

## Introduction.

Upon approval of the Hillsborough County Transportation Plan, on March 24, 2017, the Board of County Commissions endorsed the Central Receiving Facility Model to conceptualize and structure this community's Designated Receiving System for behavioral health consumers. The Commissioners' endorsement of the Central Receiving Facility Model is in no way a departure from behavioral health care delivery practices that have been evolving in Hillsborough County over the past couple of decades. More directly, it is an expansion and refinement of those practices, through which the implementation of the "No Wrong Door" approach to services, offers significant promise for increasing access and enhancing collaboration among service providers.

Since 199\_, with the State's first Transportation Exception Plan, the Hillsborough County community chose to initiate and support a Central Intake receiving capability as an acute care response for mental health consumers (Baker Act Ch. 394 F.S.) and to support that approach with a publicly funded, privatized transportation capability for individuals in crisis. This Plan represents the enhancement of that response by incorporating substance abuse consumers into the existing mental health Central Intake Unit and expanding the publicly funded transportation component to include persons processed under the Marchman Act (Ch. 397 F.S.).

The goal of a "single point of access" has been an aspiration of governmental and service providing stakeholders in this community for several years. In support of that goal, the lead community providers of behavioral health acute care services committed to, and accomplished, the co-location of their crisis stabilization unit and addictions receiving facility operations in November of 20\_\_\_\_. With the encouragement and support of the County Commission, County Administration and the County's Health Care Advisory Board and Public Safety Coordinating Council, the same acute care providers competed for and successfully secured \$1.5 M annualized funding in 2016 from State appropriations. Those funds presently serve to support the infrastructure and expanded services necessary to maintaining the operations of the free standing, mental health and substance abuse competent, Hillsborough County Central Receiving Facility. These accomplishment serves well to position this community towards the realization of the legislative intent for a "Coordinated System of Care".

In response to a SB 12 requirement (as amended into Ch. 394 F.S.), this Plan represents a concerted effort by community stakeholders to document the workings of the Designated Receiving System as well as to venture into some envisioning towards greater coordination of care and overall responsiveness to consumers. This Plan document addresses the statutorily mandated content for the Plan and speaks to some planning considerations offered by the Florida Department of Children and Families, specifically:

1. A description of the planning process and the stakeholders involved,
2. The model under which the Designated Receiving System will function,
3. A Transportation Plan developed pursuant to s. 394.462, F.S.,
4. How consumer choice is addressed,
5. An inventory of participating service providers and the capabilities of those providers,
6. How individuals are screened, triaged, and evaluated for needed services,
7. How participating service providers are linked by shared data systems, formal referral agreements, and cooperative arrangements, and
8. A continuous quality improvement (CQI) process that includes: a forum and criteria for assessing the effectiveness of the System; procedures for systematically gathering input from local stakeholders (including individuals with behavioral health needs and their families); and the process by which barriers to continuity of care are identified and addressed.

Of necessity, this Plan focuses primarily on those participants in the Designated Receiving System that are fundamental to its mission and indispensable to Hillsborough County's behavioral health safety net, generally those providers who are legally obligated to perform certain roles in the system and those funded, at least in part, through governmental contracts and publicly funded health care plans. However, this Plan is also intended to be a broader community effort, and as such, seeks to incorporate and recognize the roles and contributions of the many specialty and private providers who have engaged in, and contributed to, the planning process.

## Key Community Stakeholders

(Appendix \_\_ )

### Hillsborough County Services

Hillsborough County operates under the charter form of government, approved by voters in 1983. The Home Rule Charter divides the power of county government between legislative and executive branches. The Board of County Commissioners sets overall policy by means of ordinances, resolutions and motions. The executive powers of county government are vested in the County Administrator, who is responsible for daily government operations and the implementation of policies and procedures developed by the 7-member elected Board of County Commissioners. In 2014, the County Administrator realigned all of the Human Services Divisions, including the Health Care Services Department (HCS), Social Services, Homeless Services, Children's Services, Aging Services, Head Start, and Sunshine Line. The services proposed directly related to behavioral healthcare include:

Hillsborough County Criminal Justice  
Hillsborough County Health Care  
Hillsborough County Social Services  
Hillsborough County Homeless Services

- Centralized Intake and Coordinated Assessment for Homeless Persons
- Emergency Shelters and Bridge Housing
- Rapid Re-Housing
- Permanent Supportive Housing
- Affordable Housing

Hillsborough County Children’s Services:

### **Department of Children and Families**

The department contracts for behavioral health services through regional systems of care called Managing Entities (MEs). These entities do not provide direct services; rather, they allow the department’s funding to be tailored to the specific behavioral health needs in the various regions of the State.

### **Central Florida Behavioral Health Network (CFBHN)**

CFBHN is a not for profit 501 (c) (3) community services network incorporated in 1997 as a collaboration of substance abuse providers in Hillsborough County. Currently CFBHN contracts with over sixty provider organizations to offer a full array of mental health and substance abuse services in the SunCoast region and Circuit 10. The geographic area served spans from Pasco in the north, throughout the Tampa Bay area, east through Polk, Highlands and Hardee and south from Desoto to Lee counties. The range of services includes acute care, residential treatment, housing, medical, outpatient and recovery support services. Substance abuse prevention services are also provided for at-risk children.

