Sequential Intercept Mapping
Sarasota County, Florida

February 2-3, 2017

Facilitated by:

The Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center

Department of Mental Health Law and Policy
Louis de la Parte Florida Mental Health Institute
College of Behavioral & Community Sciences
University of South Florida

USF UNIVERSITY OF SOUTH FLORIDA COLLEGE OF BEHAVIORAL & COMMUNITY SCIENCES

Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center

Sarasota County Sequential Intercept Mapping Report Abbreviations

Below is a list of abbreviations that may be helpful when reading the Sarasota County Sequential Intercept Mapping (SIM) narrative and map.

List of Abbreviations

ACT	Assertive Community Treatment
ALF	Assisted Living Facility
ARF	Addictions Receiving Facility
BA	Baker Act
CASL	Community Assisted and Supportive Living, Inc.
CFBHN	Central Florida Behavioral Health Network, Inc.
CFR 21	Title 21 of the Code of Federal Regulations
CIT	Crisis Intervention Team
CJMHSA	Criminal Justice, Mental Health, and Substance Abuse
CJMHSA TAC	Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center
CoC	Continuum of Care
CSU	Crisis Stabilization Unit
CTC	Comprehensive Treatment Court
DCF	Department of Children and Families
DOL	U.S. Department of Labor
DUI	Driving Under the Influence
EBP	Evidence-Based Practice
ER	Emergency Room
FACT	Florida Assertive Community Treatment
FDLE	Florida Department of Law Enforcement
FQHC	Federally Qualified Health Center
HACT	Homeless Assertive Community Treatment
HCV	Housing Choice Voucher
HIPAA	Health Insurance Portability and Accountability Act of 1996
HOT	Homeless Outreach Team
HUD	U.S. Department of Housing and Urban Development
HUD-VASH	U.S. Department of Housing and Urban Development- Veterans Affairs Supportive Housing
ICCD	International Center for Clubhouse Development
LE	Law Enforcement
LKPD	Longboat Key Police Department

LMHP	Licensed Mental Health Professional
MA	Marchman Act
MD	Medical Doctor
MH	Mental Health
MHCC	Mental Health Community Centers
MOU	Memorandum of Understanding
NAMI	National Alliance on Mental Illness
NPPD	North Port Police Department
PSC	Public Safety Communications
RNP	Registered Nurse Practitioner
ROR	Released on their Own Recognizant
SA	Substance Abuse
SAMH	Substance Abuse and Mental Health
SCSO	Sarasota County Sheriff's Office
SHIFTS	Sheriff's Housing Initiative Facilitating Transient Services
SIM	Sequential Intercept Mapping
SMI	Serious Mental Illness
SOAR	SSI/SSDI Outreach, Access, and Recovery
SPD	Sarasota Police Department
SPR	Supervised Release
TYLA	Turn Your Life Around Court
USF	University of South Florida
VA	U.S. Department of Veterans Affairs
VOP	Violation of Probation
VPD	Venice Police Department

Agencies Abbreviated

Armor	Armor Correctional Health Services, Inc.
Bayside	Bayside Center for Behavioral Health Services
Centerstone	Centerstone of Florida, Inc.
Coastal	Coastal Behavioral Healthcare, Inc.
First Step	First Step of Sarasota, Inc.

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Sarasota County, Florida: Transforming Services for Persons with Mental Illness and Substance Abuse Disorders in Contact with the Criminal Justice System

Introduction

This report provides a summary of the *Sequential Intercept Mapping* (SIM) workshop held in Sarasota County, Florida on February 2 and 3, 2017. The SIM provided a strategic plan for a targeted population, namely individuals with substance abuse and/or mental health disorders (SAMH) involved in the criminal justice system in Sarasota County, FL. The SIM workshop was not intended to develop a plan for all adults in need of SAMH behavioral healthcare or who are homeless in Sarasota County. Although, the SIM can be used as an integrated tool with other community plans, such as behavioral healthcare, criminal justice, or plans to end homelessness. The workshop was hosted by the *Community Foundation of Sarasota County* and convened at 2635 Fruitville Road, Sarasota, Florida 34237.

