



Florida's Mental Health System

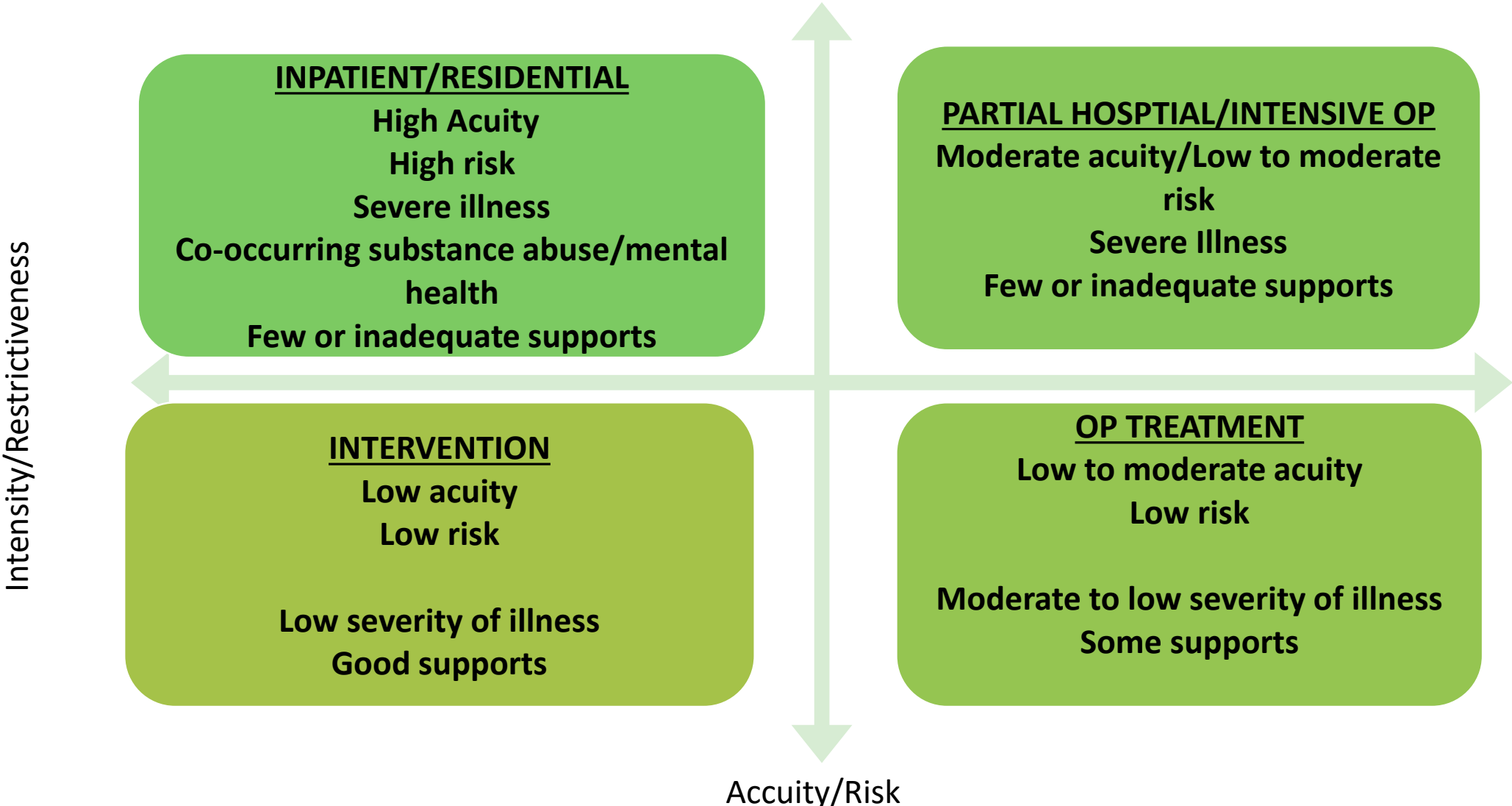
Children's Trust of Alachua
County

August 9, 2021

System Components

- Level of care refers to the varying degrees of intensity/restrictiveness at which care can be delivered.
- Four broad levels
 - Outreach/Prevention
 - Outpatient
 - Residential
 - In-patient

