

## DCF/ME-Behavioral Health Needs Assessment

### Background:

The DCF/ME – Behavioral Needs Assessment was the result of a collaborative effort between the Department, Managing Entities, Florida Association of Managing Entities (FAME), the Florida Council for Community Mental Health (FCCMH), and the Florida Alcohol and Drug Abuse Association (FADAA). The Needs Assessment was conducted as part of a local planning process, culminating in the development of the individual ME’s Business Plans, as required by their contract with the Department. The objectives of the needs assessment were:

- Utilize provider data to identify unfunded or underfunded need; the difference between what providers were being reimbursed under their current contracts, for the services they were currently providing, and what those services cost to provide.
- Project local community needs for services and identify what were the most critical local service needs and the estimated cost of those services.
- Provide the Department, Managing Entities, and the Associations with the information required to support and set the strategic direction for the publicly funded “safety net” behavioral health system at the regional and state level.

The responsiveness of the ME’s and their network providers was excellent. Cost and need data was received from an estimated 90% of providers under contract. Those unable to provide the requested data were characterized as smaller providers with limited information system capability.

### Summary of Results:

The needs assessment information was collected by each program and service and consolidated by the major appropriations categories; Adult Mental Health, Children’s’ Mental Health, Adult Substance Abuse and Children’s’ Substance Abuse.

A total **\$125,866,311** was identified by the providers reporting as **unfunded** or underfunded need. Funding required to meet the actual cost of services provided to persons currently being served, for the services they are receiving. The major service areas identified as unfunded/underfunded by appropriations/service area were:

- Adult Mental Health: Crisis Stabilization Services, Medical Services, Crisis Support/Emergency and Residential services

- Children's Mental Health: Medical Services, Crisis Stabilization and Crisis Support/Emergency, Case Management, In-home/on-site and Information and referral services
- Adult Substance Abuse: Inpatient Detox, Residential, Outpatient and Day/Night services
- Children's Substance Abuse: Outreach, Prevention, In-home and on-site and Information and referral Services

A total of **\$638,074,322** was identified as funding required to meet currently **unmet** community service needs. Funding required to meet the needs of persons who are not currently able to access services and go un-served. The major service areas identified as unmet need were:

- Adult Mental Health: Crisis Stabilization Services(by a large margin), Medical Services, Residential(all levels), FACT and other multi-disciplinary team based, and Outpatient services
- Children's Mental Health: Outpatient, SIPP, Crisis Stabilization, Medical Services and Residential services
- Adult Substance Abuse: Residential (all levels), Detoxification, Outpatient, Day/Night, Case Management, Addiction Receiving Facility.
- Children's Substance Abuse: Prevention, Outpatient, Residential, Outpatient, and Addiction Receiving Facility services.

Overall, the top five unmet services identified by dollar value, across all four service categories were: Crisis Stabilization Beds, Residential, Outpatient, Medical, and Case Management services.

