

Pinellas County Board of County Commissioners

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and Primary Care
Services.docx

**Improving Access for Homeless/Uninsured
Individuals Needing Behavioral Health Care**

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EXECUTIVE SUMMARY (5 PAGES)

Pinellas County, a FQHC serving homeless individuals, has recognized that behavioral health continues to be a pervasive concern within our communities, often affecting the physical health and safety of our most vulnerable citizens. A critical lack of funding has impacted the availability and integration of services and information sharing, inhibiting stability for many individuals. The result is a greater demand for deep-end, expensive crisis care and repeated entry into the criminal justice system and emergency rooms.

The County, through this Community & Primary Care Services funding opportunity, is seeking to increase access to primary care services and prevent unnecessary emergency room visits and inpatient hospitalization for approximately 300 homeless individuals needing behavioral health services. This proposal is in the category of hospital emergency room diversion through the addition of 3.5 FTEs co-located behavioral health staff and services. The program proposed will do this by providing disease management, in the form of management of mental illness and substance abuse. In addition, this program will improve patient compliance with the addition of additional staff.

This program will add behavioral health specialists to the staff at various locations. First, there will now be an additional FTE at Safe Harbor, the County's largest shelter, housed on the shelter premises in a van provided by BayCare Behavioral health (BB). An additional behavioral health specialist will be located inside the shelter during night and weekend hours on a part-time basis. One additional Behavioral health FTE will also "follow" the health center (MMU), and provide services to patients inside the facilities where the MMU provides mobile services. Finally, a part time nurse will also be available on the Safe Harbor campus nights and weekend to be available for triage and diversion.

The presence of these additional behavioral health specialist staff with additional locations and extended hours will meet the need for access to treatment for substance abuse and mental health. This program is designed to meet an immediate need for behavioral health/substance abuse stabilization and intervention. The additional behavioral health staff will be available for assessment and treatment for mental illness and/or substance abuse. The role of these specialists will be both to intervene during mental health and substance abuse crises, stabilize, and refer to treatment, and, where indicated, engage in longer term treatment as appropriate. In this way patients will be diverted from returning to the emergency room. This program will establish liaisons with the psychiatry departments in each hospital to ensure appropriate flow of clients who may need hospitalization, or for discharge planning purposes.

Key considerations include cost, #sessions, # participants, timeline, debriefing, follow-up evaluation package, dissemination of results, and desired outcome/work product (such as a training guide or set of metrics by which practice can be evaluated). How will it be established that the material has been mastered – through the use both of actual tests with scoring, and

live role plays with evaluations and feedback by trained clinicians. Participants then receive a score which is maintained as a performance outcome individually and for the collaborative itself.

Other considerations: software, technology, use of intranet for exchange of materials, videoconferencing, data collection. The use of the intranet or any other information sharing system ensures good preparation and active follow up from the collaborative.

In choosing the intervention for the collaborative, the criteria are best performance, one which is sound financially, and one which will close the gap between theory and practice.

Behavioral Health Pilot Background

In Pinellas County, a group of behavioral health providers and stakeholders, including the County, met for six months to review the costs and cross-system impacts of high utilization populations, and initiate an ER diversion program to target those deemed to be “high utilizers.” Efforts focused on reviewing system processes and developing an integrated approach to help stabilize chronic populations. Providers included The Pinellas County Sheriff’s Office, the Public Defender’s Office, Personal Enrichment through Mental Health Services, Operation PAR, Directions for Living, Suncoast Centers, Boley Centers, Vincent House, the Juvenile Welfare Board, Gulf Coast Jewish Family & Community Services, Pinellas County Human Services, and Central Florida Behavioral Health Network.

The group held several strategy meetings to define an innovative pilot program that identifies mechanisms for improving the behavioral health and criminal justice systems’ linkages in order to improve the long-term outcomes of high utilizing individuals. Close to seventy five per cent of the County’s highest utilizers of services are homeless. Results from the pilot will be used to better appropriate funding and improve linkages between providers, resulting in better services and outcomes for participants. The pilot features an integrated systems approach using a treatment team to encourage entry into the pilot program. The overarching anticipated benefits of the pilot are to end the costly cycle of recidivism in our jails, hospitals and baker act facilities. It allows funds to be redirected to serve more residents with the most effective, less costly services of behavioral health prevention and early intervention.

