

***Substance Abuse and Mental Health  
Stakeholders' Consortium***

***Criminal Justice Commission***

**JOINT WORK GROUP**

**Meeting Summary**

**November 16, 2004**

**PRESENT:**

Ken Alexander, Sarasota Memorial Hospital  
David Bennett, Criminal Justice Consultant  
Richard Brown, ACTS  
Chrissie Budd, SCCH  
Catherine Clouse, SCOPE  
Kevin Gooding, Sarasota Sheriff's Office  
Tobey Hockett, Public Defender's Office  
Debbi Horst, Office of Housing and Community Development  
Bill Little, Sarasota County Health Department  
Dale Lux, NAMI  
Pam Meunier, Sarasota County Government  
Dennis Nales, State Attorney's Office  
Susan Nunnally, Department of Children and Families  
Becky Oliver, Sarasota County Government  
Don Ottinger, SCOPE  
Helen Petriccione, Pretrial Services  
Bob Piper, First Step  
Sandra Prince, ACTS  
Colleen Reardon, Salvation Army  
Sherri Reynolds, Sarasota County School Board  
Rev. Skip Ritter, Sarasota Sheriff's Office  
James Schulz, Sarasota County Government  
MaryAnn Sharp, Public Defender's Office  
Walt Smith, Court Administration  
Debbie Spellman, Department of Children and Families  
Paul Sutton, Sarasota City Police Department  
Bert Tanner, Salvation Army  
Chip Taylor, Sarasota County Government  
Jerry Thompson, Coastal Behavioral Healthcare  
Pauline Tracy, Sarasota County Government  
Jeffrey Watts, Department of Children and Families  
Alex Young, United Way

## **ACTS Program (Hillsborough County)**

Richard Brown explained that the facility housing the ACTS program is a full fledged adult addictions receiving facility. It is licensed for 35 beds. DCF buys about 2/3 of these beds. They are staffed with people who specialize in psychiatry, particularly addictions. They train at the law enforcement academy assisting potential police officers in identifying and distinguishing between Baker Act and Marchman Act patients. ACTS works closely with Mental Health, Incorporated who operates the local CSU for both children and adults. They do a lot of collaborative ventures. There is a Baker Act Advisory Committee that has functions similar to the SAMHC in Sarasota County. It is a broad-based community advisory group that deals specifically with Baker Act issues in the county. This is the group that identified initially the need for an addictions receiving facility. As an addictions receiving facility, even if a person is there voluntarily, if they show that they may be a risk to themselves or others, the facility can petition the court to hold them involuntarily until they are medically stable. This reduces the liability to the facility preventing potentially violent individuals from going back out in the community.

The goal of their clinical process is to get treatment for clients that is appropriate to their disease and find long-term placement in the community where the individual can continue to improve. Housing is a particular problem with this group. ACTS advocates for their clients and collaborates with community agencies to obtain appropriate housing and/or long-term care for clients. Sometimes the timing is a problem. ACTS has kept people beyond that time truly needed for treatment in order to await a bed in an appropriate long-term facility. There is no guarantee that a client will receive the type of placement that they need. However, the counselors are very proactive in obtaining the support in the community that this individual needs. The clinical part of the service is designed to do as comprehensive a physical and psycho-social assessment as possible. Mr. Brown agreed that it would be possible for Sarasota County to purchase one bed in their facility for Marchman Act clients. The facility is staffed 24/7. There are two to three counselors on all shifts except for the midnight shift.

They have created a medications clinic for recently discharged clients to see the same psychiatrist that treated them in the residential facility on an outpatient basis. They have also created a recovery access group where intervention services are on-going, no appointment is required. This is also a place where individuals that are not necessarily ready for residential placement or even to commit to treatment can receive services. They partner with the Tampa Community Health Center where clients can receive health insurance to reduce the cost of medications to the clients as well as to the facility.

Mr. Brown opened the floor to questions which are summarized as follows:

- The cost for this facility is \$204 per bed day.
- The old program previously run in this facility was non-medical detox. It was mainly used by the homeless. When the new program was

developed the detox services for those who were not a danger to themselves or others was given to various agencies in the community. However, these programs are 5 days a week/8 hours a day. There is not currently a site other than the jail where individuals can go over night to get sober.

