

COL A94		COL A95		COL A96		CODES
SCH VIIIIC	REPRIORTIZE	SCH VIIIIC	N/R 2021-22	SCH VIIIIC	ANZ 2021-22	
POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	
CHILDREN & FAMILIES						
SERVICES						
PGM: FAMILY SAFETY PROGRAM						
<u>FAMILY SAFETY/PRESERVATION</u>						
HEALTH AND HUMAN SERVICES						
<u>ADULT PROTECTION</u>						
FUNDING REPRIORITIZATIONS						
INCREASE ENROLLMENT FOR COMMUNITY						
CARE FOR DISABLED ADULTS						
SPECIAL CATEGORIES						
G/A-COMM CARE/DISABLED						
GENERAL REVENUE FUND	-STATE	2,659,230				1000 1
=====						

AGENCY ISSUE NARRATIVE:

SCHED VIIIIC REPRIORTIZN NARRATIVE: IT COMPONENT? NO
 Priority #7

Describe why the program/service/function/activity being performed is no longer the highest and best use of resources and the resources that are currently supporting that program/service/function/activity (deduct component).

The Agency for Health Care Administration (AHCA) requests adoption of a new reimbursement model for Florida Assertive Care Treatment (FACT) team services involving increased federal Medicaid match.

The department's Managing Entities contract with FACT teams statewide. FACT teams serve individuals with serious and persistent mental illness such as schizophrenia, schizoaffective disorder, bipolar disorder, major depression, and personality disorders who are at high risk of repeated psychiatric admissions. Teams are available 24-hours per day/7-days per week and can serve individuals in a variety of settings, including home, work, or school. There were 3,273 individuals who received FACT team services in State Fiscal Year 2019-2020, of which 76 percent were enrolled in Medicaid.

FACT team services for Medicaid-enrolled individuals are currently funded at 50 percent federal Medicaid administrative expense match. This is because the department reimburses for the salaries and administrative costs of FACT teams, rather than reimbursing for the delivery of the service. The department has coordinated with the Agency for Health Care Administration (AHCA) to adopt a new model of reimbursement for FACT team services that will free up an estimated \$7,198,352 million in General Revenue funding through increased federal Medicaid match.

This proposal will make FACT services a Medicaid covered service under the Florida Medicaid State Plan. This will make it eligible for the regular federal matching percentage of 62.35 percent, rather than the current 50 percent administrative federal match. AHCA will invoice the department for the state portion of the FACT services provided to Medicaid recipients on a monthly basis.

FACT team services will continue under the current services delivery model but at an increased federal reimbursement which allows for the General Revenue savings to be repurposed to other priority initiatives such as Increased Enrollment for Community Care for Disabled Adults. Refer to the department's Schedule VIIIIB-2 reduction issue 33V0400-Florida

COL A94		COL A95		COL A96		CODES
SCH VIIIIC	REPRIORTIZE	SCH VIIIIC	N/R 2021-22	SCH VIIIIC	ANZ 2021-22	
POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	

CHILDREN & FAMILIES						60000000
SERVICES						60910000
PGM: FAMILY SAFETY PROGRAM						60910300
<u>FAMILY SAFETY/PRESERVATION</u>						60910310
HEALTH AND HUMAN SERVICES						13
<u>ADULT PROTECTION</u>						<u>1304.06.00.00</u>
FUNDING REPRIORITIZATIONS						3D00000
INCREASE ENROLLMENT FOR COMMUNITY						
CARE FOR DISABLED ADULTS						3D00150

Assertive Community Treatment (FACT) Team Medicaid Services Savings.

Specify the state statutory or rule requirements that would need to be suspended for Fiscal Year 2021-22 (implementing bill) or permanently changed (conforming bill) in order to implement the recommended reprioritization (deduct and/or add back component).

None.

Describe the program/service/function/activity that the department would redirect those resources to and the projected outcomes that may be achieved with the additional resources (add-back component).

The reprioritization of funds will allow the State to repurpose a portion of \$7,198,532 in General Revenue savings.

The department requests \$2,659,230 in recurring General Revenue in the Grants and Aids Community Care for Disabled Adults category in the Family Safety and Preservation Services budget entity to expand the number of clients served under the Community Care for Disabled Adults (CCDA) program and increase the allocation. This increase will allow the department to more readily prevent recurrence of abuse by increasing the ability to provide in-home supports and services to vulnerable adults.

The current allocation is fully encumbered and serves approximately 260 vulnerable adults statewide at any point in time. There currently exists a waitlist of 1,260 individuals yet to receive services. Given the existing encumbrance, Adult Protection Services has no flexibility to address particularly critical cases that are received by the department, leaving vulnerable adults at-risk.

Increasing the annual allocation for CCDA would allow the department to remove the top quartile (most at-risk) of individuals from the waitlist and allow the program to react quickly and provide support and services to victims in emergent situations. This program operates with the goal of maintaining vulnerable adults in the least restrictive environment (the community) and avoiding institutional placement. The state share of a nursing home bed is currently \$34,662. The average cost of a CCDA care plan is \$8,442. The state avoids over \$26,000 in costs of care for each person maintained under CCDA.

Compare the results or benefits from the current use of resources with the projected outcome of redirecting those resources, describing the methodology used for the comparison (deduct and/or add-back component).

The AHCA is proposing to adopt a new model of reimbursement for FACT team services that will simply leverage the state match to draw down more federal funding. The reprioritization of funds from AHCA to the department will allow the State to repurpose a portion of \$7,198,532 in General Revenue savings.

	COL A94 SCH VIIIIC REPRIORTIZE POS	COL A95 SCH VIIIIC N/R 2021-22 POS	COL A96 SCH VIIIIC ANZ 2021-22 POS	AMOUNT	AMOUNT	AMOUNT	CODES
CHILDREN & FAMILIES SERVICES							60000000
PGM: ECON SELF SUFFICIENCY							60910000
ECONOMIC SELF SUFFICIENCY							60910700
HEALTH AND HUMAN SERVICES							60910708
COMPREHENSIVE/ELIGIB/SVCS							13
FUNDING REPRIORITIZATIONS							<u>1304.01.00.00</u>
AUTOMATION FOR PUBLIC BENEFIT APPLICATION DETERMINATION							3D00000
SPECIAL CATEGORIES							3D001C0
CONTRACTED SERVICES							100000
							100777
GENERAL REVENUE FUND -MATCH				652,800			1000 2
FEDERAL GRANTS TRUST FUND -FEDERL				627,200			2261 3
TOTAL APPRO.....				1,280,000			

AGENCY ISSUE NARRATIVE:

SCHED VIIIIC REPRIORTIZN NARRATIVE:

IT COMPONENT? YES

Priority # 2

Describe why the program/service/function/activity being performed is no longer the highest and best use of resources and the resources that are currently supporting that program/service/function/activity (deduct component).

