

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

September 18, 2009

Acute Care System Task Force (ACSTF)

The last meeting was held July 21.

- Representatives from the Addictions Receiving Facility (ARF) at First Step, Bayside Center at Sarasota Memorial Hospital (SMH), the Crisis Stabilization Unit (CSU) at Coastal Behavioral Healthcare (CBH), Englewood Community Hospital (ECH), and Venice Regional Medical Center (VRMC) were at the meeting to represent the acute care facilities.
- There were 87 admissions to the ARF in May and 85 in June. The July admissions were already higher than normal.
 - The average wait time for law enforcement dropping off Marchman Act detainees has been four minutes.
 - See the detailed ARF report on page two and three of this report.
- The CSU reported that in May, 74% of the total adult admissions were initiated by a Baker Act (involuntary) and in June, 50%.
 - The children's unit Baker Act admissions were 82% of the total admissions in May and 70% in June.
 - There were 34 total admissions to the Children's CSU in May and 23 in June which is not unusual.
 - There were 20 admissions to the Juvenile Addictions Receiving Facility (JARF) in May and 6 in June. See the detailed CSU report on page four of this report.
 - The Short Term Residential Treatment (SRT) Program Liaison reported that the transition of the SRT from Manatee Glens Hospital in Bradenton to Mental Health Care (MHC) in Tampa went very smoothly.
 - 9 people have been referred to the SRT to date
 - 5 people are presently at the SRT
 - 1 person is waiting to be admitted
 - 3 people were discharged and are now part of the FACT Team
 - There will be a six month report provided, with the outcomes to date, by the end of January.
- SMH reported that the average daily census at Bayside Center was 25.9 people with an average length of stay of 6.4 days.
 - A free standing Emergency Care Center (ECC) will be opened in North Port on Toledo Blade Boulevard in September or October.
 - There will be a one-bed Secure Emergency Care Unit (SECU) for the safe and secure care of Baker Act and Marchman Act detainees awaiting placement.
- ECH reported that First Step provided an informational session about the Marchman Act for that facility and it was very helpful.
- VRMC reported that it recently hired an ECC technician to ensure security for Baker Act and Marchman Act detainees. This was prompted by seven elopements since January.
 - ECH reported that they also have ECC technicians available for this function as well.
- The Department of Children and Families (DCF) announced that with the passage of SB 456, which addresses the transportation of persons by law enforcement to receiving facilities for involuntary examinations, a Memorandum of Understanding (MOU) is now required between each law enforcement agency and the receiving facilities.

- Prior to the passage of this law there has been an understanding without the formality of an MOU to transport to the nearest receiving facility.
- This generated a discussion around the necessity for a meeting to explore the advantages and disadvantages of a Transportation Exception Plan (TEP) for adults, similar to the TEP for children that was developed several years ago in Sarasota County.
- Although the affected agencies/facilities will be meeting to discuss the implications of this law, it was agreed that this issue will need further discussion on or before the next ACSTF meeting.
- Ambitrans, the County funded transportation provider for Baker Act and Marchman Act detainees, reported an increase in errors by the initiators when completing the Baker Act and Marchman Act forms.
 - It was recommended that training be provided for those identified persons.
 - In the month of May Ambitrans transported 163 Baker Act detainees and 66 Marchman Act detainees.
 - In the month of June Ambitrans transported 166 Baker Act detainees and 66 Marchman Act detainees.
- The Sarasota Sheriff's Office (SSO) reported that 10 Marchman Act detainees were brought to the jail in May and 10 in June. The numbers as of July 9 were already at 17—mostly due to no bed availability at the ARF.
- There were several representatives from the SSO at this meeting that reported that there have been issues around medical clearance for both Baker Act and Marchman Act detainees. Receiving facilities have not been accepting people who have not been medically cleared.
 - ECH indicated that all Baker Act detainees are brought to the ECC at the ECH first because the receiving facilities are not accepting people who have not been medically cleared.
 - After discussing the medical exclusionary criteria that were developed by the medical directors from the receiving facilities it was agreed that it would be helpful to have all the law enforcement jurisdictions come together to review and understand the medical exclusionary criteria in order to save transportation time and to minimize stress for the detainees. Susan Nunnally will send the document for review before a meeting is scheduled.

