

**SUBSTANCE ABUSE AND MENTAL HEALTH STAKEHOLDERS'
CONSORTIUM**

Acute Care System Task Force

September 19, 2006

Members Present:

Ken Alexander	Sarasota Memorial Hospital, Bayside Center
Elaine Charyn	First Step of Sarasota
Kevin Chinault	Mental Health Community Centers
Nathaniel Cooley	Ambitrans
Chris Cooper	Englewood Community Hospital
Carolyn Eagen	Mental Health Community Center
Debbie Harrington	Ambitrans
Cheryl LaFlame	Coastal Behavioral Healthcare
Richard Montemagno	Sarasota Sheriff's Office
Kenneth Nutter	Coastal Behavioral Healthcare
Brian Ryals	First Step of Sarasota
Alan Skavroneck	Ambitrans
Ann Voorhees	Department of Children and Families

Staff Present:

Bill Little	Sarasota County Health and Human Services
Pam Meunier	Sarasota County Health and Human Services
Pauline Tracy	Sarasota County Health and Human Services

Manatee Glens Trip

Ken Alexander advised the group of the outcome of the trip several members took to Manatee Glens. In 2000, Manatee Glens found that the system was becoming overwhelmed on a daily basis with clients in need of services. This was especially true on Monday mornings when it appeared that they had been inundated with clients needing services over the weekend. They decided to approach the issue from a different perspective. They realigned their resources to put more intensive case management at the 'front door' to assist in reducing the number of people needing hospitalization. Hospital admission is one of many options when assessing a person at their Access Center. A once-overwhelmed Crisis Stabilization Unit, at full capacity at all times, is now seldom at capacity. Although Sarasota County does not have some of the resources available that Manatee Glens has, we may be able to use their lessons learned in creating our acute care system model.

The committee discussed the need to get the consumers involved in the process of developing the model. They are the only ones who know the impact of the treatment experience on their lives and would be in the best position to suggest how to better that experience.

Centralized Data Collection

Ken Alexander led a discussion with the group on centralized data collection. Data drives a lot of systems but requires significant energy, effort, and commitment of the organization to collect and report. Often such data exists within organizations but seldom do you find data that cuts across organizations. This can blind-side an administrator who is faced with discordant information from outside sources. Sound, complete, and accurate data is the only way to make wise decisions that affect the system as a whole. The data must be widely available and easily accessible in order to be useful to all decision-makers. Centralized data collection also avoids duplication of effort by individual agencies across the continuum of care.

A small work group of the Acute Care System Task Force is being organized to begin work toward developing a centralized data system. One member from each of the major providers in the acute care system should be included along with appropriate Information Technology professionals who can guide the group through various technical issues of data management. This work group's task will be to identify the types of data that make sense to collect and that are useful to a wide variety of organizations.

Addictions Receiving Facility (ARF) Update

Elaine Charyn, First Step of Sarasota, informed the group of the activities that took place at the ARF grand opening last week. On September 6, 7 and 8, the Department of Children and Families performed an audit to evaluate the program for regular licensure as opposed to a probationary license. They did well, scoring in the mid-90's. They now have the systems in place to create the intended program, having received a regular license. They are conducting a great deal of outreach in the community, working with law enforcement, and conducting private tours through the facility to agencies. They have had 177 admissions (72 involuntary; 105 voluntary) to date.

- Time of admission - 50 on day shift, 84 on evening shift, 43 on night shift
- Source of involuntary placement - law enforcement (49), ER physicians (15), and the courts (8 *ex parte orders*)
- 98% of the involuntary participants have successfully completed the detoxification process
- 23% of involuntary participants have been discharged from the ARF and admitted to VIP-ER; 42% referred to outpatient services; 12%

referred to residential treatment; others referred to various community agencies and programs and/or sent home with family members.

Crisis Intervention Team (CIT) Training Committee Update

160 law enforcement officers have been trained in CIT to date. The next class is scheduled for October 23 to October 27. This will be the third class for this year and the seventh class since CIT training started. The more officers that receive training, the better able they are to appropriately handle the situations they find on the street. The training will be moved to the Police Academy for the October class, which will further enhance the program.

Review Action Plan Worksheet

Pam Meunier distributed the latest update to the Acute Care System Task Force Action Plan Worksheet. This is the guide for the group to use to identify the tasks that have been completed and those that are still underway. She went over each action step with the group.

Next Meeting

The next meeting of the Acute Care System Task Force will be October 17, 2006 at 9:00 am at the Sarasota County Health Department, 2200 Ringling Boulevard, Room 226.