

Substance Abuse and Mental Health Stakeholders' Consortium and Acute Care System Monthly Report

Summary

April 18, 2008

Community Alternative Residential Treatment (CART) Initiative

- Phase 1-The Addictions Receiving Facility (ARF)
 - As of March 31 there were 2,986 admissions.
 - 1,404 involuntary - 47% and 1,582 voluntary - 53%
 - The average wait time for law enforcement officers dropping off Marchman Act detainees at the ARF was 4 minutes in March—allowing the officers to be back out in the community quickly.
 - Prior to the ARF opening on August 1, 2006 an average of 70 Marchman Acts were brought to the jail monthly. The monthly average now is 18-mostly due to combativeness.
 - www.fsos.org is now available to determine real time bed availability for law enforcement and referring entities.
- Phase 2-VIP-ER Program
 - 25 classes have graduated to date with a 78% success rate.
 - For clients who successfully completed the program and who could be located at the time of 3-month follow-up, 44% indicated that they were still sober; at 6-month follow-up, 62%; and at the 12-month follow-up, 44%. These are remarkable results—the national average for sobriety at 12 months out is only 10%.
 - 81% of the last 3 graduating classes are working, with an average wage ranging from \$6.70-\$25.00 per hour at positions such as sales associate, office assistant, restaurant manager, medical assistant, and registered nurse.
- Phase 3-Transitional Housing
 - Transitional Resources, Inc. is operating two sober houses with a total of 12 beds.
 - Tammi Recovery with Gateways for Positive Living has four houses for men and two for women in north Sarasota County (30 beds). In addition, they have four houses for men and two for women in North Port (34 beds) for a total of 64 beds.
 - First Step (FSoS) has purchased a property to provide sober housing which will have a total of six 3 bedroom units.
 - The Transitional Housing Committee will be reconvening to discuss demand vs. need due to high vacancy rates.

Criminal Justice Update

- Tours to the Orange County and Hillsborough County detention facilities have been completed. Providers and community partners observed programs, learned about procedures and operations, and received information about the work release centers at these facilities.
 - A group met to process what was learned and to start developing a list of preferred programs and procedures.
- At the end of April there will be a visit to a nationally-recognized detention facility in Washington County, Oregon, that is using evidence-based practices.

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Acute Care System Task Force (ACSTF)

- The last meeting was March 18.
 - Representatives from the Addictions Receiving Facility (ARF), the Crisis Stabilization Unit (CSU) at Coastal Behavioral Healthcare (CBH), and Sarasota Memorial Healthcare's (SMH) Bayside Center were at the meeting to represent the acute care facilities.
 - The Juvenile Addictions Receiving Facility (JARF), located at the children's CSU at CBH, had a total of 18 admissions year to date.
 - There was discussion about whether the community is aware of the availability of secure, medically-supervised beds for children under 18 years of age who are in need of this service.
 - A suggestion was made to discuss this with Sherri Reynolds, with the school board, to determine if parents and school personnel are aware of this service—especially in light of the reported increase in prescription drug use for school age children.
 - SMH reported an increase in Baker Act and Marchman Act patients in their emergency room in February—an average of 4.1 per day, with one day at 10. Length of stay is increasing due to an increase in medically-compromised elderly patients.
 - Ambitrans, the County-funded Baker Act and Marchman Act transportation provider, submitted a report indicating there were 121 Baker Act clients and 70 Marchman Act clients transported to various sites in February.
 - Susan Nunnally, with the Department of Children and Families (DCF), provided information about Short Term Residential (SRT) Programs in the Suncoast Region and the process for admission.
 - A court order is required for an SRT admission and often there is a significant wait time from when a client is admitted to the CSU and then discharged to an SRT.
 - Individuals may be admitted to an SRT only upon a referral from a receiving facility; therefore persons residing in an Addictions Receiving Facility would not be eligible for admission to an SRT. Comments were made that a similar type of program would be beneficial to individuals in the ARF.
 - Susan also informed the group that she continues to meet regularly with the ERs and the CSU to work on the communication of data that facilitates the movement of clients through the system. They are also working on updating their exclusionary lists to cut down on inappropriate transfers.
 - Doctors from all of the ER's, the CSU, and the ARF continue to meet on a regular basis to work out issues that arise at their level. According to those in attendance, this appears to be valuable.
 - Ken Alexander, a member of Florida Partners in Crisis, a statewide advocacy group, distributed information on the two legislative priorities for this group:
 - To assure that the Reinvestment Act funding is not cut from the FY 2009 budget

- That the Supreme Court Recommendations, also known as the Community Mental Health and Substance Abuse Treatment and Crime Reduction Act , are adopted
- The next meeting is scheduled for May 20 at 9:00.

