



Community Alliance of Sarasota County Acute Care Issue Analysis

Behavioral Healthcare Report

January 27, 2003

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INTRODUCTION

The Acute Care System Issue Analysis Task Force of the Community Alliance of Sarasota County was charged with identifying the problems and potential solutions related to the efficient delivery of acute care services for persons in need of mental health and substance abuse treatment (see Appendix for list of Task Force members). The Sarasota County Health Department agreed to serve as the fiscal agent for the Community Alliance and contracted with the USF-Florida Mental Health Institute to facilitate the problem identification process, conduct a succinct analysis of the acute care system for behavioral healthcare, and submit a report to the Community Alliance with recommendations that may improve service delivery for persons in need of acute care interventions and services.

It was agreed that Mark A. Engelhardt, MS, ACSW, faculty member of the USF-Florida Mental Health Institute (FMHI) Department of Mental Health, Law and Policy, would facilitate the meetings of the Task Force and address the following components of the acute care system in Sarasota County:

- Access to and availability of care
- Acute assessment and diversion
- Data on the current utilization of the system
- Financing of the system
- Planning and coordination of the system
- Barriers to integrated system development

Most of the information for the analysis came directly from Task Force members, service providers, and staff of Sarasota County Human Services, the Sarasota Sheriff's Office, and the Department of Children and Families (DCF) Suncoast Region Alcohol, Drug Abuse and Mental Health (ADM) Program Office. In addition, FMHI provided data from the 2001 Annual Baker Act Report.

Four public meetings were held with Task Force members and key stakeholders in Sarasota County to identify the most important problems. Follow-up interviews were conducted with several members to either validate data or get a clearer understanding of the problems identified from different organizational perspectives. Interviews were conducted with representatives of the following organizations:

- Sarasota Memorial Hospital – Bayside Center
- Coastal Behavioral Healthcare
- First Step of Sarasota
- Department of Children and Families (DCF) Alcohol, Drug Abuse and Mental Health (ADM)

- Sarasota County Health and Human Services
- Grant Medical Transportation
- Sarasota County Sheriff's Office

Other stakeholders who participated during the issue analysis included representatives from the following:

- Community Alliance Planning/Outcomes Work Group
- Sarasota Board of County Commissioners
- SCOPE (Sarasota County Openly Plans for Excellence)
- Sarasota Memorial Hospital Emergency Room
- Consumer/Family Member
- Sarasota Coalition on Substance Abuse
- Salvation Army of Sarasota
- Venice-Bon Secours Hospital Behavioral Health Program
- Public Defenders Office, 12th Judicial Circuit

PROBLEM IDENTIFICATION

Based on the public meetings and individual interviews, the following issues were identified by the key stakeholders as the top problems in the delivery of acute care behavioral healthcare in Sarasota County:

1. Lack of Capacity – Beds and Services

The primary problem identified by the stakeholders in Sarasota County is that there are not enough publicly-funded crisis stabilization and detoxification beds for adults on a daily basis. For example, persons may be brought to the Sarasota Memorial Hospital emergency room when all of the “Baker Act” beds are full at Coastal Behavioral Healthcare’s Crisis Stabilization Unit (CSU), the county’s 20-bed adult public receiving facility. In turn, hospital emergency room staff may evaluate, treat and then transfer individuals back to the Crisis Stabilization Unit when beds become available. Sarasota Memorial Hospital is able to serve persons with Medicaid and other insurance plans and normally admit those individuals directly to their Bayside Center inpatient unit. First Step, Inc., has only four state-funded adult detoxification beds available for the entire county and Coastal Behavioral HealthCare has six beds available for adolescents. In addition, Sarasota County residents are transported to other counties when services are not available. The participants did not identify the availability of acute care services for children and adolescents as a major problem.

2. Lack of Diversion Services

Unlike some other communities, Sarasota County has not developed a full array of diversion services (i.e. pre-booking services, mobile crisis units, safe havens) to keep persons in need of mental health care or substance abuse out of inpatient beds or, as appropriate, out of jail. Although Coastal Behavioral HealthCare has increased assessment services through its Family Emergency Treatment Center and Community Assessment and Intervention Center (CAIC) programs, there is no behavioral health mobile crisis response capacity or Crisis Intervention Team (CIT) operated by law enforcement agencies. There are no pre-booking or post-booking programs available in the county, no public plan for persons in need of behavioral healthcare who have committed a misdemeanor, and no specialized long-term program for community forensic clients. Several longer-term programs have been developed with legislative funding as a result of the closing of G. Piece Wood Memorial Hospital that may prevent crisis episodes.

3. Policies, Procedures and Protocols

There is a consensus among Task Force members that sets of well-defined protocols are needed for providers and that all agencies--including law enforcement, out-of-county providers, and transportation providers--need to know what procedures are in place for medical clearance, co-occurring disorders, transfers between hospitals and post discharge or aftercare services. It should be noted that a committee guided by DCF has drafted a set of "Transfer Guidelines", but these guidelines have yet to be approved by the executive management of the key organizations. As discussed in the public meetings, collaboration among providers is improving, but until there is structure, in the form of written policies or protocols, this will remain an informal arrangement of care rather than a "system".

