



**THRIVING MIND**  
SOUTH FLORIDA®

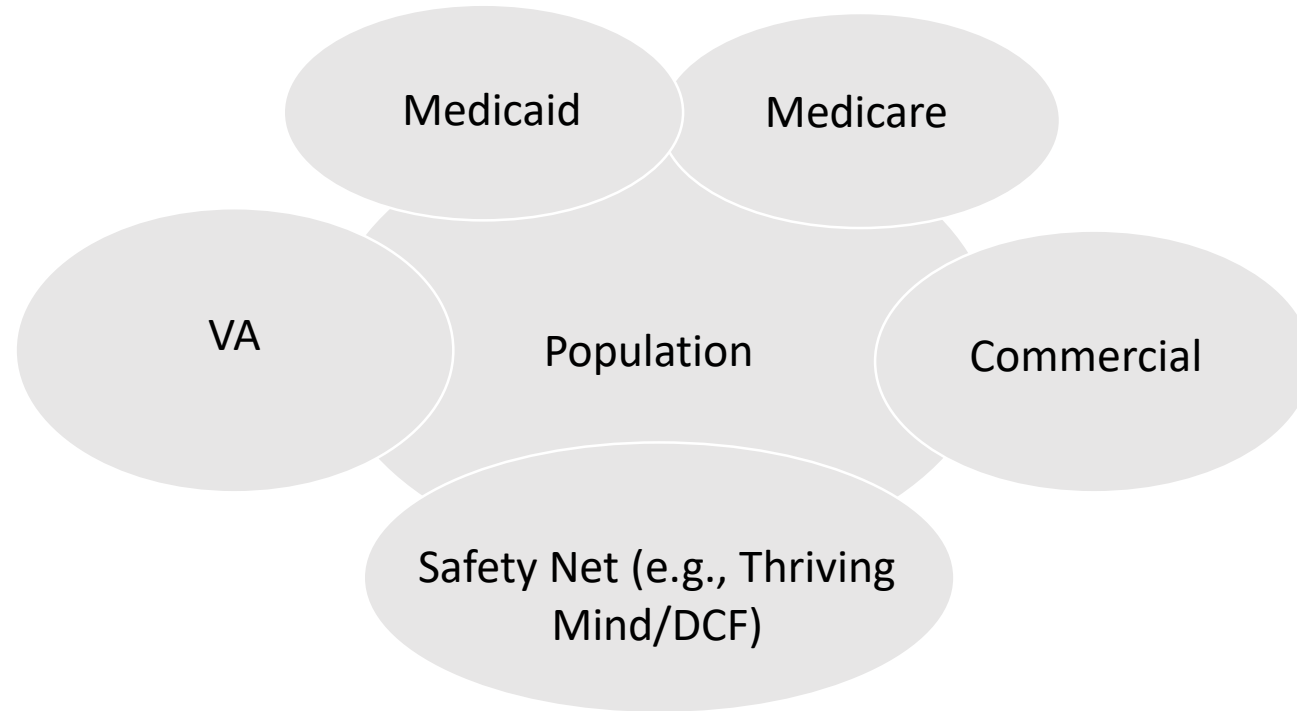
## Improving Access to Mental Health and Substance Use Treatment and Prevention

John W. Newcomer, M.D.

