

Pinellas 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

2023-2026

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I. Background/ Purpose

In accordance with the changes promulgated by Senate Bill 12¹ 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), Pinellas County in partnership with Central Florida Behavioral Health Network (the Managing Entity) have completed this Behavioral Health Receiving System Plan. 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 Behavioral Health Receiving System 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 Behavioral Health Receiving System and how it responds to individual needs and integrates services among various providers.

The Behavioral Health 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 for stabilization of persons with mental health or substance use conditions, or co-occurring conditions.

A **coordinated receiving system** is identified 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 psychiatric treatment or stabilization services following an initial assessment and / or 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 Behavioral Health Receiving System 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 overarching expectation is that 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

¹ SB12 (2016) was a bill during the 2016 legislative session. A final version of that bill became law, amending multiple Florida Statutes, including, in pertinent part, section 394.461, Florida Statutes and other relevant provisions contained in Chapter 394 of the Florida Statutes.

receiving, evaluating and triaging persons with substance abuse, mental health, or co-occurring disorders.

The County and the Managing Entity shall review and update, as necessary, the Behavioral Health Receiving System at least once every 3 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. Children's Mental Health - House Bill 945 (HB945)²

The bill requires the Department of Children and Families (DCF) and the Agency for Health Care Administration (AHCA) to identify children, adolescents, and young adults age 25 and under who are the highest users of crisis stabilization services. The bill also requires DCF to collaboratively take action to meet the behavioral health needs of such children. The bill directs these agencies to jointly submit a quarterly report to the Legislature during Fiscal Years 2020-2021 and 2021-2022 on the actions taken by both agencies to better serve these individuals.

The bill requires the behavioral health managing entities (MEs) to create plans that promote the development and implementation of a coordinated system of care for children, adolescents, and young adults to integrate behavioral health services provided through state-funded child serving systems and to facilitate access to mental health and substance abuse treatment and services. The bill requires DCF to contract with the MEs for crisis response services provided through mobile response teams (MRTs) to provide immediate, onsite behavioral health services 24 hours per day, seven days per week within available resources.

When contracting for an MRT, MEs must collaborate with local sheriff's offices and public schools in the selection process. The bill also requires that the MRT establish response protocols with local law enforcement agencies, community-based care lead agencies, the child welfare system, and the Department of Juvenile Justice, and requires that the MRT provide access to psychiatrists or psychiatric nurse practitioners. The bill requires MRTs to refer children, adolescents, or young adults and their families to an array of crisis response services that address their individual needs.

The bill requires MEs to promote the use of available crisis intervention services. The bill requires contracted providers to give parents and caregivers of children who receive behavioral health services information on how to contact an MRT.

The bill amends foster parent preservice training requirements to include local MRT contact information and requires community-based care lead agencies to provide MRT contact information to all individuals that provide care for dependent children.

The bill requires principals of public and charter schools to verify de-escalation procedures have been followed and an MRT has been contacted prior to initiating a Baker Act of a student unless the principal or their designee reasonably believes a delay will increase the likelihood of harm to the student or others.

² HB945 was a bill during the 2020 Florida legislative session. A final version of that bill became law, effective July 1, 2020, and amended section 394.493, Florida Statutes. This section addresses the requirements contained in that Florida Statutes that were added by the final version of HB495.

III. Pinellas County's BHRS Planning Process & Stakeholders

The Pinellas County Acute Care Committee is a community-wide planning group established to address issues that arise within the acute behavioral health system of care on an ongoing basis. The Pinellas County Acute Care committee has been meeting since 2002 when it developed and implemented the first Pinellas County Transportation Plan. Subsequently, the Pinellas County Acute Care Committee established working groups to analyze and describe the Behavioral Health Receiving System. These groups began the process of improving the system by ensuring that the no-wrong-door model is established and maintained.

The development and implementation of the Pinellas County Behavioral Health Receiving System Plan has strengthened the collaborative working relationships that have existed in this county for decades. The providers examined each agency's processes as well as shared or overlapping processes in order to improve access to services for consumers and families. In order to assure that the No Wrong Door Model is operationally maintained, the Administrative Directors and/or designees of each of these organizations have established open lines of communication and strengthened working relationships in order to share information and maintain the collaborative process within the community. Providers examined the process by which individuals enter the BHRS, receive services, are referred on to other services, and exit the BHRS. As a result, these providers have developed and are implementing systems that continuously optimize access to care, regardless of the entry point into the system.

The Acute Care Committee accepted the first version of this plan in September 2017 and subsequent revisions have been made to keep the plan updated. The Acute Care Committee conducts a comprehensive review every three years. The Acute Care Committee will continue to act as the group responsible for problem-solving issues as they arise within the Behavioral Health Receiving System.

The following organizations are participants in the Acute Care Committee. Those indicated participated in workgroups to develop this plan.

- Florida Department of Children and Families (DCF) SunCoast Region Substance Abuse and Mental Health Program Office
- Central Florida Behavioral Health Network <
- Pinellas County Human Services Department <
- State Attorney's Office
- Office of the Public Defender
- Pinellas County Department of Safety and Emergency Services<
- Sunstar Paramedics
- Pinellas County Sheriff's Office <
- St. Petersburg Police Department
- Largo Police Department
- Clearwater Police Department
- Belleair Police Department
- Gulfport Police Department
- Indian Shores Police Department
- Kenneth City Police Department

- Pinellas County School Police
- Pinellas Park Police Department
- Tarpon Springs Police Department
- Treasure Island Police Department
- Florida Highway Patrol
- National Alliance on Mental Illness –Pinellas (NAMI) <
- North Tampa Behavioral Health
- Personal Enrichment through Mental Health Services (PEMHS) * <
- Directions for Living, Inc. <
- Operation PAR <
- Suncoast Centers, Inc. <
- Baycare Behavioral Health <
 - Morton Plant Hospital*
 - Mease Dunedin Hospital*
 - St. Anthony's Hospital*
- HCA Largo West <
- Windmoor Healthcare of Clearwater* <
- Bay Pines VA Health System (for eligible veterans)
- Agency for Community Treatment Services
- WestCare
- Juvenile Welfare Board of Pinellas County

*Public and Private Baker Act Receiving Facilities

< Participants in the work groups that developed and implemented this plan

(DCF Checklist #1)

IV. Pinellas County's Behavioral Health Receiving System

Pinellas County's Acute Behavioral Health Receiving System is a **tiered receiving system** as described in Section I. Pinellas County's BHRS is unique in that its public receiving facility is a "stand-alone" Crisis Stabilization Unit that depends upon the support and collaboration of community partners in order to provide referrals and linkages to behavioral health and other supportive services within the Pinellas County Behavioral Health System of Care. It is vital that providers work together in order to provide consumers the services that they need within the community after crisis stabilization.

This plan primarily identifies and focuses on the providers who are crucial to sustaining the Pinellas County behavioral health safety net. This includes those providers who are legally accountable to provide emergency services, those contracted and funded through state and local resources, and those participating as vendors in government operated health care plans. However, it is clear that Pinellas County needs, respects and values the many specialty and private providers who are vital to the behavioral health of consumers and families in Pinellas County.

Pinellas County has six receiving facilities for acute psychiatric crisis care:.

