ENHANCEMENT PLAN

Fiscal Year 2019-2020

Revised 8/2019

TABLE OF CONTENTS

CENTRAL FLORIDA CARES HEALTH SYSTEM
FY 19-20 ENHANCEMENT PLAN

ENHANCEMENT PLAN SUMMARY

Priority Needs For Services	
Peer Support Services	$ 470,734
Care Coordination	$ 422,880
Housing Specialist (Provider Level)	$ 240, 000
Supportive Group Housing	$ 918,418
Adult Mental Health Case Management	$ 351,550
TOTAL REQUEST:	**$ 2,163,582**

Priority Needs For Services

CSU Peer Support Services

A. Please describe the process by which the area of priority were determined. What activities were conducted, who participated, etc.

Central Florida Cares Health System (CFCHS) conducted the following activities to determine areas of priority:

- Developed the 2018 Community Needs Assessment Questionnaire to gather feedback from various community stakeholders within Circuits 9 and 18. Participants who completed the survey represented state and county government, community-based care, School District, Medicaid Managed Care, Advocacy groups/coalitions, including peer groups, homeless services, and behavioral health service providers.
- CFCHS 2017 Recovery-Oriented System of Care Survey completed by network service providers with the purpose of gathering feedback on utilizing Peer Support Specialists within their continuum of care.
- In 2019, CFCHS contracted with The Health Council of East Central Florida, Inc. to conduct a behavioral health needs assessment. This assessment included a consumer and community stakeholder survey to determine the strengths and gaps in services provided to individuals in mental health and substance abuse programs. A total of 314 consumers and community stakeholders surveys were collected and analyzed.

B. The problem or unmet need that this funding will address.

Recent research has shown the possible benefits of recovery support services within the behavioral health system. In the American Journal of Preventive Medicine 2018 publication "Peer workers in the behavioral and integrated health workforce: opportunities and future directions" research evidence showed that peer-delivered services may support recovery by:

- Helping individuals achieve personal goals of employment, education, housing and social relations
- Increase use of primary care over emergency services
- Reduce psychiatric re-hospitalizations
- Engage individuals in treatment.

In 2017, CFCHS conducted a survey to assess the utilization of Recovery Support Specialists among its network service providers. The survey results showed that there were only 5 certified and 6 non-certified peer specialists currently working throughout the covered 4 counties. In addition, the 2018 CFCHS Needs Assessment questionnaire cited peer recovery support services as the 3rd highest need for individuals with mental health and/or substance use disorders.

C. The proposed strategy and specific services to be provided

Peer Support will begin in the Crisis Stabilization Unit with the Peer Specialist providing a safe environment by building a trusting relationship and assisting in discharge planning. Upon discharge, the Peer Specialist will provide support in community and work with the individual on linkages to services to meet needs. The Peer Specialist will function as a role model to the individual in crisis; exhibiting competency in personal recovery and use of coping skills; serve as a consumer advocate, providing consumer information and peer support for clients in outpatient and inpatient settings. Assist clients in articulating personal goals for recovery through the use of one-to-one sessions. During these sessions the Peer Specialist will support clients in identifying and creating goals and developing recovery plans with the skills, strengths, supports and resources to aid them in achieving those goals.

- Assist clients in working with their case manager or treatment team in determining the steps he/she needs to take in order to achieve these goals and self-directed recovery.
- Assist clients in setting up and sustaining self-help (mutual support) groups, as well as means of locating and joining existing groups.
- Utilize tools such as the Wellness Recovery Action Plan (WRAP) to assist clients in creating their own individual wellness and recovery plans.
- Use ongoing individual sessions to teach clients how to identify and combat negative self-talk and how to identify and overcome fears by providing a forum which allows individuals to share their experiences.
- Assist in obtaining services that suit that individual's recovery needs by providing names of staff, community resources and groups that may be useful. Inform clients about community and natural supports and how to use these in the recovery process.

