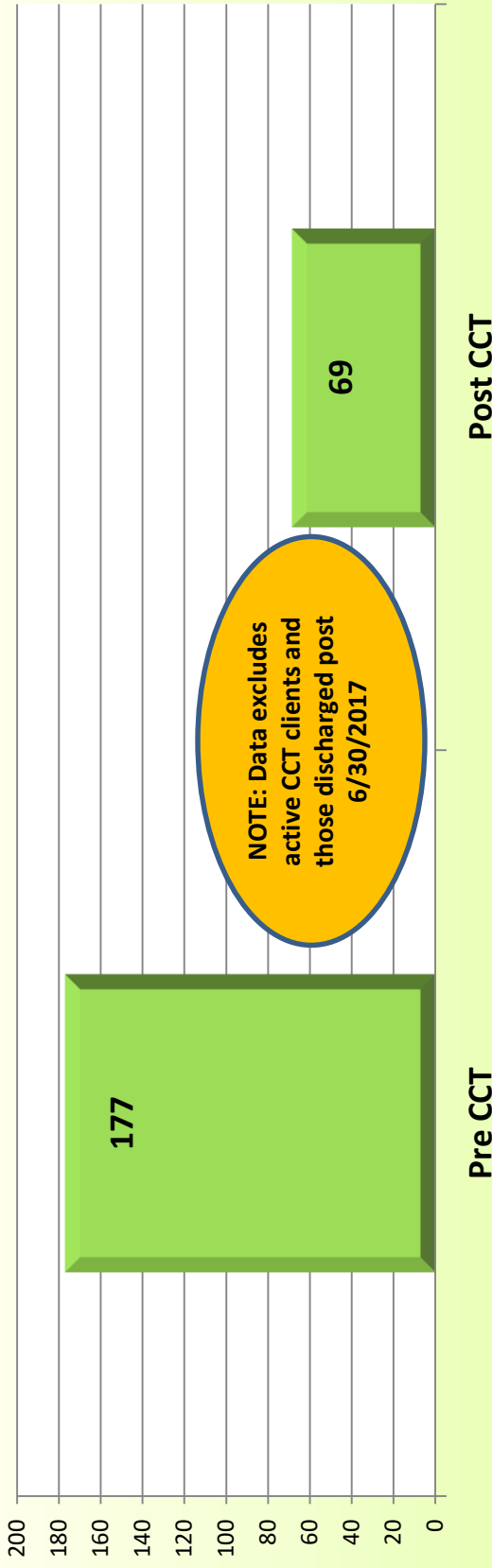


**\$182,070 (153 Pre IMPACT Admissions) - \$32,130 (27 Post IMPACT Admissions) = \$149,940 Cost Reduction**

# Gracepoint's Central Receiving Facility Care Coordination Outcomes

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# of CRF Admissions 90 Days Pre CCT Services & 90 Days Post CCT Services  
N = 63 (61% CRF Admission Reduction - Date Range: 1/1/2017 – 6/30/2017)