1. **Personal Enrichment through Mental Health Services (PEMHS)** is the publicly funded designated receiving facility and serves as the Juvenile Addictions Receiving Facility which provides one bed for substance use screening, assessment, and follow-up referral services. The facility consists of 45 adult beds and 14 children's beds designed to help those experiencing acute emotional and psychiatric crisis. The center operates a 24-hour suicide/crisis hotline, provides emergency screening, crisis intervention and inpatient crisis stabilization services. Under the supervision of a psychiatrist our interdisciplinary team of registered nurses, licensed practical nurses, discharge planners, master's level therapists and mental health technicians partner with patients to develop a recovery focused treatment plan and provide services tailored to fit individual needs. Inpatient treatments and supportive services include:
 - Individual and group therapy sessions
 - Medication therapy
 - Activity therapy
 - Discharge Planner services
 - Mobile Crisis Response Team
 - Pinellas Integrated Care Alliance
2. **Windmoor Healthcare of Clearwater** is a private, free-standing 144 bed behavioral health receiving facility for adults. Individuals with either voluntary or involuntary status receive inpatient treatment for psychiatric or substance use disorders that is focused on individual needs in four specialized treatment programs: Dual Diagnosis, Older Adult, General Psychiatric, and Military/Veterans. Windmoor also offers Partial Hospitalization (PHP) and Intensive Outpatient (IOP) Programs at two sites located in Pinellas and Hillsborough.
3. **Mease Dunedin Hospital (Baycare)** is a private receiving facility consisting of 32 beds. The center features separate units for children and adolescents (ages 3-17), and a progressive unit designed for seniors with mental health issues associated with aging.
4. **Morton Plant Hospital (Baycare)** is a private receiving facility consisting of 24 beds for adults experiencing behavioral health crisis.
5. **St. Anthony's Hospital (Baycare)** is a private receiving facility that consists of 50 beds designed for adults experiencing behavioral health crisis and a progressive unit designed for seniors with mental health issues associated with aging.
6. **HCA Largo Hospital HCA Largo West** Indian Rocks Road campus is a private 71 bed behavioral health receiving facility. The department is designed to treat adults experiencing a behavioral health crisis. Additionally, HCA Largo Hospital offers a Senior Care Unit, an Intensive Outpatient Program, a Partial Hospitalization Program and both inpatient and outpatient electroconvulsive therapy (ECT). Both the Intensive Outpatient Program and the Partial Hospitalization Program are located at the Indian Rocks Road Campus as well as in at

the hospital's offices in St Petersburg. HCA Largo Hospital offers the 24/7 private entry no ER wait, private room unit for first responders and their family members.

The non-acute care services in Pinellas County are provided as part of the behavioral health public safety-net include the following agencies:

Directions for Living is a community mental health, substance misuse, homeless services, and child safety services provider located in Pinellas County. Directions for Living offers a wide range of outpatient behavioral health services, services to people who are homeless or housing unstable and services to high risk families. Services include:

Outpatient Services:

Adult Therapy

Adult Psychiatry

Adult Case Management

Children's Therapy

Children's Psychiatry

Children's Case Management

Intensive Case Management to high risk families

Group Therapy

Psychological Testing

Pharmacy Services

Assisted Outpatient Treatment

Peer Services

TRACE –Telehealth Remote Access to Crisis Evaluation

Early Childhood Consultation

Children's Care Coordination

Cooperative Agreements to Benefit Homeless Individuals (CABHI)

Mental Health Court

Pinellas County Empowerment Team (PCET 2.0)

Street Medicine to individuals living homeless or housing unstable

Acute Crisis Response/Critical Incident Response to college campuses

High Fidelity Wraparound

Street Outreach to individuals and families living street homeless

SSI/SSDI Outreach, Access and Recovery (SOAR)

Suncoast Center, Inc. has been providing mental health, substance use disorder, and social support services within Pinellas County for over 71 years. Suncoast Center provides a wide range of services including:

- Outpatient Mental health and psychiatric services (adult and children) including specific trauma services
- Outpatient Substance Use Disorder counseling (adult and children)
- Family therapy and support services

- Outpatient Sexual assault services that consist of 24-hour helpline, crisis counseling and intervention, court advocacy and accompaniment, information and referrals, support groups
- Sexual Assault Victims Examinations
- Financial counseling and education
- Medication Management
- Case Management
- Forensic services for adults involved in the judicial system
- Parenting aid and mentoring
- Empowerment Team

Operation PAR provides treatment services for those impacted by substance use disorders and mental health disorders at various sites across Pinellas County. Operation PAR's treatment philosophy includes providing individualized care with a person centered, evidence based, trauma informed approach. Treatment options include:

- Adolescent and Adult Programs
- Detoxification
- Medical Assisted Patient Services
- Residential Treatment Services
- Outpatient Treatment Services
- Specialized Treatment Services for Pregnant Women
- Individual, Family and Group Counseling
- Gender Specific and Co-ed Groups
- Enhanced Outpatient with several contacts per week
- Telehealth

Operation PAR provides both inpatient and outpatient detoxification services. Inpatient services provide 24-hour medically monitored detoxification and stabilization for individuals dependent on drugs and alcohol, with stays varying from 72 hours to 5.5 day.

Operation PAR provides residential treatment programs for males, females, and adolescents. The Adolescent Residential Center is a full-time, 24-hour treatment program serving males and females between the ages of 13 to 17 who have a significant history of substance use leading to family, school, and/or legal problems. Adolescents receive comprehensive psychosocial, nursing and psychiatric assessments, on-site educational services through the Pinellas County Alternative Education program, daily group therapy, individual and family therapy, linkage with AA and NA meetings, family support groups, recreation therapy, a behavior management program, life skills training, social skills education, daily nursing care, random drug testing, opportunities for community service and ongoing medication management if needed.

PAR Village is a residential program providing gender specific services for substance using females and their children. Residential services target pregnant or parenting, addicted women who desire to have their children reside with them in treatment.

Operation PAR provides residential substance use disorder treatment for adults based on their individual clinical needs. Individuals may take part in a menu of services, including screening and diagnostic assessment, drug screen monitoring, individual counseling, group counseling, psycho-educational groups, life skills education, mental health counseling, case management, vocational enhancement, and continuing care programming. Short Term Residential provides inpatient treatment for male and female adults seeking help with substance use or co-occurring substance use and mental health disorders.

Medication Assisted Patient Services (MAPS) provide buprenorphine, naltrexone, and methadone maintenance, detoxification, counseling, and medical services, including HIV risk assessment to opiate-addicted clients. Operation PAR provides MAPS services in 7 other Florida counties.

Pinellas MATTERS is a partnership between area hospitals to optimize identification of patients within emergency departments who experience a substance use condition to provide peer support and engagement services which may include medication induction for opioid and/or stimulant use and enhanced linkages into follow-up treatment services to improve adherence to follow-up care.

WestCare

The Mustard Seed Inn, established more than 20 years ago, offers 73 beds for 24/7 transitional living, substance use and co-occurring substance use and mental health disorders treatment, and recovery support services. The facility serves both males and females, although rooms are separated by gender. Licensed by the state of Florida Department of Children and Families - Suncoast, the Mustard Seed Inn provides counseling, case management, job support and recovery-based services that help adults develop the skills needed to transition into permanent housing within the community. During the 2007 program year, the Mustard Seed Inn provided services for 315 males and females. Residents can remain in the facility for up to 24 months if needed.