4. Management of the System

Who owns the problem? Who is in charge of the acute care system? These questions emerged as consistent themes throughout the problem identification stage of the issue analysis. Stakeholders agree that insufficient bed capacity and the lack of other recovery and support services are a community problem, but to date there is no well-defined leadership group which is responsible for developing the system. Some of the issues raised are:

- Vision and system design
- Defining roles and responsibilities
- Policies and protocols
- Data collection as a management tool
- Funding and contractual issues
- Training and new program development
- Priority setting and problem solving
- Strategic planning – Action plans
- Public safety issues

ISSUE ANALYSIS

The focus of this issue analysis is on “Acute Care”, or the delivery of those services that people need to get through a crisis or episodic period in their lives until they are “stable” and can return to normal functioning at work, school or other meaningful daily activity. A comprehensive “system of care” includes a full range of acute and long-term care services that support people of all ages. A true system of care has a written set of core values and guiding principles that drive the operation of services across organizations. One of the core values embraced in Sarasota County is that services be community-based, especially now that G. Pierce Wood Memorial Hospital is closed. The challenge in Sarasota County is to develop a locally-driven acute care plan that every stakeholder understands and agrees to implement.

I. Issue: Bed Capacity – Utilization Data

At the outset of this analysis, FMHI requested bed capacity and utilization data from each of the publicly-funded providers for the last fiscal year (July 1, 2001 through June 30, 2002). This data is provided in Appendix A and summarized below:

Coastal Behavioral HealthCare Crisis Stabilization Unit (Baker Act Beds – Public Receiving Facility – Secure Facility)	
Licensed Bed Capacity = 20 Adults	Licensed Bed Capacity = 10 Children/Adolescents**
Publicly Funded Beds = 18*	Publicly Funded Beds = 7* (CCSU)
Average Daily Utilization = 93%	Average Daily Utilization = 60%
Average Length of Stay = 4.5 Days	Average Length of Stay = 6 Days
* During the course of this analysis, the Department of Children and Families increased Coastal Behavioral Healthcare’s CSU bed capacity, which resulted in the state and county funding 25 of the total 30 CSU beds for adults and children or adolescents.	
* An “Urgent Care Coordinator” was added to the CSU to manage admissions and discharges between facilities.	
** A Co-Occurring Children’s Crisis Stabilization Unit/Addictions Receiving Facility (CCSU/ARF) pilot was approved by the legislature under Senate Bill 1258 and is under development. This program is an integral part of the existing CSU. FMHI will be evaluating the three pilot CCSU/ARF’s, two of which were authorized for District 8 (in Fort Myers and Naples).	

First Step, Inc. Detoxification Beds - Adults Coastal Behavioral HealthCare – Children/Adolescents	
Licensed Bed Capacity = 15 Adults (Non-secure facility)	Licensed Bed Capacity = 10 Children/Adolescents (CCSU/ARF) (see above)
Average Daily Utilization = 85%	Average Daily Utilization = 60%
Average Length of Stay = 3.6 Days	Average Length of Stay = 6 Days
Funded Beds = 4	Funded Beds = 6 (Co-occurring)

Sarasota Memorial Hospital--Bayside Center (Private Receiving Facility – Specialty Hospital)	
Licensed Bed Capacity = 86	49 Adult /37 Adolescent
Operating Capacity = 52 Beds 12 Adult Acute Care Beds 24 Adult Beds 16 Children/Adolescent Beds	
Average Daily Occupancy = 80%	Across age groups
Average Length of Stay = 6-7days	Across age groups
No Contractual Public Funding	
Ability to accept and bill Medicaid and Medicare	

Other facilities serving Sarasota County residents include Venice-Bon Secours Hospital's Behavioral Health Program and Manatee Glens, located in Bradenton. However, it was recently announced that Venice-Bon Secours Hospital's inpatient psychiatric facility will be closing on February 1, 2003. This is a private receiving facility, like Sarasota Memorial Hospital's Bayside Center, and does not receive any contractual funding from DCF or Sarasota County for behavioral healthcare. The impact of the closure of this unit is currently being discussed among key stakeholders. Historically, this facility has served primarily private-paying older adults.

Manatee Glens' Short Term Residential Treatment Facility (SRT) is an 18-licensed bed facility which is not part of the *formal* "acute care" system in Sarasota, but is used as a regional sub-acute option or short term rehabilitative program. The facility was established through the G. Pierce Wood funding and closure plan. Analysis has revealed that Sarasota residents utilize their "fair share" of the beds on a regular basis, with 54% of the beds filled by Sarasota County residents since the facility opened in February, 2002.

For statewide planning purposes, DCF has used a formula of 10 beds per 100,000 persons for determining the appropriate number of Baker Act beds in each DCF district or region. There is no formula for detoxification beds. According to the U.S. Census, Sarasota had a total population of 325,957 in 2000. The population grew by 2.9% in 2002 to 335,323, with a 31.5% increase in the number of persons 65 or older living in the county. Since the county currently has 30 licensed Crisis Stabilization Unit beds (adults and children), based on the 10 per 100,000 formula, Sarasota County is 3.35 beds under the projected number of needed beds.

II. Issue: Access to and Availability of Care

According to the key stakeholders, individuals and families are able to access *involuntary* mental health emergency services through Coastal Behavioral Healthcare and/or Sarasota Memorial Hospital's Bayside Center. Part of this immediate access is due to the legal mandate under the Baker Act for receiving facilities to accept persons who may be "a danger to themselves or others". The issue or "crisis" that has been raised in the newspapers and community is primarily focused on the availability of inpatient beds for adults.