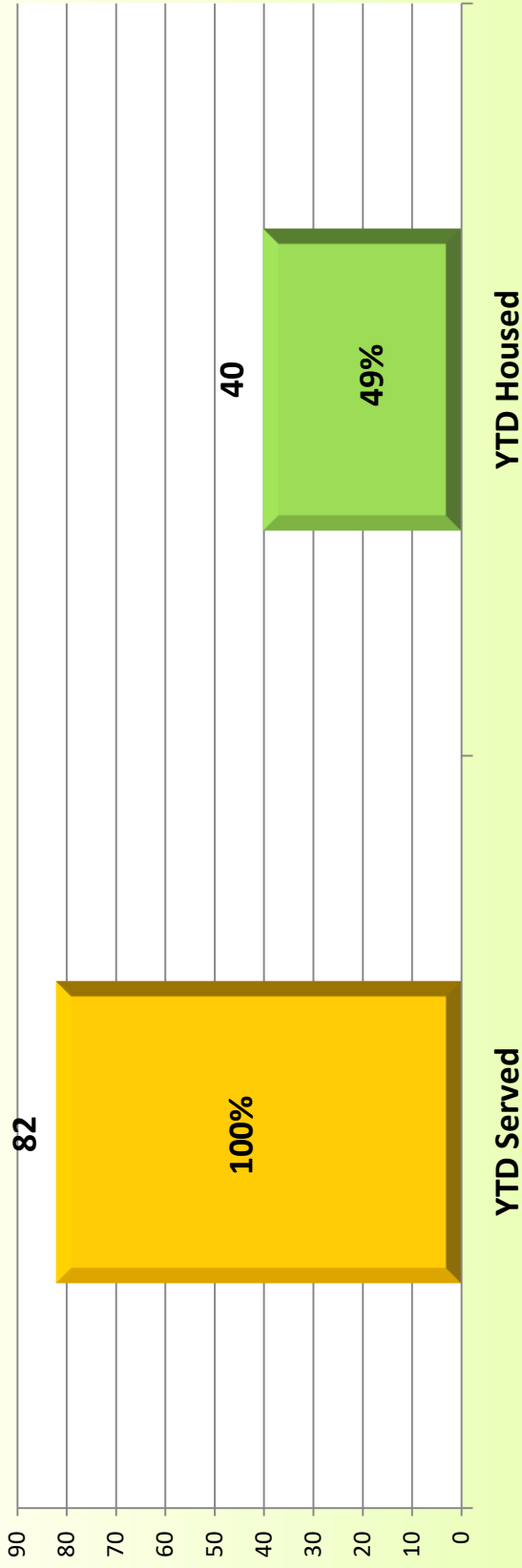


**\$525,500 (177 Pre CCT Admissions) - \$136,988 (69 Post CCT Admissions) = \$388,512 (Cost reduction or 74% Reduction)**

# Gracepoint's Central Receiving Facility Care Coordination Team Outcomes

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# of Homeless or At-Risk of Being Homeless CCT Clients Served and Housed in Transitional or Permanent Housing



Housing would not be possible for this population without continuous CCT efforts

# Net Cost Savings – HNHU Care Coordination

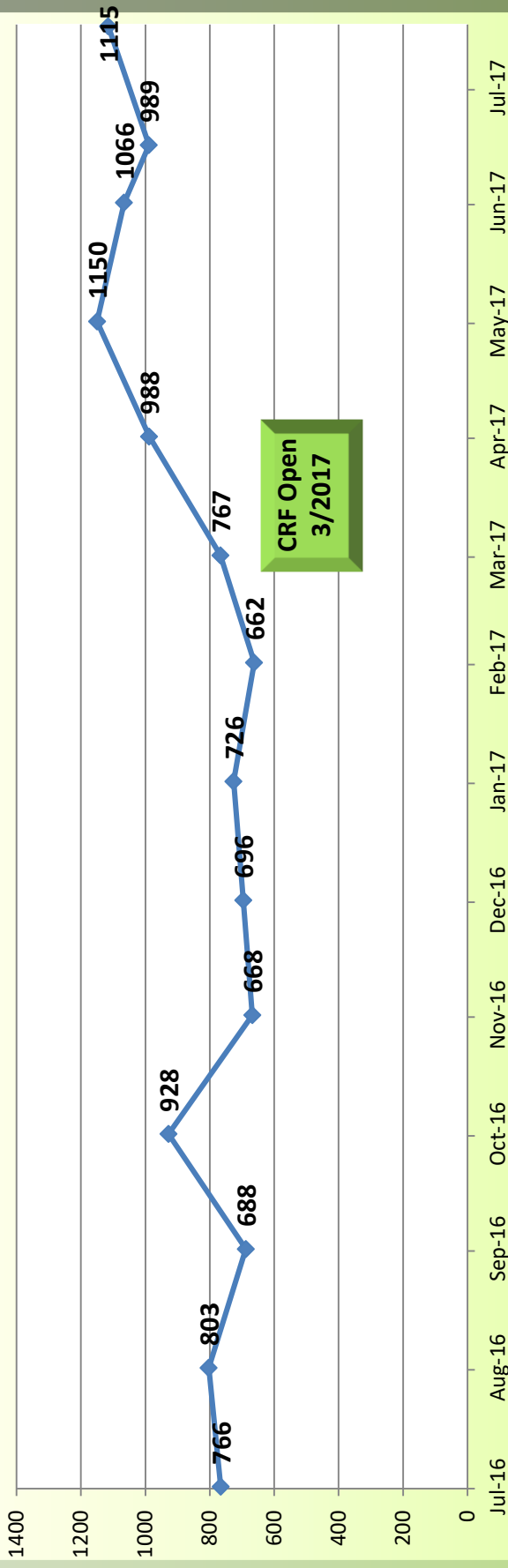
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- Mobile Crises Response Team (Diversion): \$290,000
- IMPACT Team (Clinical Engagement): \$150,000
- Care Coordination (Community / Housing): \$777,000
- Public Dollars Saved – One Year: \$1,217,000
- Less Cost of Care Coordination: \$ 574,000
- **Net Cost Savings** \$ **643,000**