### **13<sup>th</sup> Judicial Circuit Hillsborough County**

The **Thirteenth Judicial Circuit Court of Florida** serves Hillsborough County. The chief judge is Ronald Ficarrotta, who presides over 61 other judges. Court Programs offering behavioral health support include:

- Mental Health PTI
- Adult Drug Pretrial Intervention Court
- Adult Post-Adjudication Drug Court
- Marchman Act Treatment Court
- Veterans Treatment Court
- Mental Health Enhanced Offender Diversion

### **State Attorney’s Office**

The State Attorney, along with Assistant State Attorneys, prosecutes criminals throughout our county, encompassing the city of Tampa, Temple Terrace and Plant City. Article V, Florida Constitution, and [Section 27, Florida Statutes](#), along with various other statutes, set out the authority and guidelines for the office of the State Attorney. Specialized diversion programs designed to address public safety concerns as well as the needs of the juvenile. Examples of such programs are as follows:

- Arbitration
- Stop Theft Early and Learn

- Shock
- Tampa-Hillsborough Urban League
- Wise Guys
- Intensive Delinquency Diversion Services
- Prodigy
- Youth Opportunity Movement
- Juvenile Drug Court
- Walker Plan

**Victim Assistance Services** provides Criminal justice support/advocacy; Crisis counseling; Emergency cell telephone; Follow-up contact; Information and referral; Victims compensation claims assistance; Death notification.

### **Public Defender's Office**

The Public Defender's Office has more than two hundred attorneys and legal support personnel as they provide quality legal representation to those who cannot afford private counsel. The Public Defender's Office offers:

- Case Specialists and Aftercare
- Forensic Behavioral Intervention Unit
- The Pepin Academies, Inc.
- Family Support-
- Peer Support-
- Court Appointed Surrogates/Advocates

### **Law Enforcement**

**Hillsborough County Sheriff's Office (HCSO)** is the primary law enforcement agency for Hillsborough County, Florida and is responsible for law enforcement services for the 888 square miles (2,300 km<sup>2</sup>) of unincorporated areas of the county as well as operation of the two jail facilities, a work release center, and provides courthouse security for the 13th Judicial Circuit. Each of the three incorporated cities (Tampa, Plant City, and Temple Terrace) has its own police agency. Tampa International Airport, and the University of South Florida also have independent police agencies.

### **DJJ**

The Florida Department of Juvenile Justice (DJJ) promotes safe, nurturing communities that provide for their needs, recognize their strengths and support their success. The Department offers services in the following areas: detention, education, support, health, prevention and victim, probation and intervention and residential.

### **City of Tampa**

The City of Tampa is the largest city in Hillsborough County, is the county seat and is the third most populous city in Florida. The City of Tampa administers a variety of housing programs that assist eligible low and moderate- income residents purchase, rent or rehabilitate existing housing units located within the City of Tampa limits.

### **Tampa Hillsborough Homeless Initiative**

Tampa Hillsborough Homeless Initiative's purpose is to lead the Continuum of Care (CoC) in collaboration with agencies in order to develop and provide innovative solutions to reduce and end homelessness in Tampa-Hillsborough County.

### **Department of Veterans Affairs**

James A. Haley Veterans' Hospital mental health service at provides consultation, evaluation and treatment for a variety of issues impacting emotional well-being. Services offered include:

- Mental health services
- Veteran Justice Outreach
- VA's Substance Use Disorder Treatment Enhancement Initiative
- The Health Care for Re-Entry Veterans Program
- The Readjustment Counseling Service's Vet Center Programs
- **Homeless Veterans**
- **Compensated Work Therapy (CWT)**
- **Homeless Veteran Supported Employment Program (HVSEP)**
- **Safe Housing**
- **Homeless Providers Grant and Per Diem Program**
- **HUD-VA Supportive Housing (VASH) Program**
- **Acquired Property Sales for Homeless Providers Program**
- **Supportive Services for Veteran Families (SSVF) Program**
- **Health Care for Homeless Veterans (HCHV) Program**
- **Homeless Patient Aligned Care Teams (H-PACTs) Program**
- **Homeless Veterans Dental Program**
- **Project CHALENG** (Community Homelessness Assessment, Local Education and Networking Groups)

### **USF**

USF has developed into one of the nation's major public research universities. Ranked among the top 100 public research universities in the annual report "The Top American Research Universities." USF has formed vital partnerships with business leaders and organizations throughout the region and contributed to the well-being of its immediate urban neighborhoods through its networks of social research and service projects. Related programs include:

- College of Behavioral and Community Sciences
- The Louis de la Parte Florida Mental Health Institute
- Baker Act Reporting Center
- Co-Occurring Disorders, Justice and Research
- CJMHS Technical Assistance Center
- Medicaid Drug Therapy Management Program
- National Center on Homelessness Among Veterans
- The Policy and Services Research Data Center
- The Training Consortium
- Department of Mental Health Law and Policy

### Children’s Board of Hillsborough County

The Children’s Board invests in partnerships and quality programs to support the success of all children and families in Hillsborough County. **The Children’s Board of Hillsborough County provides grants to nonprofit organizations in the community.** Funds are awarded in the areas of Emerging Needs, Uniting Grants and Leading Grants.

### Eckerd Community Alternatives

As the lead agency for child welfare and foster care services in Hillsborough County, Eckerd Community Alternatives serves approximately 2,900 children and their families each day. Eckerd’s role includes child abuse prevention, child placement and adoption support, with a focus on strengthening families to help ensure the safety and well-being of vulnerable children.

## Plan Development Process

Besides the requirement for the County to develop and submit a Designated Receiving System Plan to the State, the Hillsborough County community saw this as a challenge and an opportunity to engage public and private sector stakeholders and organizations in a process to envision, articulate and organize a coordinated system of care. The aspiration was that the result would be the design that reflected a continuum of behavioral health prevention, intervention, treatment, and recovery support services, a continuum that makes maximum use of the least restrictive, appropriate treatment models and a system of services that is available to consumers without discrimination and with adequate provisions for special needs.