Despite the fact that persons are admitted under the Baker Act to either the CSU or Sarasota Memorial Hospital's Bayside Center, there are times when all of the publicly-funded Crisis Stabilization Unit beds are full and other, out-of-county facilities, such as Manatee Glens in Bradenton and Ruth Cooper Center in Fort Myers, will admit these individuals for care.

The FY 2001-2002 occupancy data shows that Coastal Behavioral Healthcare's adult crisis stabilization unit operated at 93% capacity throughout FY 2001-2002. The unit goes "over census" several times a month and it is at these times when the providers feel a "system crisis". The demand for inpatient "Baker Act" beds is therefore cyclical. The complexity of each admission and discharge will have an impact on movement of available beds.

A major factor influencing the daily capacity is the average length of stay, which is currently 4.5 days for adults and 6 days for children and adolescents. While there is no statewide standard for length of stay, if the CSU's average length of stay for adults was reduced, the bed capacity would effectively increase. The same would be true for other receiving facilities.

Since the opening of the Short Term Residential Treatment unit (SRT) at Manatee Glens in February, 2001 and the start-up of other programs established in the wake of the closure of G. Pierce Wood Memorial Hospital, there has been a significant reduction in the length of stay at the CSU from 8 days to the current 4.5 days. The Task Force agreed that the length of stay is an important systems issue that should be addressed on a continuing basis. There are several important variables to examine with regards to length of stay, including the following:

- Utilization management practices among clinical staff
- Liability concerns on the part of physicians or psychiatrists
- Timely transfers to other Baker Act facilities
- The increase in the number of persons presenting with co-occurring mental health and substance abuse disorders
- Persons awaiting a longer-term admission at Northeast Florida State Hospital or Manatee Glens Short Term Residential Treatment facility (SRT)
- Availability of post discharge services, such as case management, assertive community treatment, housing and medications
- Persons with a traumatic brain injury

- Persons with co-occurring mental illness and developmental disabilities who are awaiting community placement

One temporary factor impacting bed availability is that Sarasota Memorial Hospital's Bayside Center has been renovating its psychiatric inpatient units since the summer of 2002. These renovations are now expected to be completed by March, 2003. Sarasota Memorial Hospital has a licensed capacity of 86 beds, but currently operates only 52 beds. The adult unit operates at 80% average occupancy, but was over 90% occupancy during October and November 2002. The hospital has dealt with an internal challenge of coordinating assessments and admissions between its own emergency room physicians and Bayside Center. The hospital established a Special Emergency Care Unit (SECU) that addresses the unique needs of persons requiring psychiatric care. This two-patient unit is staffed by the emergency room and Bayside Center psychiatrists conduct rounds twice a day to assess and discharge charge persons who no longer meet the criteria for an involuntary inpatient admission under the Baker Act. The emergency room at Sarasota Memorial Hospital contracts with the Bayside Psychiatric Group to provide additional on-call services to the emergency room to address the needs of persons not in the SECU. The hospital is in the process of hiring two additional social workers to coordinate care and provide discharge planning during the peak evening hours.

Sarasota Memorial Hospital conducted an analysis of 1,424 Baker Act dispositions from July, 2001 through August, 2002. Of the 1,424 adults and minors, fewer than 17% were readmissions to Sarasota Memorial Hospital's Bayside Center. This would seem to validate that Sarasota County is experiencing an influx of new clients in its behavioral healthcare delivery system.

Since Sarasota Memorial Hospital is able to bill Medicaid and Medicare for inpatient care, those eligible referrals usually go directly to Bayside Center rather than to the CSU or First Step, which is an appropriate and well-designed part of the system. Coastal Behavioral Healthcare does not have the ability to bill Medicaid for inpatient care, although the CSU does serve persons with Medicaid once they are discharged from Sarasota Memorial Hospital. Similarly, First Step of Sarasota cannot bill Medicaid for inpatient detoxification services, but can bill for outpatient services. Sarasota Memorial Hospital does not receive compensation for serving persons who do not have Medicaid, Medicare or private insurance. These financing constraints point to the critical need to coordinate care between private and publicly-funded behavioral health providers.

First Step of Sarasota, with a licensed capacity for 15 detoxification beds, averaged an 85% occupancy rate during FY 2001-2002. Unlike Baker Act receiving facilities, this Marchman Act facility is non-secure. The primary problem, according to providers, is the lack of access to post-discharge residential substance abuse treatment: a 4-week waiting list exists, with an average of 20 people on the waiting list for residential care at any given time. First Step is also experiencing an increase in the number of persons who present with co-occurring mental health and substance abuse disorders. Under current state rules, Crisis Stabilization Units and Addiction Receiving Facilities are licensed separately. Fortunately, Sarasota County has been authorized as one of three demonstration programs under Senate Bill 1258 to design a co-occurring Children's Crisis Stabilization Unit/Addiction Receiving Facility. Coastal Behavioral Healthcare recently implemented this program, which will be evaluated by the USF-Florida Mental

Health Institute (FMHI) along with the other two pilots in Fort Myers and Naples (DCF District 8).

III. Issue: Acute Care Assessment & Diversion

There is a tendency for communities to focus on the availability of beds and secure settings rather than developing a range of “front door” services that can prevent inpatient admissions or offer individuals optional outpatient interventions or ongoing services. Public safety issues and the involuntary nature of the Baker Act may drive persons into inpatient settings rather than “diversion” services. It is also important to distinguish between diversion from civil acute care behavioral settings, such as crisis stabilization units and emergency rooms, and forensic settings such as jails.