General Level of Care Characteristics




Outreach/Prevention

- Outreach
 - Activity
 - Case-finding
 - Location
 - Community-based
- Prevention/Intervention
 - Activities
 - Avoiding risk/problems – skill building, social-emotional development strategies
 - Mitigating risk factors – psychoeducational interventions to increase skills and mitigate environmental factors
 - Avoiding further damage – harm reduction strategies
 - Location
 - Community-based





Outpatient Treatment

- Counseling
 - Individual, family or group therapy
 - Crisis Services
 - Screening units/Crisis lines/Warm lines
 - Mobile Response Teams
 - Children’s Community Action Teams (“CATS”)
 - Psychiatric Services
 - Medication evaluation and management
 - Rehabilitation
 - Individual, family, or group activities focused on enhancing daily living skills, illness self-management
 - Case Management/Care Coordination
 - Resource finding, advocacy, monitoring, and care integration across providers
 - Location
 - In person, telehealth, phone
 - Clinic, community settings (home, school, afterschool, etc)
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Residential Treatment

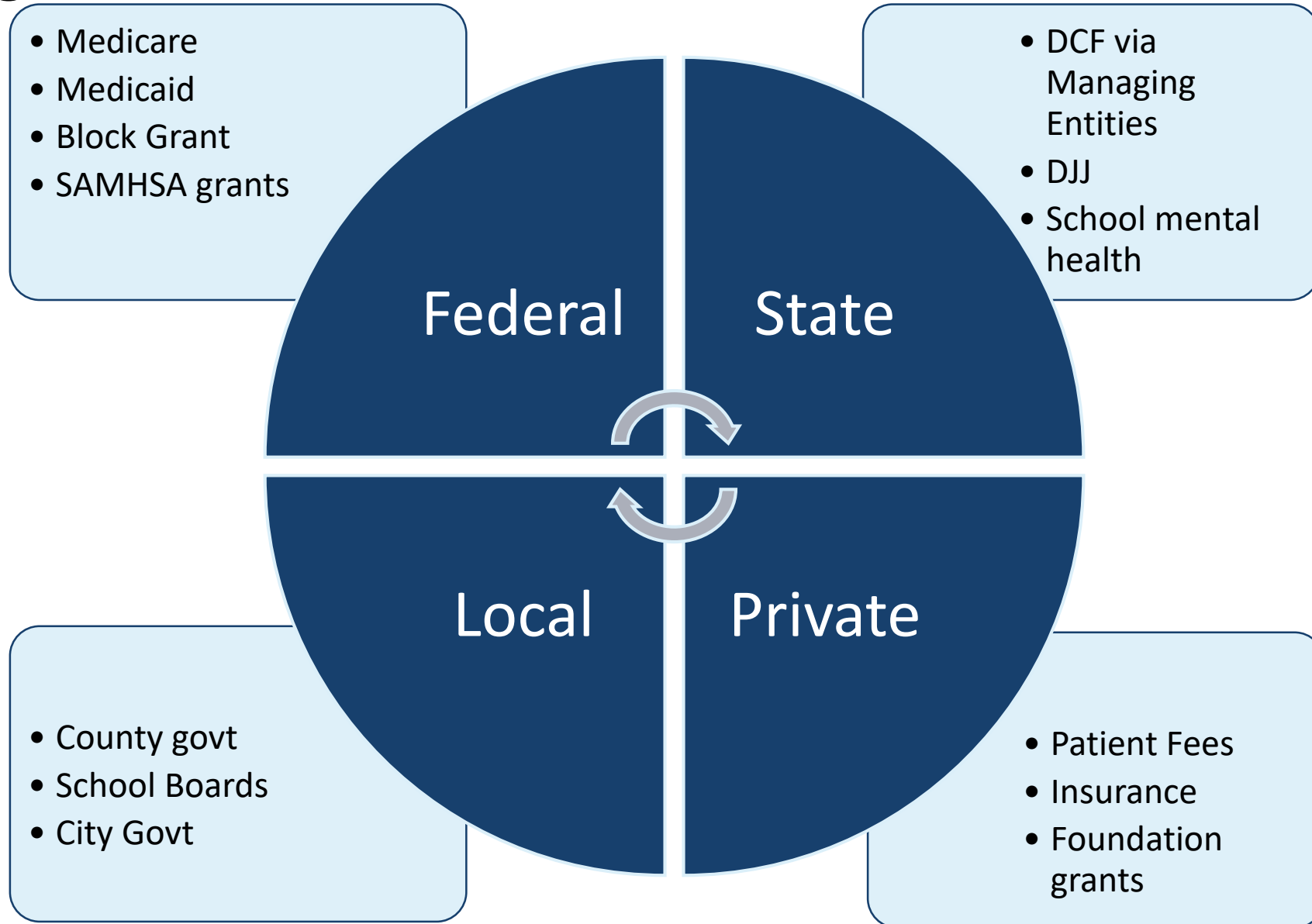
- Group home
 - Staffed 24/365
 - Longer term – 6-12 months
 - Residential Treatment facility
 - Staffed 24/365
 - Combines counseling, medication management, with supervision and rehabilitation
 - Medium term length of stay – 2 weeks-3months, longer for pregnant women
 - Usually associated with substance use disorders
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Inpatient/Hospital/Crisis Stabilization Units

