

# Behavioral Health Monthly Report

March 19, 2010

## Acute Care System Task Force (ACSTF)

The last meeting was held March 16

- 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 Venice Regional Medical Center (VRMC) were at the meeting to represent the acute care facilities.
- According to Marlene Minzey, with First Step, admissions have been consistently high at the ARF over the last several months. Since July 2009 the reason for the majority of Marchman Acts being brought to the jail has been due to no beds being available at the ARF, as opposed to detainee combativeness, which was the case since the ARF opened in August 2006.
  - There has been a significant increase in prescription drug dependence diagnoses for those people being admitted to the ARF.
  - The average wait time for law enforcement dropping off Marchman Act detainees at the ARF has been five minutes.
  - See the detailed ARF report on page four of this report.
- Ken Alexander, with Bayside Center, reported that there has been an increase in the stay for volatile and aggressive people who are waiting for nursing home placement. These numbers have been steadily increasing.
- Cheryl LaFlame, with CBH, reported that adult admissions were lower the last several months at the CSU.
  - The total Children's CSU admissions for February were close to average at 37, yet low for the Juvenile Addictions Receiving Facility (JARF)—which is part of the Children's CSU—at 5 for the month of February.
  - See the detailed CSU report on page five of this report.
- Kelly Keller, with VRMC, reported that it has an agreement with its sister hospital—Riverside Behavioral Healthcare (a private receiving facility) in Charlotte County—that it will receive adult indigent Baker Acts until a bed is available at the CSU.
  - This was a decision based on the long wait times for transferring Baker Acts to the CSU and VRMC's inability to maintain people for long periods of time in its ER.
  - There was a concern noted from the Contract Manager for the county funded transportation provider, Rik Jimison, that this practice was adding an increased cost to Sarasota County
  - Kelly will send a detailed report for this group to analyze from a systems perspective.
  - Mary Crowley, with CBH, indicated that she will analyze the census data for the adult CSU to determine how often this is occurring as well.
- Lt. Vince Mayer and Lt. Charlie Kenniff, from the Sarasota Sheriff's Office, indicated that they are concerned about the Baker Act "frequent flyers" that constitute a large majority of law enforcement's time on a regular basis. They asked if there is any analysis being conducted to determine the reasons for recidivism with this group of people.
  - Mary Crowley, with CBH, indicated she would have the CBH Medical Director, Dr. Thomas, run a search on multiple admissions over the last 60 days.
- Captain Paul Sutton, with the Sarasota Police Department, provided a five year arrest analysis.
  - To date, 2009 was the year with the fewest arrests.
  - To date, 2007 was the year with the most arrests.
  - Alcohol and drug related arrests decreased 74% from 2002-2009.
    - **Captain Sutton believes this is a direct result of the diversion opportunities the CART Initiative has provided (see pages 4-5).**

- Pam Meunier, with Sarasota County Health and Human Services and Susan Nunnally, with the Department of Children and Families (DCF), updated the group on the progress towards developing the Transportation Exception Plan (TEP).for Adults.
  - Over the last few months there has been an analysis of a variety of data that will assist in determining what would be the best approach for the entire community.
  - There are also ongoing conversations about the possible shifting of resources to obtain increased capacity for adults in the acute care system.
  - It was explained that in order to meet a June 30 deadline for the TEP for Minors renewal a separate plan has been developed to move forward for approval by the Sarasota Board of County Commissioners and then on to DCF for approval.
  - The group was asked to review the TEP for Minors renewal and to support moving forward.
    - There was unanimous support to move forward with the TEP for Minors renewal.
  - The larger TEP Work Group will be re-convened as soon as decisions are made on shifting resources to increase adult bed capacity.

