

**COMMUNITY ALLIANCE OF SARASOTA COUNTY**

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

**ACUTE CARE SYSTEM TASK FORCE**

**November 14, 2006**

Members Present:

Ken Alexander	Sarasota Memorial Hospital/Bayside Center
Terri Belcher	Venice Regional Medical Center
Elaine Charyn	First Step of Sarasota
Phyllis Cobb	Sarasota Memorial Hospital
Carolyn Eagen	Mental Health Community Centers
Joe Giasone	Sarasota Sheriff's Office
Cheryl LaFlame	Coastal Behavioral Healthcare
Marlene Minzey	First Step of Sarasota
Capt. Rich Montemagno	Sarasota Sheriff's Office
Kenneth Nutter	Coastal Behavioral Healthcare
Brian Ryals	First Step of Sarasota
David Sutton	The Salvation Army
Tami Taylor	Englewood Community Hospital
Charlie Thorpe	Sarasota Sheriff's Office
Lloyd Tucker	Venice Regional Medical Center

Staff Present:

Rik Jimison	Sarasota County Health and Human Services
Pam Meunier	Sarasota County Health and Human Services
James Schulz	Sarasota County Health and Human Services
Chip Taylor	Sarasota County Health and Human Services

**Marchman Act Law Overview**

Brian Ryals, Addictions Receiving Facility Liaison/Marchman Act Coordinator for First Step of Sarasota, provided a presentation on the Marchman Act law. He distributed copies of a detailed PowerPoint presentation. His presentation included the history of the Marchman Act, voluntary and involuntary admission criteria, cost allocation to clients, protective custody, emergency admissions and transportation, treatment of minors, petitions, assessment procedures and standards, court hearings, treatment orders and client rights.

The highlights of the presentation included:

- The Marchman Act is not just the substance abuse version of the Baker Act. It has its own separate set of criteria.
- The good faith “reason to believe” that a person is substance abuse impaired, the loss of self control over the substance, and the threat or infliction of harm or the loss of the ability to appreciate the need for services and make a rational decision is required for involuntary admission.
- Law enforcement may implement protective custody when the involuntary admission criteria appear to be met.
- The law enforcement officer should fill out the protective custody paperwork as soon as the individual is placed in the vehicle in order to avoid civil or criminal liability.
- An application for involuntary emergency admission for adults may be initiated by a case manager, nurse, or similar individual.
- An application for involuntary emergency admission for minors can only be initiated by the parent, guardian, or legal custodian.
- Hospitals and other psychiatric receiving facilities cannot refuse treatment based on the ability to pay.
- Adults and minors should be taken by a law enforcement officer to First Step whether or not First Step has a bed available. At that point, First Step will manage the case rather than the individual being taken to jail.

### **Transitional Housing Update**

Chip Taylor updated the committee on the status of the Community Alternative Residential Treatment (CART) Initiative Phase III, Transitional Housing. Presently, Coastal Renaissance, Inc. is using CDBG and SHIP funding of \$754,000 to purchase two or more houses for this purpose. That would net the community 18 beds at a maximum. The issue is that there are approximately 50 people at the Salvation Army that have completed the VIP-ER Program and are awaiting housing. There is a need right now for an additional 75 beds in the community.

Chip explained the idea behind the sober housing model. He advised that there are a number of providers operating such housing in Manatee County, but none in Sarasota. Discussions are under way to determine if it is feasible for those providers to expand their services into Sarasota County. The biggest issue with getting a sober house up and running is the first and last months’ rent, security deposit; utility deposits, and furnishings. The housing providers have estimated that these costs will total approximately \$10,000 per property. A voucher program is also being proposed to cover the cost incurred by VIP-ER graduates who are unable to pay their weekly rent, of approximately \$125 a week, due to a delayed job start after graduation or a job loss, through no fault of their own, after

they have started working. The VIP-ER Project Management Team (PMT) will review each request for merit. If approved the provider would receive a rental voucher for up to 13 weeks per year per bed to cover the cost of any unpaid rent. The voucher program is estimated to cost around \$150,000 for the first year. There will also be a stipend of \$8,000 per house per year as an incentive for the providers. Staff is presenting this proposal to the Board of County Commissioners on January 9, 2007 at around 10:00 a.m. to fund the proposal with County funds. The total cost of the proposal will be approximately \$300,000. The Criminal Justice Commission has requested that the County accept proposals from non-profit and for-profit entities.

Discussion ensued regarding the incidence of relapse for this population.

### **Crisis Intervention Team (CIT) Training Update**

James Schulz advised the committee that the October 23 through October 27, 2006 CIT class graduated 32 officers from the Sheriff's Office, North Port Police Department, and Sarasota Police Department. The next class is scheduled for March 19 through March 23, 2007. To date, 192 officers have been trained. The CIT Committee is preparing to implement some of the lessons learned from the National CIT Conference they attended. Lessons learned include the importance of data collection, assignment of CIT trained officers to appropriate incidents via the call center, and several other practices being implemented nationally.

### **Addictions Receiving Facility (ARF) Update**

Elaine Charyn updated the committee on the status of the ARF. For the month of August, the ARF medically supervised the detoxification of 48 involuntary admissions under the Marchman Act, for September, 51, for October, 71 and for the first week of November, 18. Elaine estimates that they will exceed 80 involuntary admissions for the month of November based on the first weeks' statistics. By shift, since the inception of the program, the day shift has admitted 27%, the 3:00 p.m. to 11:00 p.m. shift has admitted 51%, and the 11:00 p.m. to 7:00 a.m. shift has admitted 22% of the total admissions. 47% of the Marchman Acts were for protective custody; 37% were emergency admissions; and 16% were from ex parte orders. Chip Taylor asked Elaine to start tracking the amount of time an officer spends at the ARF with a patient.

### **Baker Act/Marchman Act Transportation Update**

Rik Jimison advised the committee that there was a meeting held between County staff, Ambitrans, and jail personnel. They discussed several transportation problems that have arisen. He has ordered 1,500 laminated information sheets to be distributed to police officers for their use in evaluating individuals with mental health and substance abuse issues. Discussion ensued

regarding the appropriate use of Ambitrans and the need for training for emergency room personnel, nursing home personnel, etc.

### **Data Collection Update**

Pam announced a meeting with Sarasota County Information Technology personnel to discuss the data collection needs of the acute care system in order to share aggregate data as a management tool and allow the county to evaluate and monitor the utilization of, need for, and effectiveness of mental health and substance abuse services.

The meeting will be held at the Arthur Anderson Building Tuesday, November 21 at 9:00 a.m. A work group of this committee has been meeting to develop a template for data collection and sharing. This work group was encouraged to be part of the conversation yet all Acute Care System Task Force members are welcome to attend.

### **Next Meeting**

The next meeting of the Acute Care System Task Force will be December 19, 2006 at 9:00 a.m. at the Sarasota County Health Department, 2200 Ringling Blvd., Room 226.