

Behavioral Health Monthly Report

May 21, 2010

Acute Care System Task Force (ACSTF)

The last meeting was held May 18

- Representatives from the Addictions Receiving Facility (ARF) at First Step, Bayside Center at Sarasota Memorial Hospital (SMH), the Crisis Stabilization Unit (CSU) at Coastal Behavioral Healthcare (CBH), and Doctors Hospital were at the meeting to represent the acute care facilities.
- According to Marlene Minzey, with First Step, *ex parte* orders have been increasing at the ARF as families and friends realize that they can ask the court to order their loved ones for an involuntary admission at the ARF.
 - The average wait time for law enforcement dropping off Marchman Act detainees at the ARF has been three minutes.
 - See the detailed ARF report on pages three and four of this report.
- Ken Alexander, with Bayside Center at SMH, reported that 38% of the time the four Secure Emergency Care Unit (SECU) beds in the ER have been full or over capacity.
 - The SMH ER is admitting more Marchman Acts than Baker Acts.
- Cheryl LaFlame, with CBH, reported that length of stay for adult admissions is decreasing.
 - See the detailed CSU report on page five of this report.
- Valerie Powell-Stafford, with Doctors Hospital, introduced the new Director of the Emergency Room, Marilee Arnold and announced that the hospital is in the early planning stages for adding a 16-bed psychiatric unit.
 - The hospital applied for and received a Certificate of Need and Valerie indicated they do not have an opening date.
 - A decision has not been made whether to apply for designation as a Baker Act Receiving Facility.
 - The group stressed the importance of keeping this group informed because this will alter the acute care system dramatically and affect the Adult Transportation Exception Plan (TEP) that is being developed by a work group of this body.
- Mary Crowley, with CBH, and Ken Alexander, with SMH, informed the group about the recent re-design of the acute care system.
 - A group of acute care providers including local hospitals, the Department of Children and Families (DCF), Central Florida Behavioral Health Network (CFBHN), and Sarasota County Human Services have been meeting over the last few months to redesign the acute care system based on the community's needs and available resources.
 - After analyzing crisis stabilization capacity for both adults and children and the related funding a decision was made to consolidate crisis stabilization beds for children at Bayside Center.
 - This consolidation will allow Coastal Behavioral Healthcare (CBH) to convert the 10 children's beds into additional adult crisis stabilization beds.
 - DCF made a decision to no longer fund the Juvenile Addictions Receiving Facility (JARF) at CBH due to underutilization and to re-purpose the JARF funding for recovery support services for children.
 - Mary described the proposal that CBH developed to submit to DCF that would address recovery support services for children, targeting those children who would have met the criteria to be admitted to the JARF and those children who are admitted to the emergency rooms after overdosing.
 - The group unanimously agreed to support the proposal and the Behavioral Health Stakeholders' Consortium will be asked to endorse this proposal at its May 21 meeting.

- The funding for adult Short Term Residential Treatment (SRT) beds that was shifted to Mental Health Care (MHC) in Tampa for Sarasota County residents after Manatee Glens Hospital closed its circuit wide SRT last year, will be re-purposed to support the expanded 30-bed adult crisis stabilization unit at CBH.
- All of these changes are expected to be in place by July 1, 2010.
- A work group will be discussing a triage model that will address transporting people who are detained under a Marchman Act or Baker Act to the right door the first time.
 - This triage model will be included in an Adult Transportation Exception Plan that is being developed by a larger group. Pam Meunier informed the group that the Adult TEP work group will re-convene after triage decisions are made.
- Brooke Baker, the Behavioral Health Planning Coordinator, representing the Behavioral Health Strategic Planning Work Group (BHSPWG), asked the group for its support for an ordinance that would require a one-year moratorium on the establishment of new pain management clinics. The group unanimously agreed to support this ordinance and to attend the May 25 meeting of the Board of County Commissioners to show support (see the schedule on page five).
- Captain Paul Sutton, with the Sarasota Police Department (SPD), provided an updated five year arrest analysis.
 - He explained that SPD has been tracking Service to an Intoxicated Person (S.T.I.P.) data since 2002. This is a service to individuals that are so impaired that the officer is concerned for their safety (Marchman Acts). The officer takes the person into custody (not an arrest) and transports them to the ARF, a hospital, or in some cases, the jail.
 - The number of S.T.I.P.s in 2009 was 74% lower than 2002 and 47% lower than 2006 (the ARF opened in August 2006).
- Captain Montemagno, with the Sarasota Sheriff's Office, reported that from March 16-May 16 there were 36 Marchman Acts brought to the jail for the following reasons:
 - 27 due to no available beds at the ARF
 - 8 due to combativeness
 - 1 due to other reasons not specified
- Bob Holm, with DCF, reported that there were no funding cuts to substance abuse services this legislative session, including the Special Projects.
 - The Suncoast Region (11 counties) will be affected by a cut of \$900,000 to mental health services. He indicated that the state hospitals took the largest funding cut this year.