Pinellas County Drug Court Services and Outpatient Substance Abuse Services provides twelve (12) weeks of group counseling and drug screening for individuals referred by the Pinellas County Drug Court. All Drug Court clients are provided with special offender counseling that recognizes that the learning needs, psychological problems and social skills of the client must be addressed to prevent relapse into substance abusing and criminal behavior. The treatment providers functions as part of a treatment team which is made up of the court including the judge, and other members of that system, case managers, probation officers and attorneys.

WestCare – Gulfcoast residential program for men and women who are generally court ordered to participate in treatment for substance use disorders. They can be referred by the courts, any legal system, self-referred, or by family members or friends. Participants in this treatment program all have a serious substance use disorder or a co-occurring disorder. The goal of the program is to provide comprehensive and innovative services to individuals with substance use disorders who are involved with Central Florida's criminal justice system.

Acute Care Processes of the Pinellas County Behavioral Health Receiving System:

This plan describes the Pinellas County Behavioral Health Receiving System's processes for Acute Care including Screening/Triage/Evaluation/Referral; Non-Acute Care; and Linkages and Referrals. These categories represent the various levels of interventions that are necessary in this community to ensure a comprehensive "array of services". 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 individual strengths and needs as well as the restrictiveness level they require to address and support their recovery needs at any given time. This plan describes how Pinellas County optimizes access to care, regardless of the entry point into the system.

(DCF Checklist #2.)

A. Acute Care

Triage

Each receiving facility triages individuals immediately upon arrival to ensure care in the least restrictive setting based on the individual's needs. While each of the receiving facilities has its own unique procedures, all of the receiving facilities' processes include similar elements. All facilities agreed that the average drop-off time for law enforcement or medical transport is less than ten minutes when the BA-52 is completed accurately and completely. Collateral information from the law enforcement officer or medical transportation provider regarding the circumstances of their involvement is obtained.

Upon arrival, the individual is assessed to determine their immediate risk including risk for violence, elopement and suicide/violence risk. Their immediate safety status is assessed, including possession of contraband, weapons or drugs. Medical assessments are completed regarding physical condition, allergies, vital signs, and withdrawal symptoms. The individual and any collateral contacts are asked to describe the presenting problem and are asked to provide demographic information and information regarding legal status and guardianship. Based on information gathered, the staff determines if the individual's needs can be met safely at this particular facility and if the individual meets the medical clearance criteria as described in the Transportation Plan.

Facility staff provide a brief orientation including a description of the assessment and screening process, legal process, confidentiality, consumer rights and responsibilities.

As described in the Pinellas County Transportation Plan, transportation to and from facilities may be required due to several factors, including medical/behavioral health necessity, inpatient acute care capacity or consumer choice. When necessary, Sunstar, the county contracted transportation provider shall be notified to transport the consumer to the appropriate medical or acute care facility.

Screening

During the screening process, the individual participates in a more detailed assessment process in order to determine if the individual meets criteria for BA-52 and if not, what level of treatment is needed. Consumer choice of provider is considered and respected throughout the process. Facility staff asks about the consumer's experience with the behavioral health system. When the consumer requests services elsewhere or has benefits coverage elsewhere, all efforts are made to accommodate the consumer's request.

The screening process includes a formal risk assessment and medical assessment as well as an assessment of historical information including suicide history, substance use history, and previous behavioral health treatment history. If it is determined that the individual is currently receiving behavioral health treatment services, a concerted effort shall be documented by the receiving facility to contact the treating agency as part of the detailed assessment process so that they may consult on the determination of a BA-52. Additionally, medical testing including drug testing and pregnancy testing are completed. In all of the private receiving facilities, these assessments are completed by a professionally licensed or licensed supervised staff including: Registered Nurse, licensed or licensed eligible mental health clinician, Emergency Room Physician, Psychiatrist, or Psychologist.

Assessment tools used by receiving facilities include Adverse Childhood Experience (**ACE**) Questionnaire, Patient Health Questionnaire (**PHQ-9**), **LOCUS** (Level of Care Utilization System) **Assessment**, Global Appraisal of Individual Needs (**GAIN-Q3**) and **GAIN-I**, Columbia Suicide Severity Rating Scale, ASAM Criteria, Clinical Institute Withdrawal Assessment for Alcohol (**CIWA-AR**) and Biopsychosocial Assessments.

Evaluation

The Evaluation process is completed by a physician as required by Florida Statute. All previously collected information is considered in conjunction with the physician's evaluation. The outcome of the evaluation includes determinations regarding medical status and level of care.

The evaluation process includes consideration of least restrictive level of care based upon client need. Can this individual's needs be best met in the community? If the individual has been receiving services within the community (FACT Team, Case Manager, Therapist, Peer Support Specialist)) can they return? What additional/different services can be put in place to improve functioning? When appropriate, the individual is referred back to community services. If, at any time during the initial screening and/or evaluation process, it is determined that the individual does not meet criteria for the program, provider placement for alternate level of care is initiated.

(DCF Checklist # 6)

Referrals and Diversion from Acute Care

As a result of the screening and triage process described above, the individual may be found not to meet criteria for the Baker Act or the Marchman Act, or a less restrictive level of care may be more appropriate. If an individual who presents to a receiving facility is a person who has a pre-existing relationship with a therapist/psychiatrist and wishes to continue working with

that provider, all efforts are made to refer the individual back to that therapist/psychiatrist. During the screening and triage process, additional and/or different services may be identified to provide support to the individual. Discharge Planners within the receiving facilities work with the providers in the community to connect the individual to these services.

In support of the No Wrong Door model, PEMHS, Suncoast Center, Inc., Directions for Living, and Operation PAR, are utilizing the CareConnect electronic medical record system. This enables these agencies to make referrals to each other more efficiently, share more complete information regarding clients (with proper releases of information) and expedite the referral process. Other agencies who use CareConnect include Boley Centers, Gulf Coast Jewish Family and Community Services, and 211. At this time, the private receiving facilities are not utilizing this system. Each private facility has its own medical record system that is shared within its corporate partnered hospitals and units. HCA and Baycare have voiced interest in utilizing CareConnect in order to more efficiently partner within the system of care. HCA and Baycare are using telehealth to improve access to psychiatric consultations within the Emergency Departments. The use of telehealth in the Emergency Departments provides the psychiatric expertise needed to make determinations regarding the use of the Baker Act and/or the need for further acute psychiatric services. This streamlines the process within the Emergency Rooms and is an efficient and effective way to provide the appropriate interventions as the individual needs them. PEMHS is using telehealth within their intake department with the same goals in mind.

(DCF Checklist # 7)

A coordinated access model (CAM) provides early screening and scheduling assistance to those who are unfamiliar with navigating the behavioral health system of care. The assistance of a CAM with use of call, text and chat features provides low-barrier access to standardized clinical screening tools and scheduling assistance that reduces delays in seeking the right clinical service and helps to avoid impending crisis events due to these delays. This assistance is accomplished through a network of local and virtual outpatient treatment providers.

Evidence Informed Practice

Clinical treatment is accomplished through a variety of programs that provide behavioral therapies and psychopharmacological interventions with the goal of addressing the behavioral health conditions that impede individual functioning. Evidence Informed Practice is the use of interventions that are based on the best available research evidence integrated with the practitioner's skill and experience. Evidence informed interventions and programs utilized within the Acute Care receiving facilities includes Wellness Recovery Action Planning (WRAP), Electroconvulsive Therapy (ECT), NAMI Connection Support group, Suicide Survivor Support Group using NAMI's Family Support model), trauma-informed and trauma specific interventions.