# Central Receiving Facility Admissions

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**CRF Admissions (31% Increase since 7/2016)**  
**47% Diversion Rate**



# Central Receiving Services Contract Dashboard FY 2016-17

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#	Metrics	Threshold	Target	Stretch	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	YTD AVG
1	Reduce drop-off processing time for law enforcement officers .	15:00	12:00	9:00			02:04	01:34	01:39	01:21	01:02	01:17	01:18	00:42	00:30	00:19	01:34
2	Link individuals with behavioral health services within 7 days of discharge.	50%	60%	70%							78%	76%	79%	71%	86%	86%	85%
3	Reduce the number of individuals admitted to a state mental health treatment facility.	TBD	TBD	TBD	0	0	0	0	0	0	0	0	0	0	0	0	0
4	Link high utilizer individuals with primary care services.	15%	25%	35%							92%	96%	92%	86%	98%	95%	93%
5	Percent of high utilizer individuals in care coordination services that will not have an admission.	30%	20%	10%							0%	14%	8%	9%	15%	0%	12%

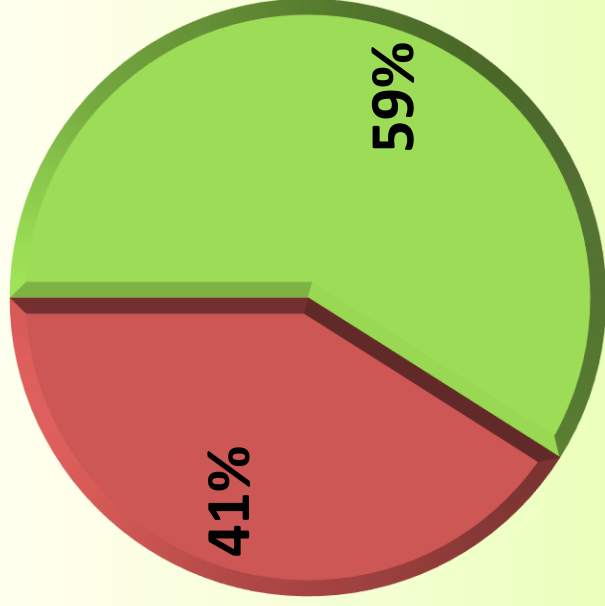
## Gracepoint's Central Receiving Facility (CRF) Care Coordination Impact

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- **Of the 63 CCT high utilizer clients discharged, 28 or 44% have not been readmitted to the CRF since opening to CCT and 90 days post discharge. These 28 clients accounted for 62 CRF admissions 90 days pre CCT services.**
- **An additional 9 high utilizer clients (14%) discharged were admitted only one time to the CRF 90 days post discharge. These 9 clients accounted for 34 CRF admissions 90 days pre CCT services.**
- **Combined, 37 of 63 or 59% CCT clients were admitted zero to one time post CCT services.**

# Gracepoint's Central Receiving Facility (CRF) Care Coordination Impact

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- Redmitted 0 or 1 Time (37)
- Redmitted > 1 Time (26)