Behavioral Health Stakeholders' Consortium (BHSC)

The last meeting was held March 19

- Deanna Levensgood with Lakewood Ranch Medical Center's Bright Vista Program provided the group with a presentation about its drug and alcohol medical stabilization service.
 - This anonymous stabilization service, which began in 2004, is provided in a private room within the general population of the hospital.
 - After a typical; 3-day stay a discharge plan is developed by the specially trained treatment team with a plan based on the patient's individual needs.
 - There is three, six, and twelve month follow-up
 - This program receives referrals from First Step, The Salvation Army, primary care physicians, pain management physicians, law enforcement, etc.
 - This program refers its patients to First Step, the VIP-ER Program, Renaissance Manor, etc. upon discharge.
 - A discussion ensued after someone asked whether Suboxone was administered at Bright Vista.
 - This discussion led to a recommendation for a Suboxone panel discussion at the next meeting.

- The group unanimously agreed to support the Transportation Exception Plan for Minors that was recently updated. It will now be sent to the Board of County Commissioners for its approval May 25.
- The group unanimously agreed to support the Assertive Adolescent and Family Treatment Grant that Jewish Family and Children’s Service is applying for.
- The group unanimously agreed to support Families Against Addictive Drug Abuse in its effort to engage Congressman Buchanan in the prescription drug abuse epidemic.
- The group was reminded that there would be Co-Occurring Capability Workshop on April 16 at Colonial Oaks Park in lieu of a BHSC meeting.

Behavioral Health Strategic Planning Work Group (BHSPWG)

The Behavioral Health Strategic Planning Work Group, a work group of the Behavioral Health Stakeholders’ Consortium (BHSC), has been working on Community Action Plans for two Sarasota County priorities—Prescription Drug Misuse and Underage Alcohol Use.

- For Prescription Drug Misuse (Priority 1)—the Behavioral Health Planning Coordinator has submitted the Community Action Plan and Evaluation Plan to the Department of Children and Families (DCF). The work group is currently brainstorming and building resources around the implementation of strategies that will reduce prescription drug misuse.
 - The Action Plan includes four strategies aimed at addressing various pieces of the Prescription Drug Misuse issue:
 - A Doctor Education program
 - The Operation Medicine Cabinet take back program
 - Drug Free Workplace
 - A County Ordinance.
- The Behavioral Health Planning Coordinator has submitted the Local Logic Model for Underage Alcohol Use (Priority 2) to DCF. Currently the Community Action Plan is being drafted.
 - The plan is to build capacity for:
 - Responsible Vendor Training programs
 - The Drug Free Youth program
 - A social marketing campaign called “Be the Wall”

BHSPWG meeting summaries can be viewed at www.sarasotaalliance.net

Community Alternative Residential Treatment (CART) Initiative

- Phase 1-The Addictions Receiving Facility (ARF)
 - Admissions
 - As of April 30 there have been 3,378 total involuntary admissions—total admissions for April—70
 - 1,130 (34%) involuntary admissions resulted from Protective Custody Orders initiated by local law enforcement officers—total admissions for April—21
 - 584 were initiated by the SPD
 - 366 were initiated by the SSO
 - 148 were initiated by the VPD
 - 30 were initiated by the NPPD
 - 1 was initiated by the New College Police Dept.
 - 1 was initiated by the Sarasota/Bradenton International Airport Police Dept.
 - 1,597 (48%) involuntary admissions resulted from emergency admissions initiated by local ER physicians (SMH, Venice Hospital, Doctors Hospital, and the CSU)—total admissions for April—24
 - 577 (17%) involuntary admissions resulted from *ex parte* orders (court orders) for involuntary assessment and stabilization—total admissions for April—23 (this is a significant increase)