As described in each agency's description above, Pinellas County's Acute System of Care offers a variety of treatment options for individuals experiencing behavioral health crisis including individual and group therapy, family therapy, medication therapy, activity therapy,

specialized programs for older adults, care coordination, peer support services, social work and discharge planning services.

988

211Tampa Bay Cares is the 988 primary provider for Pinellas County. 988 has been designated as the new three-digit dialing code that will route callers to the National Suicide Prevention Lifeline (now known as the 988 Suicide & Crisis Lifeline), and is now active across the United States.

When people call, text, or chat 988, they will be connected to trained counselors that are part of the existing Lifeline network. These trained counselors will listen, understand how their problems are affecting them, provide support, and connect them to resources if necessary. The previous Lifeline phone number (1-800-273-8255) will always remain available to people in emotional distress or suicidal crisis.

The Lifeline's network of over 200 crisis centers has been in operation since 2005, and has been proven to be effective. It's the counselors at these local crisis centers who answer the contacts the Lifeline receives every day. Numerous studies have shown that callers feel less suicidal, less depressed, less overwhelmed and more hopeful after speaking with a Lifeline counselor.

Mobile Crisis Response Teams

Mobile Crisis Responses Teams (MRTs) improve behavioral health services by providing on-demand crisis intervention services in any setting in which a behavioral health crisis is occurring, including homes, schools, and emergency departments. MRTs are available 24/7 to provide on-site crisis intervention within 60 minutes, ensure timely access to supports and services, and resolve crises. Services include evaluation and assessment, development of safety or crisis plans, providing or facilitating stabilization services, supportive crisis counseling, peer support services and education, development of coping skills, and linkage to appropriate resources. A primary goal of MRTs is to prevent unnecessary psychiatric hospitalizations. MRTs can also serve as a mechanism of jail diversion in reducing arrest of criminal offenders who have a mental health disorder, are experiencing serious emotional distress, and/or threatening self-harm.

MRT intervention during a developing mental health crisis can reduce over-reliance on law enforcement responses to less-urgent, non-life-threatening emergencies. MRTs are comprised of clinicians who have the formal training and know-how to effectively resolve mental health crises and potentially reduce use of the Baker or Marchman Act. Peer Support Specialists, and law enforcement transport when an individual is experiencing a psychiatric crisis.

(DCF Checklist #9)

Recovery Oriented and Peer Involved Approaches

In April 2016, Florida formally recognized (by implementing SB 12) the importance of recovery oriented principles that link individuals to resources that support their successful community-based recovery. Specifically, systems of care must connect consumers with behavioral health conditions to clinical and non-clinical supports to assist them to initiate and sustain recovery and re-build meaningful lives within their communities.

Pinellas County's Behavioral Health Receiving System provides services that are recovery oriented. Supports delivered by Peer Support Specialists are recognized as critical contributors to the system of care. The use of the Recovery Capital assessment is encouraged by peer specialists to guide the individual toward recovery goals and strengths. Connection with community based supports begins at admission. PEMHS and Windmoor Healthcare work with National Alliance on Mental Illness (NAMI) Pinellas to encourage individuals to participate in Connection support groups and Peer-to-Peer educational programs to support the recovery of the individual as well as Family support groups and Family to Family educational program for their loved ones who are continuing to support them while in the community. For those with substance use disorder, facilities encourage participation in self-help support groups such as Alcoholics Anonymous, Celebrate Recovery, etc. Largo Medical Center uses volunteer peer supports within their service array to encourage consumers to reach out and follow through with referrals. All providers facilitate connections with Vincent House in order to promote employability, wellness and connection within the community. Discharge planning addresses natural supports and encourages the re-engagement of consumers back into their lives. Use of recovery oriented and peer services continues and expands into outpatient and other non-acute care settings.

(DCF Checklist #8)

Consumer and Family Choice

The Pinellas County Acute System of Care recognizes the rights of individual consumers and their families to participate in planning, decision-making, and evaluating the system's responsiveness of care. Both public and private receiving facilities provide person-centered, individualized services that are sensitive to gender, race, and age. Patient rights are respected and adhered to as codified in Florida Statutes.

Consumer and family choice is a value that is held in high regard across Pinellas County's Acute System of Care. Providers respect and consider consumer and family choice throughout the process of providing care. PEMHS has information available in the CSU describing other receiving facilities. When a person requests to be in another facility, PEMHS facilitates that process given the receiving facility has capacity and the individual has means to pay for services at the other facility. Hospitals initiate an Interfacility-Transfer process when patients or guardians request hospitalization in other facilities. Contact is made with the other hospital to review clinical and medical information to ensure they are capable and willing to accept the patient's request for transfer.

(DCF Checklist #12)

Engagement of Non-Traditional Providers

Consumers' natural supports within their communities are identified by providers through the completion of a biopsychosocial assessment. Receiving facility discharge planners actively engage these supports and, when possible, complete collateral contact with these supports prior to discharge. This encourages consumers to engage/re-engage with outpatient treatment, employment, vocational, financial, faith-based support, housing and recreational services within the community.

Consumers who are homeless participate in an assessment process that includes the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT) while they are at PEMHS. Depending upon their score, the individual becomes available for a variety of homeless services to include permanent supportive housing and rapid re-housing as Pinellas County is a housing first community. The individual will be referred to Boley Centers or another of the variety of homeless service providers. Pinellas has a coordinated entry system for homeless services.

(DCF Checklist # 10)

Referrals & Linkages after Acute Care

1. Overflow

As described in Pinellas County's Transportation Plan, in the event that PEMHS is in Overflow Status, PEMHS will notify all receiving facilities that there is an individual who needs placement as a result of PEMHS being in Overflow Status. Each receiving facility is responsible to respond to PEMHS with their availability to accommodate this individual immediately upon receipt of this notification. PEMHS will arrange for transportation of the individual to the appropriate receiving facility that has availability. Hospitals who are at capacity or capability in their Emergency Departments will divert patients to other receiving facilities/hospitals by initiating the Interfacility Transfer, or by notifying other Emergency/Admission Departments and community service providers of their status.

2. Referrals to Community Services

Discharge planners take the lead in initiating the linkages between the Crisis Stabilization Unit and Community Services. For consumers referred from PEMHS to Suncoast Center, Inc., a case manager from Suncoast Center provides a screening contact prior to discharge in order to help remove barriers to follow-through. For referrals between the agencies who utilize CareConnect, all needed and supportive documentation for the referral is sent electronically to the community provider. When the client arrives for his/her appointment the client completes the enrollment, intake assessment, treatment planning, and when warranted will receive a same day standby medical appointment to ensure the medication regimen is maintained. Consumers identified as High Need/High Utilizers (HN/HU) are flagged in CareConnect. That flag follows the client to the receiving community program and serves to inform that program of the individual's frequent use of the Crisis Stabilization Unit. These HN/HU consumers are automatically referred to the Impact Team in order to receive follow up

care coordination for up to 30 days. For those who agree to begin/continue services at Suncoast Centers, Operation PAR, or Directions for Living, PEMHS provides transportation for their initial appointment.

For Suncoast Center and Operation PAR, intake appointments are set as Open Access intakes. Crisis Stabilization Unit discharges from private receiving facilities to Suncoast Centers, Inc. are handled in the same manner with the exception of not having an embedded Suncoast Center Case Manager assist with barriers to keeping appointments.