D. Target population to be served

Adults with a severe and persistent mental illness; priority given to high utilizers of acute care services

E. Please list the counties where the services will be provided.

Orange, Osceola, Brevard and Seminole

F. Number of individuals to be served

Approximately 240 individuals

G. Please describe in detail the action steps to implement the strategy

	Tasks	Target Completion Date	Resource People	Other Resources	Success Indicator
1	Ensure funding is available through LBR or internal budget shift	1/1/2020	CEO, CFO	DCF	Contract amendment
2	Work with current providers to expand treatment capacity	3/31/2020	COO	Contract Manager, System of Care	Action plan in place
3	Amend contracts as needed	5/1/2020	Contract Manager	COO, CEO	Contract amendment
4	Begin providing services	7/1/2020	Provider	ME	Services being provided

H. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

Priority:	**Recovery Support Services**		**Total Budget:**		**$470,734**
Budget					
Program	**Payment Methodology**	**Covered Services**	**Proposed Rate**	**Operating Budget Allocation**	**Comments**
Mental Health	Fee-for-service	Recovery Support	$47.00/direct staff hour	$470,734	8 FTEs (2 per county)

I. Identify expected beneficial results and outcomes associated with addressing this unmet need.

To implement the evidenced-based practice of community-based peer support utilizing a professional workforce of individuals who have achieved recovery from a mental health disorder. Peer support specialists will use their recovery experience to mitigate further adverse outcomes while simultaneously enhancing positive treatment outcomes associated with mental health conditions. The CFCHS 2019 Needs Assessment indicates strengths from peer support services to include (1) trusting bond between client and peer specialist that helps in engaging in services and (2) Peer Specialist's knowledge to advocate for and support client due to personal experience in navigating the system.

The primary goal for peer support service will be to reduce readmissions and use of acute care services (i.e. CSU, Detox). In addition, according to Mental Health America, further benefits from peer support are:

- Improvement in quality of life,
- Improvement in engagement and satisfaction with services and supports,
- Improvement in whole health, including chronic conditions like diabetes,
- Reduction in the overall cost of services

J. What specific measures will be used to document performance data for the project

- Number of adults with a serious and persistent mental illness in the community served
- Percent of adults with serious mental illness who are competitively employed
- Percent of adults with severe and persistent mental illnesses who live in stable housing environment
- Percent of adults with serious mental illness readmitted to acute services

Care Coordination

A. Please describe the process by which the area of priority were determined. What activities were conducted, who participated, etc.

- CFCHS contracted with The Health Council of East Central Florida, Inc. to conduct a behavioral health needs assessment. This assessment included a consumer and community stakeholder survey to determine the strengths and gaps in services provided to individuals in mental health and substance abuse programs. A total of 314 consumers and community stakeholders surveys were collected and analyzed.

- Review of CFCHS outcome data for FY 18-19

B. The problem or unmet need that this funding will address.

According to the Florida Council on Homelessness 2014 Report, almost 30% of individuals who are homeless have a mental illness and over 37% have a substance use disorder. These individuals are often high utilizers of crisis services/Detox and cycle in and out of residential care, jails, emergency rooms and other institutional facilities because of their lack of stability in the community. Proper coordination of care will assist these individuals in improving their well-being to reduce admissions to higher cost acute care services.

CFCHS outcome data for FY 18-19 indicates:

Program	Total # High Utilizers	% Homeless
Crisis Stabilization	542	29.7%
Detoxification	360	39.7%

C. The proposed strategy and specific services to be provided

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), recovery by individuals with a mental illness is supported by getting and maintaining accessible, affordable housing with supportive services. CFCHS proposes to expand its care coordination program to include incidental funding for housing assistance.

The goal of the Care Coordination program is to reduce the need for crisis stabilization, inpatient detoxification treatment, psychiatric hospitalizations, and to assist consumers in obtaining and maintaining placement in the least restrictive community environment. It is the desired outcome that persons served

receive sufficient treatment and education to remain in the least restrictive setting within the community, enhance their psychological wellbeing, and reach an optimum level of functioning in the community.