This report includes:

- A brief review of the background for the workshop
- A detailed summary of the information gathered at the workshop, presented by intercept
- A sequential intercept map developed by the group during the workshop
- An action planning matrix developed by the group
- Observations, comments, and recommendations to assist Sarasota County in achieving its goals

Background

Judge Erika Quartermaine of Florida's 12th Judicial Circuit, Sarasota County Government, and Centerstone of Florida, Inc. requested the SIM workshop as a top priority in the implementation of a new three-year Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant awarded by the Florida Department of Children and Families (DCF) SAMH. The SIM workshop will assist Sarasota County with the following activities and products:

- Creation of a map of the current criminal justice system indicating points of "interception" where jail diversion or reentry for individuals with SAMH disorders can be developed and implemented
- Identification of resources, gaps in services, and opportunities within the existing systems of behavioral healthcare, law enforcement, and the judiciary
- Development of a strategic action plan to promote progress in addressing the criminal justice diversion and treatment needs of adults (18+) with SAMH disorders involved with the criminal justice system.

The SIM workshop participants included 54 individuals representing cross-systems stakeholders including SAMH treatment providers, human services, corrections, advocates, family members, consumers, law enforcement, county courts, and the judiciary. A complete list of participants is available in the resources section of this report. Mark Engelhardt, Karen Mann, and Katelind Halldorsson from the University of South Florida (USF) Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center (CJMHSA TAC) facilitated the workshop. Wayne Applebee, Kimberley Wiles, Lynette Herbert, Laura McIntyre, Nancy DeLoach, and Claire Alexander, from Sarasota County Government, organized the logistics of the mapping workshop and provided valuable background information.

Objectives of the Sequential Intercept Mapping Workshop

The SIM workshop has three primary objectives:

- Development of a comprehensive map of how people with SAMH disorders flow through five distinct intercept points of the Sarasota County criminal justice system: Law Enforcement and Emergency Services, Initial Detention and First Appearance, Jails and Courts, Reentry, and Community Corrections.
- Identification of resources, gaps in services, and opportunities at each intercept for individuals (18+) with SAMH disorders involved in the criminal justice system (target population).
- Development of priorities to improve the system and service level responses for individuals in the target population.

The Sarasota County SIM map created during the workshop can be found in this report on page: 28.

Keys to Success

Existing Cross-Systems Partnerships

Sarasota County's history of collaboration between the behavioral healthcare and criminal justice systems is reflected in a number of existing local efforts that were identified prior to and during the mapping workshop. Examples include:

- Criminal Justice, Mental Health and Substance Abuse Planning Council
- Acute Care System Task Force
- Behavioral Health Stakeholders Consortium
- Criminal Justice Commission
- Community Alliance
- Suncoast Partnership to End Homelessness
- High Utilizer Inmate Staffing Team
- 12th Judicial Circuit Problem Solving Courts
    - Healthcare Court, Comprehensive Treatment Court (CTC), Drug Court, Driving Under the Influence (DUI) Court, Veterans Treatment Court, and Turn Your Life Around (TYLA) Court
- City of Sarasota Homeless Outreach Teams (HOT)

Consumer Involvement

- Two consumers participated in the workshop and added valuable information to the discussion, especially on the importance of peer support.
- Two family members of consumers also attended the workshop and shared their family perspective including experiences with barriers in the behavioral health and criminal justice systems.

Representation from Key Decision Makers

The SIM workshop included broad cross-systems representation and involved many key decision makers. Opening remarks set the stage and established a clear message as to the importance of the workshop and commitment to an action plan.

- The Honorable Judge Erika Quartermaine, 12th Judicial Circuit Court
- Mr. Jon Thaxton, Senior Vice President, Gulf Coast Community Foundation

Wayne Applebee of Sarasota County Government welcomed the participants and introduced the facilitators.

Recognition was given to Ms. Roxie Jerde, CEO, Community Foundation of Sarasota County, Inc. for hosting the SIM workshop.

Data Collection

Information and recommendations contained in this report are based on information received from Sarasota County Government prior to the workshop using a Community Collaboration Questionnaire and from a variety of stakeholders during the SIM workshop. Sarasota County Government shared the Behavioral Health Acute System Data Review document prepared in 2016 for the Sarasota County Board of County Commissioners. The report provides cross-systems data for individuals who are high utilizers of acute care services who were involved in the criminal justice system from the six-month period between October 1, 2015 and March 31, 2016. Limited jail, prison, and probation data was available during the workshop (when discussing intercept four); however, such data will be collected after the workshop by the CJMHSA Planning Council.