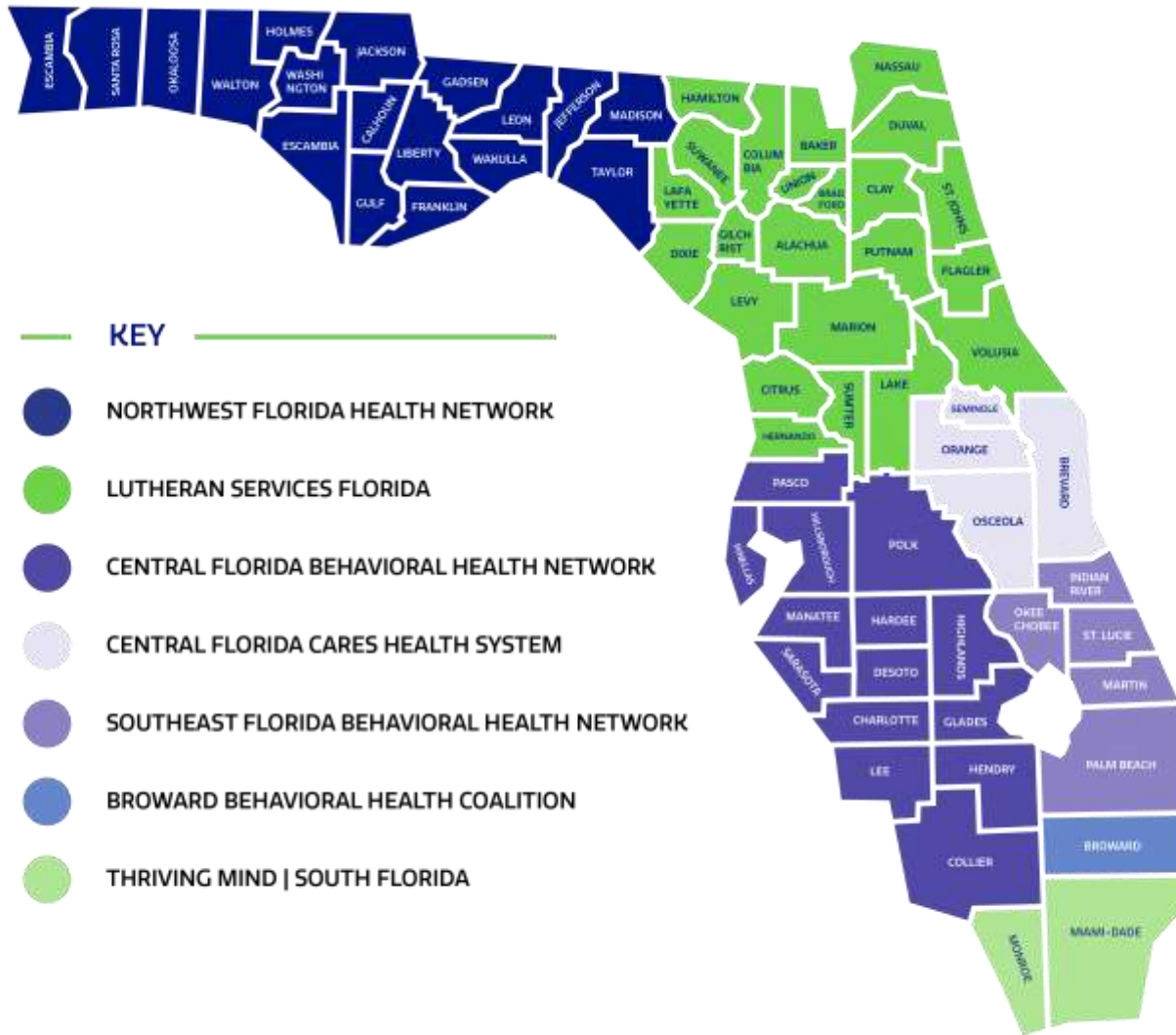
President and CEO, Thriving Mind South Florida

Adjunct Professor of Psychiatry, Washington University School of Medicine

# Payers For Mental Health and Substance Use Disorder Services



# Managing Entity System



- Seven (7) local non-profit Managing Entities fund 300 healthcare provider organizations to deliver core safety-net services to >300,000 uninsured Floridians. Prevention programs touch >10 million Floridians each year.
- The safety-net system of care includes community crisis resources without regard to payer (e.g., 211, 988, Mobile Response Teams [MRT]). Clinically trained MRTs respond to crises without police whenever appropriate.
- Managing Entity’s use evidence-based care-coordination models to connect individuals to needed services across systems of care, without regard to funding source.