## Gracepoint's Central Receiving Facility Value Added Strategies

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- A Continuous Quality Improvement Coalition comprised of 8 Hillsborough County providers is now meeting to identify and create plans to address service gaps and opportunities for improvement within the Central Receiving Behavioral Health system of care. *Providers include substance use, mental health, law enforcement, and medical hospitals.*
- Central Receiving Facility patients de-identified drug screen specimens will be sent to the Community Drug Early Warning System (CDEWS) to test an expanding panel of over 150 licit and illicit drugs, including opioids and other new psychoactive substances. This data will provide valuable “Drug Use Forecasting.” *Florida is one of only 8 States participating in these CDEWS studies originating in 2013.*

# Barbara – Email Dated 10/9/17

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I was introduced to the Care Coordination Team after my third visit to Gracepoint. At my third admission, an admission coordinator saw the level of care I needed and referred the (Care Coordination) Team to me. I had no idea about this referral. The Team showed up the next day and I couldn't have been more shocked or impressed with the attention and compassion I received.

The care, attention and compassion continued. The Team found a place for me immediately, but I was still in need of medical care, but throughout my 4 week stay, the Team visited me regularly.

My fourth week at Gracepoint, Bonnie contacted me about a new place to stay. I was ready to be discharged. Bonnie and Wes picked me up, took me to get my medications and drove me to ACTS Drew Park.

The following week, Wes was here to take me for my follow-up doctor visit. All of my appointments couldn't be accommodated at that visit, but the team made sure I had the required visits arranged for another day and accompanied me again. Bonnie was there to meet us and made sure these appointments went smoothly.

Throughout my continued stay at Drew Park, the Team has been in contact with me with routine phone calls and further discussion of my future residence.

I cannot express how comforting it has been knowing they have been on my side in this very difficult transition in my life. I, honestly, feel this new transition would not have been as easy without the Team. I am forever grateful to have had them on my side with support, compassion and encouragement.

I am now employed part-time. The Team has possibly found a new residence for me and I am truly happy, stronger and mentally stable. Thank you for all you have done.





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# **Presentation on House Bill 807 Implementation**

**Ute Gazioch, Director, Substance Abuse and Mental  
Health**

**October 11, 2017**

# House Bill 807

The bill addresses unethical practices by recovery residences and substance abuse treatment providers, including:

- Deceptive Advertising
- Patient Brokering
- Overutilization of Drug Testing
- Insurance Fraud
- Human Trafficking
- Poor Quality of Care



# House Bill 807

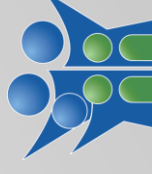
- DCF is responsible for licensing changes, quality of care issues, and referral components of the bill.
- Several additional entities have responsibilities in implementation specific to criminal activities:
  - Office of Statewide Prosecution
  - Department of Agriculture and Consumer Services
  - Local law enforcement
  - State Attorney Offices



# Source of Recommendations

The bill incorporated recommendations from:

- State Attorney Dave Aronberg
- Palm Beach County Sober Homes Task Force
- Palm Beach County Grand Jury Report
- Department of Children and Families (DCF)



# Key Provisions for DCF

- Requires accreditation for all substance abuse treatment services
- Classifies violations for licensure using a tiered system
- Authorizes the Department to impose fines for violations
- Expands background screenings to include clinical directors





# Key Provisions for DCF (cont'd)

- Requires the Department to develop standards for minimum staffing ratios, and qualifications for all personnel
- Increases penalties for operating without a license
- Strengthens referral requirements to and from a recovery residence



# DCF Actions

- Convened an internal DCF workgroup of licensure specialists and DCF attorneys to review and update administrative rules
- Drafted changes to Chapter 65D-30, F.A.C.
- Solicited input from community stakeholder groups and DCF regional staff on:
  - Needed rule changes based on their understanding of HB 807
  - Impact of changes to providers and services



# DCF Actions (cont'd)

- Implemented background screening requirement for clinical directors
- Drafted a list of business requirements needed to update the Provider Licensing and Designation System (PLADS)
- Published Notice of Rulemaking



# Pending Tasks

- Identify funding for system enhancements to PLADS
- Publish proposed rules by January 1, 2018 to implement the new provisions
- Train DCF staff and providers on new regulations
- Submit a report to the Legislature by December 1, 2020 on further recommendations for staff qualifications and complaints



# Questions?