Sarasota County Sequential Intercept Map Narrative

The SIM workshop is based on the Sequential Intercept Model developed by Patricia Griffin, Ph.D. and Mark Munetz, MD for the National GAINS Center for Behavioral Health and Justice Transformation funded by SAMHSA. During the workshop, participants were guided to identify resources, gaps in services, and opportunities at each of the five distinct intercept points of the criminal justice system. Additionally, there was a brief discussion regarding Intercept "0" or early intervention services, which addresses prevention and the civil or "voluntary" Baker Act and Marchman Act systems.

This narrative reflects information gathered during the two-day workshop and often verbatim from the participants or local experts. This narrative should be used as a reference in reviewing the Sarasota County SIM map, especially with regard to acronyms used on the map. The county's CJMHSA Planning Council may choose to revise or expand information collected and presented during the workshop.

Intercept 1—Law Enforcement & Emergency Services

Emergency Services and 911

If an individual is in crisis and involved with a possible law violation, the 911 center is the first point of emergency contact and system response. Sarasota County Sheriff's Office (SCSO) operates Public Safety Communications (PSC), Sarasota County's primary 911 center. Sarasota County also has a 211 information and referral resource, which is a social service call system for non-emergency situations. The 211 information and referral resource is usually utilized when an individual is in crisis and there is no law violation incident.

An individual contacting 911 may request a Crisis Intervention Team (CIT) officer; however, requesting a specialized CIT officer does not guarantee that a CIT-trained officer will be dispatched. There is not a CIT "team" in operation.

Law Enforcement

Upon arrival on the scene, the officer must determine if the individual in crisis meets the standard for involuntary commitment in accordance with the Baker Act (F.S. Chapter 394) or Marchman Act (F.S. Chapter 397). This determination is often at the discretion of the responding officer.

When a law enforcement officer encounters an individual who is exhibiting signs of mental illness or intoxication, the officer has the authority to:

- Assess the situation and refer the person to support services or send them home, if the individual has a home.
- Involuntarily commit the individual via the Baker Act process and transport the individual to the crisis stabilization unit (CSU) operated by Coastal Behavioral Health, Bayside Center for Behavioral Health operated by Sarasota Memorial Hospital, or the Sarasota Memorial Hospital Emergency Room (ER).
- Involuntarily commit the individual in accordance with the Marchman Act process and take them to the addictions receiving facility (ARF) operated by First Step of Sarasota, the Sarasota

Memorial Hospital Emergency Room (ER), or as a last resort, the county jail.
- Transport them directly to the county jail if the individual has committed a felony offense.

The Venice Police Department and the North Port Police Department utilize a Ambitrans for transporting individuals involuntarily committed under the Marchman Act or Baker Act. The Sarasota County Sheriff's Office (SCSO) and the Sarasota Police Department (SPD) primarily transport individuals under the Baker Act or Marchman Act. Sarasota County began contracting with a private company, Ambitrans, in 2002. A secondary transport in Sarasota County is defined as a transport for individuals under the Baker Act or Marchman Act from a hospital to a designated receiving facility. Ambitrans is utilized to provide secondary transportation; however, law enforcement officers also provide secondary transportation.

Currently, Sarasota County holds a forty-hour CIT training (Memphis Model) three or four times a year and invites all law enforcement and correctional officers throughout the county to attend. Sarasota County is in a developmental training phase of CIT and moving towards a long-term goal of CIT "teams." At this time, law enforcement is pursuing opportunities to increase the number of CIT-trained officers. Tracking CIT requests and/or response data is not maintained, therefore it is difficult to identify which CIT calls resulted in a true jail diversion.

Number of CIT-trained officers (excluding those officers assigned to support functions):

- SCSO: 42% CIT-trained (256/616 sworn law enforcement, corrections officers)
- SPD: 52% CIT-trained (85/163 sworn law enforcement officers)
- VPD: 71% CIT-trained (32/45 sworn law enforcement officers)
- NPD: 36% CIT-trained (34/95 sworn law enforcement officers)
- LKPD: 26% CIT-trained (5/19 sworn law enforcement officers)

Sarasota County is served by five law enforcement agencies. Four police departments cover the municipalities of Sarasota, North Port, Venice, and Longboat Key. Sarasota County Sheriff's Office (SCSO) serves the unincorporated areas.