The program proposed herein will complement these additional efforts by the county to stem the flow of dollars into the most costly services. The goals of the instant grant are in line with this pilot project, and in keeping with all other county efforts to address overuse of the emergency room system and unnecessary hospitalizations.

The targeted population, those who are homeless with mental illness and substance abuse issues, would be guided into treatment by behavioral health specialists. These specialists will be located both at Safe Harbor and also following all van locations, and then one additional behavioral health specialist will be available nights and weekends. These additional staff

working both from the health center and BayCare van will assess and treat for mental illness and behavioral health.

The County has been providing integrated primary care to this population since.....through the use of a sub-contracting for behavioral health and substance abuse treatment. In order to adapt to the evolving needs of patients, the County has initiated additional programs including the use of on-site care coordinators to enhance the integrated care model, as well as applying for a substance abuse expansion grant to be able to offer MAT to a selected group of clients. Should this pilot be successful, the County hope to be able to continue to provide this new service, thereby further helping to prevent unnecessary emergency room visits and inpatient hospitalizations.

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ORGANIZATIONAL OVERVIEW

Pinellas County is a Federally Qualified Health Center (FQHC) and is a recipient of Public Health Services Act, Section 330 (h) funding from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) for the administration a Health Care for the Homeless (HCH) health center program. The County's HCH program has been serving homeless citizens with primary care, specialty care including behavioral health and substance abuse services, since 2001. In 2014, the County reported serving 1,790 unduplicated patients in the service area.

Pinellas County is a densely populated county of nearly one million, governed by an elected seven member Board of County Commissioners (BCC). For over 50 years, the County, through its Human Services department (HS), has provided programs that encourage access to benefits and services and promote improved health outcomes of low-income and homeless residents.

The HCH program operates a Mobile Medical Unit (MMU) that travels throughout the county five days a week to meet patients where they are - homeless shelters, soup kitchens and treatment facilities. The mobile van gives the County the flexibility to take medical services directly to the clients who often lack transportation and other means of getting access to care. The County also has a second medical team located inside the Safe Harbor homeless shelter to provide care five days a week and on the weekend for residents.

The program is continually adjusting services to meet the various and transitional needs of the homeless population including the construction of a new health clinic adjacent to the County's largest homeless shelter, Safe Harbor, which has been a critical area of the county with high EMS/Emergency Department use.

STATEMENT OF NEED

1. Demographic information about the focal population to be served in the proposed target county under this Grant.

Pinellas County Homeless Point in Time Count

Each year, each Continuum of Care (COC) is required to report the number of homeless persons within its community to the Federal Department of Housing and Urban Development (HUD) and the Florida Department of Children and Families (DCF). The count includes both sheltered and unsheltered persons. Sheltered persons are those residing in Emergency Shelters (ES), Transitional Shelters (TS) or Safe Havens (SH). Unsheltered persons are those residing in places not meant for human habitation. The two primary sources for these data are the Tampa Bay Information Network (TBIN) and a street survey of homeless persons which counted the number of homeless persons on the night of January 28, 2015 this year. These data are then combined to produce the counts reported to HUD and DCF. Additional data are obtained from the Pinellas County School District and the Pinellas County Jail to report data relevant to the community that does not fit the exact criteria outlined by HUD. This report enumerates data from each of these sources for the 2015 reporting period.

The 2015 Point in Time (PIT) Homeless Count for Pinellas County revealed a total of 6,853 adults and children who reported to be homeless on the night of January 28, 2015. The total number of homeless individuals reported to HUD this year was 3,387. This number is almost identical to the 3,391 that were reported to HUD in 2014. There were an additional 388 individuals in the street survey, 408 in the jail data, and 2670 in the school data that did not meet HUD criteria. Taken together these added to 6,853 individuals.