The increase in the number of persons with co-occurring mental health and substance abuse disorders is clearly recognized by the Task Force members. Three programs identified as providing co-occurring services in Sarasota County are First Steps’ Seasons Residential III Center, the new co-occurring disorders program developing within Coastal Behavioral Healthcare’s Children’s Crisis Stabilization Unit/Addictions Receiving Facility, and Bayside Center’s day treatment program.

Beyond the availability of 24-hour access to assessments at Coastal’s Crisis Stabilization Unit, First Step’s addictions receiving facility, and Sarasota Memorial Hospital’s emergency room and Bayside Center, Sarasota County does have several unique “front door” programs. Coastal Behavioral HealthCare operates two relatively new services--the Family Emergency Treatment Center (FETC) located at 2750 Bahia Vista in Sarasota, which serves all ages and is open from 8:00 a.m. to 8:00 p.m., and the Community Assessment and Intervention Program (CAIC) located at 2435 Fruitville Road in Sarasota, a 3-year federal grant-funded program targeting children and adolescents which is open from 8:30 a.m. to 5:00 p.m. There are two other Family Emergency Treatment Centers in Florida, one in Bradenton and one in St. Petersburg. Both were designed to meet the unique needs of those communities and Coastal Behavioral Healthcare now has an opportunity to design the FETC in Sarasota to provide initial assessments and follow up treatment for persons who may otherwise be admitted to an inpatient Baker Act receiving facility.

One of the main problems identified by stakeholders is a lack of diversion services, especially for those persons with a mental illness who are arrested for misdemeanors and end up in jail or for people who are homeless. Although there are two case managers at Coastal Behavioral Healthcare who specialize in forensic mental health, there is no written plan or comprehensive array of services for this population in Sarasota County.

Florida House Bill 2003 (passed in 1999) could be used as template for developing a diversion system. The statute directs DCF to develop written cooperative agreements with the judicial system, the criminal justice system, and local mental health providers to define strategies and community alternatives within current statutory authority and existing resources for diverting persons from the criminal justice system to the civil system under the Baker Act and persons with mental illness who are arrested for a misdemeanor. However, this sub-system has yet to be fully developed. At a minimum, the diversion strategies must consider the following:

- Pre-booking and/or post-booking interventions;
- Ways in which mental health professionals can assist law enforcement agencies with difficult mental health cases;
- Information-sharing among community entities regarding persons with mental illness who are frequently arrested for misdemeanors, in order to improve early identification and treatment of these persons;
- Referral of misdemeanant clients to appropriate aftercare services upon release from jail or a facility that receives clients under the Baker Act;
- Provision of appropriate psychotropic medications to misdemeanant clients for a reasonable number of days following discharge from jail or a facility that receives clients under the Baker Act;
- Provision of intensive case-management services to the appropriate misdemeanant clients; and
- Plans or provisions for a comprehensive homeless outreach program.

The challenge for Sarasota County is to develop this system within existing resources; the opportunity is to design a plan utilizing the expertise of the Acute Care System Issue Analysis Task Force.

In response to the expressed need for a comprehensive diversion strategy, the Task Force identified the national “evidenced-based” model of Crisis Intervention Teams (CIT) as one viable diversion option which could be developed in Sarasota County. The Sarasota County Sheriff’s Office has expressed an interest in learning more about the well-researched “Memphis model” of crisis intervention. This particular model is operated by law enforcement agencies in partnership with mental health and substance abuse providers. CIT is a law enforcement team model which is comprised of more than just training of law enforcement officers. Hybrid models are in operation that utilize mobile mental health crisis teams operated by mental health providers or with integrated mental health and substance abuse providers. If this CIT model is pursued, it will be important to involve all of the local law enforcement agencies in Sarasota County, not just the Sheriff’s Office. Even if a fully-developed Crisis Intervention Team is not implemented, a standardized, formal means of communication and training between law enforcement and mental health and substance abuse providers should be developed.

The closure of G. Pierce Wood Memorial Hospital in 2001 resulted in an influx of new funding for programs for persons with serious mental illness in Sarasota County and the other 17 counties formerly served by the hospital. A number of those programs are currently operating, with several still in development, that should ease the demand for crisis services and provide some diversionary options to the criminal justice system. The programs funded with GPW resources include the following:

- A Sarasota-based Florida Assertive Community Treatment Team (FACT Team). When fully implemented, the FACT Team will serve a total of 100 persons in Sarasota and DeSoto counties. There are currently 65 active clients on the caseload
- 15 residential treatment beds at the Audubon (no waiting list currently)
- 12 Alternative Family Program beds at Gulfcoast Community Care (no waiting list currently)

- 30 Supportive Housing/Living arrangements (no waiting list currently)
- 1.5 full-time registered nurses who will be hired by Coastal's Crisis Stabilization Unit to coordinate care with all providers
- Access to Manatee Glens' new 18-bed Short Term Residential facility (SRT)

Several other services that may support the acute care system include:

- 12 Residential Level III beds at Manatee Glens' Westminster Campus
- Implementation of a part-time Misdemeanor Mental Health Court in Sarasota County with case management services
- Medical outpatient services at Coastal Behavioral HealthCare (1.5 staff)

IV. Issue: Transportation:

Law enforcement agencies provide most of the transportation for persons committed for involuntary care under the Baker Act and Marchman Act. They are typically the "first responders" to crisis calls when a person represents a danger to themselves or others or is intoxicated. Although the Baker Act guidelines call for the Sheriff's Office to transport these individuals to "the nearest receiving facility", in reality officers transport them to a variety of destinations, including Coastal's Crisis Stabilization Unit, First Step's Addictions Receiving Facility, Sarasota Memorial Hospital's emergency room and Bayside Center, and the county jail. Due to emergency situations, other local law enforcement agencies in addition to the Sheriff's Office are also involved in transporting clients to receiving facilities and hospitals.

