

COMMUNITY ALLIANCE OF SARASOTA COUNTY
Joint Meeting
SUBSTANCE ABUSE AND MENTAL HEALTH
STAKEHOLDERS' CONSORTIUM
and
ACUTE CARE SYSTEM TASK FORCE

August 15, 2006

Members Present:

Ken Alexander	Bayside Center
Elaine Charyn	First Step of Sarasota
Kevin Chinault	Mental Health Community Centers
Phyllis Cobb	Sarasota Memorial Hospital
Nathaniel Cooley	Ambitrans
Jolene Dirocco	Lutheran Services
Carolyn Egen	Mental Health Community Centers
Thom Glaza	Tri-county Counseling
Phil Gorelick	Jewish Family and Children's Service
Sally Graham	SCOPE
Debbie Harrington	Ambitrans
Kathleen Houseweart	Sarasota Memorial Hospital
Cheryl LaFlame	Coastal Behavioral Healthcare
Bill Little	Sarasota County Health and Human Services
Chris McLaughlin	Sarasota County Health Department
Marlene Minzey	First Step of Sarasota
Capt. Rich Montemagno	Sarasota County Sheriff's Office
Ken Nutter	Coastal Behavioral Healthcare
Bob Piper	First Step of Sarasota
Bryan Pope	Salvation Army
Katrina Rae	Department of Children and Families
Raul Rivero	Hispanic Latino Coalition
Brian Ryals	First Step of Sarasota
Kathryn Shea	The Florida Center
Dr. Jerry Thompson	Coastal Behavioral Healthcare
Lloyd Tucker	Venice Regional Hospital
Ann Voorhees	Department of Children and Families
Richard White	Jewish Family and Children's Services
Shelia Zelonis	SEDNET

Staff Present:

Anna Day	Sarasota County Health and Human Services
Nancy DeLoach	Sarasota County Health and Human Services

Jamie Mahadeo
Pam Meunier
James Schulz
Chip Taylor
Pauline Tracy

Sarasota County Health and Human Services
Sarasota County Health and Human Services
Sarasota County Health and Human Services
Sarasota County Health and Human Services
Sarasota County Health and Human Services

Impact of Recent Medicaid Changes

Dr. Jerry Thompson, Coastal Behavioral Healthcare, discussed the recent changes in the Medicaid program that will affect Sarasota County. Currently, Medicaid services are paid under a fee-for-service plan. Under the new capitated plan, the managed care company (Value Options) will pay a set amount per month per covered client for life for a range of services. The capitation rate being proposed by AHCA is approximately \$13.00 per covered client per month. This is the lowest capitation rate for any county in the state. By comparison, the capitation rate for Manatee County is approximately \$28.00 because that county is in a different AHCA district (Area 6). The rates are established based on historical spending patterns and the amount of available services in the area. There is no psychiatric hospital in AHCA Area 8 and this adversely affects the rate.

For Coastal Behavioral Healthcare, this will result in a \$1.3 million cut in revenue next year. The agency has eliminated 35 positions over the last four months and restructured service delivery for their core population of severe and persistently mentally ill clients. Dr. Thompson is not convinced that they can perform the required services for the amount being offered by Medicaid. The cap plan will be implemented on October 1, 2006 whether or not Coastal participates as a provider. He indicated it is uncertain at this point whether there will be any provider willing to provide behavioral healthcare services in Sarasota County for Medicaid recipients next year.

Kathryn Shea, The Florida Center, indicated their agency has already lost \$15,000 - \$20,000 in revenue from Medicaid reform. Ken Alexander, Bayside Center at Sarasota Memorial Hospital, indicated they anticipate contact by Value Options to discuss their Medicaid billable services. Mental Health Community Centers, Jewish Family and Children's Service, and First Step of Sarasota will not be directly affected by these changes.

Bill Little suggested that Coastal partner with Bayside, the Florida Center, and other affected agencies to approach legislators seeking relief for this situation. He asked that the affected agencies provide an impact statement to share with decision-makers.

Katrina Rae, DCF indicated that currently DCF funds are for people who have no funding source (indigent). She said DCF buys services (beds) at Coastal's CSU but this does not limit Coastal from admitting others who have the ability to pay

for services either with insurance or self pay. Coastal agrees not to bill DCF for those patients or turn any indigent patients away due to these admissions. The new Medicaid Plan will not change any of this.

Chip Taylor suggested the possibility of converting some portion of the \$1.1 million the County is spending on inpatient CSU services to the-non billable outpatient services, thus allowing Coastal to bill Medicaid for the inpatient CSU beds. Dr. Thompson recommended that the County instead pay Coastal for the actual cost of the CSU beds, which he indicates is not the case at this time. There was no resolution to any of the recommendations.

Dr. Thompson indicated he would arrange a meeting with Value Options in the next 30 days to answer the community's questions.

Mental Health Services at Booker Elementary

The State Attorney's Office contacted Jewish Family and Children's Services (JFCS) to try to address acting-out behavior being exhibited by some students at Booker Elementary School. JFCS, in cooperation with the Early Childhood Mental Health Partnership and the School Board, is developing a specialized program that includes integrated mental health services, a specialized teacher, a family advocate, and special services from schools. They are seeking funding for the program and hope to include other schools in addition to Booker.

Early Childhood Mental Health Partnership Update

Pauline Tracy advised the group that the Governance Board has been constituted. The Health Department is in the process of interviewing candidates for the Project Director position and should have the interviews completed by the end of the month. Two cases have been identified and services will begin as soon as possible. A group of individuals will be going to Buffalo in September to focus on sustainability issues for the program.

Pauline distributed the mission and vision statement for the program that has come out of the Logic Model meetings. She asked for feedback from the group.

CIT Committee Update

James Schulz advised that the 6th CIT class has graduated. The grand total of CIT graduates is now around 160 officers. The committee is working on having another class graduate by the end of this calendar year. James is beginning work with the USF Florida Mental Health Institute to gather data to identify outcomes as a result of the CIT effort.

CART Initiative Update

Pam Meunier advised the group that Phase I of the CART Initiative, the secure Addictions Receiving Facility at First Step, opened August 1. Since then the facility has had 15 involuntary admissions, 14 of which were initiated by law enforcement. To date, 12 clients have successfully completed the program and have been discharged.

Phase II, VIP-ER, the 10 week residential treatment program at Salvation Army, graduated its 8th class on August 11 for a total of over 90 graduates to date.

Phase III, Transitional Living, is in the process with Coastal Renaissance receiving a \$750,000 CDBG/SHIP grant. An estimated 12-18 units may be made available through this effort. The Transitional Living Committee will be starting to meet again to identify other housing opportunities for VIP-ER Program graduates.

Next Meetings

The next meeting of the Substance Abuse and Mental Health Consortium will be September 8, 2006 at 9:00 a.m.

The next meeting of the Acute Care System Task Force will be September 19, 2006 at 9:00 a.m.