Data indicate that homeless individuals are 71.5% male, 6.8% Hispanic, 64% White, 31.8% Black, and 4.2% other races. 17.4% are veterans with 94.1% of these being male. 18.7% are chronically homeless. Street survey results indicate that 39.7% of individuals report being homeless for a year or longer and 32.9% report being homeless 4 or more times in the last 3 years.

Unmet Medical Needs of Homeless Population

Data from the Point in Time County indicate that 20.2% report having a serious mental illness. 16.5% report having a substance use disorder. 23 individuals report having HIV/AIDS. 8.1% report being victims of domestic violence.

On May 31, 2014, the Tampa Bay Times newspaper wrote about the demands that individuals residing in Pinellas homeless shelters are putting on the EMS system by using it as a primary health care provider. The paper reported that the Safe Harbor homeless shelter has been one of the biggest users of the EMS since it opened in 2011, when it

topped the list of EMS calls in the County with 537. In 2013, it was third on the list with 545 calls. Pinellas Hope was eleventh on the list with 356 calls. If you add the costs of the first responders and ambulance costs, the estimated total cost of Safe Harbor to Pinellas' EMS system was about \$502,048 in 2013.

Uninsured

According to 2013 CMS data for the Percent of Estimated Eligible Uninsured People for Outreach Targeting, there are approximately 3.4 million uninsured residents in Florida and approximately 156,534 uninsured residents in Pinellas County, 4.5% of the State's total. In 2014, of all HCH health center grantees, 43% (368,125) were reported to be uninsured. For the same time period within the Pinellas County HCH program, 98% of the 1,790 unduplicated patients served through the County's HCH program were uninsured. This has been a consistent percentage for the County over the past three years of patient data as reported in our UDS reports.

Income & Poverty Level

In 2010 in Pinellas County, 31% of individuals were below 200% of the federal poverty level, up from 27% in 2000. Five-year estimates (2008-2012) from the American Communities Survey demonstrate that 29.2% of blacks and 10.9% of whites in Pinellas are below the federal poverty level.

In 2014, of all HCH health center grantees, 88.9% (629,809) of patients were reported to be at 100% and below of the FPL. Using client data from the County's HCH program, 99% of unduplicated patients were below 100% of the FPL in 2014.

2. Justification for the need of funding in the targeted area, including strengths and challenges

In Pinellas County, from 2007-2010, deaths from accidental overdoses of prescription drugs outpaced those from heroin in the 1970s and crack cocaine in the 1980s. While prescription related deaths have declined since their peak in 2010, Pinellas is still struggling to address this significant addiction issue. In 2014, the Pinellas County Medical Examiner reported the following deaths among those cases testing positive for drugs: 393 alcohol, 88 hydrocodone, 126 oxycodone, 75 methamphetamine, and 98 cocaine, indicating that the problem still exists.

In addition, Florida ranks 49th in the country in mental health spending [\(source\)](#). The need for additional services particularly for this population, in the form of behavioral health specialists, has been acknowledged. Of 1,790 clients screened in 2014, and referred for treatment, 52 were treated. Lack of engagement and lack of transportation are issues for this population.

3. Impact of the problem on the identified population

BayCare Behavioral Health (BayCare) is the largest provider of psychiatric services within the Tampa Bay area, and provides extensive acute inpatient hospital services at three separate hospitals within Pinellas County. With a total of 104 inpatient beds this service provides care for over 5000 patients annually including pediatric, adult and geriatric patients. Over ten percent (10%) of inpatient services provided by BayCare within the Pinellas County is uncompensated in nature and provides care to the indigent and homeless population.

All three hospitals have a dedicated psychiatric emergency department which is utilized for screening patients to determine the most appropriated level of psychiatric care.

St. Anthony's Hospital provides contact to over 2,500 patients in the psychiatric emergency department annually while providing inpatient services to over 2,000 patients annually within a 50 bed capacity. Services include adult and geriatric acute care.

Mease Dunedin Hospital provides contact to over 1,800 patients in the psychiatric emergency department annually while providing inpatient services to 1800 patients annually within a 32 bed capacity. Services include geriatric, adult and pediatric inpatient acute care.