Sheriff's Office

- Sarasota County Sheriff's Office (SCSO)
  2071 Ringling Blvd, Sarasota, FL 34237 | (941) 861-5800

Municipal Law Enforcement

- Sarasota Police Department (SPD)
  2099 Adams Lane, Sarasota, FL 34237 | (941) 366-8000
- North Port Police Department (NPPD)
  4980 City Hall Blvd, North Port, FL 34286 | (941) 429-7300
- Venice Police Department (VPD)
  1350 Ridgewood Ave, Venice, FL 34292 | (941) 486-2444
- Longboat Key Police Department (LKPD)
  5460 Gulf of Mexico Dr., Longboat Key, FL 34228 | (941) 316-1977

Crisis Services

Crisis Stabilization Unit (CSU) operated by Coastal Behavioral Healthcare

The Crisis Stabilization Unit (CSU) operated by Coastal Behavioral Healthcare (Coastal) is a 35-bed inpatient psychiatric facility for adults who are voluntarily or involuntarily committed (Baker Act). An average of 21 beds are full at any given time. Approximately 87 percent of admissions are involuntary. The CSU does not, by design, receive individuals into their facility as a diversion to jail. Although, the facility accepts non-violent misdemeanors and, on a discretionary basis, individuals who have committed felony offenses. Individuals who are involuntarily committed and who have committed a felony offense are evaluated to assess the level of risk posed to others prior to admission. If an individual is in the jail due to a felony arrest, a Coastal employee will go to the jail to assess the individual. The majority of individuals admitted to the CSU are often under the influence of alcohol or drugs and exhibit co-occurring SAMH disorders. If "uninsured beds" are not available, individuals are still brought to the CSU for detoxification to determine if there is an underlying mental illness or they may be referred to First Step. The CSU does not turn away individuals. The facility also offers walk-in access from Monday to Friday, where individuals may receive voluntary therapeutic or crisis services.

Bayside Center for Behavioral Health operated by Sarasota Memorial Hospital

Bayside Behavioral Health Center provides inpatient Behavioral Health Services. Acute inpatient services are currently provided in three inpatient units (Acute, Adult and Child/Adolescent). This facility provides 24 hour short-term care to both male and female patients (ages 4 years and older) with psychiatric disorders and is a Designated Receiving Facility accepting both voluntary and involuntary patients. Bayside has a licensed capacity of 49 beds and average occupancy between 75-80 percent. Approximately 75 percent of the individuals who are admitted to Bayside are involuntary commitments (Baker Act).

Sarasota Memorial Hospital Emergency Room (ER)

Sarasota Memorial Hospital Emergency Room (ER) has a Secure Extended Care Unit (SECU) with 12 available beds. The SECU is staffed 24/7 to help ease the strain on the ER. A separate back door entrance is available to law enforcement and the contracted transport provider so that individuals do not have to enter through the main entrance. On average, individuals brought to the ER for medical clearance are evaluated and transported to the appropriate receiving facility between 4 to 5 hours.

Detoxification

Addictions Receiving Facility (ARF) operated by First Step of Sarasota, Inc.

The ARF operated by First Step of Sarasota, Inc. has received county funding since 2006. It is a 30-bed licensed substance abuse detoxification facility. The county funds 15 beds and the state funds four beds. Of the 30 beds, on average, 23-to-24 beds are occupied at any given time. The ARF works closely with other acute care providers in the county, municipalities, the CSU, and hospitals. It takes an average of 4.6 minutes for a law enforcement officer to drop off an individual at the ARF. Family members may also file an ex-parte order with the Clerk of Court, if they would like to commit a family member. An estimated 56 percent of individuals admitted to the ARF are involuntarily committed (Marchman Act). While, an estimated 44 percent are voluntarily admitted. The average length of stay at the ARF is 72

hours; however, the ARF may hold the individual longer if it is necessary. The Magistrate visits the ARF every Thursday to review the petitions for involuntary commitments. Individuals who display combative or aggressive behaviors will be placed in jail. Between February 2016 and January 2017, there were 12 individuals under a Marchman Act sent to the county jail. In the past ten years, the ARF has diverted approximately 12,500 individuals from the county jail.

