190361

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

ALACHUA COUNTY RECEIVING SYSTEM WHITE PAPER

September 2019

Current Receiving Facility destination:

Dixie, Gilchrist, Alachua, Levy, Putnam, Bradford – The nearest Gainesville receiving facility
Meridian – Public Receiving
UF Health Psychiatric Hospital (VISTA) – Public Receiving
UF Health at Shands – Public Receiving
North Florida Regional Medical Center – Private Receiving
Malcom Randall VA Hospital and Medical Center – Federal, receiving facility for veterans only

Current system:

- LEO Baker Acts – "nearest receiving facility" regardless of payer or patient choice
- Facility initiated Baker Acts – triaged based on payer or choice of patient
- Meridian has 20 funded indigent Baker Act beds for 12 counties and runs a census of 24-26;
- Meridian has an additional 38 beds for 3rd party, including Medicaid. It cannot accept Medicare; 30 beds are in Gainesville and 28 are in Lake City
- Walk-in capabilities are limited, but has recently added a space for this function separate from LEO drop-off area
- There are few system "navigators" or crisis counseling services to divert admission or for wrap-around services.

Hospital 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, but often refer to Meridian for follow-up care. 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.

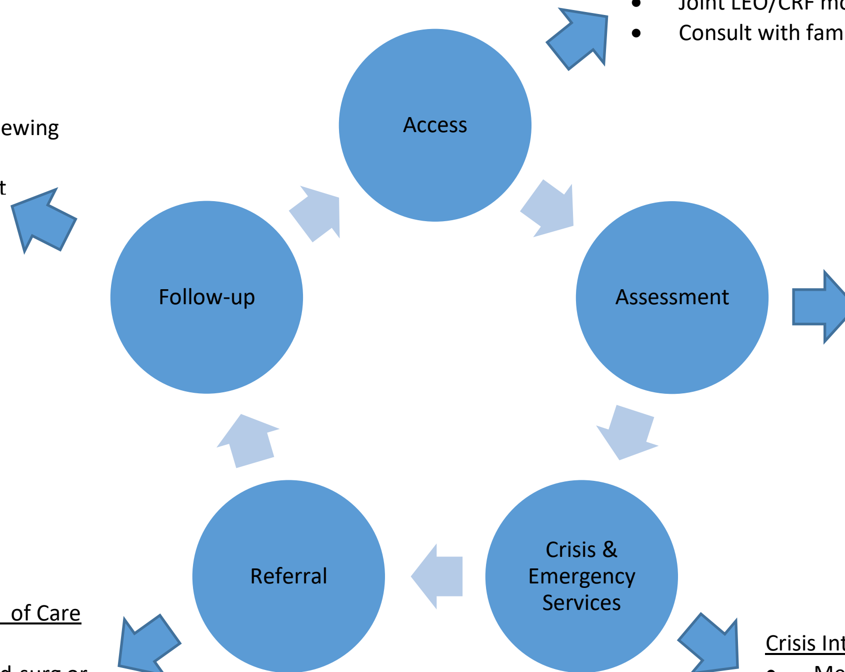
MODEL

Phone

- Warm-line/hotline
- Provide information of available services in the community, make referral, help with BA/MA Petition
- Consult with LEO
- Joint LEO/CRF mobile crisis team
- Consult with family/care giver

Engagement

- Care coordination
- Health Information Exchange
- Motivational interviewing referral follow-up
- Assisted Out-patient



Triage

- “Drop and go” single access for LEO
- 23-hour evaluation
- Immediate referral
- Initial medical clearance or referral
- Baker Act or Marchman Act
- Walk-ins

Appropriate Level of Care

- Outpatient
- Hospital (Med-surg or psych)
- CSU
- ARF

Crisis Intervention

- Medication
- Support
- Crisis Counseling
- Mobile crisis team

How would it work?