Morton Plant Hospital- provides contact to over 1,300 patients in the psychiatric emergency department annually while providing inpatient services to 1,200 patients annually within a 22 bed capacity. Services include adult acute care.

As identified in the pilot project study, 73% of high utilizers are homeless individuals.

4. Prevalence of issues that exist within the county or areas proposed

Within the area exposed, homeless individuals cycle through jail, the emergency room, and psychiatric hospitalizations.

5. Previous and current efforts (including any outcomes) undertaken to address issues related to community and primary care services including any collaborations with health entities, local governmental agencies, civic associations and others that show experience with the identified problem and target groups.

While there have been ongoing efforts to address these issues, lack of funding, lack of coordination of efforts and sometimes duplicative efforts, and lack of targeting in all efforts has lead to an inability to fully meet the need. The County has been providing behavioral health services since 2001, with an

- 6. The source(s) of all data and statistics used to validate the need**
- 7. Sources of other funds currently received by the applicant to support proposed activities. Explain how funding requested under this program will be used differently than the funding already received for the proposed activities.**
- 8. Identify other programs operating in the county serving the same population proposed to be served under this project. Applicants should explain how it proposes to avoid duplication of existing services and how the proposed program will enhance or differ from services provided by existing services.**

Patients served through this program will not be in treatment in other programs. Part of the assessment will include ascertaining if the patient is in treatment and referral back to treatment in that facility if immediate intervention is not required.

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PROVISION OF SERVICES

- 1. Activities to be conducted as a result of this funding including the timeframes for implementation. Describe all strategies to be used for policy initiatives, prevention, intervention, education and outreach.**

The grant will ask for funds to accomplish ER diversion at the County's locations where the homeless population is served, included Safe harbor, the soon to be opened Bayside Clinic which is adjacent to Safe Harbor, and at various locations where the MMU serves homeless clients. We will contract with BayCare Behavioral Health to provide services on-site. We will establish liaison with psychiatry units in each of the three hospitals.

BBH is the largest provider of psychiatric services within the Tampa Bay area, and provides extensive acute inpatient hospital services at three separate hospitals within Pinellas County. With a total of 104 inpatient beds this service provides care for over 5000 patients annually including pediatric, adult and geriatric patients. Over ten percent of inpatient services provided by BBH within the Pinellas County is uncompensated in nature and provides care to the indigent and homeless population.

All three hospitals have a dedicated psychiatric emergency department which is utilized for screening patients to determine the most appropriated level of psychiatric care. St. Anthony's Hospital provides contact to over 2500 patients in the psychiatric emergency department annually while providing inpatient services to over 2000 patients annually within a 50 bed capacity. Services include adult and geriatric acute care.

Mease Dunedin Hospital- provides contact to over 1800 patients in the psychiatric emergency department annually while providing inpatient services to 1800 patients annually within a 32 bed capacity. Services include geriatric, adult and pediatric inpatient acute care.

Morton Plant Hospital- provides contact to over 1300 patients in the psychiatric emergency department annually while providing inpatient services to 1200 patients annually within a 22 bed capacity. Services include adult acute care.

Inpatient acute care services include ongoing comprehensive evaluations with interventions and treatment provided by a multidisciplinary team that includes a psychiatrists, medical consultation services, nurses, therapists, discharge planners and mental health technicians. Treatment is comprised of individual counseling, family counseling, group therapy, recreational therapy and pharmacology. A continuous partnership with family members, support systems and the Pinellas County community

resources provide the runway for a successful discharge plan and maintenance of our patients needs on an outpatient basis.

As part of this program, we will provide telemedicine services. BBH contracts with an outside provider to provide this service.

- 2. An explanation of how activities will be implemented and to whom. Include the intended focal population, the total number of unduplicated individuals that will benefit from each activity, the areas served or locations in which activities will commence.**

Approximately 300 patients overall will receive treatment through this program over the course of a year.