Individuals leaving PEMHS who do not engage in the discharge planning process or refuse referral to follow-up services participate in an Extended Stay Staffing with the PEMHS clinical staff in order for PEMHS to gain further understanding of the individual's needs and preferences, as well as barriers. If the consumer continues not to engage, the individual participates in a staffing with the Administrative team in order to ensure that their needs are addressed.

(DCF Checklist #7)

A. Non-Acute Care

1. Access

Directions for Living receives referrals by e-fax, standard fax, Care Connect, federal mail, phone calls from funders and facilities, the Move-It share point system and self-referral by walk-in.

Referrals into Suncoast Center services may come via phone, fax, or Care Connect electronic referrals. These referrals are processed by central intake. Clients who call for services are immediately screened for the level of care and program placement. Clients who are screened for the level of care of outpatient services are given an Open Access time and date. Clients are told that the Open Access time slots are first come, first served, if they do not arrive at the agreed time, they are able to come into Open Access Intake and wait for the next available opening at any time. When the clients arrive for their appointments, they complete enrollment, full assessment by a clinician, and treatment planning. Clients who are screened for the level of care for in-home services are processed by the community based enrollment staff over the phone. In-home Program Managers or their designated staff are informed and the in-home intake is scheduled by the in-home clinician. These appointments are available within three days or sooner. Clients who are referred electronically, by fax, or who leave a message are contacted by the central intake staff to initiate the intake process. Clients who the intake staff are unable to reach after three attempted contacts are sent to the program manager and may be processed for further contact attempts by program managers if the referral information warrants.

All referrals into Operation PAR are processed through the Access Center. Referrals may be received via fax, e-mail, and CareConnect. In addition to the intake counselors, there are four care coordinators and four licensed or masters level licensed eligible counselors located within the Access Center who facilitate linkages to Operation PAR services as well as to other services in the community. Receiving facilities or other

agencies who are making referrals for Operation PAR services are routed directly to the Care Coordinator within the Access Center in order to better expedite those individuals into the services that they need. When an individual contacts Operation PAR for services, a screening is completed over the telephone in order to determine the level of care (detox, residential, outpatient) that the individual needs. This screening includes a Global Assessment of Individual Needs (GAIN) screening. Intake appointments are scheduled and do not occur in an open access process. Intake appointments at Operation PAR may take as long as two hours to complete as the client completes enrollment and receives a full assessment.

All referrals into Transition's Largo Medical Center Intensive Outpatient and Partial Hospitalization Program are completed via telephone referral, walk-in as well as directly coordinated from the acute care setting. Largo Medical Center offers this service in Largo and St Petersburg.

All patients who arrive at Windmoor seeking an admission are triaged by an RN and/or a licensed clinician to review their request to be admitted as a voluntary patient. If they meet criteria for inpatient, they are admitted to an appropriate program. If it is determined they do not meet inpatient criteria, they are screened for the Windmoor PHP or IOP programs and also are given at least three referrals to community outpatient programs.

(DCF Checklist #6)

2. Referrals & Linkages

Directions for Living offers many services to meet client needs, but when referrals to community partners are needed, Directions for Living believes in facilitating a smooth transition into the new service. After the client has agreed to the service, Directions for Living staff makes contact with the community partner to inform them of the referral. Directions for Living staff follows up to make sure the client attended the initial appointment. Outside referrals are accomplished by use of e-fax, phone calls, and SharePoint. Directions for Living also offers Total Case Management (TCM) services which emphasize warm handoffs.

Suncoast Center provides referrals to community resources for clients as a common part of providing services when needs are identified. Depending upon the site and the need, the client may meet with a short term case manager to assist with the referral needs, or may receive referral information from their primary provider. Clients who need significant assistance and who qualify for Case Management Services receive a significant amount of support to link to other community resources. For clients who simply require direction to the existence of a resource who are able to follow through on their own, there is no additional follow-up until the next session, meeting, or visit. For clients who are receiving Targeted Case Management services or Short-Term Case Management services the provider is assisting with the referral, the connecting and linking of the clients, and accessing the specific needed resource. This may include a significant amount of follow-up to ensure the effective accessing of the specific resource or that the need is met.

Operation PAR provides referrals to community resources as needs are identified during the assessment and treatment process. Operation PAR staff assists with referral needs and supports linkage to community providers.

For individuals who are being discharged from inpatient programs at Windmoor, Case Managers will contact community partners to make follow-up appointments within seven days of discharge. Additionally, Windmoor Healthcare provides referrals to community partners when patients have been screened and do not meet inpatient criteria. Patients are given contact information for three community partners geared toward the type of intervention they are requesting.

The Coordinated Access Model, known as “Care About Me” (CAM), is a resource available to all current and future residents of Pinellas County to receive screening and level of care assessment using validated and standardized tools to identify appropriate outpatient treatment services and scheduling assistance. These connections to care are monitored using key performance indicators along with surveys provided to callers, referrers, and network treatment providers to ensure quality in linkages to care.

(DCF Checklist #7)

3. Recovery Oriented and Peer Involved Approaches

Suncoast Center uses peer services in several programs. Peer support that emphasizes social connectedness and peer mentoring is linked and embedded throughout the Healthy Transitions program. The Adult Case Management and FACT programs utilize peer support in normalizing roles with supportive contact and case management assistant roles. The Total Family Strategy and Parent Aide programs utilize parents as mentors to other parents and families with a goal of relieving social isolation and providing supportive guidance to struggling parents and families.

NAMI Pinellas offers Peer Led Support Services in all of our program offerings. The peer support specialist is certified or provisionally certified by the Florida Certification Board. Once requested using the NAMI Helpline, a peer specialist is assigned. They met with the individual to build rapport and conduct several assessments such as the Recovery Capital, strengths and goal worksheet, as outlined in Guidance document 35. The peer specialist will encourage, assist in navigation and support the individual to connect with the support and/or other recovery connections based on the individuals’ goals. These supports frequently include connection to NAMI support groups and other educational programs led by individuals living in recovery. For individuals aged 14-29, involvement in the county’s Youth MOVE Pinellas Chapter is also encouraged as a venue to socialize, while learning self-advocacy and connection to purposeful activity.

Operation PAR offers 12-Step support group meetings on site in Largo for individuals in their outpatient and residential programs. Other sites refer to support groups but not on site. Operation PAR utilizes people who are recovering from substance use disorders as Behavioral Techs within their programs. The agency is in the process of certifying peer specialists as they evolve their “lay person training”. Operation PAR recognizes the

value of Peer Specialists and is currently working on processes to identify and support peer specialists within the current employee base.

Providers support and promote recovery and resiliency through agency wide policies, staff trainings, individual and group supervision of staff providing services, and departmental/program procedures. Recovery and resiliency starts with a person-centered approach to evaluating the needs of an individual or family as soon as they reach out for services. Providers have incorporated questions designed to determine the positive outcomes a person or family would like to achieve through the services provided. Treatment planning continues the conversation about building on existing strengths and enhances the focus on resiliency versus a symptom-focused approach. Person-centered language is integral to services that are focused on recovery and resiliency since the individual and families served must always be central to how, when, and where services happen. Using person-centered language ensures a focus on the highly individualized services that support the strengths of persons served. Additionally, agencies provide staff training that encourages this strength-based approach when interacting with clients, in all documentation, and during staff discussions of clients.