**Managing Entity FY 2014-2015 Annual Business Operations Plan - Identified Services Needs**

Table 1

	BBCBC	BBHC	CFBHN	CFCHS	LSF	SEFBHN	SFBHN	Grand Total
<b>Unfunded</b>								
AMH	\$ 10,490,104	\$ 3,861,145	\$ 10,918,881	\$ 11,508,254	\$ 10,886,100	\$ 3,116,176	\$ 13,164,888	\$ 63,945,548
ASA	\$ 6,299,879	\$ 2,624,011	\$ 5,487,153	\$ 1,120,723	\$ 6,982,473	\$ 4,034,837	\$ 5,175,080	\$ 31,724,157
CMH	\$ 3,820,495	\$ 567,536	\$ 4,011,548	\$ 1,494,003	\$ 1,226,985	\$ 3,507,232	\$ 652,366	\$ 15,280,167
CSA	\$ 703,166	\$ 6,917,656	\$ 722,623	\$ 917,257	\$ 940,887	\$ 1,562,274	\$ 3,152,576	\$ 14,916,440
<b>Sub Total</b>	<b>\$ 21,313,644</b>	<b>\$ 13,970,348</b>	<b>\$ 21,140,205</b>	<b>\$ 15,040,238</b>	<b>\$ 20,036,445</b>	<b>\$ 12,220,520</b>	<b>\$ 22,144,911</b>	<b>\$ 125,866,311</b>
<b>Unmet Need</b>								
AMH	\$ 5,385,027	\$ 52,615,952	\$ 68,698,775	\$ 47,547,965	\$ 31,434,556	\$ 5,504,960	\$ 49,256,266	\$ 260,443,500
ASA	\$ 8,223,680	\$ 26,831,721	\$ 23,314,709	\$ 23,148,709	\$ 15,808,148	\$ 10,702,261	\$ 18,043,828	\$ 126,073,055
CMH	\$ 4,238,422	\$ 12,346,229	\$ 20,784,348	\$ 15,992,656	\$ 13,370,045	\$ 14,829,344	\$ 13,688,817	\$ 95,249,861
CSA	\$ 2,099,257	\$ 5,560,951	\$ 6,142,771	\$ 4,504,035	\$ 3,744,212	\$ 891,644	\$ 7,498,725	\$ 30,441,595
<b>Sub Total</b>	<b>\$ 19,946,386</b>	<b>\$ 97,354,852</b>	<b>\$ 118,940,603</b>	<b>\$ 91,193,365</b>	<b>\$ 64,356,960</b>	<b>\$ 31,928,209</b>	<b>\$ 88,487,636</b>	<b>\$ 512,208,011</b>
<b>Grand Total</b>	<b>\$ 41,260,030</b>	<b>\$ 111,325,201</b>	<b>\$ 140,080,808</b>	<b>\$ 106,233,603</b>	<b>\$ 84,393,405</b>	<b>\$ 44,148,729</b>	<b>\$ 110,632,546</b>	<b>\$ 638,074,322</b>

Table 2

	BBCBC	BBHC	CFBHN	CFCHS	LSF	SEFBHN	SFBHN	Grand Total
<b>AMH</b>								
Unfunded	\$ 10,490,104	\$ 3,861,145	\$ 10,918,881	\$ 11,508,254	\$ 10,886,100	\$ 3,116,176	\$ 13,164,888	\$ 63,945,548
Unmet Need	\$ 5,385,027	\$ 52,615,952	\$ 68,698,775	\$ 47,547,965	\$ 31,434,556	\$ 5,504,960	\$ 49,256,266	\$ 260,443,500
<b>Sub Total</b>	<b>\$ 15,875,131</b>	<b>\$ 56,477,097</b>	<b>\$ 79,617,655</b>	<b>\$ 59,056,219</b>	<b>\$ 42,320,656</b>	<b>\$ 8,621,136</b>	<b>\$ 62,421,154</b>	<b>\$ 324,389,047</b>
<b>ASA</b>								
Unfunded	\$ 6,299,879	\$ 2,624,011	\$ 5,487,153	\$ 1,120,723	\$ 6,982,473	\$ 4,034,837	\$ 5,175,080	\$ 31,724,157
Unmet Need	\$ 8,223,680	\$ 26,831,721	\$ 23,314,709	\$ 23,148,709	\$ 15,808,148	\$ 10,702,261	\$ 18,043,828	\$ 126,073,055
<b>Sub Total</b>	<b>\$ 14,523,559</b>	<b>\$ 29,455,731</b>	<b>\$ 28,801,862</b>	<b>\$ 24,269,433</b>	<b>\$ 22,790,621</b>	<b>\$ 14,737,098</b>	<b>\$ 23,218,908</b>	<b>\$ 157,797,212</b>
<b>CMH</b>								
Unfunded	\$ 3,820,495	\$ 567,536	\$ 4,011,548	\$ 1,494,003	\$ 1,226,985	\$ 3,507,232	\$ 652,366	\$ 15,280,167
Unmet Need	\$ 4,238,422	\$ 12,346,229	\$ 20,784,348	\$ 15,992,656	\$ 13,370,045	\$ 14,829,344	\$ 13,688,817	\$ 95,249,861
<b>Sub Total</b>	<b>\$ 8,058,917</b>	<b>\$ 12,913,765</b>	<b>\$ 24,795,896</b>	<b>\$ 17,486,659</b>	<b>\$ 14,597,030</b>	<b>\$ 18,336,576</b>	<b>\$ 14,341,183</b>	<b>\$ 110,530,028</b>
<b>CSA</b>								
Unfunded	\$ 703,166	\$ 6,917,656	\$ 722,623	\$ 917,257	\$ 940,887	\$ 1,562,274	\$ 3,152,576	\$ 14,916,440
Unmet Need	\$ 2,099,257	\$ 5,560,951	\$ 6,142,771	\$ 4,504,035	\$ 3,744,212	\$ 891,644	\$ 7,498,725	\$ 30,441,595
<b>Sub Total</b>	<b>\$ 2,802,423</b>	<b>\$ 12,478,607</b>	<b>\$ 6,865,394</b>	<b>\$ 5,421,292</b>	<b>\$ 4,685,098</b>	<b>\$ 2,453,918</b>	<b>\$ 10,651,301</b>	<b>\$ 45,358,035</b>
<b>Grand Total</b>	<b>\$ 41,260,030</b>	<b>\$ 111,325,201</b>	<b>\$ 140,080,808</b>	<b>\$ 106,233,603</b>	<b>\$ 84,393,405</b>	<b>\$ 44,148,729</b>	<b>\$ 110,632,546</b>	<b>\$ 638,074,322</b>