*Thriving Mind South Florida and the other Managing Entities are contracted with the Department of Children and Families.*

# Funding

Thriving Mind manages over \$140 million in contracts with more than 46 healthcare provider organizations using funding from the State of Florida and other sources.



Additional funding from Substance Abuse and Mental Health Services Administration (SAMHSA), National Institutes of Health (NIH), the Department of Justice Bureau of Justice Assistance (BJA), County government, and private foundations.

Administrative costs consistently below 5%.



## What is the Need

# 1 million of 2.8 million

in Miami-Dade and Monroe Counties are below 200% of the Federal Poverty Level



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**287,431**

Of those 1 million approximately 27.5%, an estimated 287,431, have **serious mental illness** or **substance use disorder**.

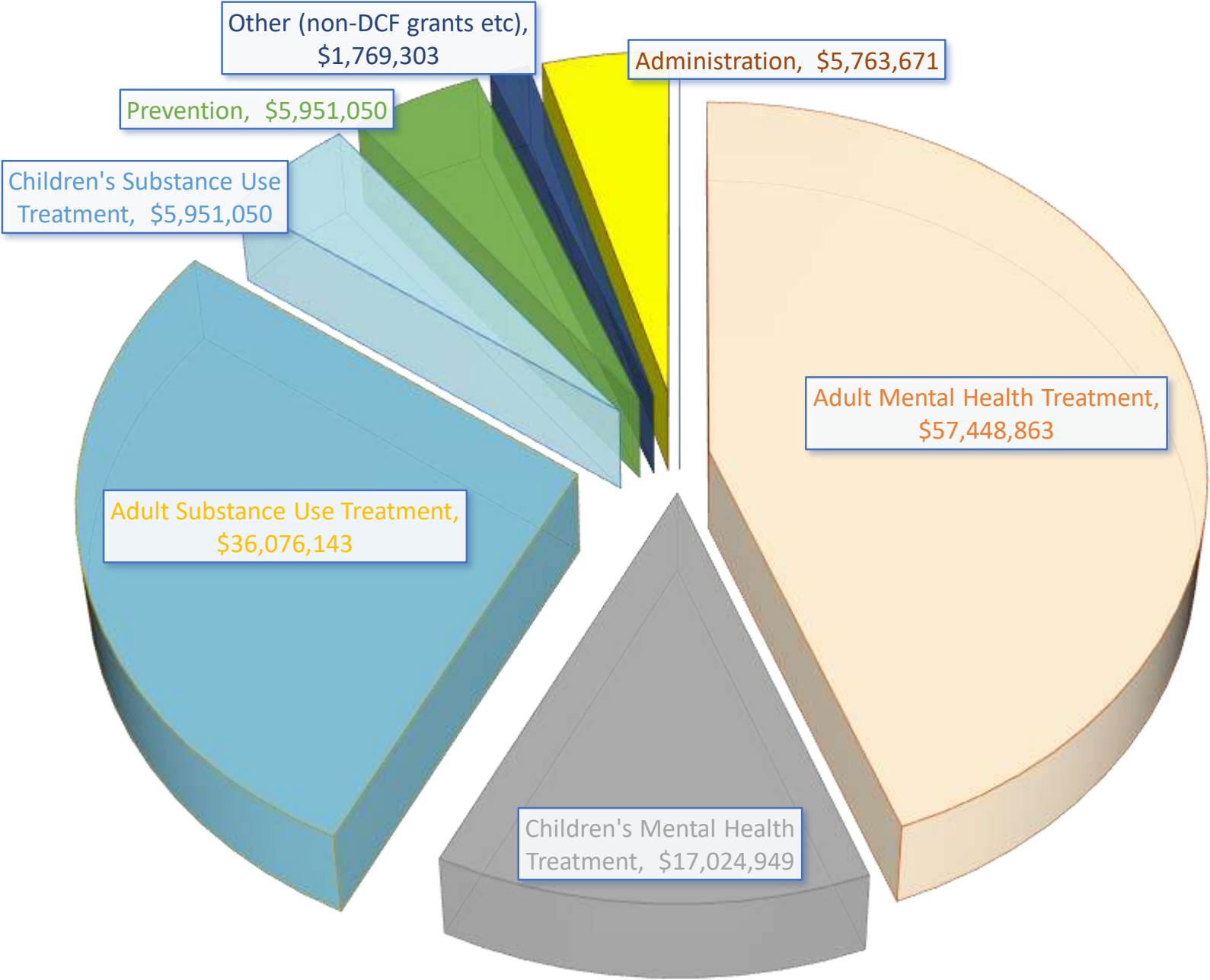
**30,434**

Of the 287,431 who have **serious mental illness** or **substance use disorder** and are **uninsured or underinsured**, our funding treated 30,434 in FY22-23.