Enhancements for the region:

- Access to family and caregiver “Navigators” and crisis counselors.
- Ability to do follow-up via telehealth.
- Care coordinators would be assigned to individuals who are utilizing multiple systems frequently to add follow-up services.

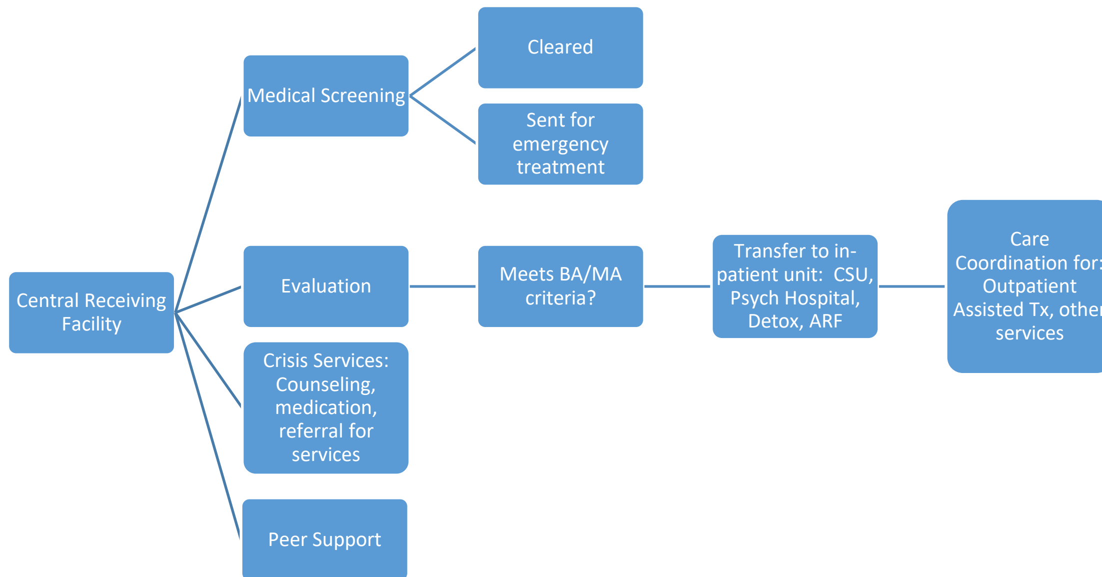
Individuals under Marchman Act who present as a danger to self or others can be transferred to an ARF (currently in development at Meridian).

Baker 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 admitted to Meridian’s CSU or ARF Capacity allowing (between 20 and 30 patients at any time). Patients with insurance would be referred on a rotational basis, or as directed by their insurance plan or patient/family choice among Meridian, UF Health (Vista) and North Florida Regional Medical Center.

A Central Receiving System would provide

- Reduced burden of indigent care on ED's and private receiving facilities for services for patients without insurance being brought by law enforcement
- Triage outside a hospital setting, reducing unnecessary referrals to the ED
- No change in process for patients who come on their own to the ED and are Baker Acted by staff there
- Increased collaboration among treatment centers
  - Care coordination
  - Supportive aftercare services
  - Improved information sharing



<u>What do we need to make this work?</u>

<u>Components of a Central Receiving System:</u>

- Single drop off point for law enforcement
- Appropriate disposition for Baker and Marchman Acts (Outpatient follow-up for non-admissions, walk-in capacity, Marchman Act Addictions Receiving Facility)
- Coordination among providers to ensure follow-up on discharge and appropriate assignment of Baker Acted patients from the Receiving Facility

<u>Current System Capacity and needs</u>

- Drop off point for law enforcement
  - Meridian's current Gainesville campus is easily accessible and already in use for this purpose. To become the key drop-off point for Baker Acts or transports by law enforcement we need additional screening and observation space. This has two components:
    - Capital Outlay to build a 1,000 square foot expansion to Meridian's Screening area at the Gainesville campus
    - Operating funds to staff the additional space on a 365-24/7 basis