- Combines counseling, medication management, with supervision for those with
 - Acute, high-risk episodes of illness
 - Short length of stay
 - Usually 2-4days
 - Seldom more than two weeks
 - For children
 - Private psychiatric hospitals
 - State Inpatient Psychiatric Program (“SIPP”)
 - Florida’s Mental Health Statute (FS 394) prohibits the use of state hospital facilities for children
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Funding



Federal Contribution

- Medicare
 - 80% federal
 - 20% patient co-pay (may vary with Advantage programs that have set co-pays and additional benefits)
 - Children who are disabled qualify
- Medicaid
 - Roughly 60% federal dollars
 - 40% state dollars
 - Limited eligibility
 - Families with dependent children: 75% of enrollees are children at or below 100% FPG
 - Dual eligibles – people with long-term disability
 - Pregnant women and children under 1, up to 200% FPG
 - Youth in foster care or under supervision
- CHIP/Kidcare
 - Covers uninsured children to age 19 who are low income but do not meet Medicaid eligibility
 - Has a waiting list
- Block Grants
 - Target those with serious mental illness, children with “severe emotional disturbance”, and (mostly) substance use disorders
 - Requires state maintenance of effort (i.e. funding) as match

State Contribution

- Department of Children and Families is the “State Authority”
- Funds community behavioral health services through
 - Managing Entities (ME’s) – locally LSF Health Systems
 - Fund treatment of low income and indigent individuals using state and federal block grant dollars
 - Maintenance of effort requirements are passed from the federal government to the state to the ME and then to providers
 - Limits eligibility based on income, available funding, and a priority population list
 - Medicaid – provides 40% match
 - Florida has privatized Medicaid into Managed Care plans that get a set amount per covered person each month
 - The MMA plans contract directly with providers for services
 - Some services are required, but they can also impose vague, often onerous prior authorization requirements
 - Services in DJJ, FDOC

Client Fees and Insurance

- Insurance and fees pay for limited portion of needed care
- Often have high deductibles that make using the coverage for anything less than catastrophic care very hard
- Copays can make it difficult to use the services for behavioral health where services can be weekly for a lengthy time
 - Many private providers do not accept insurance, meaning coverage is less and copays are at higher “out of network” rates



What gets covered

- “Parity”
 - Theoretically eliminates coverage differences between behavioral and physical health
 - Has made payers better address substance use disorders, particularly Medication Assisted Treatment (“MAT”) but still lag in coverage for residential treatment and Detox
 - Mapping of levels of care from behavioral to physical health is imperfect
 - Payers have created payment loopholes – and drawn lawsuits via
 - Vague and seemingly arbitrary “medical necessity” criteria
 - Co-pay barriers
 - Not recognizing the full continuum of levels of care – especially in treating substance use disorders