Community Alternative Residential Treatment (CART) Initiative

- Phase 1- The Addictions Receiving Facility (ARF)
 - Admissions
 - As of August 31 there have been 2,746 total involuntary admissions—total admissions for August—90
 - 932 (34%) involuntary admissions resulted from Protective Custody Orders initiated by local law enforcement officers—total admissions for August—39
 - 488 were initiated by the SPD
 - 295 were initiated by the SSO
 - 125 were initiated by the VPD
 - 22 were initiated by the NPPD
 - 1 was initiated by the New College Police Dept.
 - 1 was initiated by the Sarasota/Bradenton International Airport Police Dept.
 - 1,353 (49%) involuntary admissions resulted from emergency admissions initiated by local ER physicians (SMH, Venice Hospital, Doctors Hospital, and the CSU)—total admissions for August—31
 - 408 (15%) involuntary admissions resulted from *ex parte* orders (court orders) for involuntary assessment and stabilization—total admissions for August—19

- 56 (2%) involuntary admissions resulted from a “pick up order”—total admissions for August—1
 - The highest numbers of admissions are during the 3:00 p.m.-11:00 p.m. shift at 40%, the 7:00 a.m.-3:00 p.m. shift admits 38%, and the 11:00 p.m.-7:00 a.m. shift admits 22%.
 - **The average wait time for law enforcement officers at the ARF was 4 minutes in August (a low of 1 minute to a high of 39 minutes)—allowing the officers to be back out in the community quickly.**
 - Discharges
 - The average length of stay for participants in August was 5 days.
 - 98% of involuntary participants admitted to the ARF to date have successfully completed medically-supervised detoxification.
 - 256 (9%) of involuntary participants discharged from the ARF were referred to the VIP-ER Program to date.
 - 1,707 (62%) 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, or homes/families.
 - A total of 78 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.
 - 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 14 mostly due to combativeness.
- Phase 2 - VIP-ER Program
 - 40 classes have graduated to date with a 76% completion rate (459/604).
 - 78% of participants to date have restored their relationship with their families as a result of participation in the program.
 - 84% of graduates are working within the first two weeks of program completion. The local job market has a number of service and retail positions available at this time which is advantageous for graduates who are typically well matched for this type of position in early recovery.
 - For clients who successfully completed the program to date and who could be located at the time of 3-month follow-up, 72% indicated that they were still sober; at 6-month follow-up, 63%; and at the 12-month follow-up, 62%. These are remarkable results—the national average for sobriety at 12 months out is only 10%.
- Phase 3- Transitional Housing
 - The Transitional Housing Inventory for Sarasota, Manatee and Desoto Counties is live on “Tapestry.”
 - Jon McKenzie, Project Manager for the IDEAS/“Tapestry” system, provided a training June 30 that was targeted to the persons the housing providers identified as the “secure person.” This group was instructed in entering the initial agency and housing information and shown the procedure for updates to the inventory.
 - Jon asked the providers to review and submit a Software Use and Data Sharing Agreement and a HIPAA Business Associate Agreement for execution.
 - Jon gave the providers an operations guide.
 - There will be additional training for those providers who did not attend the training and want to be included in the inventory.
 - To date, two housing providers have completed the steps necessary to have their information on the “Tapestry” website.

Crisis Intervention Team (CIT) Training Committee

- The last 40-hour CIT class was held August 24-28 at the Criminal Justice Academy at the Sarasota County Technical Institute (SCTI). Fourteen classes have been completed to date with a total of 377 persons trained. The majority of trainees are law enforcement officers yet a number of corrections officers and call center staff have been trained as well.
- The next Florida CIT Coalition meeting is scheduled for December 4 at 10:00 at Lakeside Behavioral Healthcare, 1800 Mercy Drive, Orlando.

Crisis Stabilization Unit (CSU) Report

- Adult Crisis Unit—August, 2009
 - 111 total admissions
 - 53 Baker Act admissions—48% of total admissions
 - Average length of stay—3 days
 - 1 person is waiting for Short Term Residential (SRT) placement
 - 0 persons are waiting for state hospital placement
 - 0 persons were placed at the SRT or state hospital
- Children's 32
 - 32 total admissions
 - 27 Baker Act admissions—84% of total admissions
 - Average length of stay—4 days
 - Juvenile Addictions Receiving Facility (JARF) shared beds on the children's unit
 - 13 admissions
 - Average length of stay—5 days