### A. Committee Structure and Approval Processes

#### 1. Committee Structure.

Hillsborough County Health Care Advisory Board... final approval for recommending adoption to the HCBOCC (See Membership Roster Attached to Hillsborough County Stakeholder Profile Appendix \_\_\_ P. \_ )

- Hillsborough County Public Safety Coordinating Council... (See Membership Roster Attached to Hillsborough County Stakeholder Profile Appendix \_\_\_ P. \_ )
- Hillsborough County Health Care Advisory Board Mental Health Task Force ...(See Membership Roster Attached to Hillsborough County Stakeholder Profile Appendix \_\_\_ P. \_ )
- Acute Care Committee...(See Membership Roster Attached to the Central Florida Behavioral Health Networks, Inc. Stakeholder Profile Appendix \_\_\_ P. \_ )
- Acute Care Committee Transportation Plan and Designated Receiving System Plan Workgroup....See Membership Roster Attached to the Central Florida Behavioral Health Networks, Inc. Stakeholder Profile Appendix \_\_\_ P. \_ )
2. Two Phase Approval Process.
- Phase I- Transportation Plan ...(Appendix \_\_)(Definition- Appendix\_\_ P\_)
- Phase II- Designated Receiving System Plan (Definition- Appendix\_\_ P\_)

## System's Values

The overarching theme of the Plan is to recognize the importance of the Hillsborough County community involvement to ensure that the Designated Receiving System for behavioral health supports integration across the behavioral health, health care, housing and criminal justice systems that is accomplished through inter-organizational collaboration that is committed to reduce barriers to appropriate services and that recognizes the rights of individual and family consumers to participate in planning, decision-making, and evaluating the responsiveness of care. Specific values identified that support this aspiration include:

1. The system is person centered in its approach to care,
2. Services are individualized and tailored appropriately to gender, race, age, sexual orientation,
3. Patient Rights are respected and adhered to as codified in Florida Statutes, (Appendix \_\_\_ Patient Rights)
4. Consumer choice of provider is of consideration throughout the process of providing care,
5. Public safety and behavioral health care needs are weighed equally in all decisions,
6. Services are easily accessible and welcoming of consumers,
7. There is "no wrong door" to services for people with co-occurring mental health, substance abuse disorders, and
8. Clinically appropriate interventions serve to divert persons with behavioral health conditions from emergency hospitalization, inpatient treatment and incarceration and to assist persons returning from institutional care to reintegrate into their communities.

## System's Guiding Principles

Various levels of input and review that comprised the process for the development of this Plan spoke to and embraced a number of guiding principles that are believed to be necessary towards the fulfillment of that vision and attendant values, and the realization of a Coordinated System of Care (Definitions Appendix \_\_\_ P. \_), specifically:

1. Recognition that substance abuse and mental health disorders are diseases of the brain that are treatable and manageable as chronic illnesses.
2. The Rights of persons served are respected and adhered to as codified in Florida statutes.(Appendix \_\_\_)
3. Transportation of persons experience behavioral health crisis are to be transported in the most humane way possible.
4. Patients to be served within the Safe Management Capabilities of the program.
5. Persons with behavioral health conditions who are not charged with a crime shall not be detained or incarcerated in the jails.
6. Services are offered in the least restrictive environment,
7. Services are trauma-informed,
8. Clinical examinations, assessment and treatment services reflect the best of prevailing practices and appropriately incorporate science based, best practice interventions,
9. Services are recovery oriented and Recovery and Peer Specialists are recognized as crucial components of the system of care,
10. The Designated Receiving System incorporates and inter-organizational forum to evaluate system performance and provide for continuous quality improvement.

## Pathways to Care

In legal terms, there are primarily five (5) pathways for persons to access or receive care- voluntary, civil involuntary (non-court), civil involuntary (court), Dependency, and criminal offender referrals.

### A. Voluntary Admissions- (See Appendix \_\_\_ P. \_ for details)

Persons consumer choice who decide to participate voluntarily in behavioral health services are eligible for admission to any program in the continuum of care that is available to the general public and consistent with, and responsive to, the nature and severity of the persons' behavioral health conditions. Voluntary services are available at the request of the individual, upon consent of the individual as a result referral by family, friends, employers, health care providers and other parties associated with the person, or in response to warm handoffs between professionals engaged in coordinating care on behalf of the person. However, voluntary admissions are often limited by the person's sources of payment and by program capacity, particularly in publicly funded programs.



It the responsibility of service providers to evaluate the person's competency to consent to treatment and to assist persons in accessing services provided in the least restrictive level of care consistent with their treatment needs. Voluntary participation can also occur when persons being served in an involuntary status demonstrate to the court that they have achieved a level of competency to where they no longer require oversight by the court.

Providers and the programs they operate for the residents of Hillsborough County that are identified as "Available to the General Public" in the Inventory of Behavioral Health Providers (Appendix \_\_\_ ) provide services on a voluntary basis. Consumer choice, of all the pathways to services, is most readily available to individuals who voluntarily access care.

## B. Civil Involuntary

1. Involuntary Criteria (General)- Ch. 394.\_\_\_ F.S. and Ch. 397.\_\_\_ F.S. codify very similar criteria for the determination of a person's need for involuntary service interventions. The major discerning difference in the two criteria is whether or not the acute condition, and the risks of danger to self or others, derive from mental illness or intoxication.(See Appendix \_\_\_ P \_ for complete statements of involuntary criteria). Both statutes content that involuntary services are warranted when it appears that the person refuses care and the person's judgment is so impaired so as not to appreciate the need for care, and that without intervention and treatment, will likely suffer neglect or, will remain at risk of inflecting harm on self or others.

