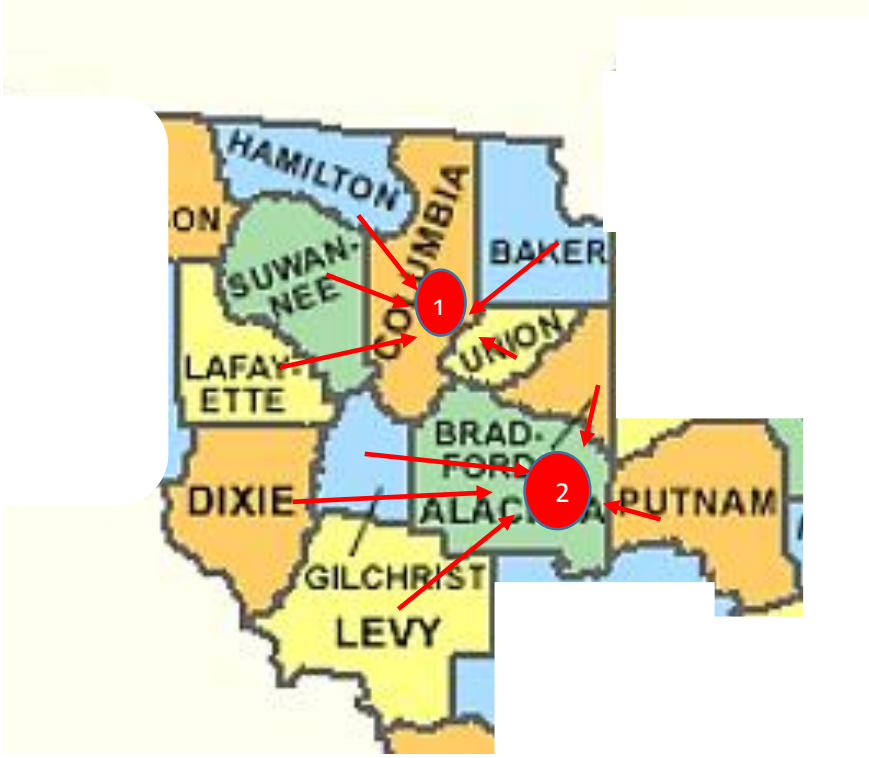
Regional response to the needs of those affected by mental illnesses and substance use disorders

North Central Florida Receiving System

MERIDIAN

In accordance with Senate Bill 12, counties in Florida are required to develop and implement a Centralized Receiving System (CRS) by July 1, 2017. The CRS provides a single point or coordinated system of entry for individuals needing mental illness and/or substance use disorder evaluation and stabilization. The proposed CRS is designed to reduce the burden of inappropriate emergency department use, decrease the drop-off and processing time for law enforcement, and add value for our communities through saved costs and resources. For patients and their families, the CRS increases coordination of care and improves access to a range of recovery support and aftercare services.



Current Receiving Facility destination:

Columbia, Hamilton, Lafayette, Baker, Union, Suwannee – Lake City Meridian CSU

Dixie, Gilchrist, Alachua, Levy, Putnam, Bradford – The nearest Gainesville receiving facility

- Meridian – Public Receiving
- UF Health Psychiatric Hospital (VISTA) – Private Receiving
- UF Health at Shands – Private Receiving
- North Florida Regional Medical Center – Private Receiving
- Malcom Randall VA Hospital and Medical Center – Federal

Current process:

Receiving facility – triages patient and if needed admits

There are few system "navigators" or crisis counseling services to divert admission or for wrap-around services.

Emergency Departments take all comers and must provide care, regardless of payer, until the emergency is addressed and the patient is sufficiently stable to transfer. If the patient is admitted to the private hospital psychiatric floor, they see the patient through to discharge, including those patients who are indigent. Centralized coordination and care management are limited.

From the patient family perspective:

- There is little information or support.
- Follow-up is disjointed and hard to set up.
- There is limited continuity and high risk of bouncing between systems.