(DCF Checklist #8)

4. Consumer and Family Choice

The individual and family's input is essential throughout provision of services so that they direct the recovery process and guide how, when, and where services happen. Individual differences are valued by creating treatment plans and providing services that are unique to each person and family. Consumer choice of provider is considered and respected throughout the process. When the consumer requests services elsewhere or has benefits coverage elsewhere, all efforts are made to accommodate the consumer's request.

Providers within the Behavioral Health Receiving System offer an array of services that encourage a holistic approach to recovery with treatment that incorporates medical, psychological, social and recovery models. Providers use client-centered approaches that incorporate the individual and family's ongoing feedback. This allows the providers to maximize existing strengths and empowers consumers and families to be an active part of their recovery.

(DCF Checklist #12)

5. Evidence Informed Practices

Directions for Living uses the following evidence based modalities; Seeking Safety, Trauma Focused – Cognitive Behavioral Therapy, Motivational Interviewing, Child-Parent Psychotherapy, Adoption Competency, and Nurturing Parenting.

Suncoast Center integrates many evidenced based techniques and interventions recognized by SAMHSA or other national professional groups for our specialized service areas. These include recovery model principles such as client directed treatment and goal directed treatment. Suncoast Center utilizes medication assisted

treatment, cognitive behavioral interventions, family psycho-education, integration of mental health and substance abuse treatment, and individualized consumer driven services. We provide family therapy from a number of different strength based models including Solution Focused Therapy, Brief Strategic Family Therapy, and Multi-Systemic Family Therapy, and Feedback Informed Treatment.

Operation PAR requires that all innovative therapeutic processes be cleared through clinical care committee prior to use in order to assure that all service delivery processes are evidence based.

Some of the evidence informed interventions utilized at Operation PAR include: Motivational Enhancement Therapy/Cognitive Behavioral Therapy (METCBT), Seeking Safety, MATRIX, Living in Balance, and Cannabis Youth Treatment (CYT) Series, and low-barrier access following medication induction in emergency departments (Pinellas MATTERS), among many others.

(DCF Checklist #9)

6. Engagement of Non-Traditional Providers

The providers welcome and support clients in their social connectedness within their communities and their beliefs. They assist in referrals; coordinate care with providers, and connecting with support groups within the community.

(DCF Checklist #10)

V. Behavioral Health Receiving System Agreements

Providers within the Behavioral Health Receiving System report and share data between each other and with a number of community stakeholders. Most providers do not currently have formal data agreements.

As described in above sections, PEMHS, Suncoast Center, Inc. Directions for Living, Operation PAR, Boley Centers, Gulf Coast Jewish Family and Community Services, and 211 utilize the Care Connect Electronic Medical Records system. This enables these agencies to make referrals to each other more efficiently, share more complete information regarding clients (with proper releases of information) and expedite the referral process.

NAMI Pinellas has written agreements with PEMHS and Directions For Living to provide provisionally Certified Peer Support Specialists to offer peer led services to ensure increased access to recovery supports.

(DCF Checklist #13)

VI. Continuous Quality Improvement Process

The Acute Care Committee that includes representatives from all law enforcement agencies, SunStar the Pinellas County-funded transportation provider, the receiving facilities, hospitals, community mental health service providers, community substance use providers, the VA, and funders meets monthly to monitor and analyze data that will help to ensure the efficiency and effectiveness of the acute behavioral health system of care. Additionally, it evaluates the Transportation Plan to determine

whether there has been an improvement in the acute care system since the implementation and to address issues as they arise.

A. Review Effectiveness of BHRS Plan

Because we recognize that consumers obtain services from both public and private receiving facilities and through both public and private funding sources, the Behavioral Health Receiving System agrees that it is important to include the entire system in its review of the effectiveness of the BHRS Plan. The following are relevant measures of the effectiveness of the behavioral health receiving system. We agree to focus our attention on data related to individuals who are high utilizers of the BHRS. The providers have agreed to work towards improvement in these areas. The following are the criteria established for assessing the effectiveness of the Behavioral Health Receiving System Plan:

- **Decreased re-admissions to receiving facilities (3+admissions within 180 days of discharge from a CSU)**
- **Increase in participation in the number of social connectedness community based activities**
- **Attending 80% or more of scheduled appointments during the 180 days post discharge from a CSU.**

Because Pinellas County's system is unique in that the public receiving system is a free-standing program that depends upon the collaboration of community partners in order to be effective, community based providers share in the accountability for the effectiveness of this plan. In order to accomplish these goals, the Behavioral Health Receiving System proposes the following:

- Increased communication between receiving facilities (public & private)
- Increased communication between receiving facilities and stakeholders including reporting of data regarding CSU admissions, re-admissions, and referrals to community services.
- Because individuals receive services from both public and private facilities, the private facilities are interested in accessing data from and providing data to the public system regarding these individuals.
- Shared responsibility for high re-admissions between PEMHS/Hospitals & Community Based Treatment providers.
- Community Based Treatment Providers develop and implement consistent aggressive steps to engage people who have difficulty with engagement in referrals.

By utilizing a "customer satisfaction survey" (in addition to the DCF survey) designed to assess each agency's expected experiences, we can systematically gather input from individuals and families served. Additionally, "external customers" (Law Enforcement, service providers, and other stakeholders, ALF's, Sunstar) can be interviewed in order to gain information regarding their experience of the Behavioral Health Receiving System. The group believes that meeting with external customers in person (including first responders) to hear their feedback regarding issues within the system will be a more effective method than utilizing surveys. This information will be reviewed by a subcommittee of the Acute Care Committee and reported to the Acute Care Committee on a quarterly basis.

(DCF Checklist #16)

B. Analysis of Access to Services (No Wrong Door)

Deficiencies identified within the process described above will be addressed from a "process focused" perspective using evidence informed methodologies (NIATx) and key performance indicators

(Optimal Data Set & Certified Community Behavioral Health Clinic measures). The sub-committee will define each deficiency using measurable, solution-focused, and time-limited problem statements. Opportunities for improvement will be determined based upon performance indicators incorporating service, outcome, and/or cost.

As a starting point, agencies who are a part of the Behavioral Health Receiving System will begin a review of their policies and admissions criteria in accordance with the principles of No-Wrong-Door. Each agency will assess access to their agency and track issues and successes at each step from initial call through engagement and admission. Each agency will take actions to improve the process within each agency as a result of the analysis and report back to the sub-committee.