- 3. Strategies to address potential barriers to the provision of the activities proposed.**
- 4. A description of plans to collaborate with organizations and health care systems to conduct proposed activities.**

The County will collaborate with the Florida Health Department Pinellas County, Directions for Living, and BayCare Behavioral Health to conduct the proposed activities. Staff from the DOH, Directions, and BBH will be located at Safe Harbor and health center locations to provide behavioral health services, triage, screening, assessment, and short term treatment.

- 5. Lists of intended outcomes or specific changes expected as a result of program activities.**

The program intends to provide 300 clients with behavioral health and substance abuse interventions, access to care, crisis management, stabilization, referral to treatment, and short term treatment through the use of behavioral health specialists and psychiatric telemedicine services.

- 6. A description of activities, actions and strategies that will be undertaken to achieve objectives including timelines with beginning and end dates, and the persons responsible for each activity.**

Immediate activities include completing contracts with BBH and Directions for additional staff, and hiring additional staff. Process flow needs to be created to ensure that patients seeking care are effectively triaged so as to avoid unnecessary emergency room visits and/or hospitalizations. Additional behavioral health staff need to be effectively utilized.

7. The mechanism that will be used by the program to document and measure its progress toward meeting programmatic objectives and program effectiveness. Specific indicators and measures must be provided.

Quantitative and qualitative data are collected and stored in the County's electronic health record, Nextgen. Data from this new intervention will also be recorded in Nextgen, and routinely analyzed to monitor and assess trends in patient care. The County currently tracks the following performance measures for all patients, and will augment as indicated above to demonstrate the outcomes of the services available through this funding.

The County collects, through the UDS reporting, quantitative data. It also collects qualitative data through patient questionnaires conducted weekly every month. On an annual basis the County conducts a needs assessment with local providers

In order to meet the program objective of serving 300 clients.....

8. The roles and responsibilities of other organizations involved with implementing the project.

Pinellas County Human Services administers and has overall responsibility of the health center program. The program is governed by both the Board of County Commissioners and the Mobile Medical Unit Advisory Council. Daisy Rodriguez, Health Care Administrator, serves as the Project Director of the health center program.

Pinellas County subcontracts with the Florida Department of Health for primary, specialty and dental care services. The DOH then subcontracts with a full network of providers for services including behavioral health and substance abuse. Dr. Chitra Ravindra, Florida Department of Health, is the Medical Director overseeing the health center program.

BayCare Behavioral Health will become a subcontractor to {Pinellas County or DOH} for the service provisions outlined in this funding opportunity. BayCare will hire 2.5 FTE behavioral health specialists and provide ongoing supervision through a program manager who will be available throughout the duration of the program.

Directions for Living (Directions) is the current subcontractor for behavioral health and substance abuse services under the Florida Department of Health. Directions will provide an

additional full time specialist to connect individuals to long-term care, discharge and follow-up after stabilization from the various health center sites.

Together, all the contracted and governing bodies, they will work together to oversee implementation of the program, screen, diagnose, and refer the individuals in need to the appropriate service contractor. Each contracted party will be responsible for reporting performance outcomes and working to identify any barriers or challenges faced by the patients. For the first 60 days of implementation, the parties will meet weekly to review program objectives and outcomes. The team will then meet bi-weekly through June 30, 2016.

- 9. A description of how the program will be staffed, (e.g., paid staff and/or volunteers, consultants and subcontracts). Identify the number and type of positions needed, which positions will be full-time and which will be part-time, and qualifications proposed for each position, including type of experience and training required. Applicant must explain how staff and volunteers are recruited as well as how consultants and subcontracts are procured.**

The health center program has two sites in The program will be staffed with behavioral health specialists at various locations. There will be an additional FTE at Safe Harbor, the County's largest shelter, housed on the shelter premises in a van provided by BayCare Behavioral health (BB). An additional behavioral health specialist will be located inside the shelter during night and weekend hours on a part-time basis. One additional Behavioral health FTE will also "follow" the health center (MMU), and provide services to patients inside the facilities where the MMU provides mobile services. Finally, a part time nurse will also be available on the Safe Harbor campus nights and weekend to be available for triage and diversion.