Provider Types

Psychiatrists (MDs or Dos)

Psychiatric Advance Practice Registered Nurses (MA)

Psychologists (PhD or PsyD)

Clinical Social Worker (MA)

Mental Health Counselor (MA)

Marriage and Family Therapist (MA)

**Registered Interns
MA or PHD receiving supervision for licensure**

Certified Addiction Professional (BA or MA levels)

Case Manager/Care Coordinator (BA)

**RNs/LPNs/CMAs –
BA, AA, licensure**

Peers – people with lived experience and certification

Behavioral health techs – HS/certificate

Practice Types

Private individual or group practices/organizations

- Single or multiple individually licensed provider types and specialties
- Often have areas of specialization
- A growing number do not accept insurance or indigent patients
- Some accept public funds and are contracted by ME's, Medicaid, or local entities to provide services, in addition to taking self referrals
- Some practice groups are incorporated for-profit entities, some as non-profit, some as LLCs or partnerships, and some as single independent practitioners

Community behavioral health centers

- Broad range of services
- Employ licensed professionals, registered interns, and other professional and paraprofessional staff
- Provide oversight of care based on accreditation by national organizations that accredit healthcare facilities, as well as state licensure (AHCA or DCF)
- Broad range of payers, including public funds
- Recipients of considerable public and community investment
- Generally non-profit



Putting it all together

Payers & Access

PAYERS	State	Medicaid	Insurance	Medicare	Patient Fees	Grants
Outreach/Prevention	X					X
Outpatient – Counseling*	X	X	X	X	X	X
Psychiatric (Eval/Meds)*	X	X	X	X	X	X
Rehab Services**	X	X				
Partial Hospital**		X	X	X	X	
Group Home**	X	X				
Residential **	X	X	X		X	
Crisis Units**	X	X	X			
Hospital/SIPP**		X	X	X		
Case Management***	X	X				X

* Access limited by credentials

**Require prior authorization, periodic reviews, severe illness, & have maximum service limits

*** Limited to those with severe and persistent MI, significant resource needs, risk of inpatient

Putting it all together: Services in or for Alachua County

Outreach/Prevention - Hanley Foundation, Meridian, Child Advocacy Center

Outpatient

- Counseling – Meridian, Children’s Home Society, Village Counseling, private practitioners, Child Advocacy Center (abuse, neglect, trauma), UF Health, NFRMC
- Psychiatric Services – Meridian, Children’s Home Society, Village Counseling, private practitioners, UF Health, NFRMC
- Case Management – Meridian, Children’s Home Society, Child Advocacy Center, Village Counseling
- Rehabilitation – Meridian, Chrysalis, Village Counseling
- Outpatient Crisis
 - Mobile Response Team – Alachua Crisis Center, Meridian
 - CAT Team – Chrysalis
 - 24/7 walk-in Meridian, UF Health ED, NFRMC ED

Residential

- Group Home – None in the district
- Residential Facility – Meridian's Recovery Center (Substance abuse and respite, in Lake City)

Inpatient

- SIPP – none in the region, children go out of region based on availability of beds
- CSU – Meridian
- Hospital – UF Health Psychiatric Hospital, NFRMC (Adults only)

Provider challenges & opportunities

- Challenge: Fee for service payment models
 - Limit what's billable
 - Specific services
 - “Enrolled” patients only
 - Make it difficult or impossible to cover the cost of placing a fulltime counselor at community sites without additional funds
- Opportunity: Fund positions requiring braided funding
 - Provider bills available payer for eligible services provided (Insurance, Medicaid, Medicare, state) to enrolled children/families
 - Grant funds to cover non-billable time: consultation or screening of non enrolled children/families, or services for children/families without a 3rd party payer

- Challenge: Stigma
- Opportunity: Education and awareness , particularly in communities where access and seeking help are stigmatized
- Challenge: Workforce
 - Not enough trained professionals (licensed)
 - Not enough in the pipeline
 - Lack of support for workforce development
- Opportunity
 - Support internships
 - Support training/development efforts
 - Support legislative efforts for changes in credentialing requirements for certain types of professionals that limit who can provide low level services