### **Behavioral Health Stakeholders' Consortium (BHSC)**

The last meeting was held February 19

- Curt Lavarello, the Executive Director of the Sarasota Coalition on Substance Abuse (SCoSA), announced that there will be a Town Hall Meeting April 21 at 9:00 a.m. at the Sarasota Military Academy that will be coordinated by SCoSA. He indicated that this is a nationwide effort to highlight effective underage drinking prevention efforts and mobilize community action. The community is invited to get involved with this opportunity to increase Sarasota County's capacity to keep its youth safe, healthy, and alcohol-free and to support Florida's underage drinking prevention goals. For more information contact [Curt@scosa.org](mailto:Curt@scosa.org)
- Marcia Monroe, with Central Florida Behavioral Health Network (CFBHN), gave an update to the group about the workshop that has been scheduled for April 16 at Colonial Oaks Park from 9:00-3:00 to take the place of the next scheduled BHSC. The purpose of this workshop will be to develop a co-occurring action plan to address the community's co-occurring capability (the ability to provide services or refer people who have both mental health and substance abuse issues)—“no door is the wrong door.” She reminded the group that this initiative is being driven statewide and most counties are either working on a plan or preparing to work on a plan.
- Sherri Reynolds, with the Sarasota County School District, asked the group for its support for a grant that is being submitted to address the integration of schools and the mental health system.
  - The group unanimously supported this grant and asked that a Letter of Support be submitted by Bill Little, the Chair of the BHSC, on behalf of this group.
- Susan Nunnally, representing the Department of Children and Families (DCF), informed the group that DCF issued an Invitation to Negotiate (ITN) for a Managing Entity last spring. Two providers bid—CFBHN and Suncoast Community Services (a collaborative among Lutheran Services, PsyCare, Five Points Technology, and Providence). Negotiations were held over a seven week period in the fall. The negotiating team recommended SCS to Secretary Sheldon. Before the Secretary made a final decision, the two providers collaborated and proposed a joint venture with CFBHN taking the lead. DCF is currently negotiating the actual contract which they hope will be effective by July 1, 2010. DCF and the Managing Entity are committed to using community consortiums, such as the BHSC, to provide input into the service array, priorities, and needs.
- Pam Meunier updated the group in the absence of Brooke Baker, the Planning Coordinator for the Behavioral Health Strategic Planning Work Group (BHSPWG).
  - The BHSPWG is moving forward with developing a Community Action Plan (CAP), using the Substance Abuse Response Guide (SARG) process, with the community's input, that is addressing prescription drug misuse as the first priority.

- This group is meeting jointly with the Sheriff's Pharmaceutical Diversion Investigative Unit quarterly.
- A logic model which outlines this community's contributing factors for prescription drug misuse that leads to the high rate of deaths has been submitted for review and approval by DCF. Feedback from DCF was very favorable, indicating this group's efforts have resulted in a product that needs minimal revisions—this is unheard of, according to DCF, with the very detailed and demanding SARG process.
- A resource and capacity assessment was also developed based on the substance abuse prevention services that are currently available to address prescription drug misuse in this community and the ability to access these services.
- A CAP will be completed based on evidence based strategies that can be implemented to address the substance use behaviors that are resulting in prescription drug deaths.
- The data provided by the community will continue to identify additional priorities.
- Contact [Brooke Baker@doh.state.fl.us](mailto:Brooke_Baker@doh.state.fl.us) or 941-685-3324 to provide her with data that you believe needs to be considered by the work group.
- Deanna Levensgood, with the Bright Vista Program at Lakewood Ranch Medical Center (LRMC), informed the group that there is a program within the hospital that provides drug and alcohol medical stabilization services. She said they have an Executive Recovery Program that offers an anonymous program that can navigate around the busy schedules of working professionals.
  - The group asked Deanna to provide a presentation about this service at the March 19 meeting.

### **Child Welfare System and the Family Safety Alliance (FSA)**

The mission of the FSA is to provide community oversight, guidance, and direction in the achievement of systemic improvements in community based child welfare services in the Twelfth Judicial Circuit (Sarasota, Desoto, and Manatee Counties). The FSA elected to develop a Child Welfare Systems Advocate (SA) position in order to act as a private citizen in the public interest to monitor the delivery of the child welfare services in this judicial circuit. Funding is shared by both Manatee and Sarasota Counties.