- 10. Applicants must submit a work plan listing the objectives for implementation of proposed activities, including activities which will be conducted to meet each objective per month, methods used to assess whether or not objectives are met, timeframe, and person responsible for carrying out each activity. All awardees will be expected to submit an updated workplan in the frequency specified in the awardees Agreement.**

EVALUATION PLAN

- 1. Successful applicants will evaluate the implementation of and measure outcomes of proposed activities. This will include monthly reporting on the strategies identified in the proposed work plans. Evaluation activities may also include quantitative and qualitative assessments of service participation, and, where possible, increase in knowledge, intended behavior modification, or noted improvements in quality of life measures as a result of participation in the activities proposed.**
- 2. The evaluation must clearly articulate how the applicant will evaluate program activities. It is expected that evaluation activities will be implemented at the beginning of the program in order to capture and document actions contributing to program outcomes. The evaluation must be able to produce documented results that demonstrate whether and how the strategies and activities funded under the program made a difference in the improvement of community and primary health care. The evaluation should identify the expected result (e.g., a particular impact or outcome) for each major objective and activity and discuss the potential for replication.**

BUDGET SUMMARY AND BUDGET NARRATIVE

EXPENSES	Year 1		
	State Funding	Other Resources	Total
PERSONNEL			
(Pinellas County will contract with key providers in the community for identified services, please see contractual budget)			
ADMINISTRATION			
MEDICAL STAFF			
DENTAL STAFF			
BEHAVIORAL HEALTH STAFF			
MENTAL HEALTH SERVICES			
SUBSTANCE ABUSE SERVICES			
ENABLING STAFF			
TOTAL PERSONNEL	\$0	\$0	\$0
FRINGE BENEFITS			
FICA @ X.XX%			
Medical @ X.XX%			
Retirement @ X.XX%			
Dental @ X.XX%			
Unemployment & Workers Compensation @ X.XX%			
Disability @ X.XX%			
TOTAL FRINGE	\$0	\$0	\$0
TRAVEL			
TRAVEL (xx miles per month @ xxx cost per mile x 12 months – 1 FTE)	\$0	\$0	\$0
TOTAL TRAVEL	\$0	\$0	\$0
EQUIPMENT			
(Include items of moveable equipment that cost \$5,000 or more and with a useful life of one year or more)			
Not Applicable			
TOTAL EQUIPMENT	\$0	\$0	\$0
SUPPLIES			
Office Supplies (\$125/mo x 12 months)	\$1,860	\$0	\$1,860
TOTAL SUPPLIES	\$1,860	\$0	\$1,860
CONTRACTUAL			
(Contractual rates include salary, fringe and indirect costs per provider)			
Behavioral Health Staff (BayCare Health System)			
- Licensed Mental Health Clinician (1.0 FTE)	\$89,137	\$0	\$89,137
- Masters Level Practitioner (2.0 FTE)	\$138,658	\$0	\$138,658
- Program Manager (0.3 FTE)	\$39,923	\$0	\$39,923
(Directions for Living)			
- - Masters Level Practitioner (1.0 FTE)	\$75,000	\$0	\$75,000
Medical Staff (Florida Department of Health)			

EXPENSES	Year 1		
	State Funding	Other Resources	Total
- Nurse	\$75,000	\$0	\$75,000
Telemedicine (Equipment & Services)	\$98,456		\$98,456
TOTAL CONTRACTUAL	\$516,174	\$0	\$516,174
OTHER			
(Include detailed justification. Note: Federal funding CANNOT support construction, fundraising, or lobbying costs.)			
Laptop Computer Bundle (3 FTE @ \$1,600 each)	\$6,000	\$0	\$6,000
Mobile Van (4 quarters/yr @ \$864.75/qtr)	\$12,090	\$0	\$12,090
Cell Phone (3 FTE x \$200/yr)	\$744	\$0	\$744
Air Time (3 FTE x \$40/mo x 12 months)	\$1,786	\$0	\$1,786
Transportation (Bus Passes/Cab Fare)	\$2,000	\$0	\$2,000
TOTAL OTHER	\$22,620	\$0	\$22,620
TOTAL DIRECT COSTS	\$540,654		\$540,654