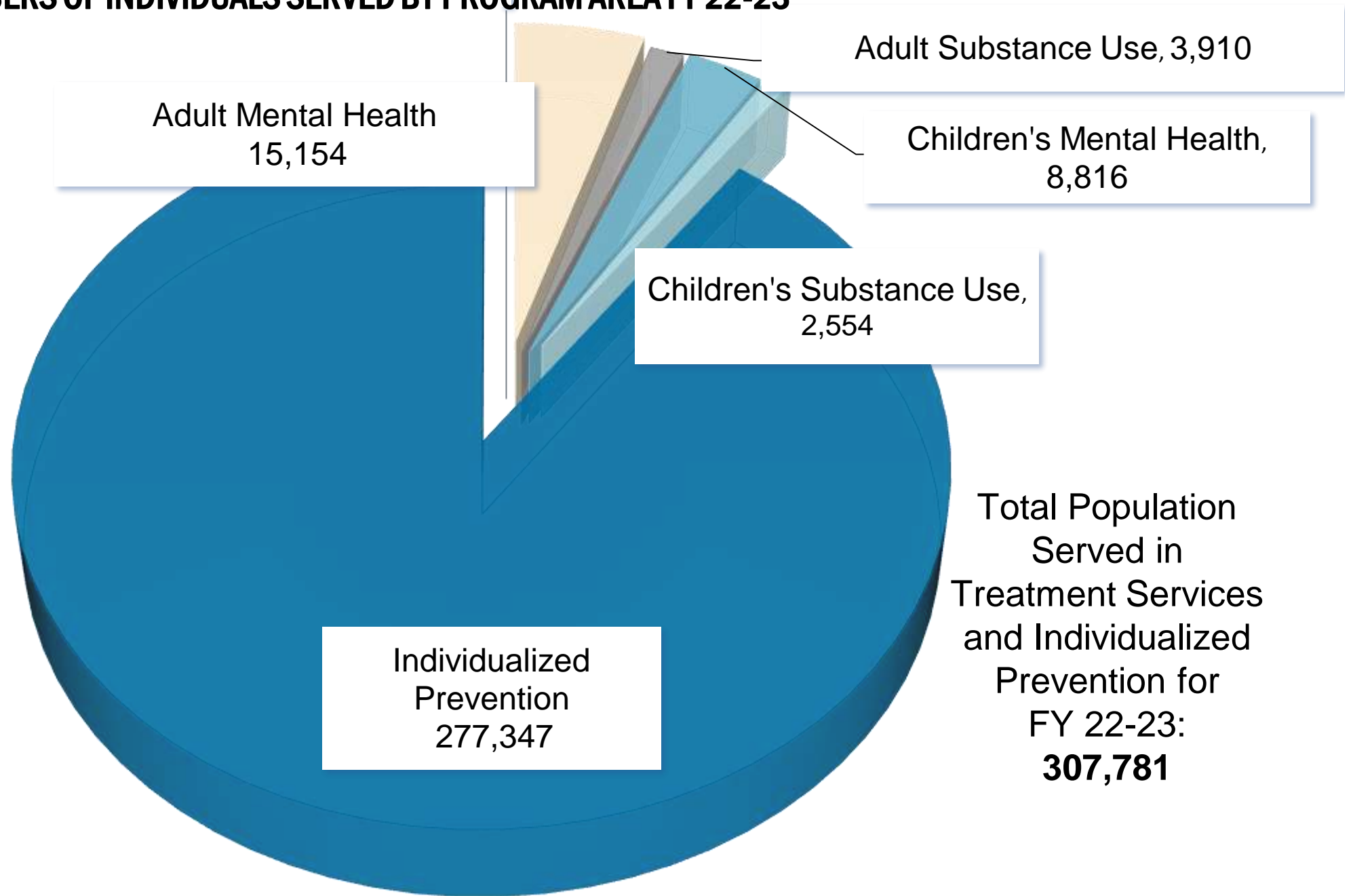
**307,781**

Including **prevention services**, we reached a total of 307,781 individuals in FY22-23, not including those reached through advertising, marketing and social media.

# Thriving Mind Expenditures FY 22-23



# NUMBERS OF INDIVIDUALS SERVED BY PROGRAM AREA FY 22-23



# Thriving Mind Highlighted Initiatives

**Transformation of Regional Crisis Response System using Evidence-Based Roadmap:** Thriving Mind offers the only Mobile Response Team (MRT) network in the state with region-wide and timely in-person responses, as well as one of the highest volume, multi-lingual Florida 988 crisis lines.

Demonstrating MRT effectiveness, our regional law enforcement partners have a long history of Baker Acting approximately 80 percent of the calls they respond to. By contrast, Thriving Mind's new Miami-Dade/Monroe MRT network only Baker Act approximately 20 percent of calls (diverting 80 percent to treatment).

**80/20 to 20/80.** This change is transformational for our community and for our alignment with the national roadmap for how to implement behavioral crisis response.

**MOBILE RESPONSE TEAM**  
**1-800-HELP-YOU**  
**1-800-435-7968** AVAILABLE 24/7

**988 FLORIDA**  
SUICIDE & CRISIS LIFELINE



## Thriving Mind Highlighted Initiatives (Continued)

**Children's Short Term Residential:** Thriving Mind has funded the first Short Term Residential (SRT) program for youth aged 17 and younger in the State of Florida. The 16-bed SRT program located at Citrus Health Network accepts individuals from Miami-Dade and Broward Counties (8 from each).

**Expanded Children's System of Care:** Sesame Street state-wide program; Assisting youth turning 18 with transition to independence.

**Trauma Recovery Network:** With support from the Florida Attorney General, established a trauma recovery network for adult and child victims of violent crime and their families.

**Law Enforcement Collaborations:** Including pre-arrest diversion of thousands of individuals annually, and identification of high utilizers through collaboration with Miami-Dade County Police Department program, a multi-departmental effort to identify individuals frequently in need of mental health-related services.