Diversion Options

Homeless Outreach Team (HOT) operated by Sarasota Police Department

In 2016, the Homeless Outreach Team (HOT) had 11,000 contacts with individuals who are homeless. The City of Sarasota funds 20 transitional beds at the Salvation Army, referred to as "HOT beds", which are available for drop-offs initiated by a SPD officer, 24 hours a day. Individuals transported to the Salvation Army in lieu of the jail are not arrested or charged with a crime. This program allows any individual who is homeless to approach an officer and request to go to the Salvation Army and stay in one of their HOT beds for a three-day period. The HOT beds are open to anyone (including those with a history of violence). At pre-screening, the individual must sign an agreement to comply with the rules of the Salvation Army. Services associated with HOT beds include case management and an opportunity to create a plan for permanent housing that will allow an individual to stay at the Salvation Army for an additional 21 days. There is collaboration between SPD and case managers to ensure that individuals in the HOT beds are linked to long-term services. The Salvation Army strives to ensure that a mental health issue does not preclude an individual from receiving services. Over 600 individuals have utilized the HOT beds over the course of 16 months (program began in 2015). Approximately 40 percent of individuals who are offered a bed opt not to accept services. HOT Team officers work the streets and perform outreach Monday through Friday. Case Managers are available each Tuesday and Thursday to assist law enforcement on the street as needed and provide case management to those currently in the HOT beds on other days. Each Tuesday is "outreach day" when SPD, churches, Coastal (who operates the CSU), social workers, and other service providers provide assistance to individuals who are homeless. When an individual is placed in a home, case managers help ensure appropriate support services are in place as needed. SPD has 25 HUD housing choice vouchers available through the Sarasota Housing Authority for individuals who are homeless.

The Salvation Army

The Salvation Army has initiated a housing choice model with a goal to reduce the number of days of homelessness. It has evolved over the past three years from providing "shelter" to transitional housing. Coastal is providing mental health recovery services to the clients of the Salvation Army. A staff member from Coastal visits the Salvation Army to determine the level of services needed by individuals and identify mental health services that Coastal can provide. The level of services provided by the Salvation Army varies based on the needs of an individual. Individuals suffering from a severe mental illness (e.g., schizophrenia, bi-polar disorders) are unlikely to be successful at the Salvation Army without intensive support. The most common intervention is to refer these individuals back to Coastal for a comprehensive psychiatric assessment. The Salvation Army serves as a linkage program working in conjunction with Coastal and SPD. The SCSO may also bring individuals to the Salvation Army, but not under the HOT program.

Additionally, the Salvation Army would like to expand collaboration with community partners to develop a plan that would address challenges faced by individuals with SAMH disorders. Such a plan would

include address client participation, available housing, and availability of outpatient services. The city of Sarasota employs a staff member dedicated to working with landlords who are willing to accept housing vouchers.

Sheriff's Housing Initiative Facilitating Transient Services (SHIFTS)

SHIFTS is a program funded by Sarasota County with 20 beds being made available by Community Assisted and Supported Living, Inc. (CASL)/Renaissance Manor to house homeless adult individuals. The pilot project began on June 4, 2015, with the availability of 10 beds and was expanded to 20 beds on February 1, 2016. The agency has scattered housing throughout Sarasota County as well as an ALF located on 16th Street in Sarasota. Participation is voluntary; county funding is provided for 90 days; and participants can remain housed by the agency if they are able to pay rent either through employment or receipt of benefits. The SHIFTS program focuses on creating housing options to serve individuals who are homeless within unincorporated areas of the county. Admissions to the program are most commonly generated through referrals from the SCSO or complaints from residents in unincorporated areas of the county (e.g., complaints of individuals sleeping in inappropriate public spaces). The 20-bed program has a homeless outreach coordinator provided by CASL and a substance abuse specialist provided by First Step of Sarasota. Both of these positions are funded through the SAMH managing entity, Central Florida Behavioral Health Network.

Gaps

- Absence of an adult mobile crisis service or co-responder (law enforcement-mental health) model
- Lacks evidence of co-occurring SAMH capability in the system
- No mental health clubhouse—Vincent Academy is in the process of developing a certified clubhouse model
- Lack of diversion opportunities for individuals with a history of violence (or felony offenses)
- Sharing of information—law enforcement does not have access to a database that includes information to appropriately identify individuals with SAMH disorders through their history (e.g., an officer engaged with an individual deemed incompetent and arrested for a misdemeanor is likely to be taken to jail because the officer does not have access to prior mental health disorder information)
- Need triage options, in addition to the current Salvation Army transitional program
- HOT Team—Need for the availability of regular SAMH health evaluations on-site or develop a co-responder model between SAMH providers and law enforcement