The Florida Department of Children and Families (department) is proposing a reduction of \$4,048,579 (\$2,163,117 in General Revenue and \$1,885,462 in the Federal Grants Trust Fund) in the Schedule VIIIIB-2 issue 33V0420-Economic Self-Sufficiency Transformation-Net Savings. From this reduction amount the department is requesting to reprioritize \$1,280,000 in nonrecurring budget authority (\$652,800 in General Revenue and \$627,200 in the Federal Grants Trust Fund) to fund the Automation for Public Benefit Application Determination.

The department will create efficiencies via a robotics solution in the Economic Self-Sufficiency budget entity that is expected to generate a savings of 195,640 worker hours which equates to over \$4 million while enhancing the quality of Florida's benefit determinations.

After clients apply for public benefits, portions of the IT system (ACCESS FLORIDA) are currently automated to streamline the processing of benefits. This request provides an exceptional opportunity to further automate the application determination and benefit process. This innovative opportunity will allow the department to streamline, expedite, and enhance the quality of the application determination process. This automated solution will also provide the department with the ability to respond with greater agility and flexibility during times of increase caseload volume such as during a public health emergency, natural disaster or economic downturn.

Specify the state statutory or rule requirements that would need to be suspended for Fiscal year 2021-22 (implementing bill) or permanently changed (conforming bill) in order to implement the recommended reprioritization (deduct and/or add back component).

COL A94		COL A95		COL A96		CODES
SCH VIIIIC	REPRIORTIZE	SCH VIIIIC	N/R 2021-22	SCH VIIIIC	ANZ 2021-22	
POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	
						60000000
						60910000
						60910700
						60910708
						13
						<u>1304.01.00.00</u>
						3D00000
						3D001C0

CHILDREN & FAMILIES
 SERVICES
 PGM: ECON SELF SUFFICIENCY
ECONOMIC SELF SUFFICIENCY
 HEALTH AND HUMAN SERVICES
COMPREHENSIVE/ELIGIB/SVCS
 FUNDING REPRIORITIZATIONS
 AUTOMATION FOR PUBLIC BENEFIT
 APPLICATION DETERMINATION

None.

Describe the program/service/function/activity that the department would redirect those resources to and the projected outcomes that may be achieved with the additional resources (add-back component).

The department requests \$1,280,000 in nonrecurring budget authority (\$652,800 in General Revenue and \$627,200 in the Federal Grants Trust Fund) to leverage federal funding to implement robotics to automate the remaining portions of the public benefit application determination process to reduce the need for worker intervention, expedite services and enhance quality for customers applying for public assistance. The proposed solution is to acquire robotics services to accurately and quickly expediate public benefits to Florida families. The program will procure services from a vendor to deploy a robotics solution that automates the application determination process to verify client information received, data received through interfaces and remove the manual process of entering information provided by clients for eligibility determinations.

Compare the results or benefits from the current use of resources with the projected outcome of redirecting those resources, describing the methodology used for the comparison (deduct and/or add-back component).

The efficiencies created via the robotics solution is expected to generate a savings of 195,640 worker hours which equates to over \$4 million while enhancing the quality of Florida's benefit determinations.

Currently, information provided during the initial application process and changes reported by clients (births, employment, earned income, and unemployment compensation, etc.) via the self-service portal (SSP) are manually verified by workers against data exchanges. Once verified, the information is manually entered by workers into the client's file. This information is required to determine eligibility. Additionally, information is often submitted by clients or received from interfaces after benefits have been approved. Automating the data exchanges and verification of information from clients will have a dramatic effect on enhancing the program's quality and reducing federal audit findings generated by not processing information or data exchanges within a specified timeframe.

The changes handled by the robotics solution include reported income and income changes, checking the existing wage database, and automatically updating the client record with the verified information. Using the same approach, reported births can be verified against the vital statistics database, and receipt of unemployment compensation can be checked against the unemployment data exchange. In all cases where information has not already been automatically populated, the robotics programming can update the system to save worker time that can be re-allocated to provide care coordination services to help clients achieve economic self-sufficiency. This solution would also provide greater flexibility for the department to respond to client demand more agilely in times of a natural disaster or economic downturn. The costs for the robotics project are estimated at \$1,280,000 for programming, licenses, hosting, ongoing maintenance, and operations.

	COL A94 SCH VIIIIC REPRIORTIZE	COL A95 SCH VIIIIC N/R 2021-22	COL A96 SCH VIIIIC ANZ 2021-22	CODES
	POS AMOUNT	POS AMOUNT	POS AMOUNT	
CHILDREN & FAMILIES SERVICES				60000000
PGM: ECON SELF SUFFICIENCY				60910000
<u>ECONOMIC SELF SUFFICIENCY</u>				60910700
HEALTH AND HUMAN SERVICES				60910708
<u>COMPREHENSIVE/ELIGIB/SVCS</u>				13
				<u>1304.01.00.00</u>
TOTAL: COMPREHENSIVE/ELIGIB/SVCS				<u>1304.01.00.00</u>
BY FUND TYPE				
GENERAL REVENUE FUND	652,800			1000
TRUST FUNDS	627,200			2000
TOTAL PROG COMP.....	1,280,000			

	COL A94 SCH VIIIIC REPRIORTIZE POS	COL A95 SCH VIIIIC N/R 2021-22 POS	COL A96 SCH VIIIIC ANZ 2021-22 POS	AMOUNT	AMOUNT	AMOUNT	CODES
CHILDREN & FAMILIES SERVICES							60000000
PGM: COMMUNITY SERVICES							60910000
SUBS ABUSE AND MENTAL HLTH							60910900
HEALTH AND HUMAN SERVICES							60910950
COMM MENTAL HLTH SERVICES							13
FUNDING REPRIORITIZATIONS							<u>1301.10.00.00</u>
CARE COORDINATION AND TRANSITIONAL							3D00000
VOUCHERS EXPANSION							3D00100
SPECIAL CATEGORIES							100000
G/A-COMM MENTAL HLTH SVS							100610
GENERAL REVENUE FUND -STATE				1,462,500			1000 1
-MATCH				787,500			1000 2
TOTAL GENERAL REVENUE FUND				2,250,000			1000
TOTAL APPRO.....				2,250,000			

AGENCY ISSUE NARRATIVE:

SCHED VIIIIC REPRIORTIZN NARRATIVE:

IT COMPONENT? NO

Priority #3

Describe why the program/service/function/activity being performed is no longer the highest and best use of resources and the resources that are currently supporting that program/service/function/activity (deduct component).

The Florida Department of Children and Families (department) is proposing a reduction of \$33,220,250 (\$20,515,192 in General Revenue and \$12,705,058 in the Federal Grants Trust Fund) in the Schedule VIIIIB-2 issue 33V7000-Mental Health Institution Efficiencies. From this reduction amount the department is requesting to reprioritize recurring General Revenue in the amount of \$2,250,000 to fund Care Coordination and Transitional Vouchers.