Community Alternative Residential Treatment (CART) Initiative

- Phase 1- The Addictions Receiving Facility (ARF)
 - Admissions
 - As of March 31 there were 2,986 admissions.
 - 1,404 involuntary - 47% and 1,582 voluntary - 53%
 - 471 (34%) involuntary admissions resulted from Protective Custody Orders initiated by local law enforcement officers.
 - 265 were initiated by SPD
 - 139 were initiated by SSO
 - 54 were initiated by VPD
 - 12 were initiated by NPD
 - 1 New College Police Dept.
 - 721 (51%) involuntary admissions resulted from emergency admissions initiated by local ER physicians (SMH, Venice Hospital, Doctors Hospital).
 - 183 (13%) involuntary admissions resulted from *ex parte* orders (court orders) for involuntary assessment and stabilization.
 - 29 (2%) involuntary admissions resulted from a “pick up order.”
 - **The average wait time for law enforcement officers at the ARF was 4 minutes in March.**
 - Discharges
 - The average length of stay for participants was 4 days in March.
 - 97% of involuntary participants admitted to the ARF from October 1, 2007–December 31, 2007, have successfully completed medically-supervised detoxification.
 - 120 (9%) of involuntary participants discharged from the ARF were referred to the VIP-ER Program to date.
 - 801 (56%) involuntary participants discharged from the ARF were referred to outpatient treatment programs in the community to date.
 - Other referrals were made to residential treatment programs, halfway houses, shelters, homes/families.
 - A total of 42 clients who were admitted involuntarily to the ARF and then referred to the VIP-ER Program have graduated from the VIP-ER Program to date.
 - Alcohol is the drug of choice for most ARF admissions (79%).
 - Prior to the ARF opening on August 1, 2006 an average of 70 Marchman Acts were brought to the jail monthly. The monthly average now is 18, mostly due to combativeness.
 - **www.fsos.org is now available to determine real time bed availability for law enforcement and referring entities.**

- Phase 2 - VIP-ER Program
 - 25 classes have graduated to date with a 78% completion rate.
 - The last two classes had a 100% completion rate.
 - Class 26 will graduate May 2 at The Salvation Army at 7:00 p.m. and the community is encouraged to attend and show support.
 - 58% of participants have received co-occurring psychiatric services to date.
 - 93% of participants referred for primary care services received a comprehensive physical exam to date.
 - 84% of participants received family reunification services to date.
 - 60% of participants were reunited with their families before graduation to date.
 - 100% of participants received job counseling and job referrals.
 - 100% of participants are involved in vocational activities (jobs, job training, or education) at discharge.
 - 81% of the last 3 graduating classes are working, with an average wage ranging from \$6.70-\$25.00 per hour at positions such as sales associate, office assistant, restaurant manager, medical assistant, and registered nurse.
 - 42 participants have graduated to date that were referred to the VIP-ER Program from the ARF.
 - Program clients average 40 years of age, with the youngest client being 18 and the oldest being 62 at time of admission.
 - Only 37% report having a high school diploma or GED, 5% have attended a vocational school, and 9% have a post-high school degree.
 - Over 92% of the clients report that they are homeless at the time of admission.
 - 80% of clients report that they are “unemployed” at the time of admission.
 - The most commonly reported “primary” substances used were alcohol (48%), cocaine/crack (36%), heroin (4%) and marijuana/hash (4%).
 - For clients who successfully completed the program and who could be located at the time of 3-month follow-up, 44% indicated that they were still sober; at 6-month follow-up, 62%; and at the 12-month follow-up, 44%. These are remarkable results—the national average for sobriety at 12 months out is only 10%.
 - 61% had been arrested and convicted in Sarasota County prior to program admission.
 - 18% of VIP-ER Program graduates were arrested and convicted in Sarasota County within the 18 month period following graduation.
- Phase 3- Transitional Housing
 - Transitional Resources, Inc. (TRI) has two, six-bed sober houses open in Sarasota for men in recovery.
 - Brian Meadows, Housing Director for Tammi Recovery with Gateways for Positive Living reported at the February 15 Consortium that they have four houses for men and two for women in north Sarasota County (30 beds). In addition, they have four houses for men and two for women in North Port (34 beds), for a total of 64 beds.
 - Many referrals are coming from the VIP-ER Program and the First Step Choices Program.
 - Average length of stay is three to six months.
 - The vacancy rate is around 28% presently.