In addition to designating the Sheriff's Office as responsible for Baker Act transportation, Sarasota County Government has exercised its option to purchase specialized Baker Act transportation services for persons transferred between receiving facilities and emergency rooms and for out-of-county transports of Sarasota residents requiring care elsewhere. This contract effectively relieves law enforcement of responsibility for secondary transportation between hospitals and receiving facilities and puts patrol officers back on the street. The County's new transportation contractor, Grant Medical Transportation, serves a multi-county area and uses emergency life safety vehicles or vans rather than patrol cars. The County has projected approximately 1800 trips will be provided this year.

Based on interviews with staff of the Sheriff's Office and an analysis of 248 Baker Act transports conducted from January 1, 2001 through September 7, 2002 by the Sheriff's Office, it appears that most decisions about where to transport a person are being made by individual patrol officers. Often a phone call is made first by the officer to the Crisis Stabilization Unit, but there may be "no space available" or the officer may be instructed by CSU staff to transport the person to an emergency room for medical clearance. According to the Sheriff's Office data, approximately 70% of the Baker Act cases examined during this time period were taken to Sarasota Memorial Hospital's emergency room. It should be noted that in many cases the emergency room *is* the most appropriate destination due to medical clearance issues or professional judgments on the part of the officers. However, there is no written plan, specialized training or protocol for officers to follow in determining which Baker Act receiving facility is the nearest facility or which facility is the most appropriate to serve the person. Analysis

indicates that the average length of time an officer spends with a client from initiation to disposition at the emergency room is one hour and forty minutes.

In addition, law enforcement agencies (both the Sheriff's Office and the Sarasota Police Department) transport approximately 110 persons who are committed under the Marchman Act directly to the county jail each month. The lack of diversion services and publicly-funded secure detoxification beds are cited by law enforcement as the primary reason for transportation to this setting. The Sheriff's Office acknowledges that many of these individuals have co-occurring mental health and substance abuse issues and have not committed a crime, but believes they need to be in a publicly safe environment for a brief period of time. It appears that the Sheriff's Office may not be aware that First Step's detoxification program is operating at 85% occupancy and often there may be a bed available as an alternative to the county jail.

Sarasota County residents and the Sheriff's Office both benefit from the County's supplemental transportation contract with Grant Medical Transportation, which costs an average of \$160,000 per year. Besides being a dignified means of transportation, officers can quickly be back on street patrol. The primary challenge for Sarasota County Human Services is to get more accurate data about the projected number of transports and destinations. For example, in the bid specifications, it was projected that there would be 1,800 annual transports and 1,000 persons would come from the Sarasota Memorial Hospital emergency room after their initial assessment. Approximately 400 persons (22%) would be transported out of county. These are projections and accurate utilization data is needed to better manage the system. The County has implemented new reporting requirements and is currently analyzing the data being generated.

Another transportation option that may be explored is a "Transportation Exception Plan" as permitted by the Baker Act statutes (F.S. Chapter 394.462). The community could develop a plan that requires persons to be transported to a central location rather than to "the nearest receiving facility". There are a number of advantages and disadvantages associated with this type of system that must be considered before any firm recommendation could be made. Hillsborough and Manatee counties successfully implemented such a system 10 years ago, although the formal transportation plans were only adopted in the past five years.

V. Issue: Financing the Acute Care System

Public financing of behavioral healthcare is as complex as that of any healthcare system. The primary sources of funding for acute care services come from the state (Department of Children and Families and the Agency for Health Care Administration-Medicaid) and local match through Sarasota County. Together, the state and county fund a certain number of "Baker Act" beds on a "bed availability basis". The rationale is that providers such as Coastal Behavioral Healthcare incur fixed costs to operate crisis stabilization units regardless of whether the beds are occupied or not. In Sarasota County as elsewhere, there is an expectation that 85% of the beds will be utilized, which is reflected in the contracts. DCF also funds other services such as assessments, crisis support services, and interventions that provide initial screening or diagnostic services as either a diversionary service or as a protocol for admission to an inpatient bed. Medicaid and Medicare reimburse general hospitals for emergency room care and for

specialty inpatient psychiatric care, such as that provided by Sarasota Memorial Hospital’s Bayside Center.

There are several misconceptions about the financing of Baker Act and Marchman Act services. One is that the state and the county must spend all their funds on “beds” and they have no flexibility in how they spend their funds. In fact, DCF has the flexibility to request “budget amendments” and can move funds to different services or “cost centers” as long as there is no specific legislative proviso language to prohibit such a move. However, this process has less local authority over the past several years as budget amendments are not only reviewed by the DCF Secretary, but also by the Executive Office of the Governor. Sarasota County has wide latitude in purchasing a range of mental health and substance abuse services through its Grants-in-Aid Program. The County is in the process of becoming a performance-based contracting system.