The department is proposing the implementation of civil bed restructuring to reduce the footprint at Florida State Hospital (FSH) and emphasize the use of transitional and community beds for improved client care and an overall operational cost reduction. The department's vision is to increase community capacity to serve individuals by matching them with the appropriate level of treatment needed to stabilize them and prevent further penetration into the mental health system of care. The intent is to provide preventative engagement, treatment, and support to individuals as soon as a need can be identified in order to maintain them in their home community with their families. Currently, the civil mental health system includes various levels of care ranging from least intrusive and least costly (outpatient services) to most restrictive and most costly (civil state mental health treatment facilities). In between these extremes are other services which include Florida Assertive Community Treatment (FACT) Teams, Mobile Response Teams, Residential Treatment Facilities, Assisted Living Facilities, Short-term Residential Treatment Facilities, Crisis Stabilization Units (CSU), Group Homes, Therapeutic Group Homes, and Independent Living.

Due to the ability of the community to serve individuals with mental illnesses who do not need a highly structured and restrictive setting, it is the department's recommendation to transfer resources from the civil state mental health

	COL A94 SCH VIIIIC REPRIORTIZE POS	COL A95 SCH VIIIIC N/R 2021-22 POS	COL A96 SCH VIIIIC ANZ 2021-22 POS	AMOUNT	AMOUNT	AMOUNT	CODES
CHILDREN & FAMILIES							60000000
SERVICES							60910000
PGM: COMMUNITY SERVICES							60910900
SUBS ABUSE AND MENTAL HLTH							60910950
HEALTH AND HUMAN SERVICES							13
COMM MENTAL HLTH SERVICES							<u>1301.10.00.00</u>
FUNDING REPRIORITIZATIONS							3D00000
CARE COORDINATION AND TRANSITIONAL							
VOUCHERS EXPANSION							3D00100

treatment facilities to the community.

If FSH absorbs a civil bed capacity reduction and community capacity for mental health services is not expanded, then this would inevitably have an overwhelming impact on local communities. Individuals meeting the criteria for involuntary placement would need to travel between five and nine hours to either Northeast Florida State Hospital (NEFSH) in Macclenny, Florida, or South Florida State Hospital (SFSH) in Pembroke Pines, Florida. If community capacity for mental health services is limited, then it is likely that closing civil beds will result in individuals being discharged from a treatment facility without having an identified placement, services in the community, or both. These individuals could present themselves at local emergency rooms, be returned to a CSU by law enforcement, or find themselves in jail. This will cause a hardship on the community as they attempt to manage this population without adequate resources.

Specify the state statutory or rule requirements that would need to be suspended for Fiscal year 2021-22 (implementing bill) or permanently changed (conforming bill) in order to implement the recommended reprioritization (deduct and/or add back component).

None.

Describe the program/service/function/activity that the department would redirect those resources to and the projected outcomes that may be achieved with the additional resources (add-back component).

Care Coordination and Transitional Vouchers: The department requests recurring General Revenue of \$2,250,000 in the Grants and Aids Community Mental Health Services (100610) category in the Community Mental Health Services (1301100000) program component within the Community Substance Abuse and Mental Health Services (60910950) budget entity to expand Care Coordination (\$1,462,500) and Transitional Voucher capacity (\$787,500) to increase the number of individuals receiving pre-crisis contacts to reduce re-entry into acute care services. Care coordination is a care management approach to better serve individuals with significant behavioral health conditions who are not successfully engaging in community-based treatment and support services. The goal is to engage the individual early, preferably while they are at the acute care facility, and assist to coordinate services and supports for all their needs following discharge. This includes their behavioral health, medical, housing, and other psychosocial needs. The population of focus are high utilizers of acute care services and individuals discharging from State Mental Health Treatment Facilities. To address barriers such as housing, transportation, access to medication and other needs, Substance Abuse and Mental Health created Transitional Vouchers that could purchase housing, services, and incidentals on a short-term basis until individuals secure other sources for financial support. The current funding allocations for these services are \$5,500,000 for Care Coordination and \$3,500,000 for Transitional Vouchers for a total of \$9,000,000. Funding this issue will allow the Managing Entities to enroll an estimated 1,450 additional individuals in Care Coordination.

Compare the results or benefits from the current use of resources with the projected outcome of redirecting those resources, describing the methodology used for the comparison (deduct and/or add-back component).

	COL A94 SCH VIIIIC REPRIORTIZE POS	COL A95 SCH VIIIIC N/R 2021-22 POS	COL A96 SCH VIIIIC ANZ 2021-22 POS	AMOUNT	AMOUNT	AMOUNT	CODES
CHILDREN & FAMILIES SERVICES							60000000
PGM: COMMUNITY SERVICES							60910000
SUBS ABUSE AND MENTAL HLTH							60910900
HEALTH AND HUMAN SERVICES							60910950
COMM MENTAL HLTH SERVICES							13
FUNDING REPRIORITIZATIONS							<u>1301.10.00.00</u>
CARE COORDINATION AND TRANSITIONAL							3D00000
VOUCHERS EXPANSION							3D00100

Care Coordination and Transitional Vouchers: In 2019, the department set an agency-wide goal to reduce the number of families in crisis by increasing pre-crisis contacts and reducing re-entry. For Substance Abuse and Mental Health, this translates into reducing readmissions into acute care such as State Mental Health Treatment Facilities, crisis stabilization units, inpatient hospitals, and detoxification units. Acute care settings are designed to provide interventions to stabilize a crisis and as such do not address ongoing treatment and support necessary for individuals to recover. Hospital readmission within 30 days of discharge usually represents a negative clinical outcome for patients with mental disorders and may be due to factors such as poor access to adequate community-based aftercare and challenges in psychiatric medication adherence and self-care.

In the period of July 2019 through April 2020, 4,021 unduplicated individuals received Care Coordination services. In that same time period, the 30-day acute-care readmission rate for individuals who received Care Coordination was 9.63 percent. In comparison, the Fiscal Year 2018-2019 rate was 19.08 percent. The average number of days from an acute care setting discharge to services in the community is two days. These are very promising outcomes demonstrating that Care Coordination is reducing readmissions and linking individuals to community-based care quickly.

CIVIL COMMUNITY TRANSITIONAL BEDS							3D00110
SPECIAL CATEGORIES							100000
G/A-COMM MENTAL HLTH SVS							100610
GENERAL REVENUE FUND	-MATCH			2,224,048			1000 2

AGENCY ISSUE NARRATIVE:

SCHED VIIIIC REPRIORTIZN NARRATIVE:
 Priority #4

IT COMPONENT? NO

Describe why the program/service/function/activity being performed is no longer the highest and best use of resources and the resources that are currently supporting that program/service/function/activity (deduct component).

The Florida Department of Children and Families (department) is proposing a reduction of \$33,220,250 (\$20,515,192 in General Revenue and \$12,705,058 in the Federal Grants Trust Fund) in the Schedule VIIIIB-2 issue 33V7000-Mental Health Institution Efficiencies. From this reduction amount the department is requesting to reprioritize recurring General Revenue in the amount of \$2,224,048 to fund Civil Community Transitional Beds.