- The SA reviews monthly data reports from Child Protective Investigations (CPIs) and the Safe Children Coalition to monitor outcomes and identify areas of need.
- The SA has engaged foster parents, community service providers, child welfare legal services, CPIs, case managers, Community Based Care (CBC) staff, defense attorneys, and Guardian Ad Litem (GALs) in an effort to open the lines of communication and streamline service provisions by eliminating barriers and identifying gaps within the system.
- The SA co-chaired the Five Year Child Abuse Prevention Plan (CAPP) in collaboration with the Safe Children Coalition and the Department of Children and Families (DCF). A first draft has been submitted to DCF for review.
- The SA is coordinating the formation of the Local Advocacy Council (LAC) specifically for Foster Care in the Twelfth Judicial Circuit.
  - The SA has been working with the Chief of Staff for the Florida Statewide Advocacy Council in order to follow through with the process of forming this specialized council in this area.
  - Training was provided March 18.
- DCF Assistant Secretary of Operations, Peter Digre, performed a site visit to the Twelfth Judicial Circuit in February. He was extremely impressed with the concept of the Family Safety Alliance and the role of the SA. He noted significant improvements to the Child Welfare System in this area. He would like to see this model utilized in other areas around the State.

## Community Alternative Residential Treatment (CART) Initiative

- Phase 1-The Addictions Receiving Facility (ARF)
  - Admissions
    - As of February 28 there have been 3,230 total involuntary admissions—total admissions for January—74
    - 1,081 (34%) involuntary admissions resulted from Protective Custody Orders initiated by local law enforcement officers—total admissions for February—22
      - 555 were initiated by the SPD
      - 353 were initiated by the SSO
      - 141 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.
    - 1,540 (48%) involuntary admissions resulted from emergency admissions initiated by local ER physicians (SMH, Venice Hospital, Doctors Hospital, and the CSU)—total admissions for February—32
    - 541 (17%) involuntary admissions resulted from *ex parte* orders (court orders) for involuntary assessment and stabilization—total admissions for February—18
    - 71 (2%) involuntary admissions resulted from a “pick up order”—total admissions for February—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 22%.
    - **The average wait time for law enforcement officers at the ARF was 4 minutes in February (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 February was 6 days.
    - 98% of involuntary participants admitted to the ARF to date have successfully completed medically-supervised detoxification.
    - 293 (9%) of involuntary participants discharged from the ARF were referred to the VIP-ER Program to date.
    - 2,070 (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 January 1-March 15), 70% of the time there were no beds available and 28% were due to combativeness)
- Phase 2-VIP-ER Program
  - 45 classes have graduated to date with a 76% completion rate (522/679).
  - 77% of participants to date have restored their relationship with their families as a result of participation in the program.
  - 87% of graduates in the past year are working within the first two weeks of program completion.
    - 3 months after completing the program 75% indicate they are still working
    - 6 months after completing the program 71% indicate they are still working

- 12 months after completing the program 62% 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, 68% were sober.
- **Phase 3-Transitional Housing**
  - Transitional Resources, Inc. continues to provide 18 beds for safe, supportive, and sober housing at three single family homes in Sarasota County.
    - There has been a high vacancy rate due to the economy—residents have had difficulty obtaining employment and maintaining employment.
  - 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**

- Fifteen CIT classes have been completed to date with a total of 380 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 April 12-16 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 4 at 10:00 a.m. at Lakeside Behavioral Healthcare, 1800 Mercy Drive, Orlando.

### **Crisis Stabilization Unit (CSU) Report**

- **Adult Crisis Unit**—February
  - 88 total admissions
  - 45 Baker Act admissions—51% of total admissions
  - Average length of stay—4 days
  - 0 persons are waiting for Short Term Residential (SRT) placement
  - 0 persons are waiting for state hospital placement
  - 0 persons were placed at the SRT or state hospital
- **Children’s Crisis Unit**—February
  - 37 total admissions
  - 16 Baker Act admissions—43% of total admissions
  - Average length of stay—5 days
  - Juvenile Addictions Receiving Facility (JARF) shared beds on the Children’s Unit
    - 5 admissions
    - Average length of stay—5 days