(DCF Checklist #16)

C. Enhancement of Access to Services beyond current limitations & Method to Address Deficiencies

Some of the proposed improvements as a result of participation in the workgroups established to write this plan include the following:

- The implementation of common screening tools at each of the receiving facilities in order to streamline the assessment and referral process between receiving facilities
- The establishment of a triage center at PEMHS to more quickly and effectively evaluate the needs of incoming individuals in order to assure that they receive the appropriate level of care
- The implementation of care coordination between PEMHS and the community mental health and substance use providers (Suncoast Center, Directions for Living, and Operation PAR) in order to streamline the referral process for those coming out of the acute care system and to ensure successful linkage with community providers
- The use of a multiagency release of confidential health information in order to ensure that providers may share data and information to provide the appropriate level of services, coordinate care and meet the individuals' needs, particularly during acute care episodes including involuntary emergency psychiatric assessments/evaluations (Baker Act).
- Training to improve medicolegal competencies to facilitate the lawful exchange of confidential health information during acute care episodes and also following acute care to ensure follow-up to care
- Explore private receiving facilities have access to CFBHN data system for non-funded clients.
- Private receiving facilities utilize CareConnect
- Directions for Living, Suncoast, and Operation PAR utilize telehealth intake appointment by receiving therapist at PEMHS
- PAR to provide admission criteria to all receiving facilities
- PAR to streamline and formalize referral process from CSU/Private Receiving Facilities
- Suncoast and Operation PAR partner to provide psychiatric consultation for Operation PAR in order to meet the needs of consumers with substance use disorders and co-occurring serious mental illness.
- Develop a customer satisfaction survey to utilize system-wide and/or review measures collected from the DCF-developed consumer satisfaction survey.
- Enhance involvement of private receiving facilities in the process of system improvement in order to underscore their integral participation in system improvement. (Importance of relationship between public and private facilities in system development/improvement)

- Utilize a multi-agency and multi-funder staffing process in order to identify individuals who are high-utilizers of the BHRS in order to determine successes and opportunities for improvement of individualized treatment needs and systems-level performance.

The Acute Care Committee will establish a subcommittee to prioritize these improvements and develop plan to address deficiencies in BHRS plan.

(DCF Checklist #16)

D. Review of Waitlist

- 1. State Hospital**
- 2. Residential**
- 3. CSU/Detox**
- 4. Medication Assisted Treatment for Substance Use Disorders (i.e. Methadone)**
- 5. Outpatient Services**
- 6. Acute Care Coordination**

Effective implementation of the BHRS Plan will improve access to services and efficient use of available services. As assessments become utilized in a consistent manner across providers and providers become more aware of program criteria, referrals can be made more effectively. As communication increases between providers and the use of a universal release and electronic medical records becomes more consistent, consumers will become involved in services without the need for multiple assessments and screenings repeated across providers. The development of effective diversion from inpatient care for those who can benefit from lower intensity treatment and recovery oriented community based services will help to ensure that higher level treatment is available for those who truly need it.

In order to monitor, Central Florida Behavioral Health Network will bring information about waitlist specific to 1-5 for Pinellas County to Acute Care Committee for review.

Waitlist reportable services include:

Substance Abuse Waitlist:

Residential 1-4, Outpatient, Detox, Day/night, Methadone or MAT, and Intervention.

Mental Health Waitlist:

CSU, Residential 1-4 and SRT, Outpatient Services and State Hospital

Up to date waitlist data will be provided at each meeting by all PICA-contracted agencies that provide the above listed reportable and reviewed on a monthly basis at the Pinellas County Acute Care Committee. Discussion will focus on persons waiting for state hospital and possible diversion, interim services, persons waiting for substance use services, i.e. residential, MAT or Methadone.

The Acute Care Committee could recommend that the BHRS Subcommittee review processes, availability of services, access to services, admission/eligibility criteria to a program, etc. and make recommendations to address deficiencies.

Attachment A: DCF Checklist 3&4

While all agencies do not utilize a singular data sharing program. All agencies do work in accordance with the allowances of Federal HIPPA regulations, Florida statutes and Florida Administrative Codes for care coordination of individuals served in our community.

Agency Demographics	Voluntary Assessment and Evaluation	Involuntary Assessment and Evaluation	Triage Services for Mental Health	Triage Services for Substance Use Disorders	Involuntary Services for Mental Health	Involuntary Services for Substance Use Disorders	Voluntary Services for Mental Health	Voluntary Services for Substance Use Disorders	24-Hour Crisis Response Services
Personal Enrichment through Mental Health Services (PEMHS)	☒	☒	☒	☒	☒	☒	☒	☐	☒
Windmoor Healthcare	☒	☒	☒	☒	☒	☐	☒	☒	☐
BayCare: Mease Dunedin Hospital	☒	☒	☐	☐	☒	☐	☒	☒	☐
BayCare: Morton Plant Hospital	☒	☒	☐	☐	☒	☐	☒	☒	☐
BayCare: St. Anthony's Hospital	☒	☒	☐	☐	☒	☐	☒	☒	☐
HCA: Largo West Hospital	☒	☒	☒	☐	☒	☐	☒	☐	☐
Agency for Community Treatment Services (ACTS)	☒	☒	☐	☐	☐	☐	☐	☒	☐
Directions for Living	☐	☐	☐	☐	☐	☐	☒	☒	☐
Suncoast Center Inc.	☒	☒	☒	☒	☐	☐	☒	☒	☐
Operation PAR	☒	☒	☐	☒	☐	☒	☐	☒	☐
WestCare: Davis Bradley Community Involvement Center	☐	☐	☐	☐	☐	☐	☐	☐	☐
WestCare: Mustard Seed Men and Women's Residential	☐	☐	☐	☐	☐	☐	☐	☐	☐
WestCare: A Turning Point	☐	☐	☐	☐	☐	☐	☐	☐	☐

Agency Demographics	Personal Enrichment through Mental Health Services (PEMHS) Access Center/Crisis Stabilization Unit	
Contact Information	11254 58th St. N. Pinellas Park, FL 33782	
Services Provided	Capabilities/Limitations	Coordination of Care & Data Sharing
<i>Voluntary Assessment and Evaluation</i> <i>Involuntary Assessment and Evaluation</i> <i>Triage for Mental Health Services</i>	24/7 Triage - vitals and medical screening by RN Contraband search Demographics Breathalyzer Pregnancy Test Financial Screening 23 Hour Observation/Recovery Room No outpatient urgent care services referral availability for mental health or substance abuse services. Free Standing Crisis Stabilization	Care Connect – Enables client records to be forwarded to Suncoast/Directions for referral purposes. Also, able to send and accept referrals from 211, Gulfcoast Jewish Family Services and Boley.
<i>Involuntary Services for Mental Health</i> <i>Voluntary Services for Mental Health</i>	Free Standing Crisis Stabilization Unit Adult Capacity: 59 Children's Capacity: 14 Children's JARF: 1 24/7 Suicide Hotline/Crisis Line 24/7 Emergency Screening and evaluation Medication Management Risk Assessment 24/7 Nursing Often unable to transfer patients to other facilities when in overflow resulting in over capacity Limited medical capability	
<i>Involuntary Services for Substance Use Disorders</i>	Children's JARF: 1 bed Can refuse JARF admission if at capacity Free Standing co-occurring crisis stabilization unit.	
<i>24-Hour Crisis Response Services</i>	Crisis Response 24/7 (PEMHS Mobile Crisis Response Team)	

Agency Demographics	Windmoor Healthcare	
Contact Information	11300 U.S. 19 North Clearwater, FL 33764 727-541-2646	
Services Provided	Capabilities/Limitations	Coordination of Care & Data Sharing
<i>Voluntary Assessment and Evaluation</i> <i>Involuntary Assessment and Evaluation</i> <i>Involuntary Services for Mental Health Disorders</i> <i>Voluntary Services for Mental Health Disorders</i> <i>Voluntary Services for Substance Use Disorders</i>	Freestanding Hospital 24/7 Intake/Triage – Emergency Screening and Assessments -- vitals and medical screening by RN, contraband search, demographics, breathalyzer, pregnancy test, Suicide Risk Assessment, etc. 24/7 Nursing Adults 18+ 144 Beds Total: Older Adult = 10 Substance Abuse = 22 Co-occurring = 44 General Psych = 68 Partial Hospitalization and Intensive Outpatient Programs at 3 locations in Pinellas County and 1 Hillsborough County site.	No current agreements

Agency Demographics	HCA: Largo West Hospital	
Contact Information	2025 Indian Rocks Rd. Largo, FL 33774 727-587-7667	ARC Contact: Ph: 866-423-4283 Fax: 866-646-7779
Services Provided	Capabilities/Limitations	Coordination of Care & Data Sharing
<i>Voluntary Assessment and Evaluation</i> <i>Involuntary Assessment and Evaluation</i> <i>Involuntary Services for Mental Health Disorders</i> <i>Voluntary Services for Mental Health Disorders</i>	Adults 18 + 71 Beds Total Senior 24 Beds Adult 47 Beds Will accept from both public and private crisis units	Able to electronically coordinate care using client level data through direct secure messaging with partners who have these capabilities.