COL A94		COL A95		COL A96		CODES
SCH VIIIIC	REPRIORTIZE	SCH VIIIIC	N/R 2021-22	SCH VIIIIC	ANZ 2021-22	
POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	
						60000000
						60910000
						60910900
						60910950
						13
						<u>1301.10.00.00</u>
						3D00000
						3D00110

CHILDREN & FAMILIES
 SERVICES
 PGM: COMMUNITY SERVICES
SUBS ABUSE AND MENTAL HLTH
 HEALTH AND HUMAN SERVICES
COMM MENTAL HLTH SERVICES
 FUNDING REPRIORITIZATIONS
 CIVIL COMMUNITY TRANSITIONAL BEDS

60000000
 60910000
 60910900
 60910950
 13
1301.10.00.00
 3D00000
 3D00110

The department is proposing the implementation of civil bed restructuring to reduce the footprint at Florida State Hospital (FSH) and emphasize the use of transitional and community beds for improved client care and an overall operational cost reduction. The department's vision is to increase community capacity to serve individuals by matching them with the appropriate level of treatment needed to stabilize them and prevent further penetration into the mental health system of care. The intent is to provide preventative engagement, treatment, and support to individuals as soon as a need can be identified in order to maintain them in their home community with their families. Currently, the civil mental health system includes various levels of care ranging from least intrusive and least costly (outpatient services) to most restrictive and most costly (civil state mental health treatment facilities). In between these extremes are other services which include Florida Assertive Community Treatment (FACT) Teams, Mobile Response Teams, Residential Treatment Facilities, Assisted Living Facilities, Short-term Residential Treatment Facilities, Crisis Stabilization Units (CSU), Group Homes, Therapeutic Group Homes, and Independent Living.

Due to the ability of the community to serve individuals with mental illnesses who do not need a highly structured and restrictive setting, it is the department's recommendation to transfer resources from the civil state mental health treatment facilities to the community.

If FSH absorbs a civil bed capacity reduction and community capacity for mental health services is not expanded, then this would inevitably have an overwhelming impact on local communities. Individuals meeting the criteria for involuntary placement would need to travel between five and nine hours to either Northeast Florida State Hospital (NEFSH) in Macclenny, Florida, or South Florida State Hospital (SFSH) in Pembroke Pines, Florida. If community capacity for mental health services is limited, then it is likely that closing civil beds will result in individuals being discharged from a treatment facility without having an identified placement, services in the community, or both. These individuals could present themselves at local emergency rooms, be returned to a CSU by law enforcement, or find themselves in jail. This will cause a hardship on the community as they attempt to manage this population without adequate resources.

Specify the state statutory or rule requirements that would need to be suspended for Fiscal year 2021-22 (implementing bill) or permanently changed (conforming bill) in order to implement the recommended reprioritization (deduct and/or add back component).

None.

Describe the program/service/function/activity that the department would redirect those resources to and the projected outcomes that may be achieved with the additional resources (add-back component).

Civil Community Transitional Beds: The department requests reprioritization of recurring General Revenue Funding of \$2,224,048 in the Grants and Aids Community Mental Health Services (100610) category in the Community Mental Health Services (1301100000) program component within the Community Substance Abuse and Mental Health Services (60910950) budget entity for 24 additional Civil Community Residential Level 1 Transitional beds to increase community capacity for housing

COL A94		COL A95		COL A96		CODES
SCH VIIIIC	REPRIORTIZE	SCH VIIIIC	N/R 2021-22	SCH VIIIIC	ANZ 2021-22	
POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	
CHILDREN & FAMILIES						
SERVICES						
PGM: COMMUNITY SERVICES						
<u>SUBS ABUSE AND MENTAL HLTH</u>						
HEALTH AND HUMAN SERVICES						
<u>COMM MENTAL HLTH SERVICES</u>						
FUNDING REPRIORITIZATIONS						
CIVIL COMMUNITY TRANSITIONAL BEDS						
						60000000
						60910000
						60910900
						60910950
						13
						<u>1301.10.00.00</u>
						3D00000
						3D00110

options so residents in Civil State Mental Health Treatment Facilities who no longer meet criteria for that level of care can return to their community. This request is for eight beds in the Central, Southern and Suncoast regions for a total of twenty-four beds. The Substance Abuse and Mental Health Regions in those areas will work with their Managing Entity to determine the specific location of these beds.

Compare the results or benefits from the current use of resources with the projected outcome of redirecting those resources, describing the methodology used for the comparison (deduct and/or add-back component).

Civil Community Transitional Beds: There were 195 residents at the end of May 2020 in Civil State Mental Health Treatment Facilities who no longer needed the most restrictive and highest level of care provided in a SMHTF and were ready to return to the community. This is a 36 percent increase from 125 residents in May 2019. The biggest barrier for those individuals to return to the community is housing. In May 2019, 62 percent of the barriers to discharge for those waiting over 30 days, once they were ready for discharge, was housing. As of May 2020, this number increased 68 percent from the previous year. Many residents, while they are ready to return to the community, need a structured living environment such as a Residential Treatment Facility. There are currently 35 residents in a Civil State Mental Health treatment facility who have been identified as appropriate for a Residential Level I program in the community. The waiting time for bed availability in a Residential Level 1 program can be extensive, often six months to a year, which can result in a resident remaining in this costly and restrictive level of treatment until there is availability in the community.

Pursuant to Rule 65E-14.021(aa), F.A.C., Residential Level 1 is a licensed service that provides a structured, live-in, non-hospital setting with supervision on a twenty-four hours per day, seven days per week basis with a nurse on duty always. For adult mental health, these services include group homes. These programs provide support to individuals who no longer need acute care but need additional time to transition into other community settings such as at an Adult Living Facility or Independent Living. There are currently 16 Civil Residential Level 1 beds located in each of the following regions: Northwest, Northeast and Southeast.

The department is requesting recurring funding for twenty-four additional Civil Residential Level 1 Transitional beds for individuals in a SMHTF who are ready to return to the community and who meet the criteria for a Residential Level 1 program. These additional Civil Residential Level 1 Transitional beds will be in the following regions: Central, Suncoast and Southern (8 per region).

The current average bed day rate at a Civil State Mental Health Treatment Facility is \$314.13. The average annual cost of 24 beds in a Civil State Mental Health Treatment Facility is \$2,751,778.50 (\$314.13 X 24 beds X 365 days). The cost of these additional 24 Civil Residential Level 1 Transitional beds would be \$2,224,047.50 (average daily bed rate in each region x 24 beds x 365 days). The estimated annual savings would be \$527,731.30. If there are no available housing options in the community, the resident remains in a bed at the SMHTF, which decreases bed availability for those individuals committed under Chapter 394 F.S. (The Baker Act) in crisis stabilization units (CSU) to get admitted into a Civil SMHTF, resulting in them having to wait longer in a CSU. The average cost of serving an adult in CSU during FY 2018-19 was \$364.63 a day. The average annual cost for a CSU bed during FY 2018-19 was \$133,089.95 These 24 beds will

	COL A94 SCH VIIIIC REPRIORTIZE POS	COL A95 SCH VIIIIC N/R 2021-22 POS	COL A96 SCH VIIIIC ANZ 2021-22 POS	AMOUNT	AMOUNT	AMOUNT	CODES
CHILDREN & FAMILIES SERVICES							60000000
PGM: COMMUNITY SERVICES							60910000
SUBS ABUSE AND MENTAL HLTH							60910900
HEALTH AND HUMAN SERVICES							60910950
COMM MENTAL HLTH SERVICES							13
FUNDING REPRIORITIZATIONS							<u>1301.10.00.00</u>
CIVIL COMMUNITY TRANSITIONAL BEDS							3D00000
							3D00110

assist individuals to remain stable in the community and prevent admissions to the CSU's and readmission to a Civil SMHTF.