### **Sarasota Partnership for Children’s Mental Health (SPCMH)**

#### Accomplishments:

- Submitted the 2010-2011 re-application for the final year of Substance Abuse and Mental Health Services Administration (SAMHSA) funding for the Early Childhood System of Care Project.
- Continued community outreach activities to increase awareness of children’s mental health issues and resources, including the Healthy Start Baby Shower and NAMI.
- Continued collaboration with Sarasota County Schools to support infant and early childhood mental health of students through Positive Behavior Support, Emma E. Booker Dream Team, and CYESIS teen parent programs.
- Completed professional development programs for child care providers, teachers, and mental health clinicians, including the third intensive workshop for mental health clinicians called Chances for Children, which provides didactic training and clinical supervision for mental health clinicians working with young parents and infants.

- Established cross-agency client data system for care coordination and family support services through Sarasota County's Tapestry Program. All services went "live" February 1, 2010 with the electronic services record.

Next Steps:

- The SPCMH will host the SAMHSA final site visit on April 26-28, 2010.
- The next Community Partnership event (inclusive of family members, providers, and community members) will be held Monday, April 26 in conjunction with the SAMHSA federal site visit. Look for details on location and time to follow.
- The SPCMH is working on a number of community-based initiatives to support children, families, and caregivers through social marketing, family and professional training, and collaborative strategic planning. This work is achieved through community-based work groups, including Social Marketing, Professional Development, Family Involvement, Cultural and Linguistic Competency, Care Review, and Sustainability. Family and community participation is essential to the success of this work. If you would like to learn more about getting involved, contact Cheri Boland at 941-861-1410.

**Upcoming Meetings:**

<b>Date</b>	<b>Time</b>	<b>Meeting</b>	<b>Location</b>
<b>3-29-10</b>	<b>12:00 p.m.</b>	<b>Criminal Justice Commission</b>	<b>Think Tank, 1660 Ringling Blvd., 3rd Floor</b>
<b>4-7-10</b>	<b>9:30 a.m.</b>	<b>Sarasota Partnership for Children's Mental Health Coordinating Council</b>	<b>Sarasota County Health and Human Services 2200 Ringling Blvd., Room 226</b>
<b>4-7-10</b>	<b>1:00 p.m.</b>	<b>Joint Meeting of the Behavioral Health Strategic Planning Work Group and Pharmaceutical Diversion Investigative Unit</b>	<b>Sarasota County Health and Human Services 2200 Ringling Blvd., Room 226</b>
<b>4-8-10</b>	<b>10:00 a.m.</b>	<b>Sarasota Partnership for Children's Mental Health Cultural and Linguistic Competency</b>	<b>Sarasota Partnership 1751 Mound St., Suite 205</b>
<b>4-15-10</b>	<b>9:30 a.m.</b>	<b>Sarasota Partnership for Children's Mental Health Care Review Work Group</b>	<b>Sarasota Partnership 1751 Mound St., Suite 205</b>
<b>4-15-10</b>	<b>10:00 a.m.</b>	<b>Sarasota Partnership for Children's Mental Health Finance Committee</b>	<b>Sarasota Partnership 1751 Mound St., Suite 205</b>
<b>4-16-10</b>	<b>9:00-3:00</b>	<b>Co-Occurring Capability Workshop to Complete the CO-FIT Systems Measurement Tool</b>	<b>Colonial Oaks Park, 5300 Colonial Oaks Blvd., Room A</b>
<b>4-21-10</b>	<b>12:00 p.m.</b>	<b>Probation Advisory Board</b>	<b>Court Administration, 2002 Ringling Blvd., 8th Floor Conference Room</b>
<b>4-21-10</b>	<b>9:00 a.m.</b>	<b>Town Hall Meeting to Address Underage Drinking prevention</b>	<b>Sarasota Military Academy, 801 N. Orange Ave., Auditorium</b>

This monthly report can be viewed at: [www.sarasotaalliance.net](http://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](mailto:Pam.Meunier@doh.state.fl.us)