- 75 (2%) involuntary admissions resulted from a “pick up order”—total admissions for April—2
 - The highest numbers of admissions are during the 3:00 p.m.-11:00 p.m. shift at 40%, the 7:00 a.m.-3:00 p.m. shift admits 38%, and the 11:00 p.m.-7:00 a.m. shift admits 21%.
 - **The average wait time for law enforcement officers at the ARF was 3 minutes in April (a low of 1 minute to a high of 10 minutes)—allowing the officers to be back out in the community quickly.**
 - Discharges
 - The average length of stay for participants in April was 5 days.
 - 98% of involuntary participants admitted to the ARF to date have successfully completed medically-supervised detoxification.
 - 308 (9%) of involuntary participants discharged from the ARF were referred to the VIP-ER Program to date.
 - 2,182 (64%) involuntary participants discharged from the ARF were referred to outpatient treatment programs in the community to date.
 - Other referrals were made to residential treatment programs, halfway houses, shelters, or homes/families.
 - A total of 85 clients who were admitted involuntarily to the ARF, and then referred to the VIP-ER Program, have graduated from the VIP-ER Program to date.
 - Prior to the ARF opening on August 1, 2006 an average of 70 Marchman Acts were brought to the jail monthly. The monthly average now is 15 (according to the Sheriff’s Office, from March 16-May 16, 75% of the time there were no beds available at the ARF and 22% were due to combativeness).
- Phase 2-VIP-ER Program
 - 47 classes have graduated to date with a 74% completion rate (522/709).
 - 70% of participants to date have restored their relationship with their families as a result of participation in the program.
 - 86% of graduates in the past year are working within the first two weeks of program completion.
 - 3 months after completing the program 72% indicate they are still working
 - 6 months after completing the program 67% indicate they are still working
 - 12 months after completing the program 66% indicate they are still working
 - For clients who successfully completed the program to date and who could be located at the time of 3-month follow-up, 74% indicated that they were still sober; at 6-month follow-up, 66% were sober and at the 12-month follow-up, 67% were sober.
- Phase 3-Transitional Housing
 - Transitional Resources, Inc. closed one of its men’s houses April 30 due to a high vacancy rate. It now provides 12 beds for safe, supportive, and sober housing at two single family homes in Sarasota County (one house is for women and one house is for men at present).
 - Renaissance Manor, Inc. provides 79 beds for safe and affordable housing throughout Sarasota County at 14 different locations.
 - The vacancy rate is under 20%—many residents are disability recipients.

Crisis Intervention Team (CIT) Training Committee

- Sixteen CIT classes have been completed to date with over 400 persons trained. The majority of trainees are law enforcement officers although a number of corrections officers and call center staff have been trained as well.
- The next 40-hour CIT Class will be held October 25-29 at the Criminal Justice Academy at the Sarasota County Technical Institute (SCTI), at 4748 Beneva Rd., Sarasota.
- The next Florida CIT Coalition meeting is scheduled for June 18 at 10:00 a.m. at Lakeside Behavioral Healthcare, 1800 Mercy Drive, Orlando.

Crisis Stabilization Unit (CSU) Report

- Adult Crisis Unit—April
 - 95 total admissions
 - 33 Baker Act admissions—35% of total admissions
 - Average length of stay—4 days
 - 2 persons are waiting for Short Term Residential (SRT) placement
 - 1 person is waiting for state hospital placement
 - 0 persons were placed at the SRT or state hospital
- Children’s Crisis Unit—April
 - 50 total admissions
 - 13 Baker Act admissions—26% of total admissions
 - Average length of stay—5 days
 - Juvenile Addictions Receiving Facility (JARF) shared beds on the Children’s Unit
 - 8 admissions
 - Average length of stay—5 days

Sarasota Partnership for Children’s Mental Health (SPCMH)

See the schedule of meetings below

Upcoming Meetings:

Date	Time	Meeting	Location
5-24-10	12:00 p.m.	Criminal Justice Commission	Think Tank, 1660 Ringling Blvd., 3rd Floor
5-25-10	1:30 p.m.	Board of County Commissioners Meeting/Pain Management Clinic Ordinance Discussion	Board Chambers, 1660 Ringling Blvd. 1 st Floor
6-2-10	9:30 a.m.	Sarasota Partnership for Children’s Mental Health Coordinating Council	Sarasota County Health and Human Services 2200 Ringling Blvd., Room 226
6-7-10	12:00 p.m.	Criminal Justice Commission Special Meeting	Think Tank, 1660 Ringling Blvd., 3rd Floor
6-7-10	1:30 p.m.	Behavioral Health Strategic Planning Work Group	Sarasota County Health and Human Services 2200 Ringling Blvd., Room 226
6-10-10	10:00 a.m.	Sarasota Partnership for Children’s Mental Health Cultural and Linguistic Competency	Sarasota Partnership 1751 Mound St., Suite 205
6-18-10	9:00 a.m.	Behavioral Health Stakeholders’ Consortium	Sarasota County Health and Human Services 2200 Ringling Blvd., Room 226

This monthly report can be viewed at: www.sarasotaalliance.net as well as the summaries of several other meetings/task forces of the Community Alliance of Sarasota County.

For questions about the information on this report please contact Pam Meunier at 941-861-2578 or Pam.Meunier@doh.state.fl.us