

The 2017-2020 Hillsborough County Designated Receiving System Plan

Background.

In 2016, Senate Bill (SB) 12 required Counties to plan for and establish a “Designated Receiving System” (Plan) for behavioral health,(Ch. 394.4573(2)(b)1 F.S.), specifically:

“A county or several counties shall plan the designated receiving system using a process that includes the managing entity and is open to participation by individuals with behavioral health needs and their families, service providers, law enforcement agencies, ... complete the plan and implement the designated receiving system by July 1, 2017, (and) ...review and update at least once every 3 years.”

Legislative intent language, and guidelines provided by the Florida Department of Children and Families (DCF), specified content areas for the Plan and established expectations regarding how the System should function. The overarching expectation is that the acute care behavioral health services should operate as a “no wrong door” for consumers and that providers of crisis services need to be capable of receiving, evaluating and triaging persons with substance abuse, mental health, or co-occurring disorders. At the request of the County, in support of this planning initiative, a community planning group was appointed by the Department of Children and Families Hillsborough County Acute Care Committee to compile and provide a comprehensive description of the components and structure of the Hillsborough County behavioral health system (Attachment 2- Hillsborough County Community Behavioral Health Services Description).

The Hillsborough County Designated Receiving System Plan, in regards to the specific content to be addressed as identified in legislative intent and DCF guidelines, offers the following responses:

1. Selection of Receiving System Model. With the approval of the Hillsborough County Transportation Plan, on March 24, 2017, the Board of County Commissioners endorsed the Central Receiving Facility Model. (Completed)
2. Timeline to implementation. The Hillsborough County Central Receiving Facility became operational March 13, 2017. (Completed)
3. A description of the planning process and the stakeholders involved. (See Hillsborough County Community Behavioral Health Services Description, Attachment 2).
4. A Transportation Plan developed pursuant to s. 394.462, F.S. Approved by DCF March 24, 2017. (Completed) (Attachment 1)
5. An inventory of participating service providers. A comprehensive provider survey profiling the various programs and services in the community was accomplished in April 2017. (Attachment 2, Appendix 1-Cooperative Agreement) (Completed)
6. How participating service providers are linked through cooperative arrangements. (Attachment 2, Appendix 1-Cooperative Arrangement)

7. How consumer choice is addressed. Consumer choice is one of eight Core Values espoused for the System as documented in the Hillsborough County Community Behavioral Health Services Description. (Attachment 2)
8. How individuals are screened, triaged, and evaluated for needed services. The Hillsborough County Community Behavioral Health Services Description documents, in detail, the processes persons go through based on their legal status when they present for care- voluntary, protective custody, professional certificate, court order, or criminal referral. (Attachment 2)
9. A continuous quality improvement (CQI) process. The operator of the Central Receiving Facility has committed to convene a Continuous Quality Improvement Coalition (CQIC) comprised of the System's patient safety and performance improvement professionals. (Attachment 2)

Benefits to Hillsborough County

- Improved access to behavioral health crisis services for consumers through the availability of a "one stop," single point of entry.
- Increased Law Enforcement patrol time due to ease of drop off of individuals through the Centralized Receiving System and Law Enforcement's access to private Baker Act and Marchman Act transportation services.
- Decreased use of hospital emergency rooms for Baker Act (Mental Health) and Marchman Act referrals (Substance Abuse),
- Increased competence of Receiving Facility personnel to serve persons with mental health and substance use disorders leading to more appropriate, admissions, coordination of care, and integrated treatment planning,
- Reduced recidivism to acute care services due to emphasis on Care Coordination and continuing care services for individuals who are high utilizers of jail, hospital emergency room, inpatient treatment, and acute care crisis services.
- More humane transport of persons in behavioral health crisis through private transportation.
- An institutionalized quality improvement process for enhancing System-wide performance.
- The 211 Information and referral data base is current with expanded capability to match callers with behavioral health services according to their needs and resources.