**CHILDREN'S**<sup>TM</sup>  
SYSTEM OF CARE



# ACCESS TO SERVICES

No Wrong Door

Care Coordination

911

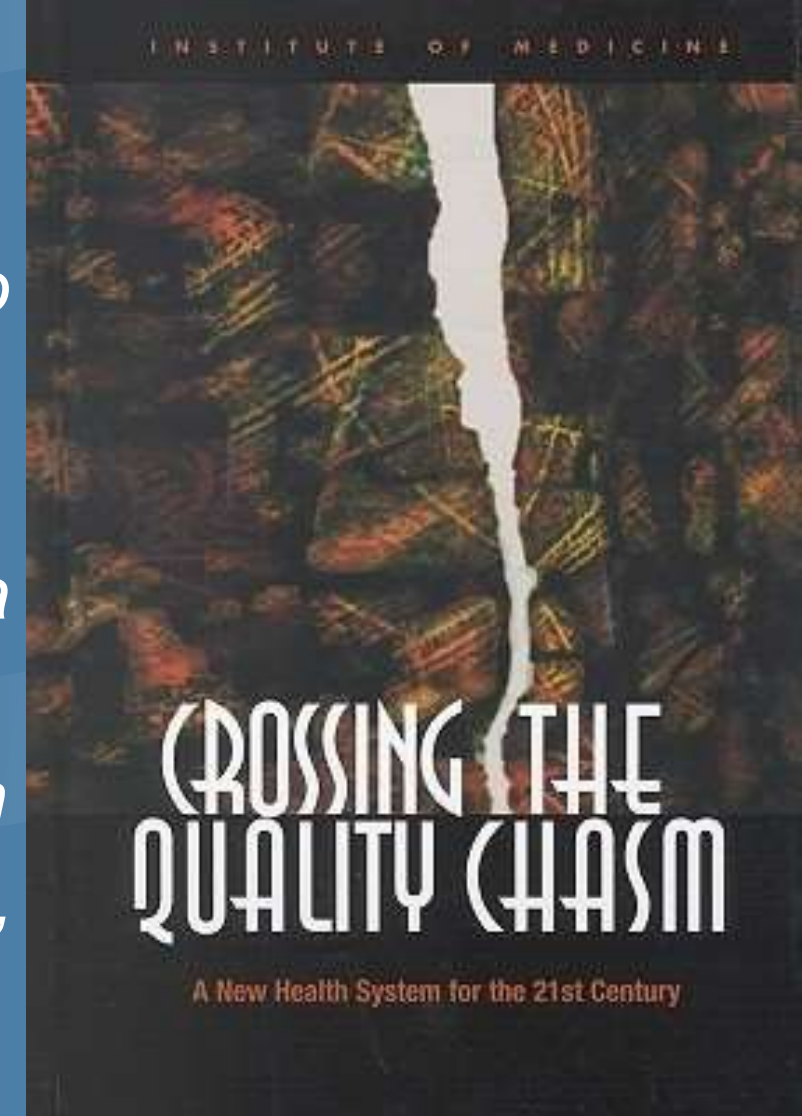
988

Mobile Response Teams

Community and Self Referrals



“ One of the greatest challenges facing the mental health system is care coordination... too many times, service providers do not work together. It is an approach that includes coordination at the funder level, through data surveillance, information sharing across regional and system partners, partnerships with community stakeholders (i.e. housing providers, judiciary, primary care, etc.).