Until the establishment of the Hillsborough County Central Receiving facility for the reception and processing of voluntary and involuntary mental health and substance abuse conditions, decisions related to determining eligibility and discerning the genesis of the acute condition, often rested with persons who were unprepared or ill equipped to make those decisions. With the "no wrong door" functionally now in place, law enforcement officers and other referring agents can count on professionals who specialize in those determinations to make those decisions. Although referrals still have to be initiated using specific Baker Act or Marchman Act forms, it is now the role of the Central Receiving Facility staff to accurately process patients. In those circumstances where the applied statutory authority (Baker Act or Marchman Act) is deemed inaccurate, it is the responsibility of the Facility staff to rescind that authority and initiate the authority that best match the person's circumstances and conditions.

### 1. Civil Involuntary (Court)

- a. Protective Custody- (See Appendix \_\_\_ P. \_ for details)Involuntary Law Enforcement/Protective Custody. Law enforcement may initiate involuntary placement when persons present a danger to themselves or others, or when persons engaged through Community Intervention are not appropriate for diversion. Law enforcement transports the individual to a central receiving facility or the nearest receiving facility, in accordance with the local transportation plan, or to a hospital for medical clearance if

necessary. In the case of minors, law enforcement shall notify a parent/guardian of any involuntary transport. When an individual appears to meet criteria for a substance use or mental health disorder, and is in a public place or is otherwise brought to the attention of law enforcement, the person may be diverted to an appropriate alternative placement (e.g., respite shelter, walk-in access center, home) if the person does not appear to present a danger to self or others and gives his/her consent. Unless there are criminal charges that warrant incarceration.

Protective custody without consent.—

(1) If a person in circumstances which justify protective custody as described in s. 397.677 fails or refuses to consent to assistance and a law enforcement officer has determined that a hospital or a licensed detoxification or addictions receiving facility is the most appropriate place for the person, the officer may, after giving due consideration to the expressed wishes of the person:

(a) Take the person to a hospital or to a licensed detoxification or addictions receiving facility against the person's will but without using unreasonable force. The officer shall use the standard form developed by the department pursuant to s. 397.321 to execute a written report detailing the circumstances under which the person was taken into custody. The written report shall be included in the patient's clinical record;

- b. Involuntary Assessment of Minors - (See Appendix \_\_\_\_ P. \_ for details)  
Voluntary Application by Minors: (Substance Abuse). Florida statutes remove the disability of minority for persons under age 18 who request an evaluation or treatment for substance use disorders, although the law does not require providers to render any services to minors without parental consent. In practice, providers who are willing to offer services to minors without parental consent limit this to adolescents, and generally to an initial evaluation or brief outpatient counseling. When a minor presents for voluntary services, providers bear responsibility to assess and document the capacity of the minor to give informed consent, with due consideration of maturity, family and psychosocial context, severity of disorders, and the level of care that is most appropriate.

Minor Alternative Assessment (Mental Health). Parents/guardians may transport youths to a children's crisis stabilization unit or addictions receiving

facility for evaluation and assessment by a qualified professional on an outpatient basis. If the qualified professional determines that the youth meets clinical criteria for admission to a CSU or ARF, he/she may be admitted on a voluntary basis with consent of the parent and the youth, if he/she is an adolescent. If the parent or adolescent does not give consent, the qualified professional conducting the evaluation may initiate a certificate for involuntary admission.

c. Professional Certificate -(See Appendix \_\_\_\_ P. \_ for details)

Professional Certificate\_ Professionals identified as “Qualified Professionals who may initiate an emergency admission for assessment based on firsthand observations or evaluation within the preceding five days, include: Physicians, Advance Registered Nurse Practitioners (ARNP), clinical psychologists, licensed clinical social workers (LCSW), licensed marriage and family therapists (LMFT), licensed mental health counselors (LMHC), and physician assistants. For substance abuse cases only, qualified Professional also includes master’s level Certified Addictions Professionals if the certificate is specific to substance use disorders. The professional certificate is valid for seven days after issuance. The professional certificate names the person’s preferred receiving facility, if known (e.g., advance directive). A professional certificate may be appropriate even when an individual states consent to be admitted, if there is reason to believe the individual lacks capacity to give true informed consent due to ongoing or temporary effects of a behavioral health disorder.

2. Civil Involuntary (Court)

a. Examination or Assessment - (See Appendix \_\_\_\_ P. \_ for details)

Civil Court Involuntary Order

This option is available to any adult person willing to provide testimony that they have personally observed the actions of an individual and believe that person to be a threat to themselves or others, either due to direct behavior or due to the risk of deterioration in physical or mental health; and that because of mental or substance use disorders, the person is unable to make a rational decision regarding his/her need for services. Filing fees are a barrier to access and should be eliminated in all counties. Once issued, civil court involuntary assessment orders remain in effect for seven days, unless the court specifies a different time. This may be necessary if additional time is needed to locate the person, e.g., the individual is homeless, or a minor on runaway status.

b. Involuntary Services or Treatment - (See Appendix \_\_\_\_ P. \_ for details)

Court Orders for Involuntary Treatment. Because mental and substance use disorders are diseases of the brain, they may affect a person’s ability to accurately determine the need for treatment. All civil involuntary proceedings require a nuanced view of the balance between the right of an individual to make personal decisions about health care, and the degree of risk of harm to oneself or others and the social burdens created by the person’s behavioral health disorder.

Under the Baker Act, the administrator of a receiving facility is responsible to initiate the petition, which must be supported by two psychiatrists, or a psychiatrist and clinical psychologist, both of whom have examined the person within the preceding 72 hours. It is recommended that when petitions are filed for an order to commit an individual to the state hospital, the existing F.S. Ch. 394 statutes governing the professionals required to support the petition remain the same.

