

# **Collier County Behavioral Health Receiving System Plan**

*In accordance with*  
Florida Statute 394, Florida Mental Health Act  
Florida Statute 397, Hal S. Marchman Alcohol and  
Other Drug Services Act

2017-2020

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**I. Background/ Purpose:**

In accordance with the changes promulgated by Senate Bill 12 to Florida Statute 394 (Florida Mental Health Act, commonly referred to as the “Baker Act”), and Florida Statute 397 (commonly referred to as the Marchman Act), Collier County in collaboration with Central Florida Behavioral Health Network (the Managing Entity) have completed this Behavioral Health Receiving System Plan (BHRS). Implementation of this plan assures the coordinated provision of emergency services for people in need of help for behavioral health disorders and supports a comprehensive behavioral system of care.

This BHRS Plan describes how the community shall ensure the provision of the “No Wrong Door Model” defined in FS 394.4573. This description includes the organization of the BHRS and how it responds to individual needs and integrates services among various providers.

The designated receiving system may be organized in any manner which functions as a no-wrong-door model. Such models include, but are not limited to:

A **central receiving system** is identified as a system that consists of a designated central receiving facility that serves as a single entry point for persons with mental health or substance use disorders, or co-occurring disorders. The central receiving facility shall be capable of assessment, evaluation, and triage or treatment or stabilization of persons with mental health or substance use disorders, or co-occurring disorders.

A **coordinated receiving system** as a system that consists of multiple entry points that are linked by shared data systems, formal referral agreements, and cooperative arrangements for care coordination and case management. Each entry point shall be a designated receiving facility and shall, within existing resources, provide or arrange for necessary services following an initial assessment and evaluation.

A **tiered receiving system** consists of multiple entry points, some of which offer only specialized or limited services. Each service provider shall be classified according to its capabilities as either a designated receiving facility or another type of service provider, such as a triage center, a licensed detoxification facility, or an access center. All participating service providers shall, within existing resources, be linked by methods to share data, formal referral agreements, and cooperative arrangements for care coordination and case management.

OR

The BHRS may be organized in **any manner that functions as a No-Wrong-Door Model that responds to individual needs and integrates the services of various providers.**

The County and the Managing Entity shall review and update, as necessary, the designated receiving system at least once every three years. An accurate inventory of the participating service providers shall be maintained and made available at all times to all first responders in the service area.

## **II. Collier County's Behavioral Health Receiving System**

Collier County's Designated Receiving System is best described as a tiered receiving system.

In Collier County, there is one designated receiving facility, David Lawrence Center (DLC), and it is publicly funded. David Lawrence Center has a 30-bed licensed mixed-use Crisis Stabilization Unit, serving adults and children. The Adult CSU is separated in space from the Child CSU allowing for a distinct and therapeutic environment, maximizing safety and privacy between adults and children, and with a shared nurse's station to maximize access to appropriate staff clinical/medical resources. DLC also has an 18-bed residential Level I substance abuse treatment program, a 12-bed residential detoxification program, and three-bed residential Level IV substance abuse program.

## **III. Inventory of Participating Service Providers**

<b>Voluntary Assessment and Evaluation Facilities</b>			
<b>Facility</b>	<b>Capabilities/Limitations</b>	<b>Does the facility have agreements to accept BHRS Patients?</b>	<b>Substance Use Disorders/Mental Health Disorders/Co-Occurring?</b>
David Lawrence Center	<p>Capabilities:</p> <ul style="list-style-type: none"> <li>-Able to assess mental health and substance abuse clients around the clock</li> <li>-Licensed as a FS 394 Baker Act receiving facility</li> <li>-Urgent/Emergent access to Detox/CSU 24/7 for adults. Urgent/Emergent access to crisis support and CSU for minors 24/7</li> </ul>	Yes	Yes