- There are constraints in the law that allow the facility to hold a person involuntarily for 72 hours if they are brought in by law enforcement without further legal action. If they need to keep them longer, they have to file a petition. The average length of stay at ACTS is 3 to 4 days.
- Only 5% to 10% of clients released from ACTS go on to a residential placement.
- The longest a person stays in ACTS is 7 to 10 days for those awaiting residential placement.
- There will never be enough residential beds in the community. The residential providers in the community have to realize the benefit of outpatient services in order to better cycle individuals through the facility.
- For those that don't meet Baker or Marchman Acts criteria, there is a place called Turning Point in Tampa near the TPD garage that acts as a detox facility. Police bring intoxicated individuals, mostly homeless, there. They sober up and, if they are willing, are referred for further treatment. It is funded by DCF and the Byrne Grant. They also have a domicile with about 60 beds called Mustard Seed.
- It was suggested that the system in Hillsborough and Pinellas could be flow charted to show those in Sarasota how things are done in those communities in order to compare to the flow chart for Sarasota to identify unmet needs.
- When police bring an individual to ACTS, it ties them up for anywhere between 5 to 10 minutes to up to 30 minutes depending on how backed up the facility is at that point.
- It was suggested that any program proposed by Sarasota should include a strong evaluation component to determine if the alcoholism is co-occurring with mental illness. That is the most vulnerable population and the hardest to serve. ACTS estimates that 50% of the drunks that come in have a co-occurring mental illness.
- 40% of the people who come in to ACTS are homeless. 20% of these people would need to be put in a residential program. The others can be handled on an outpatient basis.

- In Sarasota, the jail has determined that just over 40% of Marchman Acts are homeless.
- There is a problem in the community with continuity of care. Most of the funded beds in Sarasota are targeted to specific populations. This severely limits the flexibility of these programs to serve others in need. (Targeted populations include: pregnant women, convicted felons, serious and persistent mental illness and detox.)
- Salvation Army does social detox on a limited basis. There are a few beds, but not enough. In order to provide effective detox services, they would need increased staff, security personnel or protective precautions and additional case management and supportive services. They have the capacity in the physical facility – the beds – but nothing else.
- The question was asked: If you have additional funding, here would you invest it? ACTS suggested that a social detox model would be the least expensive. They could sober up for 6 to 8 hours in a chair. Counselors can be brought in to triage those who go back out on the street, those who receives outpatient treatment (the Salvation Army day program, for example) and those who need transitional residential placement.
- Maj. Gooding advised that around 2 to 3 individuals are arrested each day for public intoxication. If there were just a few beds available to transport these individuals to, the entire system would benefit. For habitual Marchman clients, an involuntary treatment program will be needed. If not, all the detox beds we come up with will be taken up by the same people each day.
- The question arose again if the vacant space in the jail could be used as a Marchman Act receiving facility. Orange County has a separate facility that handles all intake – Baker Act, Marchman Act, criminals, etc.
- The Marchman Act licensure standards use a 20 bed minimum. Even if you only have 10 beds, you have to staff as if you have 20. A waiver can be requested, though it is not guaranteed. Also, 65% to 70% of the cost of service is personnel. If you can access existing personnel, you have saved a big chunk of money. The only additional cost would be for the medical piece.
- Mr. Brown advised that the cost to house an addictions receiving facility is about the same as a detox facility except for security issues and medical care. For example, their 20 bed youth program operates for about \$1.3 million. Their 35 bed addictions receiving facility operates for about \$2.2 million.

## **Next Steps**

Debbie Horst advised that there is a possibility that some of the Community Development Block Grant funding (around \$750,000) could be used to build or renovate a facility.

Also, Coastal is currently sitting on about \$250,000 to be used to seed a 'sober living' facility. These funds could be added to the CDBG funds to create a nice facility.

Jerry Thompson advised that there was a possibility to add square footage to the existing detox facility on 18<sup>th</sup> Street. Also, they have several acres of undeveloped land on Hwy 301 that could be used to construct a facility.

Bill Little suggested the need to flow chart what we have in existence right now in Sarasota County. There is no directory of resources currently in existence. Starting with the substance abuse facilities that are licensed by DCF, we would have to bring the faith-based community to the table to discuss their needs and resources. Faith-based facilities do not have to be licensed.

A sub-group was appointed to inventory resources and identify gaps in services in concert with county staff: Skip Ritter, Debbie Horst, Tobey Hockett, Susan Nunnally, Bob Piper, Bert Tanner,

The next meeting of the SAMHC/CJC will be December 8, 2004 at 8:30 A.M.