## FLORIDA EXCELLENCE IN BEHAVIORAL HEALTH ACT

1. Explore options for a Medicaid waiver to serve persons with a mental illness or substance abuse issue who are at risk of entering or who are exiting the criminal justice system (prevention services, diversion services or transitional services). The purpose of this waiver is to provide services outside the criminal justice system thus reducing the financial burden on state general revenue and local government and provide a more appropriate level of care with better long term outcomes.
  - a. Legislative direction to require managed care plans to allow for these individuals to be served in appropriate community-based settings (community mental health and substance abuse providers) through a direct capitated payment mechanism with providers.
2. Medicaid rate increase to cover the actual cost of providing services.
3. Implement a comprehensive five year plan for the delivery of behavioral health services in Florida.
  - a. Establish enrollment criteria to clearly identify DCFs primary priority populations and ensure the responsibility to pay for those priority populations are well established.
  - b. Enact legislation that addresses Mental Health and Substance Abuse funding equity, to achieve the equitable allocation of state funds and promote equal access to services statewide.
  - c. Codification of mental health courts, drug abuse courts, and veterans' courts in Florida Statutes.
  - d. Review of s. 394.4655, Florida Statutes, Involuntary Outpatient Placement, for the purpose of ensuring it is consistent with judicial and law enforcement concerns, and to provide pilot funding for the statute appropriated in the sheriff's budget.
  - e. A newly designed system of care to fund CSUs (and consider the merits of combining the Marchman Act and Baker Act parameters into one cohesive Act.
  - f. A loan forgiveness program for licensed medical and clinical professionals employed by community mental health and community substance abuse providers.
  - g. Revisions to background screening requirements for workers in the community mental health and community substance providers system that would provide uniformity across state agencies, be cost effective, and allow individuals in recovery to assist in the provision of care and support.
4. Designation of community mental health and community substance abuse agencies as "essential providers" in the Medicaid managed care program.
5. Enact legislation expressing legislative intent that Florida aggressively pursue funding under the Federal Excellence in Mental Health Act and require DCF and AHCA to submit an application for federal grant funding.
6. Enact legislation expressing legislative in that Florida develop a contractual framework identifying comprehensive community health centers as Behavioral health homes for SPMI clients.