Care Coordinators are responsible for providing outreach services, intensive case management team services, life skills training and crisis intervention and support to individuals referred to the program in order to reduce their recidivism and assist them in maintaining placement in a community-based setting. Primary Linkages include, but re not limited to:

- Access to treatment
- Case management
- Integration with primary care physician for medical treatment
- Residential programs (Independence & Education College Place)
- Other housing options such as ALFs, adult foster homes, independent living, etc.
- Medication clinic/pharmacy
- Entitlement & transportation services (provide transportation as necessary)
- SOAR/connected to benefits (once client obtains benefits the Care Coordinator will facilitate referral and transitions to case management within 60 days of notification)
- Program for psychosocial rehabilitation such as clubhouse, Wellness Recovery Action Planning (WRAP) groups, and social, independent living skills
- Vocational rehabilitation
- Supported employment services
- Peer support and advocacy

Program services are provided with the belief that all clients should and can be empowered to develop control over their own lives. Individuals enrolled to the Care Coordination program are assessed to determine needs and to develop a plan of recovery. Staff work with the client in developing realistic, attainable goals and objectives with clinically appropriate interventions and authorized durations.

The Care Coordination services are flexible and provide clients with the necessary support and training to maintain stability in community settings. This includes but is not limited to providing accessibility to 24 hours, 7 days a week crisis intervention services, staff provide support and crisis intervention, as well as training in the use of the transportation system, meal preparation, monthly budgeting, childcare, socialization skills, etc.

Care Coordinators also assist individuals in obtaining Entitlement benefits through the SOAR process and locate housing options. Affordable housing options may be limited but it becomes even more difficult to place an individual with limited or no income. Housing assistance funding would be provided through the care coordination program to secure stable housing for individuals.

D. Target population to be served

- Adults (18 years and older) with a serious mental illness (SMI), substance use disorder (SUD), or co-occurring disorders who demonstrate high utilization of acute care services, including crisis stabilization, inpatient, and inpatient detoxification services. For the purposes of this document, high utilization is defined as:

- Adults with two (2) or more acute care admissions within 180 days; or
- Adults with acute care admissions that last 16 days or longer.

- Adults with a SMI awaiting discharge from a Civil/Forensic state mental health treatment facility (SMHTF) back into the community.
- Meets criteria for a DSM-V primary psychiatric diagnosis of a major mental illness; i.e., Schizophrenia or a Major Affective Disorder, etc., a substance abuse disorder and may have co-occurring diagnosis. But not exclusively organic brain syndromes, developmental disabilities, or isolated antisocial/criminal behavior.

E. Please list the counties where the services will be provided.

Orange, Osceola, Brevard and Seminole

F. Number of individuals to be served

Approximately 180 individuals

G. Please describe in detail the action steps to implement the strategy

	Tasks	Target Completion Date	Resource People	Other Resources	Success Indicator
1	Ensure funding is available through LBR or internal budget shift	1/1/2020	CEO, CFO	DCF	Contract amendment
2	Work with current providers to expand treatment capacity	3/31/2020	COO	Contract Manager, System of Care	Action plan in place
3	Amend contracts as needed	5/1/2020	Contract Manager	COO, CEO	Contract amendment
4	Begin providing services	7/1/2020	Provider	ME	Services being provided

H. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

Priority:	**Care Coordination**			**Total Budget:**	**$422,880**
Budget					
Program	**Payment Methodology**	**Covered Services**	**Proposed Rate**	**Operating Budget Allocation**	**Comments**
Mental Health	Cost Reimbursement	02 Case Management	$ 60,480.00	$ 422,880	6 FTEs (2 Orange, 2 Brevard, 1 Osceola, 1 Seminole)