The waiting list of residents at the SMHTF who need housing, once they are ready for discharge, especially those who need a residential level of care may remain long. Long waits for community placement could contribute to residents becoming discouraged and possibly decompensating needing longer stays in the Civil SMHTF. Treatment in SMHTF's and CSU's are for those individuals who meet criteria pursuant to Chapter 394, F.S., and require a higher level of care. Those levels of care are costlier than a community alternative setting such as a Residential Level 1 Treatment Facility.

Florida law provides that when individuals no longer meet the criteria for the level of care at a SMHTF then they must be discharged back to their community to the most appropriate setting. The department could potentially be vulnerable to a lawsuit by the Department of Justice by not returning residents back to the community once they no longer meet commitment criteria to a SMHTF. Pursuant to Section 394.459(2)(b), F.S., it is "further policy of the state that the least restrictive appropriate treatment be utilized based on the interests of the patient and consistent with optimum improvement of the patient's condition."

FLORIDA ASSERTIVE COMMUNITY
 TREATMENT TEAM FOR ST. JOHNS AND
 PUTNAM COUNTIES
 SPECIAL CATEGORIES
 G/A-COMM MENTAL HLTH SVS

3D00120
 100000
 100610

GENERAL REVENUE FUND -MATCH 937,500
 FEDERAL GRANTS TRUST FUND -FEDERL 312,500

1000 2
 2261 3

TOTAL APPRO..... 1,250,000

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AGENCY ISSUE NARRATIVE:

SCHED VIIIIC REPRIORTIZN NARRATIVE:
 Priority #6

IT COMPONENT? NO

Describe why the program/service/function/activity being performed is no longer the highest and best use of resources and the resources that are currently supporting that program/service/function/activity (deduct component).

COL A94		COL A95		COL A96		CODES
SCH VIIIC	REPRIORTIZE	SCH VIIIC	N/R 2021-22	SCH VIIIC	ANZ 2021-22	
POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	
						60000000
						60910000
						60910900
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CHILDREN & FAMILIES
 SERVICES
 PGM: COMMUNITY SERVICES
SUBS ABUSE AND MENTAL HLTH
 HEALTH AND HUMAN SERVICES
COMM MENTAL HLTH SERVICES
 FUNDING REPRIORITIZATIONS
 FLORIDA ASSERTIVE COMMUNITY
 TREATMENT TEAM FOR ST. JOHNS AND
 PUTNAM COUNTIES

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The Florida Department of Children and Families (department) is proposing a reduction of \$33,220,250 (\$20,515,192 in General Revenue and \$12,705,058 in the Federal Grants Trust Fund) in the Schedule VIIIIB-2 issue 33V7000-Mental Health Institution Efficiencies. From this reduction amount the department is requesting to reprioritize \$1,250,000 (\$937,500 in General Revenue and \$312,500 in the Federal Grants Trust Fund) to fund the St. Johns and Putnam Counties Florida Assertive Community Treatment (FACT) Team.

The department is proposing the implementation of civil bed restructuring to reduce the footprint at Florida State Hospital (FSH) and emphasize the use of transitional and community beds for improved client care and an overall operational cost reduction. The department's vision is to increase community capacity to serve individuals by matching them with the appropriate level of treatment needed to stabilize them and prevent further penetration into the mental health system of care. The intent is to provide preventative engagement, treatment, and support to individuals as soon as a need can be identified in order to maintain them in their home community with their families. Currently, the civil mental health system includes various levels of care ranging from least intrusive and least costly (outpatient services) to most restrictive and most costly (civil state mental health treatment facilities). In between these extremes are other services which include: FACT Teams, Mobile Response Teams, Residential Treatment Facilities, Assisted Living Facilities, Short-term Residential Treatment Facilities, Crisis Stabilization Units (CSU), Group Homes, Therapeutic Group Homes, and Independent Living.

Due to the ability of the community to serve individuals with mental illnesses who do not need a highly structured and restrictive setting, it is the department's recommendation to transfer resources from the civil state mental health treatment facilities to the community.

If FSH absorbs a civil bed capacity reduction and community capacity for mental health services is not expanded, then this would inevitably have an overwhelming impact on local communities. Individuals meeting the criteria for involuntary placement would need to travel between five and nine hours to either Northeast Florida State Hospital (NEFSH) in Macclenny, Florida, or South Florida State Hospital (SFSH) in Pembroke Pines, Florida. If community capacity for mental health services is limited, then it is likely that closing civil beds will result in individuals being discharged from a treatment facility without having an identified placement, services in the community, or both. These individuals could present themselves at local emergency rooms, be returned to a CSU by law enforcement, or find themselves in jail. This will cause a hardship on the community as they attempt to manage this population without adequate resources.

Specify the state statutory or rule requirements that would need to be suspended for Fiscal year 2021-22 (implementing bill) or permanently changed (conforming bill) in order to implement the recommended reprioritization (deduct and/or add back component).

None.

COL A94		COL A95		COL A96		CODES
SCH VIIIIC	REPRIORTIZE	SCH VIIIIC	N/R 2021-22	SCH VIIIIC	ANZ 2021-22	
POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	
CHILDREN & FAMILIES						
SERVICES						
PGM: COMMUNITY SERVICES						
<u>SUBS ABUSE AND MENTAL HLTH</u>						
HEALTH AND HUMAN SERVICES						
<u>COMM MENTAL HLTH SERVICES</u>						
FUNDING REPRIORITIZATIONS						
FLORIDA ASSERTIVE COMMUNITY						
TREATMENT TEAM FOR ST. JOHNS AND						
PUTNAM COUNTIES						
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Describe the program/service/function/activity that the department would redirect those resources to and the projected outcomes that may be achieved with the additional resources (add-back component).

St. Johns and Putnam Counties FACT Team: The department requests \$1,250,000 (\$937,500 in General Revenue and \$312,500 in the Federal Grants Trust Fund) in the Grants and Aids Community Mental Health Services (100610) category in the Community Mental Health Services (1301100000) program component within the Community Substance Abuse and Mental Health Services (60910950) budget entity for the existing FACT Team serving St. Johns and Putnam Counties. The Office of Substance Abuse and Mental Health is requesting reprioritization of recurring funding for the FACT Team operated by SMA Healthcare serving St. Johns and Putnam Counties. FACT teams provide a 24-hour-a-day, seven-days-a week, multidisciplinary approach to deliver comprehensive behavioral health care to individuals with a serious mental illness. The services are provided in the individual's work, school, and home environments. FACT Teams are often referred to as "hospitals without walls" with the goals of preventing recurrent hospitalization and incarceration as well as improving community involvement and overall quality of life for individuals. Assertive Community Treatment is an evidence-based model for preventing the need for more intensive services at state mental health treatment facilities and as a step-down for individuals discharged from a state mental health treatment facility. Each FACT Team serves approximately 100 individuals at any given time.