Under the Marchman Act, a spouse, guardian, relative, service provider, or any three adults with knowledge of the respondent and the prior course of assessment and treatment may initiate a petition for involuntary treatment following assessment. Generally, the administrator of an ARF provides the assessment to the court and the qualified professional participates in the court hearing to answer questions about his/her findings and recommendations, but the administrator does not usually file the petition.

C. Dependency and Court – (See Appendix \_\_\_\_ P. \_ for details)

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D. Offender Referrals

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## Designated Receiving System Design

For descriptive purposes, the Hillsborough County Designated Receiving System is organized according to five general Services Categories (Community Interventions, Stabilization and Examination and Assessment, Clinical Treatment, Psychosocial Rehabilitation, Supportive Services), each with accompanying programs designed to meet specified outcome goals and to fulfill specific roles and responsibilities in the System of care. More specifically, Service Categories represent the various levels

of interventions that are necessary in this community to ensure a comprehensive “continuum of care”. Each Service Category is comprised of a constellation of Programs that are designed to contribute to the achievement of the goals of that particular Service Category. Programs within Service Categories are identifiable as “models of care”, each structured around a set of strategies and practices that are accomplished through a specific configuration of services. Beyond the basic classification of Service Categories and the isolation of specific Programs comprising those Classifications, the survey went further to account for the specific combination of services available within and through the Programs. This approach provided for the better articulation of the likeness and difference between Programs as well as accounting for the differences in approaches to programming between individual providers. Some services selections identified in the survey included, among others: Referral Services; Clinical and Psychiatric Assessments: Individual, Group, Family, In-Home and Tele-Therapy/Psychiatry Treatments; Benefits Assistance; Case Management and Care coordination; Education and Life Skills Training; Peer and Recovery Support Services: Self-help Groups; Parenting Classes; Medication Assisted Therapies; Patient Advocacy; Nutrition and Food Assistance; Drug Testing; among others, and included the option to identify additional services not listed in the survey choices. When operating effectively as a “coordinated system of care”, consumers have the opportunity to move seamlessly across Categories and from Program to Program based on the opportunities and challenges they face, and the restrictiveness level they require, that are best apt to address and support their recovery needs at any given time.

A specific requirement for inclusion in this Plan initially expressed in SB 12 (Ch. 394. \_\_\_ F.S.), is the requirement that the planning process result in an inventory of behavioral health services that describes individual provider contributions, capabilities and limitations and speaks to the inter-relationships of providers in coordinating care across the Designated Receiving System. To that end, the Hillsborough County 211 provider, the Crisis Center of Tampa Bay, worked closely across the various levels of planning activities that resulted in this Plan, to survey emergency, behavioral health and supportive service providers to organize the inventory and to document each provider’s respective role in the System. For presentation purpose, this Plan document will focus primarily on those providers who are crucial to sustaining the Hillsborough County behavioral health safety net. In general terms, that means those providers who are legally accountable to provide emergency services, those contracted and funded through state and local resources, and participating as vendors in government operated health care plans. However, it is clear that this community needs, respects and values the many specialty and private providers who participated in the survey and in the planning process in regard to their roles and contribution to the Designated Receiving System. Accordingly, their provider profiles are recognized and documented in Appendix \_\_\_ of the Plan (General Inventory of Providers). It is important to note, that beyond the contributions of the Crisis Center of Tampa Bay to this planning process, that organization has incorporated, and is committed to keeping the information current through 211, this community’s primary source for information and referral.

By Service Category, the following narrative addresses the goals of each Category and identifies the safety net providers and programs structures in Hillsborough County that address those goals.

(Note: The specific descriptions of Hillsborough County Agency Programs and responses need to address their referral sources, target population(s), Behavioral Health “HOME”, internal processes (assessment, admission, service delivery, care coordination/planning and discharges), their fit in the system/relationship to other providers , how consumer choice plays in, transportation, QI, Data reporting/submission; Data Systems and Information Exchange, etc.)

### Community Intervention.

Community Interventions are accomplished through a variety of Programs for purpose of accessing, or availing the means to assist persons in receiving needed emergency, behavioral health and supportive service. . The most notable Programs that constitute the Hillsborough County Designated Receiving System’s safety net behavioral health responses in this Category include (Program Definitions in Appendix \_\_\_ and Provider Profiles in Appendix \_\_\_\_):

- A. The Crisis Center of Tampa Bay’s 211 Crisis intervention and Information and Referral hot line
- B. Law Enforcement Agencies, Crisis Intervention Team
- C. Law Enforcement Agencies’ Homeless Outreach Programs
- D. Mobile Crisis Team
- E. Outreach- Impact Team
- F. Juvenile Assessment Center
- G. Jail Diversion
- H. Homeless Day Shelter

### Stabilization and Examination and Assessment.

Stabilization and examination and assessment services are accomplished through a variety of Programs that focus on the medical, behavioral and psychiatric stabilization of persons in acute distress. The most notable Programs that constitute the Hillsborough County Designated Receiving System’s safety net behavioral health responses in this Category include (Program Definitions in Appendix \_\_\_ and Provider Profiles in Appendix \_\_\_\_):

- A. Hospital Emergency Units

In 1986, Congress enacted the Emergency Medical Treatment & Labor Act (EMTALA) to ensure public access to emergency services regardless of ability to pay. Section 1867 of the Social Security Act imposes specific obligations on Medicare-participating hospitals that offer emergency services to provide a medical screening examination (MSE) when a request is made for examination or treatment for an emergency medical condition (EMC), including active labor, regardless of an individual's ability to pay. Hospitals are then required to provide stabilizing treatment for patients with EMCs. If a hospital is unable to stabilize a patient within its capability, or if the patient requests, an appropriate transfer should be implemented.