I. Identify expected beneficial results and outcomes associated with addressing this unmet need.

It is expected that cost of services to individuals who are high-utilizers of crisis services would decrease by providing them with lower cost support services and housing assistance. In 2014, the Central Florida Commission on Homelessness released a report that included a study of a cohort of 107 chronically homeless individuals in Central Florida, which calculated that the cost of cycling in and out of incarceration, emergency rooms, and inpatient hospitalization was $31,065 per person annually. In a sample of 55 high-utilizers, CFCHS found that cost in direct services decreased by 88% (over $400,000) when these clients were provided support services and placed in stable housing. Among these same individuals, admissions to Crisis Stabilization/Detoxification decreased by 97%.

Within CFCHS' network, among individuals enrolled in care coordination, the average days of acute care decreased from 12.56 to 1.97 when comparing 90 days prior to enrollment in care coordination and 90 days after enrollment.

J. What specific measures will be used to document performance data for the project

- Increase the average days between admissions to the CSU and/or inpatient detox facility.
- Care Coordinator will conduct a face-to-face meeting with the potential consumers admitted to the CSU/inpatient detox facility up to the maximum caseload capacity.
- Consumers accepting Care Coordination services will be placed in community care within 3-5 days.
- Care Coordinator will contact (via phone and/or face-to-face) consumers who were referred to Care Coordination within 48 hours of discharge from the CSU/inpatient detox facility or SMHTF.
- Consumers participating in the Care Coordination program will have an increase in income, linked to entitlement or other benefits through employment.
- Homeless consumers participating in the Care Coordination program will be placed in transitional/permanent housing.

Housing Specialist (Provider Level)

A. Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.

Central Florida Cares Health System (CFCHS) conducted the following activities to determine areas of priority:

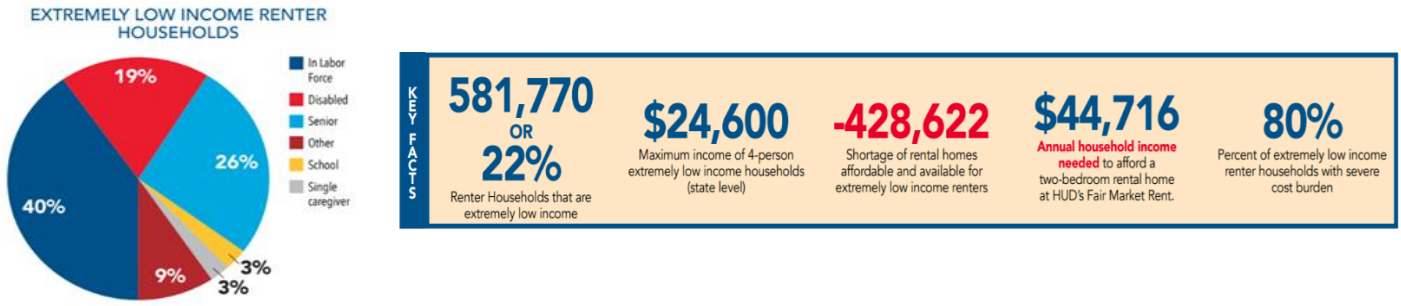
- In 2019, CFCHS contracted with The Health Council of East Central Florida, Inc. to conduct a behavioral health needs assessment. This assessment included a consumer and community stakeholder survey to determine the strengths and gaps in services provided to individuals in mental health and substance abuse programs. A total of 314 consumers and community stakeholders surveys were collected and analyzed.