- First Step (FSoS) reported at the February 15 Consortium meeting that they have purchased a property to provide sober housing which has six, 3 bedroom units.
 - Three of the units have been leased for sober housing and the remaining three units are not going to be available until the prior leases end.
 - FSoS is leasing to families and individuals with a total monthly rent of \$1,200—if 3 unrelated individuals rent one bedroom each in a 3 bedroom unit in this apartment house, the cost would be \$400 a month for each. The target population is persons who have completed a substance abuse treatment program.

Crisis Stabilization Unit (CSU) Report

- Adult Crisis Unit (January 1, 2007-December 31, 2007)
 - 1,145 admissions—95-monthly average
 - Baker Act admissions—74% of total admissions
 - Average length of stay (including outliers)—6 days
- Children’s Crisis Unit (January 1, 2007-December 31, 2007)
 - 404 admissions—34-monthly average
 - Baker Act admissions—79% of total admissions
 - Average length of stay (including outliers)—5 days
 - Juvenile Addictions Receiving Facility (JARF) shared beds on the children’s unit
 - 138 admissions—12-monthly average
- Adult Crisis Unit Admissions (January, 2008) 101
- Adult Crisis Unit Admissions (February, 2008) 85
- Adult Crisis Unit Admissions (March, 2008) 86
- Children’s Crisis Unit Admissions (January, 2008) 27—JARF 7
- Children’s Crisis Unit Admissions (February, 2008) 42—JARF 11
- Children’s Crisis Unit Admissions (March, 2008) 41—JARF 13

Crisis Intervention Team (CIT) Training Committee

- The next class will be April 28-May 2 at the North Port Police Department.
 - To date, 258 law enforcement officers, call center staff, school resource officers, Department of Corrections (probation and parole) staff, and corrections staff have completed CIT Training.
- A work group of this committee is developing procedures to bring CIT to the next level—implementation.
- The next CIT Committee meeting will be scheduled for two weeks after the next class to process and review evaluations.
- The next Florida CIT Coalition meeting is scheduled for June 6, 2008, in Orlando.

Partnership for Children’s Mental Health

See the separate report at the end of this document.

Substance Abuse and Mental Health Stakeholders’ Consortium Meeting

- The last meeting was March 21.
- There was a presentation from the Wellness Community and Building Hope Project.

- This a green project that has an array of services that are available to everyone in the community affected by cancer, at no cost.
- Staff from New Beginnings in Newtown explained their new community project.
 - There was an invitation to the providers to discuss present and future services based in this community.
 - There was conversation about exploring this community's assets.
- Wayne Applebee, the Criminal Justice Policy Coordinator, reported that tours of facilities that have various programs as part of detention have been scheduled for providers of services who could be part of the new detention facility and for other community members.
 - The Orange County visit will be March 26 and 27
 - The Hillsborough County visit will be April 7 and 9.
 - At the end of April here will be a visit to a nationally-recognized detention facility that is using evidence-based practices in Oregon.
- There was a discussion about transitional housing demands vs. needs after the three housing providers that were present reported many vacancies.
 - After discussion this group agreed that the Transitional Housing Committee needs to reconvene to discuss these issues.

The next meeting of the **Acute Care System Task Force** is scheduled for Tuesday, **May 20** at 9:00 at the Health Dept, Room 226.