A second misconception is that there are lucrative managed care contracts or third party revenue sources available for open competition among private and publicly-funded providers. There is nothing that prohibits open competition. The Task Force could research this issue further to examine whether private paying individuals are utilizing publicly-funded beds and whether local match funds are being reinvested in the public system. This is a common practice among publicly-funded non-profit providers in order to make up the difference between low state reimbursement rates and the actual costs of providing services. This differential between actual expenses and revenues can be analyzed through reviewing annual provider audits.

Medicaid is a very misunderstood revenue source. It is important to recognize that Medicaid does not pay for inpatient Baker Act public receiving facility beds (Coastal) or inpatient Marchman Act or detoxification beds (First Step). As noted above, Medicaid can reimburse general hospitals with a specialty psychiatric unit such as Sarasota Memorial Hospital’s Bayside Center.

The current state General Revenue and tax-supported local funding for Baker Act beds is as follows:

Current DCF General Revenue and Sarasota County Grant-in-Aid Funding for Baker Act Beds	
DCF/ADM Adult Beds = \$1,291,797 Sarasota County Adult <i>and</i> Children’s Beds = \$ 1,000,000 Rate = \$287.00/day (bed availability)	Provider = Coastal
DCF/ADM Children/Adolescent Beds = \$291,415 Sarasota County Children/Adolescent Beds = (included in \$1,000,000 figure above) Rate = \$291.24/day (bed availability)	Provider = Coastal
DCF Crisis Support/Emergency Adults Only = \$653,828 Sarasota County = \$90,000 Rate = \$43.13/staff hour	Provider = Coastal

Current Funding for Marchman Act Adult & Adolescent Detoxification Beds	
DCF/ADM Adult Detoxification Beds = \$ 278,701 Sarasota County Adult Detoxification Beds = \$ 113,300 Rate = \$204.94/day at 85% utilization	Provider = First Step
DCF/ADM Children/Adolescent Beds = \$378,280 Sarasota County = none Rate = \$204.54/day at 85% utilization	Provider = Coastal CCSU/ARF Co-occurring Disorders Pilot

The Sarasota County acute care system faces the same financial constraints as other counties with regards to acute behavioral healthcare. There is not enough funding invested in either Baker Act or Marchman Act services to fully fund the system as it now operates. Funds can be shifted from other categories, but tough decisions will need to be made if other services, such as outpatient or residential treatment services, are dismantled. There may be some services, such as outpatient detoxification and co-occurring disorders interventions, that can be developed in lieu of expensive inpatient care. There is a need to develop a contingency plan for potential budget cuts or an increase in client demand while maintaining a balance between the financing of acute care and long-term care services.

DCF and Sarasota County are working together on uniform contracting approaches for Baker Act “bed availability” to ensure that persons who are indigent have access to care. From a financial point of view, persons who have Medicaid or Medicare should be able to access acute care as long as there are enough available staff and capacity to deliver the services. Sarasota Memorial Hospital’s Bayside Center is an essential part of the system with regards to serving Medicaid and Medicare recipients on an inpatient basis.

DeSoto County is now part of DCF’s Suncoast Region and residents of DeSoto County utilize publicly-funded acute care services in Sarasota County or through Coastal and First Step since there is no public receiving facility in that county. However, DeSoto County Government does not contribute to the local “Baker Act match” in Sarasota County. Manatee County is also part of the Suncoast Region and Manatee County Government does provide local match funds for acute care facilities at Manatee Glens for services provided in Manatee County.

VI. Issue: Planning and Coordination of the Acute Care System

An essential component of any acute care system is the planning, coordination and management of the system at different levels. Stakeholders have consistently described the system in Sarasota County as “fragmented” and uncoordinated.

There is a consensus among members of the Task Force that an acute care plan is needed for Sarasota County which will address mental health, substance abuse and other related acute care services, including transportation, law enforcement and medical clearance. The plan should also address inter-county referrals and transfers, co-occurring disorders, contingency planning for days when there is no acute care bed capacity, data management, and financial planning among payers and providers.

It is essential that executive leadership be involved in planning and managing the acute care system. The Community Alliance could play a role in facilitating or appointing a leadership group to develop the acute care plan and create a community partnership model of management. This “Issue Analysis” has, in itself, been the catalyst for a variety of discussions among stakeholders regarding the issues raised in this report. The DCF Alcohol, Drug Abuse and Mental Health Office, based in Tampa, has become an active participant in the work of the Task Force and Sarasota County Human Services staff have demonstrated their willingness to take on a leadership role in this area of service delivery. The Interagency Management Team (IMT) for Sarasota, Manatee and DeSoto counties established by DCF two years ago to plan for the closure of G. Pierce Wood Memorial Hospital might serve as the foundation for an executive level problem-solving team. DCF’s Suncoast Region also has a Continuity of Care committee that addresses coordination and regional service resources.

At the mid-management level, the monthly meeting of Receiving Facility Directors hosted by DCF currently serves as the forum for addressing “operational” issues affecting the acute care system. This meeting could be expanded to include pertinent Marchman Act data for substance abuse, an analysis of out-of-county Baker Act transfers, and the development of clinical protocols. This group of managers could develop a training plan, including Crisis Intervention Training (CIT) with law enforcement, and address the capability of provider agencies to address co-occurring disorders at the front door of the system. While there is plenty of discussion about co-occurring disorders, there is no evidence that providers and payers are utilizing common “fidelity” tools, training curriculums or program models (with the exception of FACT teams) to manage co-occurring disorder assessments and services at the entrance to the system.