Section 395.1041, Florida Statute requires all hospitals offering emergency services to provide care to every person seeking emergency care regardless of the person's race, ethnicity, religion, national origin, citizenship, age, sex, preexisting medical condition, physical or mental handicap, insurance status, economic status, or ability to pay for medical services. Hospitals cannot refuse to accept a person with an emergency medical condition if the service is within that hospital's capability and capacity. Persons requiring care beyond the hospital's capability or capacity must be transferred to another facility that can provide the needed services. HB 61 amends s. 395.1041, F.S., to require a hospital with an emergency department to develop a best practices policy to reduce readmissions for unintentional drug overdoses by connecting patients who have experienced unintentional overdoses with substance abuse treatment services. The bill allows hospitals to determine what should be included in the policy.

Emergency Room Service Providers. Brandon Regional Hospital 119 Oakfield Drive, Brandon, FL 33511; Florida Hospital 7171 N. Dale Mabry Highway, Tampa, FL 33614, 3100 E. Fletcher Avenue, Tampa, FL 33613; James A. Haley VA Hospital 13000 Bruce B. Downs Boulevard, Tampa, FL 33612; Memorial Hospital of Tampa 2901 Swann Avenue, Tampa, FL 33609; South Florida Baptist Hospital 301 N. Alexander Street, Plant City, FL 33563; St. Joseph's Hospital 3001 W. Martin Luther King Jr. Boulevard, Tampa, FL 33607, 3001 W. Martin Luther King Jr. Boulevard, Tampa, FL 33607; South Bay Hospital 4016 Sun City Center Blvd., Sun City Center, FL 33573; Tampa Community Hospital 6001 Webb Road, Tampa, FL 33615; Tampa General Hospital 1 Tampa General Circle, Tampa, FL 33606

B. Hospital Inpatient Medical

C. Designated Receiving Facilities. In addition to the Central Receiving Facility, Hillsborough County hosts \_\_\_# hospital based Designated Receiving Facilities, Bay Care's St. Josephs Hospital and Health Care of America's Memorial, Brandon and Tampa Bay hospitals. Patients whose physicians have admitting privileges to these hospitals, eligible persons voluntarily requesting services as a matter of preference and consumer choice, and those presented under involuntary conditions for medical clearance or examination get an *assessment* from a psychiatrist, psychiatric ARNP, clinical psychologist, or a licensed mental health professional (LCSW, LMFT, or LMHC). All the Designated receiving facilities are fully co-occurring capable, and any professional providing assessment has training and experience in diagnosing and treating both mental and substance use disorders. All are equally qualified to receive, evaluate and triage both children and adults.

It is recommended that receiving facilities use standardized evidence-based assessment instruments to give a more consistent and validated basis for diagnosis and placement recommendations, and allow meaningful population-level analysis.

Facilities must be able to effectively assess competence to consent to treatment, evaluate and determine the etiology of the presenting condition and the most appropriate setting for care and stabilization, and triage the person to that setting. When addictions receiving facilities, crisis stabilization units, and/or detoxification programs tied to public and Central Receiving Facilities

reach licensed capacity, designated receiving facilities need to have a defined process in place to triage patients to other facilities through an agreed-upon placement rotation.

The initial assessment may be conducted on an outpatient basis. When appropriate, the receiving facility may divert the person from inpatient services through crisis counseling and/or linkage with less restrictive community-based services (e.g., supportive housing, detoxification, respite shelter, or home with appropriate outpatient treatment).

When assessment indicates that the individual meets criteria for further inpatient stabilization, the *disposition* may be voluntary admission to a CSU, ARF or hospital inpatient unit, if competent to consent; or involuntary admission if the person refuses, or the qualified professional determines the individual lacks capacity to give informed consent. Qualified professionals in this context include the professions listed above, as well as a master's level Certified Addictions Professional *only when* the primary diagnosis and reason for admission is a substance use disorder.

Hillsborough County's Designated Central Receiving Facility. The Central Receiving Facility, the model chosen for Hillsborough County, is a free standing facility located in Tampa at... Henry on the Gracepoint campus. The Facility is linked by walkways to Gracepoint's 70 bed adult Crisis Stabilization Unit and ACTS 30 bed Adult Addictions Receiving Facility. The Program functions in accordance with the Central Receiving Facility model as described in 394.\_\_\_\_ *"A central receiving 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, and co-occurring disorders. The central receiving facility shall be capable of assessment, examination, and triage for the stabilization and treatment of persons with mental health or substance use disorders, or co-occurring disorders."*

Hillsborough County's Designated Central Receiving Facility. The Central Receiving Facility, the model chosen for Hillsborough County, is a free standing facility located in Tampa at 2212 East Henry Ave on the Gracepoint campus. The Facility is linked by walkways to Gracepoint's 60 bed adult Crisis Stabilization Unit and ACTS 30 bed Adult Addictions Receiving Facility. The Program functions in accordance with the Central Receiving Facility model as described in 394.\_\_\_\_ *"A central receiving 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, and co-occurring disorders. The central receiving facility shall be capable of assessment, examination, and triage for the stabilization and treatment of persons with mental health or substance use disorders, or co-occurring disorders."*

The Central Receiving Facility plays a major role in the Designated Receiving System in Hillsborough County through its mission to receive, examine/assess and triage individuals presented in acute behavioral health crisis. In that role, the Facility serves as the cornerstone of the System in its inherent responsibilities to respond to the unique expectations and challenges of each of the five aforementioned pathways to accessing care as described in section \_\_\_\_\_ , specifically:

1. Voluntary.

The voluntary process is initiated at the request of a consumer. The initial responsibility of the Receiving Facility staff is to assess the competency to consent



to treatment. If so determined, the person undergoes the examinations as outlined in the Central Receiving facility processes described below. If the immediate needs of the person, such as the provision of medications, can be addressed through the assessment process, the person is released with a referral to follow-up with specific services. If the person is found to meet inpatient criteria, that person may be admitted to the Crisis Stabilization Unit or Addiction Receiving Facility for care.