Compare the results or benefits from the current use of resources with the projected outcome of redirecting those resources, describing the methodology used for the comparison (deduct and/or add-back component).

St. Johns and Putnam Counties FACT Team: Currently, there are 33 FACT teams across the state serving 39 counties. Most teams operate at capacity consistently and maintain a wait list of individuals who have been referred for services. Thirty-two of the FACT teams are funded from the Community Substance Abuse and Mental Health base budget. The St. Johns and Putnam FACT Team was established in Fiscal Year 2016-17 through a proviso project and has been funded with nonrecurring General Revenue annually since that time. This puts the program at risk annually of losing funding. As of June 2020, the St. Johns and Putnam FACT Team is serving 97 individuals with a serious mental illness who without this program are at high risk of entering higher and more expensive levels of care, such as residential treatment programs or state mental health treatment facilities. 89 percent of these individuals are living independently or with family members in the community. In terms of outcomes, for all 109 individuals served throughout Fiscal Year 2019-20, there were only 38 crisis stabilization admissions, 13 jail incarcerations, and 0 individuals were sent to a state mental health treatment facility or prison.

Providing the St. Johns and Putnam FACT Team recurring funding and including them in the department's base budget will ensure continuation of this important program that serves individuals with complex needs in the community. As demonstrated by the data provided earlier, this FACT team is successfully maintaining people in the community and out of acute care settings and incarceration.

The Fiscal Year 2019-20 bed rates at Florida State Hospital and Northeast Florida average out to \$314.13. The cost per person for one year of SMHTF services is \$114,657.45 (\$314.13 times 365 days) as compared to \$12,500 for one year of FACT

COL A94		COL A95		COL A96		CODES
SCH VIIIC	REPRIORTIZE	SCH VIIIC	N/R 2021-22	SCH VIIIC	ANZ 2021-22	
POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	

CHILDREN & FAMILIES						60000000
SERVICES						60910000
PGM: COMMUNITY SERVICES						60910900
<u>SUBS ABUSE AND MENTAL HLTH</u>						60910950
HEALTH AND HUMAN SERVICES						13
<u>COMM MENTAL HLTH SERVICES</u>						<u>1301.10.00.00</u>
FUNDING REPRIORITIZATIONS						3D00000
FLORIDA ASSERTIVE COMMUNITY						
TREATMENT TEAM FOR ST. JOHNS AND						
PUTNAM COUNTIES						3D00120

services. Without these intensive community services, many FACT participants could require state mental health treatment services.

FACT Team participants experience challenges associated with illnesses that are often compounded by co-occurring substance use issues, physical health problems, and mild intellectual disabilities. Individuals with diagnoses such as schizophrenia, schizoaffective disorder, bipolar disorder, major depression, and personality disorders are at high risk of repeated psychiatric admissions. When intensive services are needed, but not available in the community, these individuals may experience prolonged or repeated admissions to SMHTFs or crisis stabilization units. Many are involved in the criminal justice system and face the possibility of incarceration without intervention. Without this funding, services for the current FACT Team participants will cease and they will likely have to be served in higher, more expensive levels of care.

FORENSIC COMMUNITY TRANSITIONAL						
BEDS						3D00130
SPECIAL CATEGORIES						100000
G/A-COMM MENTAL HLTH SVS						100610
GENERAL REVENUE FUND	-STATE	1,576,800				1000 1

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AGENCY ISSUE NARRATIVE:
 SCHED VIIIIC REPRIORTIZN NARRATIVE: IT COMPONENT? NO
 Priority #1

Describe why the program/service/function/activity being performed is no longer the highest and best use of resources and the resources that are currently supporting that program/service/function/activity (deduct component).

The Florida Department of Children and Families (department) is proposing a reduction of \$33,220,250 (\$20,515,192 in General Revenue and \$12,705,058 in the Federal Grants Trust Fund) in the Schedule VIIIIB-2 issue 33V7000-Mental Health Institution Efficiencies. From this reduction amount the department is requesting to reprioritize recurring General Revenue in the amount of \$1,576,800 to fund Forensic Community Transitional Beds.

The department is proposing the implementation of civil bed restructuring to reduce the footprint at Florida State Hospital (FSH) and emphasize the use of transitional and community beds for improved client care and an overall

COL A94		COL A95		COL A96		CODES
SCH VIIIIC	REPRIORTIZE	SCH VIIIIC	N/R 2021-22	SCH VIIIIC	ANZ 2021-22	
POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	
						60000000
						60910000
						60910900
						60910950
						13
						<u>1301.10.00.00</u>
						3D00000
						3D00130

CHILDREN & FAMILIES
 SERVICES
 PGM: COMMUNITY SERVICES
SUBS ABUSE AND MENTAL HLTH
 HEALTH AND HUMAN SERVICES
COMM MENTAL HLTH SERVICES
 FUNDING REPRIORITIZATIONS
 FORENSIC COMMUNITY TRANSITIONAL
 BEDS

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operational cost reduction. The department's vision is to increase community capacity to serve individuals by matching them with the appropriate level of treatment needed to stabilize them and prevent further penetration into the mental health system of care. The intent is to provide preventative engagement, treatment, and support to individuals as soon as a need can be identified in order to maintain them in their home community with their families. Currently, the civil mental health system includes various levels of care ranging from least intrusive and least costly (outpatient services) to most restrictive and most costly (civil state mental health treatment facilities). In between these extremes are other services which include Florida Assertive Community Treatment (FACT) Teams, Mobile Response Teams, Residential Treatment Facilities, Assisted Living Facilities, Short-term Residential Treatment Facilities, Crisis Stabilization Units (CSU), Group Homes, Therapeutic Group Homes, and Independent Living.

Due to the ability of the community to serve individuals with mental illnesses who do not need a highly structured and restrictive setting, it is the department's recommendation to transfer resources from the civil state mental health treatment facilities to the community.

If FSH absorbs a civil bed capacity reduction and community capacity for mental health services is not expanded, then this would inevitably have an overwhelming impact on local communities. Individuals meeting the criteria for involuntary placement would need to travel between five and nine hours to either Northeast Florida State Hospital (NEFSH) in Macclenny, Florida, or South Florida State Hospital (SFSH) in Pembroke Pines, Florida. If community capacity for mental health services is limited, then it is likely that closing civil beds will result in individuals being discharged from a treatment facility without having an identified placement, services in the community, or both. These individuals could present themselves at local emergency rooms, be returned to a CSU by law enforcement, or find themselves in jail. This will cause a hardship on the community as they attempt to manage this population without adequate resources.