- Appropriate disposition for Baker and Marchman Acts (Outpatient follow-up for non-admissions, walk-in capacity, Marchman Act Addictions Receiving Facility)
    - We have recently completed an addition to our screening area for walk-in capacity
    - We are currently preparing to convert our existing 14 bed Detox to an Addictions Receiving Facility that could hold Marchman Acts (which a Detox cannot do). Once completed, individuals whether brought on a Baker or Marchman Act can be triaged to the most appropriate of the two units. Currently, those Baker Acted but found to be primarily substance dependent cannot be transferred to an appropriate level of care until detoxed
    - We have 30 CSU beds in Gainesville that, with the addition of ARF are adequate. We will be moving some of our child capacity back to Gainesville such that 20 beds will be for adults and 10 for children here. We have overflow capacity to Lake City where we will have 10 child beds for our Northern County and 218 adult beds. Each unit serves as overflow for the others. Combined with existing capacity at North Florida Regional and UF Health, we believe the beds are sufficient.
- Coordination among providers to ensure follow-up on discharge and appropriate assignment of Baker Acted patients from the Receiving Facility
    - The proposed receiving system would only affect LEO Baker Acts. Those initiated at a hospital Emergency Department would not be affected.
    - There would need to be MOU's signed among the Receiving Facilities to address
        - Information sharing
        - Referral processes
        - Equitable patient distribution for
            - Insured patients
            - Indigent patients (when Meridian is over its indigent capacity)
            - Overflow (what happens when a unit is full)

The Budgets for both additional components are below.

CENTRAL RECEIVING	
CAPITAL OUTLAY	
New 1,000 sq.foot Addition GV CSU Est. Cost	
Item	**Cost**
Gen Contractor	$419,050
Architect	$27,000
Impact Fee	$6,600
Data/Security	$10,000
Furn. Misc.	$24,200
Landscaping	$2,000
IT/Equip.	$8,000
	$496,850

OPERATING COSTS								
Personnel		**Hrs/Week**	**FTE**	**Salary**	**Program Cost**	**Fringe**	**Total Personnel Cost**	
	VP Access & Admissions	2.00	0.05	$ 85,000	$ 4,250	$ 893		
	Acute Care Medical Director	10.00	0.25	$ 240,000	$ 60,000	$ 12,600		
	On call MD		0.25	$ 235,000	$ 58,750	$ 12,338		
	LPN	168.00	4.20	$ 41,600	$ 174,720	$ 36,691		
	Screeners	168.00	4.20	$ 38,000	$ 159,600	$ 33,516	1 per shift	
	Behavioral Health Tech	168.00	4.20	$ 28,080	$ 117,936	$ 24,767	1 per shift	
	Support staff	56.00	1.40	$ 27,040	$ 37,856	$ 7,950	Day shift	
	PRN		0.84	$ 90,451.20	$ 90,451	$ 8,141	holiday/vacation coverage	
	Shift Differential			$ 6,736	$ 6,736	$ 606		
	Total Personnel Expense				**$ 710,299**	**$ 137,500**	**$ 847,799.57**	
Operating	Supplies						$ 3,000	
	Medication/pharmacy						$ 5,000	
	Building Occupancy						$ 43,712	
	Transportation						$ 25,000	
	Billing						$ 3,275	
	HIMS						$ 5,680	
	Risk Management & Insurance						$ 28,500	
	Staffing						$ 25,000	
	IT						$ 25,000	
	Training & Development						$ 8,000	
	Total Operating Expense						**$ 172,167**	
Admin	ADMIN						**$ 113,330**	
TOTAL COST							**$ 1,133,296**	
Projected Revenue							$ (210,369)	
Needed Operating Funds							$ 922,927	

Assumptions:

3500 Baker Acts
230 releases/non-admissions
350 resulting in 23 hour holds for observation