Opportunities

- 25 HUD housing choice vouchers for individuals who are homeless
- Individuals who have been "screened out" from Salvation Army beds because they exhibited violent behavior are not indefinitely denied access to beds and services. They may access those beds and receive services after an appropriate period of time has elapsed.
- Experience in implementing an evidenced-based practice—FACT (Florida Assertive Community Treatment) Team for individuals with serious mental illness operated by Coastal Behavioral Health

Intercept 2—Initial Detention & First Appearance

Arrest and Booking

An individual who is arrested but does not meet the admission criteria for the CSU or the ARF is taken to central booking located at the Sarasota County Jail. The individual is screened by a nurse from Armor Correctional Health Services Inc. (Armor), using a mental health and medical screening, a 25-question instrument primarily focused on identifying the risk of self-harm. Law enforcement has the opportunity to have a face-to-face meeting with the Armor nurse in conjunction with the mental health screening to provide input relating to the mental status of the individual. If the individual is determined to be at a high risk of self-harm, deputies place him/her in direct observation for 24-to-48 hours where he/she is prior to permanent placement. All other individuals are placed in the general population.

Prior to first appearance, individuals are screened using the *GAINS Center Brief Mental Health Screen*. Based on the assessment score, individuals are given a "yes" or "no" indication on mental health issues. If the individual is eligible for the Supervised Pretrial Release (SPR) program, supervised pretrial release is granted and an eligibility determination is made for a referral to the Healthcare Court or Drug Court.

First Appearance

At the first appearance hearing, the judge has information regarding the individual's mental health status (misdemeanors only). The state attorney does not receive this information regarding an individual's mental health status; however, during the workshop, a representative from the state attorney's office stated that it would be beneficial if such information were shared.

Defense attorneys can initiate efforts to obtain felony clients' mental health status; however, often, they are unable to do so prior to first appearance. In the absence of such information, the public defender relies on clients to disclose their mental health status.

Upon implementation of the new Criminal Justice, Mental Health, and Substance Abuse (CJMHSA) Reinvestment Grant, Centerstone of Florida, Inc. (Centerstone) will begin to screen individuals in jail more frequently to better assist the courts.

If an individual is deemed eligible by Court Services, he/she may be:

- released on their own recognizant (ROR),
- released on supervised probation release (SPR), or
- released on bond with release sanctions.

Judges can place an individual on SPR regardless of the charges (misdemeanor or felony). There is a specialized -SPR caseload for individuals with mental health disorders. There are eight caseworkers, each with a caseload of 50-to-60 individuals. Of individuals released from jail, 16 percent (16%) of individuals are released on SPR. Of the 16 percent (16%) placed on SPR, 30 percent (30%) of those individuals have mental health disorders. Three percent (3%) of individuals released from jail are released on ROR and the majority (67%) are released on bond with release sanctions. Sometimes individuals are placed on a combination of bond and supervised release. If release terms are violated, a revocation warrant is prepared for judicial review. All individuals released to SPR are referred to services within the community as need.

Gaps

- Develop or identify a screening tool that more clearly identifies an individual's mental health status and risk
    - Affidavit of Probable Cause is for criminal charges
    - Many officers will not include mental health information into an affidavit of probable cause
- Community access to the homeless database (HMIS) is limited.
- There is a missed opportunity for more effective outcomes if the information gathered during the screening process does not reach the judge and state attorney until after first appearance.
- In felony cases, the defense attorney has the responsibility to inform the state attorney and the judge if there are mental health issues, which typically does not occur until after first appearance. During the workshop, a representative from the state attorneys' office asserted that it would beneficial to have such information prior to first appearance.
- Need for dedicated linkage for individuals on supervised pretrial release

Opportunities

- Opportunity to use evidenced-based screening tools
- New Centerstone staff to identify persons in need of SAMH treatment
- Information sharing with the public defenders, state attorneys, and judges

Intercept 3—Jails & Courts

Sarasota County Jail

The Sarasota County Jail is located at 2020 Main Street Sarasota, FL 34237. The 2016 average daily population of the county jail is 870 individuals. At intake, an initial screening occurs to identify health or mental health problems and where individuals self-report prescription medication being taken. At the intake process, it is estimated that 33 percent of inmates self-report a mental illness; there is an estimated 17 percent of individuals on psychotropic medication in the jail. An individual's medication is verified as soon as possible upon admission to jail. Individuals who are intoxicated or at risk of detox at the time of intake are brought to the medical floor for further assessment, clinical intervention, and around the clock monitoring when indicated. Individuals who have medical issues are assessed by a nurse, medical doctor, or nurse practitioner where appropriate. The facility also employs mental health professionals and psychiatrists for continuity of care for patients with mental health needs.