- Review of CFCHS Substance Abuse Performance Measures

B. The problem or unmet need that this funding will address

Throughout the state, affordable housing is limited and in high demand from individuals with low-income. The Joint Center for Housing Studies of Harvard University currently states that low-rental unit under $800 has declined by 38.1 % since 2011 in Central Florida. In 2018, the Florida Council on Homelessness reported there were 2,787 individuals who were homeless in Central Florida (Brevard, Orange, Osceola and Seminole counties). Close to thirty percent were unsheltered and 13.9 percent were chronically homeless.
In addition, according to the National Low Income Housing Coalition 2019 The Gap report:

"Across Florida, there is a shortage of rental homes affordable and available to extremely low income households (ELI), whose incomes are at or below the poverty guideline or 30% of their area median income (AMI). Many of these households are severely cost burdened, spending more than half of their income on housing. Severely cost burdened poor households are more likely than other renters to sacrifice other necessities like healthy food and healthcare to pay the rent, and to experience unstable housing situations like evictions."



CFCHS 2019 behavioral health needs assessment shows that housing assistance was the number one service need that individuals were not able to obtain, indicating lack of availability of this service. A review of CFCHS ASA Stable Housing Outcomes for FY 1617 through 1819:

- Total number of individuals who were admitted for substance use services- 4,481
  - 804 individuals reported unstable housing; 94.6% were homeless at time of admission
  - 40.8% of the 804 remained in unstable housing at time of discharge from services.

Without assistance, Individuals with low-income who also suffer from mental illness and/or substance use disorders may have difficulty staying in recovery and navigating the system to obtain housing. Accessing affordable housing will continue to become more difficult if low-rental properties continue declining. CFCHS is proposing to implement Full-Time Housing Specialists at the provider level to assist in addressing housing barriers, build relationships with landlords, and advocacy.

C. The proposed strategy and specific services to be provided

In order to increase the availability of housing assistance and improve the network performance measures, CFCHS would implement housing specialists within its network. The Housing Specialists would work with individuals to assist individuals in achieving housing goals , including:

- Assess housing barriers of individuals experiencing homelessness to determine housing and service needs.
- Assist individuals in locating and securing housing
- Provide mediation and advocacy with landlords on the client's behalf to develop a workable plan to obtain and or maintain housing.
- Provide information and referral assistance regarding available support from appropriate social service agencies to maintain their housing

D. Target population to be served

Individuals with a Substance Use Disorder who are homeless upon admission

E. Counties to be served

Orange, Brevard, Osceola and Seminole

F. Number of individuals to be served

Approximately 200 individuals

G. Please describe in detail the action steps to implement the strategy

Tasks		Target Completion Date	Resource People	Other Resources	Success Indicator
1	Ensure funding is available through LBR or internal budget shift	1/1/2020	CEO, CFO	DCF	Contract amendment
2	Work with current providers to expand treatment capacity	3/31/2020	COO	Contract Manager, System of Care	Action plan in place
3	Amend contracts as needed	5/1/2020	Contract Manager	COO, CEO	Contract amendment
4	Begin providing services	7/1/2020	Provider	ME	Services being provided

H. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

Priority :	**Housing Specialist**			**Total Budget:**	**$240, 000**
Budget					
Program	**Payment Methodology**	**Covered Services**	**Proposed Rate**	**Operating Budget Allocation**	**Comments**
Substance Abuse	Fee-for-service	Case Management	$60,000	$240,000	4 FTE (1 per county)

I. Identify expected beneficial results and outcomes associated with addressing this unmet need.

- Reduce number of individuals who remain in unstable housing upon discharge from treatment services.

J. Specific measures that will be used to document performance data for the project.

- Percent of adults who successfully complete substance abuse treatment services.
- Percent of adults with substance abuse who live in a stable housing environment at the time of discharge.

Supportive Group Housing

A. Please describe the process by which the area of priority were determined. What activities were conducted, who participated, etc.

Central Florida Cares Health System (CFCHS) conducted the following activities to determine areas of priority:

- Developed the 2018 Community Needs Assessment Questionnaire to gather feedback from various community stakeholders within Circuits 9 and 18. Participants who completed the survey represented state and county government, community-based care, School District, Medicaid Managed Care, Advocacy groups/coalitions, including peer groups, homeless services, and behavioral health service providers.