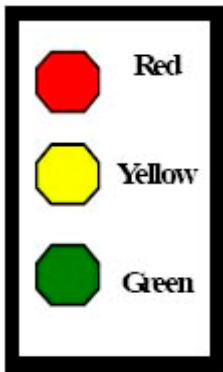
The next meeting of the **Substance Abuse and Mental Health Stakeholders' Consortium** is scheduled for Friday, **May 16** at 9:00 at the Health Dept, Room 226.

Please note this change: Videoconferencing will be available for participants in the southern part of the County at the Venice Health Dept., 7810 Tamiami Tr., in the Healthy Start suite if you **indicate that you will be attending the meeting in Venice.**



Welcome to the 12th Sarasota County Early Childhood Mental Health System of Care Evaluation Data Report. As of March 31st, 60 families were receiving SOC services. These families waited an average of 68 days from the day of referral to the date of enrollment. Once they were enrolled, families waited an average of 15 days to receive their first service. Since the inception of the SOC, a total of 88 children and families have received services. Ninety-seven percent of the families have opted to participate in the longitudinal outcome study.

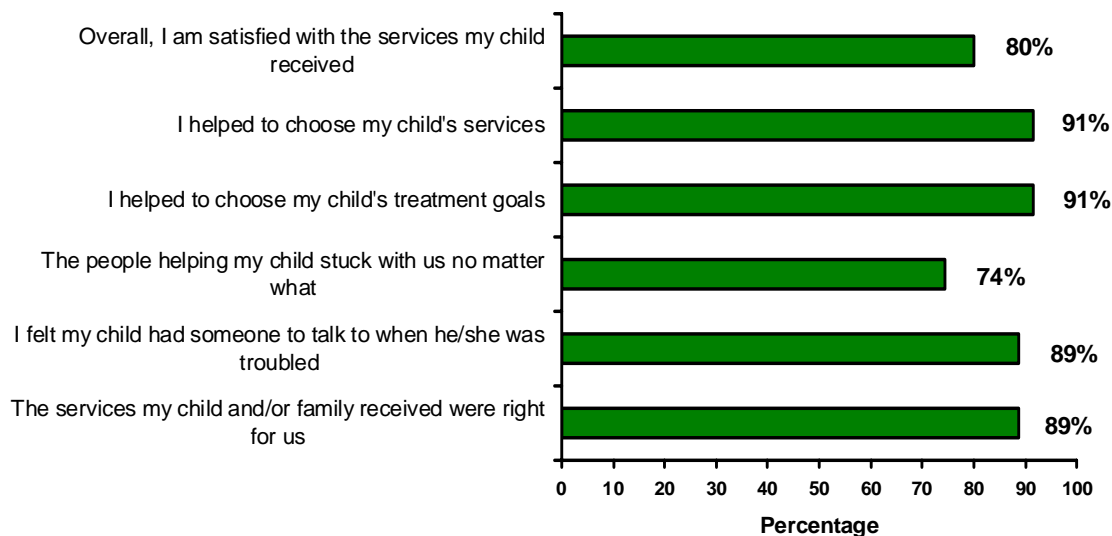
This report will present information on the Youth Services Survey for Families (YSS-F) and the Multi-Sector Service Contacts (MSSC) collected at the 6 month follow-up. This issue includes data submitted for the first 37 families reaching this data point.



The Traffic Light: A Summary of Important Findings	
Red = Challenge	<ul style="list-style-type: none"> Only four families reported receiving respite services. Limited use of natural, informal, and non-mental health services and supports were reported by the families.
Yellow = Pay attention/monitor	<ul style="list-style-type: none"> 80% of the families reported satisfaction with services received. 74% of families noted continuity in service personnel. 71% reported satisfaction with their family life.
Green = Good news	<ul style="list-style-type: none"> 91% of families reported they helped to choose their child's services. 91% of families reported they helped to choose their child's treatment goals.

Thirty-four out of thirty-seven participants (94%) reported receiving services in the past 6 months that were related to their child's emotional or behavioral challenges. Figure 1 presents families' opinions regarding the services they have received. Percentages represent an aggregation of the responses "Strongly Agree" and "Agree".