Criminal Justice Update

- The Justice Assistance Grants for all stimulus and non-stimulus funding are awaiting final award notifications. FDLE reports that this should be completed no later than the first week of October. Human service agencies receiving funds from these programs will see the funding and related contract requirements incorporated into their annual Contracted Human Services contract for FY2010. Anna Day is the designated contract manager.
- The County has hired the firm of Post, Buckley, Schuh & Jernigan (PBS&J) to facilitate the process of selecting sites for both the new jail and the Community Corrections Center. The PBS&J team is currently conducting their own GIS search for land for both facilities, using both the criteria originally established and making revisions with the goal of identifying additional possibilities. They will also evaluate any site offered by the public. Site suggestions, comments, or questions may be directed to SRQ-CJ-Comments@pbsj.com.
 - PBS&J produced a single-page illustration highlighting the process the County is using to identify a preferred site.
- The Sarasota County Jail recently passed its jail accreditation process by the Florida Sheriff's Association. In addition, the new Addictions Recovery POD was highlighted as part of the process and other jurisdictions are visiting the program. The Addictions Recovery POD receives programming from The Salvation Army.
- The CJC requested a presentation by Esther's Place at the September 28 meeting regarding their Prostitution Diversion Program, which has been recognized as a "Governor's Point of Light" award recipient.
- Early Case Resolution, a program that began in October, 2008 for felony violations of probation, has seen 44% of the 1,066 cases resolved within 12 days of being charged, when previously these same cases could take 10 to 12 weeks. The 56% of cases not resolved within 12 days are now being heard by the court within 4 to 6 weeks. Prior to the implementation of this program cases could take 10 to 12 weeks for resolution.

Sarasota Partnership for Children’s Mental Health (SPCMH)

Professional Development:

- Hosted a three day Positive Behavior Support Preschool intensive training for 50 early learning, Head Start, and Sarasota County School District teachers and care providers
- Three Sarasota County representatives completed the intensive training for Positive Behavior Support Parent Modules (Center for Social-Emotional Foundations for Early Learning-CSEFEL).
- Established a collaborative proposal for intensive training and clinical supervision of mental health and child development specialists working with teen parents and their children in Sarasota County.

Community Outreach:

- Goodwill Back to School Event (August 22)

Service Delivery:

- Collaborated with Emma E. Booker Elementary School to infuse Positive Behavior Support, wraparound, and family support services for at-risk young children and families.
- Increased participation in Hispanic Parent Support Groups
- Presented preliminary wraparound fidelity assessment results based on caregiver interviews at six months and 12 months following enrollment.

Sustainability:

- Met with the state’s Children’s Mental Health Director and representatives from Florida State University’s Center for Prevention and Early Intervention to discuss alignment of the Sarasota Partnership with state early childhood coordinated services initiatives.

Substance Abuse and Mental Health Stakeholders’ Consortium (SAMHSC)

At the August 21 SAMHSC the following issues were discussed:

- Detective Don Kennard, with the Sarasota Sheriff’s Office, informed the group about the steps the Pharmaceutical Drug Diversion Unit (PDDU) will be taking to help reduce “doctor shopping,” “pill mills” and other illegal activities that play a major role in prescription drug abuse in Sarasota County.
 - The PDDU will be hiring two civilian employees to work in this unit after October 1 when the Justice Assistance Grant stimulus funding becomes available.
 - The Substance Abuse and Mental Health Strategic Planning Work Group (SAMHSPWG) and the PDDU Community Partnership Group are working together to address this critical issue in our community.
 - “Operation Medicine Cabinet,” a program that encourages people to bring all unused medications (controlled and uncontrolled) to be disposed of properly, will be held November 14 at locations to be announced.
- P.J. Brooks, a co-chair of the SAMHSPWG, provided the group with a timeline for developing a community action plan.
 - A chart was provided to clarify that the community action plan will include the issue of underage drinking that is being addressed by the Sarasota Coalition on Substance Abuse (SCoSA), prescription drug misuse, which has been identified from a variety of local data sources and one of the state’s priorities, and additional issues that are identified from the local data that is being collected from community partners, that will serve as points for intervention, collaboration, and change.
 - If you are interested in being part of this work group and/or you can provide data that will be helpful in this effort, email: Pam_Meunier@doh.state.fl.us
- Marcia Monroe, with Central Florida Behavioral Health Network (CFBHN), announced to the group that a co-occurring action plan needs to be completed to address the community’s co-occurring capability (the ability to provide services or refer people who have both mental health and substance abuse issues—“no door is the wrong door”).

