



Doing Things!

BCC /Legislative Delegation

Joint Meeting

Behavioral Health Pilot

2-2-17



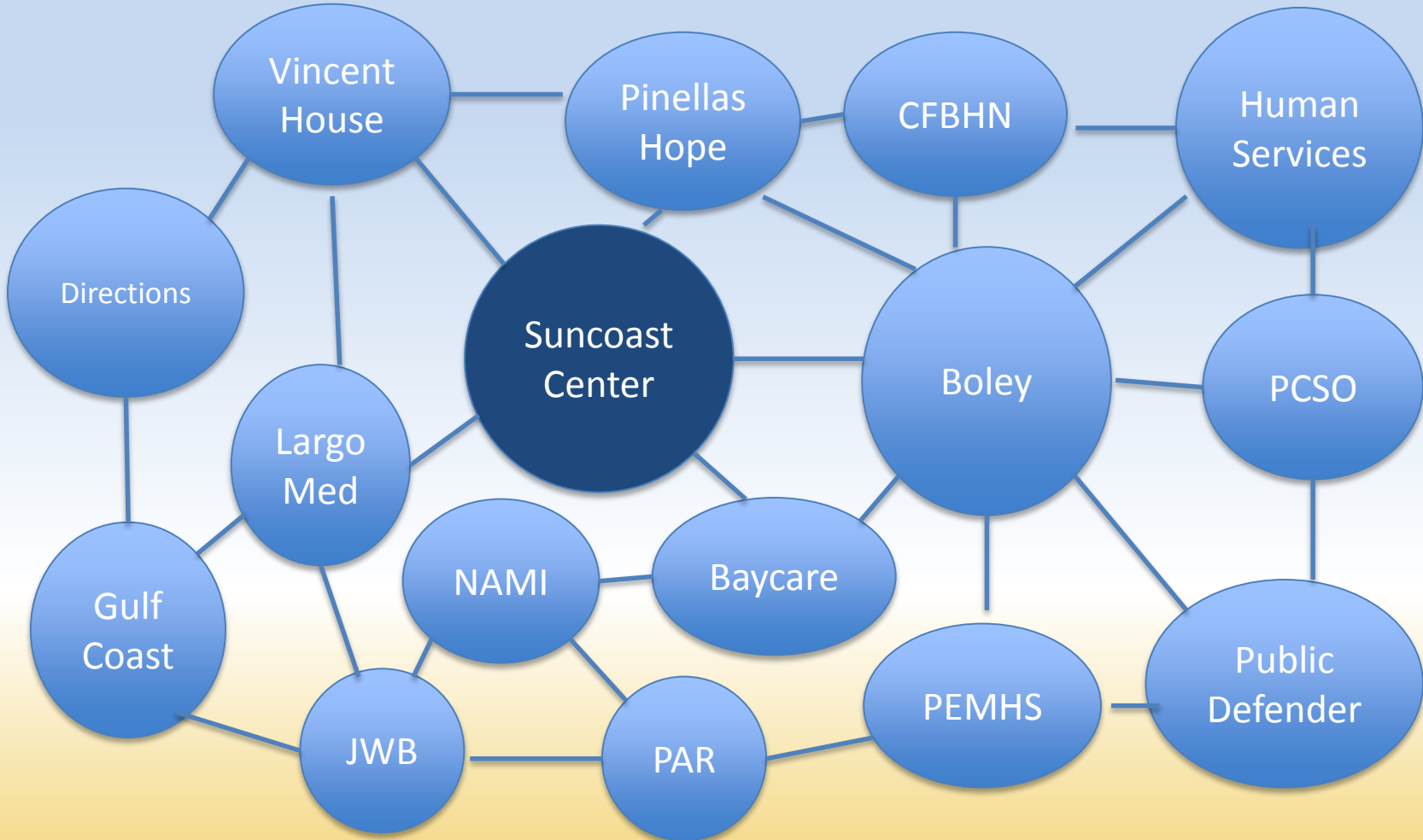
Behavioral Health Pilot - Why?

- Stabilize high utilizers
- Streamline the Behavioral Health System
 - Reduce the wait time for Behavioral Health Services
 - Determine gaps in the Continuum of Care
 - Develop solutions to meet the needs of the community
- Reduce high utilizer's visits to the Crisis Stabilization Unit, Emergency Departments & Jail

Behavioral Health Pilot - What?