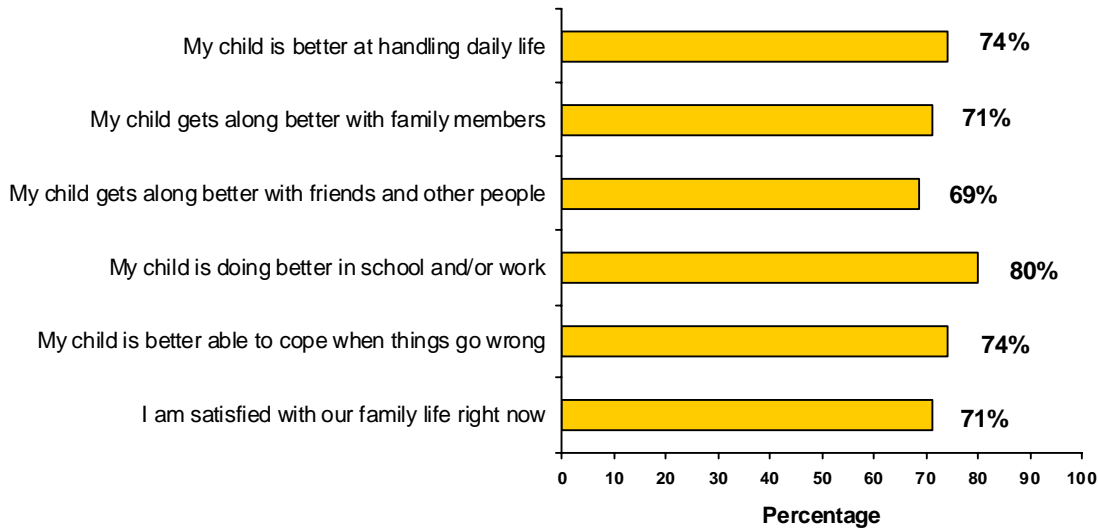
Figure 1: Family satisfaction with services received during the past 6 months



Families were asked about services that the child and the family may have received over the past 6 months. These services include treatment from a therapist, family support (i.e., case management), or transportation to facilitate the family’s involvement with the system of care. Questions also addressed services provided by specific child-serving agencies, such as schools, child welfare entities, or other local agencies. All of these services are part of the service system in the community.

Figure 2 shows families’ reporting as a result of the services their child and/or family have received.

Figure 2: As a result of the services my child and/or family received:



Based on their experience with the Sarasota Partnership for Children’s Mental Health in the last 6 months, families were asked if they would come back to the program if their child and family needed help again. Figure 3 shows that 47% (16) of families said “absolutely”, 38% (13) responded “probably”, 6% (2) are not sure, and 9% (3) answered “probably not”. When asked, based on your experience with the Partnership in the last 6 months, if you have friends whose family or child needed similar help, would you recommend the program to them, 18 families (53%) said “absolutely”, 11 (32%) answered “probably”, 3 (9%) are not sure, and 2 (6%) responded “probably not” (Figure 4).

Figure 3: Would you come back again if your child and family needed help?