## Payer-Level Care Coordination

# Provider-Level Care Coordination Study

The NEW ENGLAND JOURNAL of MEDICINE

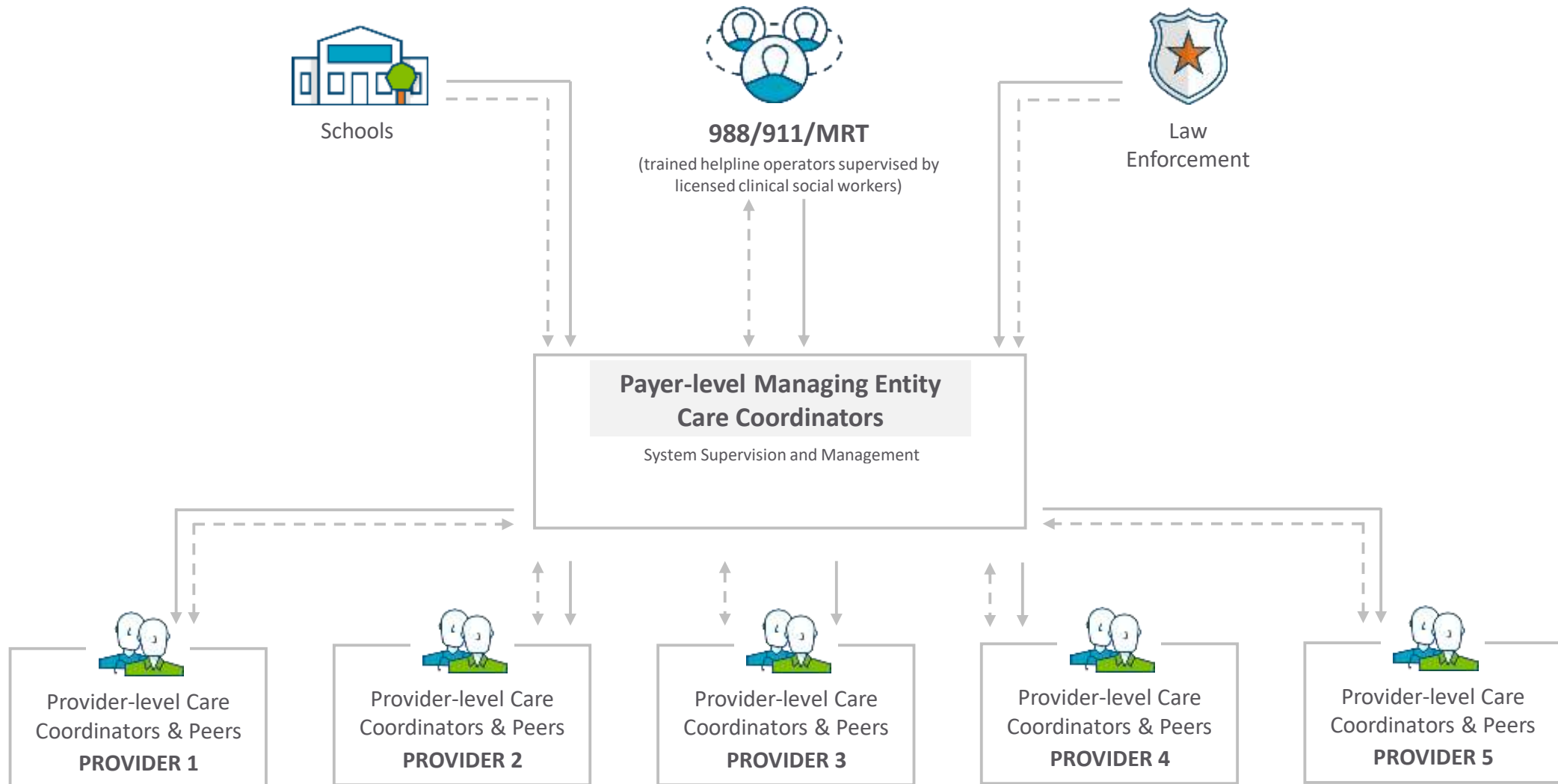
SPECIAL ARTICLE

## Health Care Hotspotting — A Randomized, Controlled Trial

Amy Finkelstein, Ph.D., Annetta Zhou, Ph.D., Sarah Taubman, Sc.D.,  
and Joseph Doyle, Ph.D.


- Program effects on hospital re-admission were not statistically significant
- Primary outcome measure was 180-day re-admission rate
- **Commentary (Dr. Jeffrey Brenner - Camden Coalition)**
  - *“Largely lacking housing, addiction, and mental health services”*
  - *“The bottom line is, we built a brilliant intervention to navigate people to nowhere”*

# Care Coordination Collaboration: Payer and Provider Data Sharing



# Payer-Level Care Coordination and Re-admission to Acute Mental Health Care for Uninsured Individuals



Steven L. Proctor, PhD   
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Jacob T. Kannarkat, MD  
Johnny Guimaraes, MS  
John W. Newcomer, MD