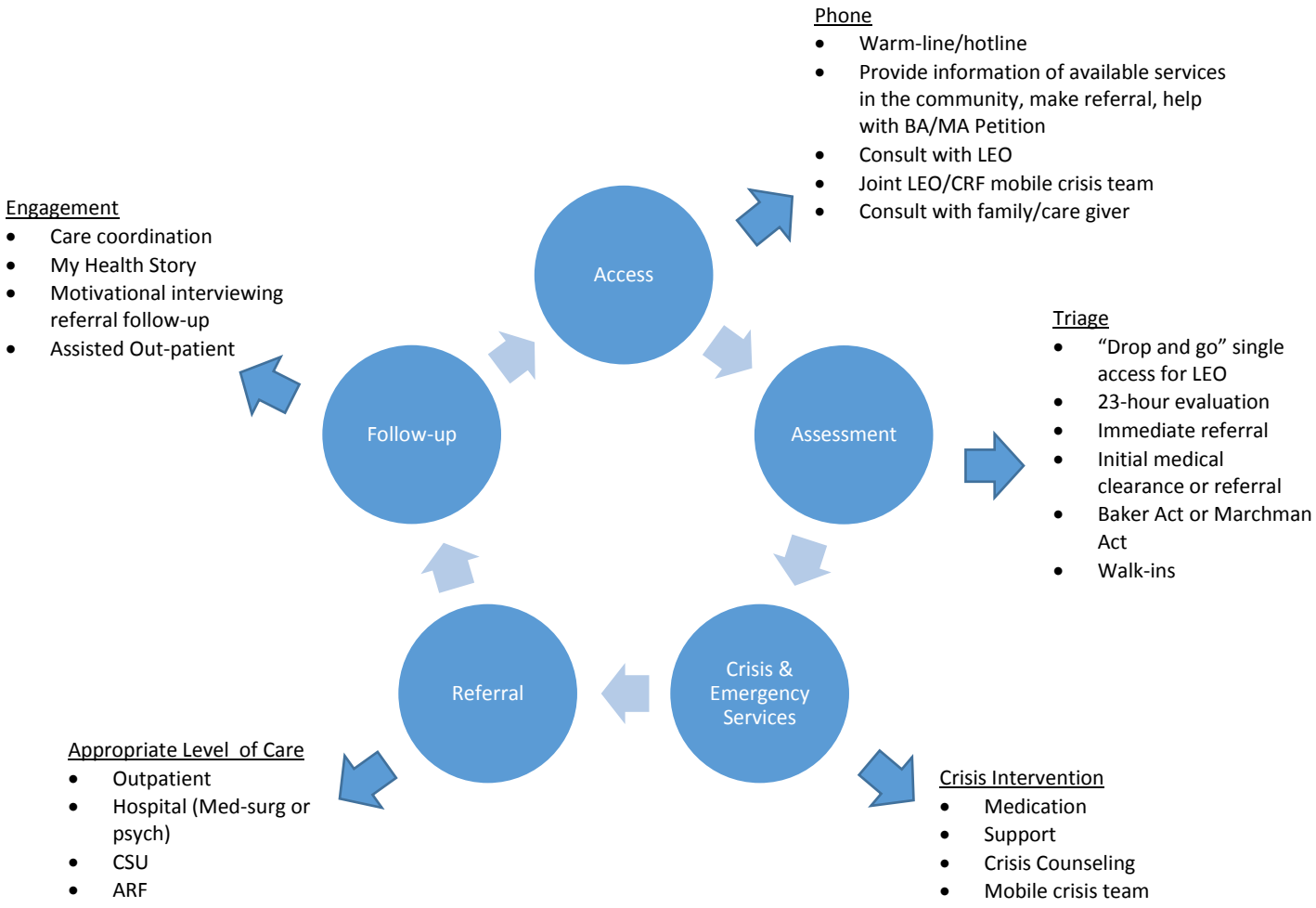
From the Private Provider perspective:

- There is a high cost to provide ED and inpatient care to indigent patients.
- The volume of MH/SUD involved patients who use the ED when a lower level of care would suffice is a burden and cost.
- They cannot easily arrange after care, particularly for indigent clients with serious mental illnesses who need more services than insurance covers (e.g., care coordination, family support, rehab, etc.).

From a community perspective:

- The system appears fragmented and inefficient.
- Patients bounce between different agencies with no coordinated approach.
- Criminal justice providers (LEO, courts, jails) have few options, particularly for substance abusing individuals who pose a community risk.

A regional **Coordinated Central Receiving System,** for which we are seeking funding, will provide an accessible solution to many of these challenges.



How would it work?