Specify the state statutory or rule requirements that would need to be suspended for Fiscal year 2021-22 (implementing bill) or permanently changed (conforming bill) in order to implement the recommended reprioritization (deduct and/or add back component).

None.

Describe the program/service/function/activity that the department would redirect those resources to and the projected outcomes that may be achieved with the additional resources (add-back component).

Forensic Community Transitional Beds: The department requests recurring General Revenue funding of \$1,576,800 in the Grants and Aids Community Mental Health Services (100610) category in the Community Mental Health Services (1301100000) program component within the Community Substance Abuse and Mental Health Services (60910950) budget entity for 18 forensic Residential Level 1 community transition beds located in the Suncoast, Southeast and Southern regions (six beds

	COL A94 SCH VIIIIC REPRIORTIZE POS	COL A95 SCH VIIIIC N/R 2021-22 POS	COL A96 SCH VIIIIC ANZ 2021-22 POS	AMOUNT	AMOUNT	AMOUNT	CODES
CHILDREN & FAMILIES							60000000
SERVICES							60910000
PGM: COMMUNITY SERVICES							60910900
SUBS ABUSE AND MENTAL HLTH							60910950
HEALTH AND HUMAN SERVICES							13
COMM MENTAL HLTH SERVICES							<u>1301.10.00.00</u>
FUNDING REPRIORITIZATIONS							3D00000
FORENSIC COMMUNITY TRANSITIONAL							
BEDS							3D00130

per region). These beds will be used to divert, and discharge individuals committed by the court under Chapter 916, F.S., from Forensic State Mental Health Treatment Facilities who are able to safely receive treatment in a community setting.

Compare the results or benefits from the current use of resources with the projected outcome of redirecting those resources, describing the methodology used for the comparison (deduct and/or add-back component).

Forensic Community Transitional Beds: Residential Level I community transition settings offer a viable alternative to a treatment facility for forensic individuals. They provide a structured therapeutic environment in a less restrictive, more cost-effective manner. These programs provide psychosocial rehabilitation, competency restoration training, discharge planning, case management, and other services to prepare residents for court hearings and live more independently. The average bed cost in a Residential Level I setting is \$240 per day compared to \$355.81 per day in a State Mental Health Treatment Facility.

During Fiscal Year 2016-17, the Legislature appropriated \$3,504,000 to fund 40 forensic Residential Level 1 Transitional Beds; sixteen beds in both the Northwest and Southeast Regions and eight beds in the Suncoast Region. The average utilization for these beds in Fiscal Year 2019-20 has been 101 percent with extensive waiting lists. In Fiscal Year 2020-21, the Legislature appropriated \$2,102,400 to fund 24 forensic Residential Level 1 Transitional Beds; eight beds in the Northeast, Central, and Southern Regions.

Without funding for additional forensic community transitional beds individuals at risk for commitment or committed and seeking community release have limited community options which most likely lead to increased forensic facility commitments and longer stays in forensic facilities.

EXPANSION OF COMMUNITY FORENSIC
 MULTIDISCIPLINARY TEAMS AND HOUSING
 SUPPORT FOR FORENSIC INDIVIDUALS
 SPECIAL CATEGORIES
 G/A-COMM MENTAL HLTH SVS

3D00140
 100000
 100610

GENERAL REVENUE FUND -STATE 1,898,000

1000 1

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AGENCY ISSUE NARRATIVE:
 SCHED VIIIIC REPRIORTIZN NARRATIVE:
 Priority #5

IT COMPONENT? NO

COL A94		COL A95		COL A96		CODES
SCH VIIIIC		SCH VIIIIC		SCH VIIIIC		
REPRIORTIZE		N/R 2021-22		ANZ 2021-22		
POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	
						60000000
						60910000
						60910900
						60910950
						13
						<u>1301.10.00.00</u>
						3D00000
						3D00140

CHILDREN & FAMILIES
 SERVICES
 PGM: COMMUNITY SERVICES
SUBS ABUSE AND MENTAL HLTH
 HEALTH AND HUMAN SERVICES
COMM MENTAL HLTH SERVICES
 FUNDING REPRIORITIZATIONS
 EXPANSION OF COMMUNITY FORENSIC
 MULTIDISCIPLINARY TEAMS AND HOUSING
 SUPPORT FOR FORENSIC INDIVIDUALS

60000000
 60910000
 60910900
 60910950
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1301.10.00.00
 3D00000
 3D00140

Describe why the program/service/function/activity being performed is no longer the highest and best use of resources and the resources that are currently supporting that program/service/function/activity (deduct component).

The Florida Department of Children and Families (department) is proposing a reduction of \$33,220,250 (\$20,515,192 in General Revenue and \$12,705,058 in the Federal Grants Trust Fund) in the Schedule VIIIIB-2 issue 33V7000-Mental Health Institution Efficiencies. From this reduction amount the department is requesting to reprioritize recurring General Revenue in the amount of \$1,898,000 to fund the expansion of Community Forensic Multidisciplinary Teams and Housing Support for Forensic Individuals.

The department is proposing the implementation of civil bed restructuring to reduce the footprint at Florida State Hospital (FSH) and emphasize the use of transitional and community beds for improved client care and an overall operational cost reduction. The department's vision is to increase community capacity to serve individuals by matching them with the appropriate level of treatment needed to stabilize them and prevent further penetration into the mental health system of care. The intent is to provide preventative engagement, treatment, and support to individuals as soon as a need can be identified in order to maintain them in their home community with their families. Currently, the civil mental health system includes various levels of care ranging from least intrusive and least costly (outpatient services) to most restrictive and most costly (civil state mental health treatment facilities). In between these extremes are other services which include Florida Assertive Community Treatment Teams, Mobile Response Teams, Residential Treatment Facilities, Assisted Living Facilities, Short-term Residential Treatment Facilities, Crisis Stabilization Units (CSU), Group Homes, Therapeutic Group Homes, and Independent Living.

Due to the ability of the community to serve individuals with mental illnesses who do not need a highly structured and restrictive setting, it is the department's recommendation to transfer resources from the civil state mental health treatment facilities to the community.

If FSH absorbs a civil bed capacity reduction and community capacity for mental health services is not expanded, then this would inevitably have an overwhelming impact on local communities. Individuals meeting the criteria for involuntary placement would need to travel between five and nine hours to either Northeast Florida State Hospital (NEFSH) in Macclenny, Florida, or South Florida State Hospital (SFSH) in Pembroke Pines, Florida. If community capacity for mental health services is limited, then it is likely that closing civil beds will result in individuals being discharged from a treatment facility without having an identified placement, services in the community, or both. These individuals could present themselves at local emergency rooms, be returned to a CSU by law enforcement, or find themselves in jail. This will cause a hardship on the community as they attempt to manage this population without adequate resources.