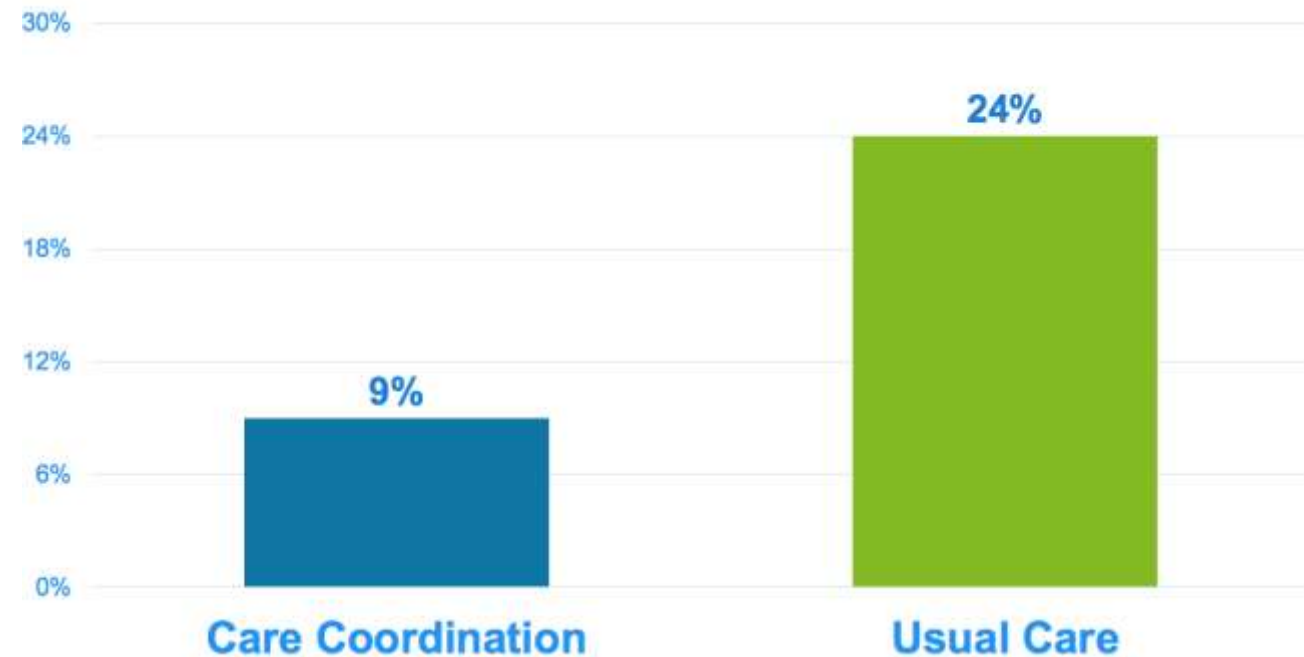
## Abstract

*This study determined the short- and long-term outcomes associated with payer-level care coordination, compared with care-as-usual in “high-utilizers” of acute care services in a large, publicly funded safety net system. Administrative claims data (2016–2020) were analyzed. All patients were “high-utilizers,” defined by the State of Florida as either (a) 3 + more acute care episodes in a 6-month period or (b) 1 + acute care episodes in the past 6 months lasting 16 + days. Patients enrolled in care coordination (n = 178) were compared to usual care (n = 1,127) on rates of re-admission and post-discharge engagement in outpatient/residential services. Care coordination was associated with reduced rates of re-admission, significant cost savings, and enhanced engagement in post-discharge non-crisis services. In light of the observed clinical and economic benefits associated with care coordination, payers, policymakers, and administrators of acute care settings should consider potential return on investment for allocation of resources to support specialty care coordination programs.*

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*The Journal of Behavioral Health Services & Research*, 2022. 1–11. © 2022, National Council for Mental Wellbeing. DOI 10.1007/s11414-022-09789-1

## 30-Day Re-admission Rate



Proctor SL, Gursky-Landa B, Kannarkat JT, Guimaraes J, Newcomer JW. Payer-Level Care Coordination and Re-admission to Acute Mental Health Care for Uninsured Individuals. *J Behav Health Serv Res*. 2022 Jul;49(3):385-396. doi: 10.1007/s11414-022-09789-1. Epub 2022 Feb 22. PMID: 35194730



**THRIVING MIND**  
SOUTH FLORIDA®

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Thriviving Mind South Florida is a managing entity contracted with the Department of Children and Families.  
Thriviving Mind also receives support from other Federal, State, County and private sources.