BayCare *3 separate facilities that provide different services/capacities at each location. Information for each facility outlined below		
Agency Demographics	BayCare: Mease Dunedin Hospital	
Contact Information	601 Main St. Dunedin, FL 34689 727-734-6032	
Services Provided	Capabilities/Limitations	Coordination of Care & Data Sharing
<i>Voluntary Assessment and Evaluation</i> <i>Involuntary Assessment and Evaluation</i> <i>Involuntary Services for Mental Health Disorders</i> <i>Voluntary Services for Mental Health Disorders</i> <i>Voluntary Services for Substance Use Disorders</i>	Pediatrics 3-18 10 beds Adults 18 + 12 beds Progressive 10 beds Will accept from both public and private crisis units	No current agreements outside of BayCare at this time
Agency Demographics	BayCare: St. Anthony's Hospital	
Contact Information	1200 7th Ave. N. St. Petersburg, FL 33705 727-825-1546	
Services Provided	Capabilities/Limitations	Coordination of Care & Data Sharing
<i>Voluntary Assessment and Evaluation</i> <i>Involuntary Assessment and Evaluation</i> <i>Involuntary Services for Mental Health Disorders</i> <i>Voluntary Services for Mental Health Disorders</i> <i>Voluntary Services for Substance Use Disorders</i>	Adults 18 + 24 beds Will accept from both public and private crisis units	No current agreements outside of BayCare at this time
Agency Demographics	BayCare: Morton Plant Hospital	
Contact Information	300 Pinellas St. Clearwater, FL 33765 727-462-3911	

Services Provided	Capabilities/Limitations	Coordination of Care & Data Sharing
<i>Voluntary Assessment and Evaluation</i> <i>Involuntary Assessment and Evaluation</i> <i>Involuntary Services for Mental Health Disorders</i> <i>Voluntary Services for Mental Health Disorders</i> <i>Voluntary Services for Substance Use Disorders</i>	Adults 18 + and Progressive 50 beds	No current agreements outside of BayCare at this time

Agency Demographics	Agency for Community Treatment Services (ACTS)	
Contact Information	Keystone Residential Treatment Program 3575 Old Keystone Rd. Tarpon Springs, FL 34688 727-942-4181	
Services Provided	Capabilities/Limitations	Coordination of Care & Data Sharing
<i>Voluntary Assessment and Evaluation</i>	Co-occurring adult level II, non-secure residential program for individuals, male, and female, chronically debilitated from alcoholism or drug abuse and mental health issues, who have not responded to traditional treatment services. Adults: 75 beds.	No current agreements
<i>Involuntary Assessment and Evaluation</i>	Keystone serves as an alternative to incarceration for both the Pinellas, Hillsborough, Pasco, and Polk County jails.	
<i>Triage for Substance Use Disorders</i>	Telephone screenings and referral	No current agreements
<i>Voluntary Services for Substance Use Disorders</i>	Co-occurring adult level II, non-secure residential program for individuals, male, and female	No current agreements

Agency Demographics	Suncoast Center Inc	
Contact Information	4024 Central Ave. St. Petersburg, FL 33711 727-327-7656	
Services Provided	Capabilities/Limitations	Coordination of Care & Data Sharing
<i>Voluntary Services for Mental Health Disorders</i> <i>Voluntary Services for Substance Use Disorders</i>	Outpatient Mental health and psychiatric services (adult and children) including specific trauma services Outpatient Substance Use Disorder counseling (adult and children) Family therapy and support services Outpatient Sexual assault services that consist of 24-hour helpline, crisis counseling and intervention, court advocacy and accompaniment, information and referrals, support groups Sexual Assault Victims Examinations Financial counseling and education Medication Management Case Management Forensic services for adults involved in the judicial system Parenting aid and mentoring Empowerment Team	No current agreements

Agency Demographics	Directions for Living	
Contact Information	1437 South Belcher Rd. Clearwater, FL 33764 727-524-4464	
Services Provided	Capabilities/Limitations	Coordination of Care & Data Sharing
<i>Voluntary Services for Mental Health Disorders</i> <i>Voluntary Services for Substance Use Disorders</i>	Will accept outpatient treatment referrals from both private and public crisis units Adult Therapy Adult Psychiatry Adult Case Management Children's Therapy Children's Psychiatry Children's Case Management Intensive Case Management for high-risk families Group Therapy Psychological Testing Pharmacy Services Assisted Outpatient Treatment Peer Services TRACE –Telehealth Remote Access to Crisis Evaluation Early Childhood Consultation Children's Care Coordination Cooperative Agreements to Benefit Homeless Individuals (CABHI) Mental Health Court Pinellas County Empowerment Team (PCET 2.0) Street Medicine to individuals living homeless or housing unstable Acute Crisis Response/Critical Incident Response to college campuses High Fidelity Wraparound Street Outreach to individuals and families living street homeless SSI/SSDI Outreach,, Access and Recovery (SOAR)	No current agreements

Agency Demographics	Operation PAR	
Contact Information	6655 66th St. North Pinellas Park, FL 33781 727-545-7564	
Services Provided	Capabilities/Limitations	Coordination of Care & Data Sharing
<i>Voluntary Services for Substance Use Disorders</i>	Detoxification Medical Assisted Patient Services (MAT) Women and Men's Residential Treatment Services Adolescent Residential Treatment Services Outpatient Treatment Services Open to referrals from anywhere *Provides 24 hour crisis services for detox only.	No data-sharing agreements

WestCare Florida		
Agency Demographics	Davis Bradley Community Involvement Center	
Contact Information	1735 Martin Luther King Jr. St. South St. Petersburg, FL 33705 727-502-0188	
Services Provided	Capabilities/Limitations	Coordination of Care & Data Sharing
<i>Voluntary Services for Substance Use Disorders</i>	GulfCoast Executive Offices Men's Residential Women's Residential	No data-sharing agreements
Agency Demographics	A Turning Point	
Contact Information	1801 5th Ave. North St. Petersburg, FL 33713 727-823-7811	
Services Provided	Capabilities/Limitations	Coordination of Care & Data Sharing
<i>Voluntary Services for Substance Use Disorders</i>	Shelter Inebriated Homeless	No data-sharing agreements
Agency Demographics	Mustard Seed Inn Veterans Community Living Center	
Contact Information	2510 Central Ave St. Petersburg, FL 33712 727-490-6769	
Services Provided	Capabilities/Limitations	Coordination of Care & Data Sharing
<i>Voluntary Services for Substance Use Disorders</i>	Transitional Housing Independent Living	No data-sharing agreements