	<p>Limitations:</p> <p>Not licensed as a FS 397 Marchman Act receiving facility</p>		
Naples Community Hospital	<p>Capabilities: Emergency Room 24/7 with psychiatric consultation and voluntary referrals to 12-bed psychiatric unit. Licensed as a FS 397 Marchman Act receiving facility.</p> <p>Limitations: Mostly private referrals. Not a BA receiving facility.</p>	Yes	Yes
<b>Triage Centers for Mental Health</b>			
<b>Facility</b>	<b>Capabilities/Limitations</b>	<b>Does the facility have agreements to accept BHRS Patients?</b>	<b>Substance Use Disorders/Mental Health Disorders/Co-Occurring?</b>
David Lawrence Center	<p>Capabilities:</p> <p>-Able to assess mental health clients around the clock</p>	Yes	Yes
<b>Triage Centers for Substance Use Disorders</b>			
<b>Facility</b>	<b>Capabilities/Limitations</b>	<b>Does the facility have agreements to accept DRS Patients?</b>	<b>Substance Use Disorders/Mental Health Disorders/Co-Occurring?</b>
David Lawrence Center	<p>Capabilities:</p>	Yes	Yes

	<p>-Able to assess substance abuse clients around the clock</p> <p>-Able to accept Marchman Act referrals for voluntary treatment via treatment continuum for substance use disorders, e.g., Detox, Residential, PHP, IOP, Outpatient</p>		
Naples Community Hospital (NCH)	<p>Emergency Room</p> <p>Marchman Act initiation for Stabilization, Marchman Act hearings</p> <p>Referrals for Marchman Act Treatment</p>	Yes, for Medical Clearance and/or coordination of care, to include voluntary transfers when indicated.	Yes
<b>Involuntary Treatment for Mental Health Disorders</b>			
<b>Facility</b>	<b>Capabilities/Limitations</b>	<b>Does the facility have agreements to accept DRS Patients?</b>	<b>Substance Use Disorders/Mental Health Disorders/Co-Occurring?</b>
David Lawrence Center	<p>Capabilities:</p> <p>-Licensed as a FS 394 Baker Act receiving facility</p>	Yes	Yes
<b>Involuntary Treatment for Substance Use Disorders</b>			
<b>Facility</b>	<b>Capabilities/Limitations</b>	<b>Does the facility have agreements to accept BHRS Patients?</b>	<b>Substance Use Disorders/Mental Health Disorders/Co-Occurring?</b>

Naples Community Hospital (NCH)	Emergency Room Marchman Act initiation for Stabilization, Marchman Act hearings  Referrals for Marchman Act Treatment	Yes, for Medical Clearance and coordination of care when indicated.	
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#### **IV. Behavioral Health Receiving System Agreements**

The service providers must be linked by shared data systems, formal referral agreements, and cooperative arrangements for care coordination and case management.

Collier County has a limited number of entry points into care, and DLC is the primary resource for access to behavioral health triage, assessment, and admission for urgent/emergent needs. DLC coordinates care with local hospitals, and other providers by offering 24-hour access to substance abuse and mental health services via the Emergency Services Assessment Center. DLC also employs a full-time substance abuse outreach specialist who provides services in the community, as well as completing outreach to other providers in order to engage clients into services. In addition, a universal release of information is utilized between DLC and community providers to ensure effective sharing of information, enhance continuity of care, and reduce incidence of hospitalization while improving client engagement in services.

David Lawrence Center and Collier County, as well as regional community partners and stakeholders meet quarterly, and more frequently (as needed) to collaborate and improve care coordination and access-to-care via a community collaborative. The Community Behavioral Health Advisory Committee (CBHAC) consists of representation from local hospitals, substance abuse providers, managing entity, law enforcement, EMS, Collier County Jail, etc. Business Associate Agreements are in place with providers to facilitate coordination of care.

The CBHAC oversees processes to include ensuring provision of appropriate verbal and written hand-off communication for all referrals, and to promote systems that support sharing of critical information, as appropriate. Agency policies and procedures also outline process for coordination and communication of healthcare history to support the highest standards of care, which is vital to ensuring safe and effective care is provided, in the timeliest manner possible. Administrators are on call and accessible between partnering agencies to ensure 24/7 access and problem-solving to support the system of care.