- It was recommended that this process needs to be integrated with the SAMHSPWG efforts to eliminate any duplication with community planning.
 - The tool that needs to be completed will be sent out to the SAMHSPWG for review.
- The Sarasota County National Alliance for the Mentally Ill (NAMI) President, Dale Lux, announced that the Mental Health and Substance Abuse Day Planning Committee will meet after the SAMHSC adjourns to focus on the location of the event (s), the program, and promotion.
 - Dale announced that October 5-9 is National Mental Illness Awareness Week.
 - A recommendation was made to request that the Board of County Commissioners present a proclamation at one of their meetings prior to that week as one way to bring awareness to mental illness.
- Sherri Reynolds, the Board Chair for Sarasota Coalition on Substance Abuse (SCoSA), informed the group that the Safe and Drug Free Schools program is in danger of losing its funding. She indicated that this will mean that there will be no more education specific to substance abuse and violence in the schools.
 - She asked the group for a letter of support that could be sent to the local legislators and the group unanimously agreed.
 - Sherri was asked to prepare a letter and send it to Bill Little, the Chair of the SAMHSC, for his review and signature.
 - Sherri was also asked to provide a presentation at the September 18 SAMHSC about the Safe and Drug Free Schools program, focusing on the program outcomes, so that when people call their legislators they can be specific about the impact to the community if the program ends.
- Debbie Spellman, with the Department of Children and Families (DCF), informed the group that there has been a significant increase in first time users of crisis stabilization services statewide and locally—perhaps a result of the economy.
 - Dr. La Flame, the Clinical Director at the Crisis Stabilization Unit at Coastal Behavioral Healthcare, indicated that the CSU has been able to manage this increase to date.

Upcoming Meetings:

Date	Time	Meeting	Location
9-18-09	10:30 a.m.	Mental Health and Substance Abuse Day Planning Committee	Sarasota County Health and Human Services 2200 Ringling Blvd., Room 226
9-21-09	3:00 p.m.	Sarasota Partnership for Children's Mental Health Sustainability Work Group	School Board-(Landings) Brown Awning Building
9-23-09	9:00 a.m.	Acute Care System Task Force	Sarasota County Health and Human Services 2200 Ringling Blvd., Room 226
9-24-09	9:30 a.m.	Sarasota Partnership for Children's Mental Health Care Review Work Group	Sarasota Partnership 1751 Mound St., Suite 205
9-28-09	12:00 p.m.	Criminal Justice Commission	Sarasota County Administration 1660 Ringling Blvd., Board Chambers
9-29-09	3:00 p.m.	Criminal Justice Alternative Program Providers Work Group	Sarasota County Health and Human Services 2200 Ringling Blvd., Room 2063
9-30-09	9:00 a.m.	Criminal Justice Assessment Tool Work Group	Sarasota County Health and Human Services 2200 Ringling Blvd., Room 2063
10-5-09	1:30 p.m.	Substance Abuse and Mental Health Strategic Planning Work Group	Sarasota County Health and Human Services 2200 Ringling Blvd., Room 226
10-6-09	10:00 a.m.	Sarasota Partnership for Children's Mental Health Family and Youth Involvement Group	Sarasota Partnership 1751 Mound St., Suite 205
10-7-09	9:30 a.m.	Sarasota Partnership for Children's Mental Health Coordinating Council	Sarasota County Health and Human Services 2200 Ringling Blvd., Room 226
10-8-09	10:00 a.m.	Sarasota Partnership for Children's Mental Cultural and Linguistic Competency Work Group	Sarasota Partnership 1751 Mound St., Suite 205
10-15-09	10:00 a.m.	Sarasota Partnership for Children's Mental Health Finance Committee	Sarasota Partnership 1751 Mound St., Suite 205
10-16-09	9:00 a.m.	Substance Abuse and Mental Health Stakeholders' Consortium	Sarasota County Health and Human Services 2200 Ringling Blvd., Room 226

This monthly report can be viewed at: www.sarasotaalliance.net as well as the summaries of several other meetings/task forces of the Community Alliance of Sarasota County.

A Community Calendar of Events can be accessed at the Information and Data Exchange Alliance of the Suncoast (IDEAS) website at: <https://suncoast.communityos.org/cms/> or as a link from the website above.

For questions about the information on this report please contact Pam Meunier at 941-861-2578 or Pam.Meunier@doh.state.fl.us