Another opportunity to promote leadership is to expand the role of consumers and advocacy groups in managing the acute care system. Local consumer groups, such as the Sarasota chapter of the Alliance for the Mentally Ill and/or children’s advocates, could be active partners in the design and management of the system. Consumer satisfaction surveys are tools commonly used to evaluate the responsiveness of the acute care system. However, the consumer satisfaction surveys currently being utilized are conducted by individual providers and the results are typically retained by these providers or “rolled up” into a larger DCF regional report, rather than being shared in a public forum for system improvement.

VII. Issue: Integrated Care

Historically, mental health, substance abuse and other systems of care (legal, judicial, law enforcement, schools) have worked in what are often referred to as “silos” or “parallel systems”. The hard reality is that residents of Sarasota County who are in crisis often need those very systems to work together in an *integrated* manner. The increase in the number of persons presenting with co-occurring mental health and substance abuse disorders is a prime example why funders, providers, and planners need to design an integrated model of care. It is essential to understand that integration at the “system level” does not automatically translate into improved outcomes at the clinical level. Therefore, integration must occur between organizations at both the management and the service delivery levels.

Based on the meetings of the Acute Care System Issue Analysis Task Force and interviews with stakeholders in the system, there are several barriers and solutions to integration that should be critically examined and addressed:

- Building trust among providers through the sharing of data
- Understanding what community resources are available on an on-going basis
- Openly discussing public safety and treatment philosophies
- Examining alternative substance abuse and mental health treatment approaches and strategies
- Acknowledging current parallel and integrated programs
- Recognizing the need for collaboration on behalf of clients, not agencies
- Increasing coordination between DCF and Sarasota County Human Services regarding purchase of service contracts with providers
- Engaging in proactive planning rather than “turf-guarding”
- Recognizing that a full array of services does not exist
- Highlighting and showcasing programs and services that are working well
- Increasing exposure to evidence-based models or best practices utilized in other communities
- Assessing clinical and agency competencies
- Developing leadership at both the system level and the clinical level
- Determining service priorities
- Understanding financial constraints and opportunities
- Developing the capacity for contingency planning
- Promoting collaboration, coordination and a commitment to cross-system integration

RECOMMENDATIONS

The Community Alliance of Sarasota County should establish an ongoing Acute Care System Task Force comprised of key stakeholders at the executive, administrative and clinical levels of the acute care system which would have the following responsibilities:

- Develop an accountable and integrated Strategic Plan that addresses mental health, substance abuse and other related cross-systems
- Ensure that the Strategic Plan includes subsections on co-occurring disorders, homelessness and diversion services in accordance with House Bill 2003
- Pursue the development of evidence-based Crisis Intervention Teams (CIT) involving mental health and substance abuse providers and local law enforcement agencies
- Review the findings and recommendations of the upcoming SCOPE study on mental health
- Require that all organizations share aggregate data as a management tool, with a special emphasis on the length of stay in facilities, outpatient medical services, transportation and coordinated referrals to other aftercare services
- Utilize existing groups, such as the meetings of the Receiving Facility Directors, to coordinate service delivery in Sarasota County and within the DCF Suncoast Region

- Ensure that funders such as DCF and Sarasota County Human Services meet regularly to develop uniform contract approaches and conduct joint monitoring of providers
- Develop and execute community protocols for medical clearance, receiving facility transfers, jail diversion, system overflow, and out-of-county transfers, both within Sarasota County and on a regional basis as applicable
- Develop a Memorandum of Agreement (MoA) among key stakeholders, providers, and consumer groups in Sarasota County
- Pursue a long-range plan for the development of secure Marchman Act detoxification beds with the capability of serving persons with co-occurring disorders
- Arrange for education and training of funders and providers on co-occurring disorder assessment tools that examine clinical competencies, agency capability and systems change strategies
- Analyze the advantages and disadvantages of a “Transportation Exception Plan” before proceeding with this important decision
- Expand cross-system advocacy efforts for mental health and substance abuse services in Sarasota County, involving persons who receive services and their family members

APPENDIX 1

Special Report of Baker Act Data for Sarasota County

January 2002

*Prepared by Annette McGaha, Ph.D.
USF-FMHI Data Center*

Data received in Fiscal Year 2002 (7/1/01 to 6/30/02) were used for the following analyses.

There were 2,303 Baker Act examinations initiated in Sarasota County, which represents 2.3% of the 98,705 Baker Act examinations statewide. There were 1,975 Baker Act examinations for individuals with a residence in Sarasota County, which represents 2.1% of the 98,705 Baker Act examinations statewide.

Table 1: Summary Counts of Baker Act Data Specific to Sarasota County

	Individuals with Sarasota County of Residence	Examinations Initiated in Sarasota County¹	Statewide
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¹ While law enforcement and ex-parte (judge) forms have a space provided to indicate the county of initiation, mental health professional forms do not have space to indicate this information. Therefore, we use the county of the receiving facility as a proxy for the county of initiation. This means that mental health professionals who are located in a county different from the receiving facility to which the individual is sent for examination will have the examination counted in the Baker Act data as being initiated in the county of the receiving facility (not the true county of initiation).