2. Involuntary (Non-Court).

- a. Persons who present to the Central Receiving Facility with law enforcement BA-52 or Protective Custody referral forms are registered into the unit and undergo the Facility's complete examination and assessment protocol. For the law enforcement initiated referrals, the Units will release those persons once stabilized and no longer meeting criteria with referrals for follow-up services. Those persons who continue to meet admission criteria and are deemed to meet the criteria for involuntary services and treatment may be subject to the filing of an involuntary service or treatment petition with the court at the initiation of the Administrator of the Receiving Facility.
- b. Individuals who are referred from the community by authorized community professionals, enter the Unit under the authorization provided through a Professional Certificate. Those persons who are determined not to meet involuntary admission criteria are released with scheduled aftercare appointments and referral recommendations. Those that meet criteria are admitted to the Crisis Stabilization Unit or Addictions Receiving Facility as determined through the assessment. Those admitted under Professional Certificates who no longer meet involuntary criteria are likewise released after stabilization. In the case of persons under the Professional Certificate, the results of the initial assessment (and stabilization period if admitted) may be communicated to the referring professional when requested, and with the person's signed release of information. Those who continue to meet admission criteria and are deemed to meet the criteria for involuntary services and treatment may be subject to the filing of an involuntary service or treatment petition with the court. That petition can be initiated by the referring professional or the administrator of the Receiving Facility.

3. Involuntary (Court Ordered Examination or Assessment).

Those Persons who arrive with a Court order for involuntary examination or assessment under the authority of an Exparte Order undergo the Central Receiving Facility's examination and assessment protocol. Those persons who are determined not to meet involuntary admission criteria are released with a scheduled appointment for follow-up services and offered referral recommendations. A report on the outcome of the examination or assessment is reported back to the Court. Those that meet criteria are admitted to the Crisis Stabilization Unit or Addictions

Receiving Facility as determined through the assessment process. Those achieving stabilization in the Crisis Stabilization or Addictions Receiving Facility Unit are released with follow-up appointments or referral recommendations. Those who continue to meet admission criteria and are deemed to meet the criteria for involuntary services and treatment may be subject to the filing of an involuntary service or treatment petition with the court. That petition can be initiated by the original petitioner for substance abuse or by the administrator of the Receiving Facility for either substance abuse or mental health.

4. Involuntary Treatment.

Mental health patients for whom an involuntary service treatment petition has been filed with the court remain in the Crisis Stabilization Unit or Addictions Receiving Facility until the petition is heard and a determination is made. Substance abuse patients for whom a petition has been filed may remain on the unit until the petition is heard or, if sufficiently stabilized, may be released with a scheduled date for the hearing in the courtroom.

5. Offender Referrals.

- a. Individuals who meet involuntary criteria who are believed to have committed a crime may be processed through the Central Receiving Facility for assessment and admission to the Crisis Stabilization Unit or Addictions Receiving Facility. Individuals for whom law enforcement officers, at their discretion, agree to community-based diversion from booking and incarceration, are processed as normal protective custody referrals with the expectation that the Receiving Facility staff (if the person is to be released) or the staff of the Crisis Stabilization Unit or Addictions Receiving Facility (if admitted) will attempt to motivate the individual to participate in the Hillsborough County Mental Health Case Management Diversion Program. When successful, diversion program staff are notified and scheduled to meet and engage the patient on the unit prior to discharge.
- b. Persons who have been or will be arrested and booked into jail for a crime will likewise undergo the assessment protocol and either be released back to law enforcement at the completion of the assessment, or admitted to the Crisis Stabilization Unit or Addictions Receiving Facility for stabilization. Once sufficiently stabilized, law enforcement is notified and the person is released to the custody of an officer for further legal processing.

Central Receiving Facility Processing Protocol.

All individuals entering the CRS are screened, evaluated, and triaged for needed services and care. Below are the steps based on involuntary and voluntary individuals: (Note: Reference [Transportation Plan \(Appendix \\_\\_\\_\)](#) for flow diagram and exclusionary criteria,)

- Staff completes an initial medical screening which includes checking vitals. Out of range measures are reported to medical staff. Medical staff triages as necessary.
- Nursing staff completes a nursing assessment. Medical staff is consulted as necessary and patients are sent for medical clearance when warranted.
- A Care Manager completes a psychosocial assessment and a LOCUS and obtains collateral information when possible. Based on the assessment, care manager facilitates a staffing with a supervisor to determine appropriate level of care. Additional staffings may occur with a licensed professional or physician depending on the initial staffing outcome and the legal status of the individual (Baker Act or Marchman Act/Court Order).
- A physician completes a Psychiatric and Physical Evaluation.
- Service determination tools include:
  - Baker Act/Marchman Act Order
  - Medical Screening
  - LOCUS
  - Nursing Assessment
  - Psychosocial Assessment
  - Psychiatric and Physical Evaluation
  - Collateral Information (medical, legal, family, etc.)
- The Care Coordination Team receives email alerts for the following:
  - A current CCT patient has entered the Central Receiving Facility.
  - A patient meeting the requirement for the CCT has entered the Central Receiving Facility.
- A CCT member attempts to engage patients into care coordination services while the patient is either in the Central Receiving Facility, the CSU, or Medical Detox.