Specify the state statutory or rule requirements that would need to be suspended for Fiscal year 2021-22 (implementing bill) or permanently changed (conforming bill) in order to implement the recommended reprioritization (deduct and/or add

COL A94		COL A95		COL A96		CODES
SCH VIIIIC	SCH VIIIIC	SCH VIIIIC	SCH VIIIIC	SCH VIIIIC	SCH VIIIIC	
REPRIORTIZE	N/R 2021-22	REPRIORTIZE	N/R 2021-22	REPRIORTIZE	N/R 2021-22	
POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	
CHILDREN & FAMILIES						60000000
SERVICES						60910000
PGM: COMMUNITY SERVICES						60910900
<u>SUBS ABUSE AND MENTAL HLTH</u>						60910950
HEALTH AND HUMAN SERVICES						13
<u>COMM MENTAL HLTH SERVICES</u>						<u>1301.10.00.00</u>
FUNDING REPRIORITIZATIONS						3D00000
EXPANSION OF COMMUNITY FORENSIC						
MULTIDISCIPLINARY TEAMS AND HOUSING						
SUPPORT FOR FORENSIC INDIVIDUALS						3D00140

back component).

None.

Describe the program/service/function/activity that the department would redirect those resources to and the projected outcomes that may be achieved with the additional resources (add-back component).

Expansion of Community Forensic Multidisciplinary Teams and Housing Support for Forensic Individuals: The department requests \$1,898,000 of recurring General Revenue budget authority in the Grants and Aids Community Mental Health Services (100610) category in the Community Mental Health Services (1301100000) program component within the Community Substance Abuse and Mental Health Services (60910950) budget entity to create two additional Forensic Multidisciplinary Teams (FMT) to serve individuals with mental illnesses who are charged with felony offenses or are at-risk of being charged with a felony offense. Currently, there are FMT's in Duval, Dade, Broward, Hillsborough and Brevard Counties. It is recommended that the new FMT's be placed in the following additional two regions and counties: Central Region, Polk, Hardee and Highlands counties; and Suncoast Region, Pinellas, Manatee, Sarasota, and Desoto counties. Each FMT can provide services to individuals in multiple counties within each region to maximize effectiveness.

Compare the results or benefits from the current use of resources with the projected outcome of redirecting those resources, describing the methodology used for the comparison (deduct and/or add-back component).

Expansion of Community Forensic Multidisciplinary Teams and Housing Support for Forensic Individuals: This recommendation stems from a review of annual commitment data and non-violent charges commitment data. Annual data starting in Fiscal Year 2015 16 compared to Fiscal Year 2019-20 through April 30, 2020, regarding the number of individuals committed to the department pursuant to Chapter 916, F.S., indicates that total commitments in the recommended regions are higher than the total state average (17 percent compared to 4 percent statewide increase). The commitment of individuals with non-violent offenses provide the greatest opportunity for diversion from forensic facilities but there has been no reduction in their commitments. In Fiscal Year 2016-17, individuals with non-violent offenses constituted approximately 20 percent (306/1,519) and in Fiscal Year 2018-19 they constituted approximately 21 percent (399/1,921). Data from Fiscal Year 2018 19 indicates that the proposed new FMT regions and counties accounted for 32 percent of the commitments on non-violent charges for counties currently without FMT's. It would be more cost effective to serve this population in the community via an FMT than it is to serve them in a secure forensic facility. It is intended that the Managing Entities (MEs) will receive the funding with which to procure and implement the teams for the specified counties.

Secure forensic facilities are the most intensive and costly type of mental health service. Costs average \$355.81/day (\$129,870.65/year) for an individual to be served in a state mental health treatment facility in Florida. The high and increasing number of forensic commitments during the past three years (1,519 in Fiscal Year 2016-17, 1,723 in Fiscal Year 2017-18 and 1,921 in Fiscal Year 2018-19) demonstrates that regions and counties are not considering the least

COL A94		COL A95		COL A96		CODES
SCH VIIIIC	REPRIORTIZE	SCH VIIIIC	N/R 2021-22	SCH VIIIIC	ANZ 2021-22	
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						60910950
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						<u>1301.10.00.00</u>
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CHILDREN & FAMILIES
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 HEALTH AND HUMAN SERVICES
COMM MENTAL HLTH SERVICES
 FUNDING REPRIORITIZATIONS
 EXPANSION OF COMMUNITY FORENSIC
 MULTIDISCIPLINARY TEAMS AND HOUSING
 SUPPORT FOR FORENSIC INDIVIDUALS

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restrictive environment especially for individuals with non-violent charges because there are limited community resources. Requiring the community to serve appropriate individuals charged with non-violent offenses is less costly and enables individuals to receive treatment while safely residing in a community setting. In Fiscal Year 2018-19, individuals with non-violent offenses constituted approximately 21 percent (399/1,921) of all forensic commitments. With the approval of the committing court, the department hopes to provide services in the community for approximately 88 percent of individuals with non-violent offenses. This would allow secure forensic beds to be more readily available to individuals who have violent offenses or are an escape risk, or who require the most restrictive treatment setting. The department believes these non-violent individuals do not require placement in a secure forensic facility and who could be effectively and successfully served in the community, if appropriate monitoring and services were available. Non-violent felony offenses include such charges as bribery, criminal mischief, defacing property, disorderly conduct, fraud, burglary, drug possession or drug trafficking.

The department is proposing that two additional FMTs be funded to serve 90 offenders with non-violent charges in the community, in addition to the funding of incidental expenses to allow for those individuals to reside in a court-approved setting with services. The types of community behavioral health services and supports provided by the team would be individualized to address the needs of the circuit including housing, employment, psychiatric care, medical care, competency restoration training, and compliance to orders of conditional release if entered by the presiding court.

The department's Substance Abuse and Mental Health Program has demonstrated strong positive outcomes for adults with serious mental illnesses who have been served through community Florida Assertive Community Treatment (FACT) teams. The goals for the FACT teams are to: Reduce hospitalization, increase days individuals live in the community, and collaborate with the criminal justice system to minimize or divert persons from costly incarceration. The FACT team staffing configuration is comprised of practitioners with varying backgrounds in education, training and experience. The diverse range of skills and expertise enhances the team's ability to provide comprehensive care based on the participant's needs. The ratio of FACT participants to direct care staff members is 10:1. In addition to the direct services staff, the teams will include staff capacity to provide psychiatric care and administrative staff.

This request serves as an adaptation of the FACT model for individuals with forensic involvement who may benefit from behavioral health services and supports in the community. The goals of the community FMT's are aligned with those of FACT Teams. However, it is anticipated that the individuals that will be diverted from a secure forensic commitment will need fewer intensive services and supports than persons being served on a FACT Team. Therefore, the client-to-staff ratio is to be no more than 15:1. This ratio is consistent with Florida's standards for the intensive case management services model. The forensic teams will also include the other elements of the intensive case management model.

The forensic teams will offer crisis services, assessment, case management or care coordination, psychiatric services, rehabilitation services, substance abuse and co-occurring services, supported employment, therapy, transportation, supported housing, and competency training. The teams will be equipped to provide incidental expenses for their members.