- In 2019, CFCHS contracted with The Health Council of East Central Florida, Inc. to conduct a behavioral health needs assessment. This assessment included a consumer and community stakeholder survey to determine the strengths and gaps in services provided to individuals in mental health and substance abuse programs. A total of 314 consumers and community stakeholders surveys were collected and analyzed.

B. The problem or unmet need that this funding will address.

According to the 2019 report from the National Low Income Coalition, the Orlando-Kissimmee-Sanford area now ranks first among the largest 50 metropolitan areas for the most severe affordable housing shortage in

the country. Individuals with mental health or co-occurring disorder served within CFCHS's network live well below the poverty level and their SSDI benefits are not sufficient to fully pay for their housing. This limits their options for stable housing. The inability to maintain stable housing places them at higher risk for re-hospitalization and homelessness, affecting their potential to maintain their recovery and well-being.

During FY 18-19, approximately 47% of individuals returning to the community from SMHTF were discharged to an Assisted Living Facility or Independent Living Group Care. These facilities do not provide the supports needed to teach individuals the daily living skills to become independent and transition to permanent housing. CFCHS is requesting funding to implement a program that will provide staff trained in working with the severely mentally ill, provide a full continuum of behavioral health care, and provide the supports to work towards independence.

C. The proposed strategy and specific services to be provided

In order to address the limited affordable housing options for these individuals, CFCHS will contract with Aspire Health Partners, who owns a vacant property in Orange County. This building can be updated to provide the supportive group care. The program will be able to provide housing to up to 25 individuals with mental health overlay services. Residents will be housed in a safe and stable environment with nutritional meals provided and medication that is held for them and observation of adherence to directions. Staff will be on-site 24 hours a day to monitor residents and maintain safety. Individuals will have access to Aspire's full continuum of services on-site by staff, telemedicine or transported by Aspire staff to treatment. Additional supports will include assistance to work towards independence such as employment skills, utilizing public transportation, and building a support system. A SOAR specialist or other Care Coordinator will assist the clients in applying for benefits or re-establishing Medicaid/SSI if returning from the State Hospital. The goal of the program will be to provide all necessary supports for persons to live more independently and hopefully into permanent housing.

D. Target population to be served

Adults with a serious mental illness or co-occurring disorders- priority given to assist with FACT stepdown and individuals being discharged from SMHTF.

E. Please list the counties where the services will be provided.

Facility will be located in Orange County but will serve residents from Orange, Brevard, Osceola and Seminole

F. Number of individuals to be served

Approximately 50 individuals

G. Please describe in detail the action steps to implement the strategy

	Tasks	Target Completion Date	Resource People	Other Resources	Success Indicator
1	Ensure funding is available through LBR or internal budget shift	1/1/2020	CEO, CFO	DCF	Contract amendment
2	Work with current provider to expand treatment capacity	3/31/2020	COO	Contract Manager, System of Care	Action plan in place
3	Amend contracts as needed	5/1/2020	Contract Manager	COO, CEO	Contract amendment
4	Begin providing services	7/1/2020	Provider	ME	Services being provided

H. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

Priority:	**Supportive Housing Program**			**Total Budget:**	**$ 918,418**
Budget					
Program	**Payment Methodology**	**Covered Services**	**Proposed Rate**	**Operating Budget Allocation**	**Comments**
Mental Health	Cost Reimbursement	N/A	N/A	$247,466.00	New program
Mental Health	Fee-for-Service	21 Residential Level IV	$ 86.50	$670,952.00	Estimated 50 individuals

I. Identify expected beneficial results and outcomes associated with addressing this unmet need.

- Increase affordable housing option for individuals who are not yet able to live independently
- Increase safe housing option for individuals returning to the community from SMHTF
- Reduce the cost of housing for individuals being served within CFCHS' network

J. What specific measures will be used to document performance data for the project

- Percent of adults with serious mental illness who are competitively employed
- Percent of adults with severe and persistent mental illnesses who live in stable housing environment
- Number of adults with a serious and persistent mental illness in the community served

Adult Mental Health Case Management

A. Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.