- Developed by community stakeholders – subject matter experts
- Top 33 utilizers of Baker Act & Jail
- Current cost to system \$2.4m (Jail, Hospital Inpatient, CSU)
- BCC authorized \$964,000 (Psychiatrist, Case Manager, Therapist, LPN & Law Enforcement, Services, Operations)
- Suncoast Center Lead
- Boley Co-lead
- Agreement signed May 2016

Behavioral Health Pilot - Partners



Behavioral Health Pilot – Interim Findings

- Wait time for behavioral health services
- Access to Substance Abuse services
- Lack of a secure Marchman
- Lack of staff community resource knowledge due to turnover and program changes
- Baker Act & Discharge Plan – revolving door
- Data Sharing
- Jail medical services & Jail release times
- Gaps in the continuum of care – need more secure housing, intensive case management, wrap around services, transportation

Behavioral Health Pilot – Current Situation

Top 33

- 32 Located (2 need to be engaged/enrolled)
- 1 not located
- 6 Replace with new participants
 - 4 Out of county/state
 - 1 Prison
 - 1 FACT

• @ of 1-25-17

Behavioral Health Pilot – Current Situation

Top 33

- 1 Jail
- 1 Challenge to engage
- 19 Long acting injectables
- 15 County Health Program
- 9 Medicaid
- 6 Housed at Boley
- 1 Independent Apartment
- 13 Transitional Housing Waiting Permanent
- 31 Have Substance Abuse Issues

Behavioral Health Pilot

- PCSO reported fewer arrest & severity
- 1 Addicted to Cocaine currently clean
- 1 Spice – PAR helping no current detox
- Help with basic life skills
- No one has dropped out
- Vincent House

Behavioral Health Pilot – Outcomes



Define - Measure - Analyze - Improve - Control

Project or Program: <u>Pinellas County Behavioral Health High Need/High Utilizer (HNHU) Pilot Program</u>					
Goal: <u>HNHU Pilot clients stabilized in the community</u>					
INPUTS	ACTIVITIES		OUTCOMES		
What we invest	What we do	Who we reach	Short-term results	Intermediate results	Long-term results
\$ 964,441.50 (proposed budget) Provider Partners: <u>Law Enforcement</u> – Liaison, Law Enforcement Representative ¹ <u>Behavioral Health</u> – Case Manager ¹ , Therapist ¹ <u>Housing</u> – facilities to temporarily house up to 33 pilot participants in collective locations <u>Hospital/Medical providers</u> – Emergency Rooms Liaison, Department of Health	Client engagement Client Assessment Rapidly house homeless clients Provide indicated treatment and support Arrange supportive services Case Management Rapid team response to system re-entry or other crises	Top 33 High Need/High Utilizers (HNHUs) of CSU and Jails identified using Baker Act (PEMHS ²), HNHU (CFBHN ³), and Arrests (PCSO) data.	#/% Clients engaged and enrolled in pilot #/% of Homeless clients housed within 1 week of pilot entry by type of housing (transitional, Permanent Supportive Housing, etc.) #/% of Clients receive LOCUS ⁴ or other approved assessment within one week of pilot entry #/% of clients receive SPDAT ⁵ assessment within one week of pilot entry #/% of clients have housing and service plans within one week of pilot entry #/% of clients who receive treatment indicated in service plan #/% Clients receive indicated wrap-around services: Financial Assistance Self-sufficiency Employment training Budgeting	Reduction in #/% of clients arrested 1 & 3 months post pilot entry Reduction in # jail bed-days 1 & 3 months post pilot entry Reduction in #/% of clients with Baker Acts 1 & 3 months post pilot entry Reduction in total # Baker Acts 1 & 3 months post pilot entry Reduction in #/% clients hospitalized 1 & 3 months post pilot entry Reduction in #/% clients with ER visits 1 & 3 months post pilot entry #/% Clients enrolled in training/skills program (eg. Vincent House)	#/% Clients who successfully complete treatment Increase in #/% Clients in permanent/permanently supported housing >6 months Reduction in #/% of clients arrested >6 months months post entry Reduction in # jail bed-days >6 months months post entry Reduction in #/% of clients with Baker Acts >6 months post entry Reduction in #/% of clients with Baker Acts>6 months post entry Reduction #/% Clients admitted to Detox >6 months Reduction in #/% Clients hospitalized >6 months (to be defined) Increase in #/% Clients stable in community/self-sufficient (eg. receiving Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI)) Increase in #/% Employed in paid positions Increase in #/% Engaged in meaningful, productive activity, eg., school, day services, volunteer work

¹ Members of Treatment Team

² Personal Enrichment Through Mental Health Services

³ Central Florida Behavioral Health Network

⁴ Level of Care Utilization System Assessment - used to determine the resource intensity needs of individuals who receive adult mental health services

⁵ Service Prioritization Decision Assessment Tool - used for intake and service delivery to prioritize clients for housing and wrap-around services

Updated 02/22/16

Behavioral Health Pilot – Next

- Pilot should evolve as the system evolves and opportunities change.
- Pilot began on May 10, 2016 for a 1 year term and may be renewed for 2 additional 1 year terms.
- Year 1 focus:
 - Ongoing engagement and services for top 33
 - Evaluate success of engagement, progress made, status, etc
 - I.D. System Barriers and Gaps / Develop solutions
 - Assess funding utilization and service needs of target population
 - Review budget and ensure critical needs being met