Enhancements for the region:

- Addition of 10 Acute beds for indigent care, via an Addictions Receiving Facility (ARF), which provides a secure facility much like a CSU for a primary diagnosis of addiction.
- Access to family and caregiver "Navigators" and crisis counselors.
- ED's would have a screener who could come to the ED to evaluate a patient or consult via telehealth.
- Care coordinators would be assigned to individuals who are utilizing multiple systems frequently to add follow-up services.

Individuals under Marchman Act who present as a danger to self or others can be transferred to an ARF.

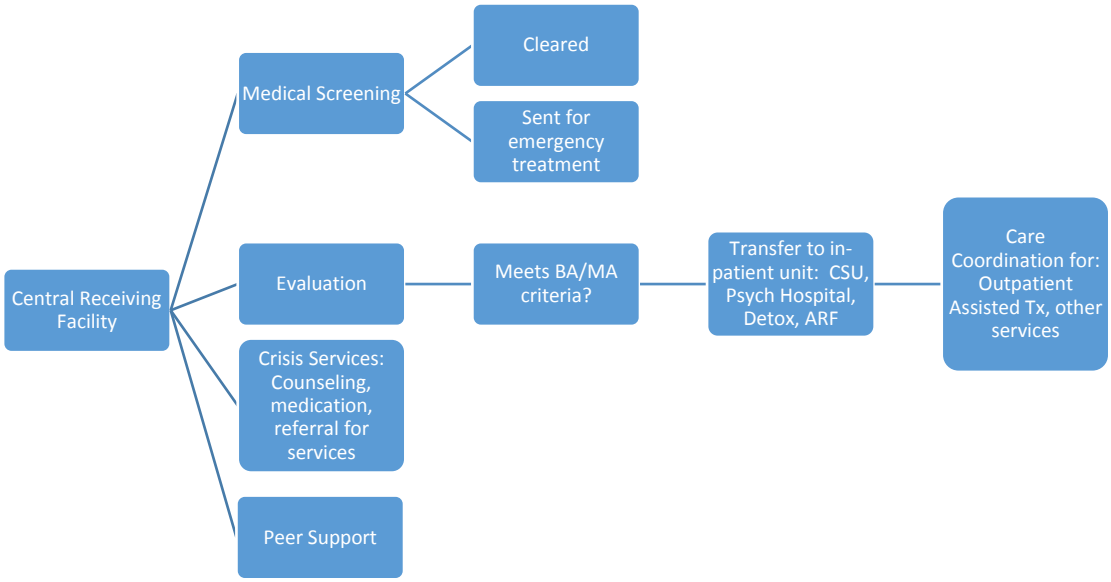
Columbia, Hamilton, Lafayette, Baker, Union, Suwannee – Lake City Meridian CSU remains the receiving facility. Baker Acts would continue to be evaluated there for admission.

Dixie, Gilchrist, Alachua, Levy, Putnam, Bradford – Baker and Marchman Acts transported by law enforcement would come to a central location, unless they are in obvious need of medical attention. Patients would be able to receive walk-in crisis services and peer support.

Indigent patients needing admission would be sent to Meridian's CSU or ARF. Patients with insurance would be referred on a rotational basis, or as directed by their insurance plan or patient/family choice.

A Central Receiving System would provide

- Reduced burden of indigent care on ED's and private receiving facilities for services for patients without insurance
- Triage outside a hospital setting, reducing referrals to the ED
- Increased collaboration among treatment centers
    - Care coordination
    - Supportive aftercare services
    - Improved information sharing



- Include an Addictions Receiving Facility
    - Medically supervised detoxification and stabilization
    - Ability to simultaneously address addiction and serious mental illness
    - Treatment is provided in a secure facility
    - Patient and family engagement designed to promote entry into follow-up care and reduce relapse
    - Referral into further treatment at an appropriate level of care based on thorough assessment
    - Admissions are voluntary, or under Marchman or Baker Act

What do we need to make this work?

Letters of commitment – a somewhat less specific version of an MOU, sufficient to make clear that we are creating a coordinated, integrated system

Funding – the legislature appropriated funds that require 50% local match. The funding requested can be fairly flexible, but excludes capital expenditures. The expected request is $3 million, and that requires $1.5 million in local match. Total project costs are $5.5-6 million, but some of this funding exists in Meridian's current budget for screening and crisis services. Additionally, an ARF will generate some revenue.

Match "ask"

- in-kind space for a facility and renovation funding
- out-posting staff to provide services
- cash participation from hospitals and taxing districts based on anticipated savings from ED and indigent care