# of Examinations	1,975	2,302 ²	98,705
# of People	1,850	1,758 ³	89,462

Certificate and evidence types for examinations initiated in Sarasota County are presented in Table 2. Data from examinations initiated in Sarasota County appear similar to statewide data.

Table 2: Certificate and Evidence Type for Examinations Initiated in Sarasota County and Statewide

	Ex-Parte/Judge		Mental Health Professional		Law Enforcement Officials	
	Sarasota	Statewide	Sarasota	Statewide	Sarasota	Statewide
Certificate Type	5.3%	4.4%	58.7%	51.4%	36.9%	44.8%
	Neglect		Harm		Both	
	Sarasota	Statewide	Sarasota	Statewide	Sarasota	Statewide
Evidence Type ⁴	18.9%	18.4%	72.8%	70.6%	6.2%	6.1%

The facilities at which individuals with a residence in Sarasota County experienced a Baker Act examination are presented in Table 3.

Table 3: Baker Act Receiving Facilities with Examinations for Residents of Sarasota County

Baker Act Receiving Facility Name	Count of Baker Act Examinations for Persons Living in Sarasota County	County of Facility
Bayside Center for Behavioral Health	709	Sarasota
Coastal Recovery Center, Inc.	488	Sarasota
Bon Secours - Venice Hospital Psychiatric Institute	479	Sarasota

² Information on duplicate forms (defined as any form with the same social security number on the same day or within three days of another) was not available for this analysis. Typically, 4 to 5 percent of forms received in a year are identified as duplicates. Therefore, these counts likely represent a slight over-counting of examinations.

³ Data from 5% of examinations based on county of residence and 9% of examinations based on county of imitation were missing the social security number necessary for counting people, therefore this likely represents a slight undercount of individuals.

⁴ The evidence type was not indicated on 1.9% of the forms for examinations initiated in Sarasota County and 4.9% statewide, which is why percentages in Table 2 for evidence type do not sum to 100%.

Baker Act Receiving Facility Name	Count of Baker Act Examinations for Persons Living in Sarasota County	County of Facility
Ruth Cooper Center, Inc.	80	Lee
Manatee Memorial Hospital	77	Manatee
Manatee Glens-Glen Oaks CSU	34	Manatee
Charlotte Community Mental Health Services	26	Charlotte
Veteran's Administration Hospital - Bay Pines	15	Pinellas
David Lawrence Mental Health Center, Inc.	15	Collier
Riverside Behavioral Center	12	Charlotte
Bay Medical Behavioral Healthcare	11	Bay
Bayview Center for Mental Health, Inc.	6	Dade
Bridgeway Center, Inc.	5	Okaloosa
Mental Health Care, Inc.	3	Hillsborough
Aventura Hospital and Medical Center	2	Dade
Baptist Hospital - Pensacola	2	Escambia
Orlando Regional South Seminole Hospital	2	Seminole
Apalachee Center for Human Services, Inc.	1	Leon
Baptist Medical Center - Jacksonville	1	Duval
Indian River Memorial Hospital, Center for Emotional and Behavioral Health	1	Indian River
Florida Hospital - Orlando	1	Orange
Personal Enrichment Through Mental Health Services	1	Pinellas
Sun Coast Hospital	1	Pinellas
The Harbor Behavioral Health Care Institute	1	Pasco
West Florida Community Care Center	1	Santa Rosa
Veteran's Administration Hospital - West Palm Beach	1	Palm Beach

Counts of the number of examinations at Baker Act Receiving Facilities for individuals with a county of residence other than Sarasota are listed in Table 4:

Table 4: Number of Exams in Sarasota Baker Act Receiving Facilities for Out of County Individuals

County of Residence	Number of Examinations
Charlotte	99
Lee	82
DeSoto	81
Manatee	56
Hillsborough	7
Hendry	6
Santa Rosa	5
Polk	3
Martin	2
Pinellas	2
Dade	2
Monroe	1
Glades	1
Escambia	1
Duval	1
Clay	1
Calhoun	1
Broward	1
Bay	1
Hernando	1
“Homeless” written in county of residence field on cover sheet	23

COMMUNITY ALLIANCE OF SARASOTA COUNTY
ACUTE CARE SYSTEM ISSUE ANALYSIS TASK FORCE

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- Dr. Rye Bell, Venice-Bon Secours Behavioral Health Program
- Dave Beesley, First Step of Sarasota
- Bill Broughton, Sarasota County Intergovernmental Relations Coordinator
- MaryLee Bussard, SCOPE
- Tim Dutton, SCOPE
- Capt. Jerry Eggleston, Sarasota County Sheriff's Office
- Joan Geyer, National Alliance for the Mentally Ill (NAMI)-Sarasota Chapter
- Michael Grant, Grant Medical Transportation
- Rik Jimison, Sarasota County Health and Human Services
- Kathy Kleinlein, Diocese of Venice
- Bill Little, Sarasota County Health and Human Services
- Amy Merrill, Manatee County Community Services
- Susan Nunnally, DCF-SunCoast Region, Alcohol, Drug Abuse and Mental Health Program
- Lisa Phillips, Sarasota Coalition On Substance Abuse (SCOSA)
- Brian Pope, Salvation Army of Sarasota
- Mary Ruiz, Manatee Glens
- James Schulz, Sarasota County Health and Human Services
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