(Note: Speak to secondary transports resulting from the need for medical clearance, consumer choice of inpatient facility or units reaching maximum capacity.)

D. Crisis Stabilization Units

1. Adult
2. Child ...free standing, not Central

E. Addiction Receiving Facilities

1. Adult
2. Child... free standing, not central

F. Ambulatory Detoxification

G. Hospital Inpatient Medical Wards

Clinical Treatment.

Clinical Treatment is accomplished through a variety of Programs for purpose of providing behavioral therapies and psychopharmacological interventions that focus on ameliorating behavioral health symptoms and addressing the behavioral health conditions that impede individual functioning. The most notable Programs that constitute the Hillsborough County Designated Receiving System’s safety net behavioral health responses in this Category include (Program Definitions in Appendix \_\_\_ and Provider Profiles in Appendix \_\_\_\_):

- A. Hospital Psychiatric Inpatient Units
- B. Residential Treatment Programs
- C. Outpatient Clinics
- D. Integrated Health and Behavioral Health Primary Care Clinics
- E. Florida Community treatment Teams (FACT)
- F. Medication assisted Therapy Clinics
- G. Clinical Case Management
- H. Recovery Support

Psychosocial Rehabilitation.

Psychosocial rehabilitation is accomplished through a variety of Programs designed to achieve and restore individual's optimal functioning in the community and to sustain recovery. The most notable Programs that constitute the Hillsborough County Designated Receiving System's safety net behavioral health responses in this Category include (Program Definitions in Appendix \_\_\_ and Provider Profiles in Appendix \_\_\_\_):

- A. Permanent Supportive Housing
- B. Clubhouses
- C. Vocational Rehabilitation and Training
- D. Supported Employment

Supportive Services.

Supportive services are accomplished through a variety of Programs that provide those ancillary services necessary to support individual recovery. The most notable Programs that constitute the Hillsborough County Designated Receiving System's safety net behavioral health responses in this Category include (Program Definitions in Appendix \_\_\_ and Provider Profiles in Appendix \_\_\_\_):

- A. SOAR Case Management
- B. Entitlement Eligibility and Processing
- C. Emergency Financial Assistance
- D. Homeless Day Shelter
- E. Temporary Shelter
- F. Bridge and Transitional Housing
- G. Food assistance
- H. Transportation Assistance

Care Coordination

1. **In General.** Care Coordination. The essential elements of a coordinated system of care include: Community interventions, such as prevention, primary care for behavioral health needs, therapeutic and supportive services, crisis response services, and diversion programs; a

designated receiving system that consists of one or more facilities serving a defined geographic area and responsible for assessment and evaluation, both voluntary and involuntary, and treatment or triage of patients who have a mental health or substance use disorder, or co-occurring disorders; that services provided to persons use the coordination-of-care principles characteristic of recovery oriented services and include social support services, such as housing support, life skills and vocational training, and employment assistance, necessary for persons with mental health disorders and co-occurring mental health and substance use disorders to live successfully in their communities.

There is defined responsibility for *care coordination*, and clear consents and methods for gathering and sharing necessary information to promote integrated physical and behavioral health services; this includes screening and treatment for HIV and Hepatitis.

2. State Hospitals
3. High Need/High Utilizers

## System- Based, Continuous Quality Improvement

**(Note: Address leadership and add in mandatory reporting from statute to DCF, CFBHN, etc. that CQI use for trend analysis, such as the Acute Care Data Base, Reports of inability to Identify services to support involuntary services and treatment petitions, etc. Baker Acting admissions of children to Clerk of Court, etc.)**

- a. The criteria for assessing the effectiveness (*as opposed to the efficiency*) of the Behavioral Health Receiving Services (BHRS) can be measured using the following metrics:
  1. **Care Coordination: In addition to CRS05 (Decreasing Acute Care admissions while receiving CCT services)**
    - i. Attending 80% or more of scheduled appointments while receiving CCT services.
  2. **Case Management:**
    - i. A decrease in CSU/Inpatient admissions. Comparing the 180 day period prior to CM to 180 days during and/or post CM for those individuals that are effectively connected with needed community based services.
    - ii. An increase in participation in the number of social connectedness community based activities upon gaining knowledge of such activities.
    - iii. Attending 80% or more of scheduled appointments while receiving CM services.
  3. **Central Receiving System: In addition to CRS01 – LEO drop off time, CRS02 – 7 day BH OP appointment follow up, and CRS04 – 30 day PCP appointment)**

- i. A decrease in CRS visits for individuals diverted to a less restrictive community based services from the CRS within the past 7 days.
- b. Utilizing a customer experience five point Likert scale survey designed to each person's/agencies expected experiences (voice of the customer) we can systematically gather input from individuals served and their families and other external customers (service providers, law enforcement, and other stakeholders). Dissemination and collection can take place monthly for individuals served and their families and semi-annually from other external customers noted above with a reliable sample size from each entity or common service organization. This will additionally serve to determine the effectiveness of the BHRS (noted in **a.** above).
- c. In relation to the BHRS enhancing access to services beyond the limitations of current procedures, an analysis can include:
  - i. Feedback (voice of the customer) from referring external customers as noted in b. above.
  - ii. The CCT impact will help us access services beyond our current limitations. Besides attending appointments, we can analyze how entitlements, housing, a primary care physician impacts the person life not only in relation to psychiatric readmissions, but forensic recidivism, stable housing, and hospital emergency department admissions. A return on investment analysis can be included.
- d. Deficiencies identified within the CQI process should be addressed from a "process" perspective using proven process improvement methodologies (Six Sigma Workout or NIATx). Front line subject matter experts and program leadership should accurately define each deficiency using a problem "data supported" statement and a "measurable" and "time limited" objective statement.