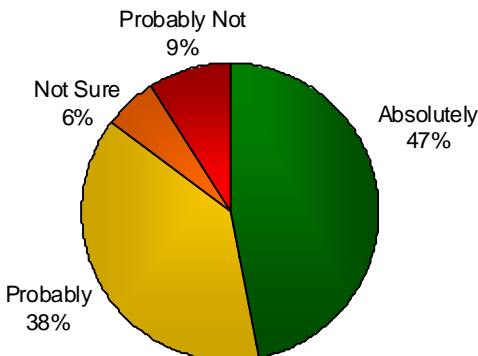
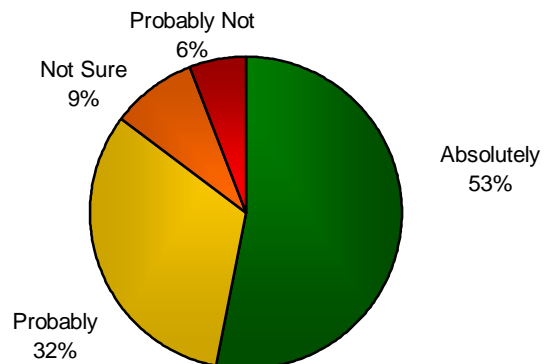
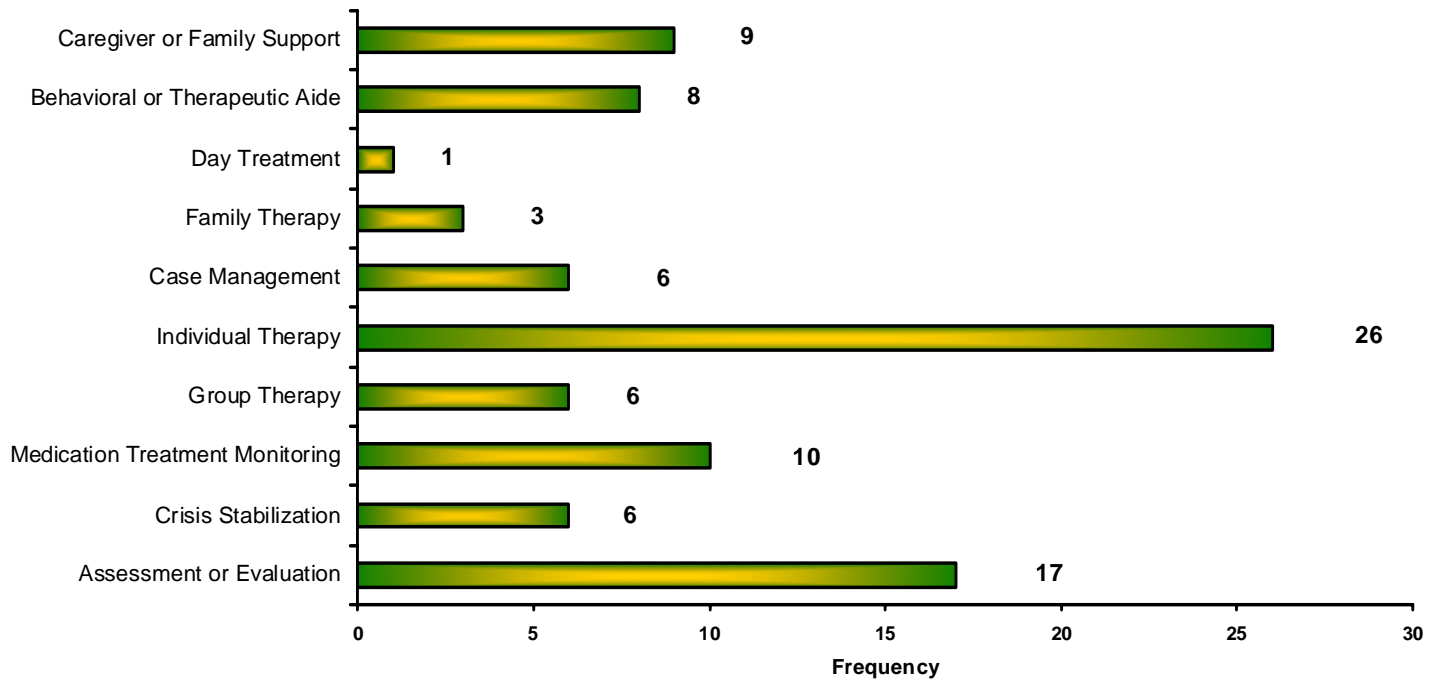


Figure 4: Would you recommend the program?



Families were asked about the types of services they received in the past 6 months; responses are shown in figures 5-6. Most families reported receiving individual therapy (70% of respondents). Forty-nine percent of families reported having an assessment or evaluation completed in the last 6 months.

Figure 5: Services received in the past 6 months



Twenty-nine percent of families reported receiving medication treatment monitoring, and 29% received after school programs or day care. Less than one-fourth of the families reported connecting with informal supports or caregiver/family services.

Figure 6: Services received in the past 6 months (continued)