In 2019, CFCHS contracted with The Health Council of East Central Florida, Inc. to conduct a behavioral health needs assessment. This assessment included a consumer and community stakeholder survey to determine the strengths and gaps in services provided to individuals in mental health and substance abuse programs. A total of 314 consumers and community stakeholders surveys were collected and analyzed. In addition, CFCHS reviewed funding utilization and waitlist data collected throughout the fiscal year.

B. The problem or unmet need that this funding will address.

Within Central Florida Cares Health System (CFCHS) network , Adult Case Management may not be accessible to adults with serious and persistent mental illness (SPMI) due to lack of state funded programs or long waitlists. Due to limited availability and funding resources, individuals served in FACT or intensive case management services are unable to be stepped down to lower cost case management services.

C. The proposed strategy and specific services to be provided

Additional funding for Adult mental health case management would allow to expand the number of FTE's at the Network Provider level. This will increase capacity to serve individuals with mental illness who need assistance to maintain recovery through continued support and linkages in the community

D. Target population to be served

Adults with serious and persistent mental illness (SPMI) and due to mental illness,

- exhibits behavioral or symptoms that could result in long-term hospitalization if frequent interventions for an extended period of time were not provided, or
- requires advocacy for and coordination of services to maintain or improve level of functioning

E. Please list the counties where the services will be provided.

Orange, Brevard, Osceola and Seminole

F. Number of individuals to be served

Additional funding would allow adding 6 FTEs, to serve a total minimum of 150 individuals.

G. Please describe in detail the action steps to implement the strategy

	Tasks	Target Completion Date	Resource People	Other Resources	Success Indicator
1	Ensure funding is available through LBR or internal budget shift	1/1/2020	CEO, CFO	DCF	Contract amendment
2	Work with current providers to expand treatment capacity	3/31/2020	COO	Contract Manager, System of Care	Action plan in place
3	Amend contracts as needed	5/1/2020	Contract Manager	COO, CEO	Contract amendment
4	Begin providing services	7/1/2020	Provider	ME	Services being provided

H. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

Priority:	**Adult Mental Health Case Management**			**Total Budget:**	**$ 351,550.34**
Budget					
Program	**Payment Methodology**	**Covered Services**	**Proposed Rate**	**Operating Budget Allocation**	**Comments**
Mental Health	Fee-for-service	02 Case Management	$ 64.00	$ 110,933.34	Orange County
Mental Health	Fee-for-service	02 Case Management	$ 64.00	$ 55,466.67	Osceola County
Mental Health	Fee-for-service	02 Case Management	$ 64.00	$ 110,933.34	Brevard County
Mental Health	Fee-for-service	02 Case Management	$ 64.00	$ 55,466.67	Seminole County
Mental Health	Fee-for-service	28 Incidental Expenses	$ 50.00	$ 28,125.00	Assistance with transportation, housing etc.

I. Identify expected beneficial results and outcomes associated with addressing this unmet need.

The additional FTE's at the provider level will allow to expand case management programs. This will allow for an increase in number of clients receiving case management services, decrease in higher cost services, step-downs from FACT and other higher level care coordination programs.

J. What specific measures will be used to document performance data for the project

- Average annual days worked for pay for adults with severe and persistent mental illness
- Percent of adults with serious mental illness who are competitively employed
- Percent of adults with severe and persistent mental illnesses who live in stable housing environment
- Percent of adults in forensic involvement who live in stable housing environment
- Percent of adults in mental health crisis who live in stable housing environment
- Number of adults with a serious and persistent mental illness in the community served
- Number of adults in mental health crisis served
- Number of adults with forensic involvement served
- Reduction in the number of crisis (CSU, Crisis Support/Emergency, Inpatient, SRT) readmission