Armor is contracted to provide all medical and mental health services within the Sarasota County Jail. Upon implementation of the CJMHSA Reinvestment grant, Armor will subcontract behavioral health services to Centerstone, but will remain responsible for administering the initial screening and assessment administered upon entry to the jail. Armor will continue to provide primary healthcare in the jail. The correctional officers at the jail are employed by SCSO. Jail services are centered around protective care.

The average length of stay at the jail is 27 days (including individuals not yet sentenced). Upon discharge, individuals are provided with a seven-day supply of their psychiatric medication and if applicable, a three-day supply of chronic care medication.

Courts

Sarasota County has a Healthcare Court, a Drug Court, a DUI Court, a Veterans Court, Turn Your Life Around (TYLA) Court, and the Comprehensive Treatment Court (CTC) is just beginning.

Specialty Courts

Mental Health Courts

There are two mental health courts in Sarasota County: Healthcare Court and the new Comprehensive Treatment Court (CTC). Both of these courts are under the broad umbrella of the "Mental Health Court" and the main distinguishing characteristics are the funding sources and services provided.

Healthcare Court

Started in 2001, the Healthcare Court is funded by Sarasota County and the Florida Department of Law Enforcement. It is an outpatient treatment court with a maximum capacity to serve up to 50 individuals.. The average number of individuals in Healthcare Court at any given time is 30. Participation in the Healthcare Court may serve as a diversion for misdemeanants (pre-adjudicatory) or post-adjudicatory as part of an individual's sentence (felony or misdemeanor). For each individual, there are one to two admission hearings to determine if the court is an appropriate service. Individuals admitted to the court receive case management services provided by Centerstone. At the time of the workshop, the caseload was one case manager per 30 individuals (1:30). There is one counselor in the court. The court intends to outsource the counselor position to independent practitioners in the community to work on an hourly basis. Utilizing an independent practitioner is intended to reduce or eliminate turnover in counselors and provide a stronger continuity of care for the individuals in the court.

The medication services in the Healthcare Court are contracted through an Armor registered nurse practitioner. The Healthcare Court has achieved a 20 percent recidivism rate over the past two years (2015 & 2016). The main challenge faced by the Healthcare Court is the lack of available housing for individuals. There are 27 individuals active in the court and five individuals out of the 27 are homeless.

Comprehensive Treatment Court (CTC)

The Comprehensive Treatment Court (CTC) is in the early stages of implementation. It will serve as a post-booking diversion program funded through a Florida Department of Children and Families' (DCF) CJMHSA Reinvestment Grant and matching funds from Sarasota County, City of Sarasota, Barancik Foundation, Community Foundation of Sarasota County, and Gulf Coast Community Foundation. This court differs from the Healthcare Court in that the CTC will provide intensive case management to clients who likely would not be successful in Healthcare Court because their behavioral healthcare needs are more serious. The CTC can serve a maximum of 25 individuals at a time. It is not intended to be a long-term treatment court and the services provided by the court are intended to help the individual stabilize and apply for benefits and housing. The goal is for the individual to graduate from the court in three months and be linked to ongoing behavioral health services.

The court plans to contract with Centerstone to assist individuals in applying and obtaining benefits and housing. The on-staff nurse and psychiatrist provide psychological evaluations, medication management, and therapy. After Armor identifies an individual who is appropriate for the CTC, a case manager will visit the jail to consult with the individual and explain the guidelines of the CTC. Upon discharge from CTC, an individual will receive referrals to ongoing behavioral or primary healthcare. The charges filed against an individual are dropped upon graduation from the court. It is proposed that housing for this program will be provided by Community Assisted and Supported Living (CASL), The Salvation Army, and First Step of Sarasota.

Drug Court

The Drug Court accepts individuals with co-occurring SAMH disorders and can serve up to 50 individuals at one time. Centerstone is the provider of substance abuse services for Drug Court and provides six counselors. Upon official program acceptance into the Drug Court, offenders are placed under supervision for a period of at least one year. During this time, the offender is required to comply with statutory requirements, all phases of the program and must follow all rules and regulations of treatment. Supervision is a crucial link between participants and the Drug Court. Random home visits are conducted in the community by probation. Participants are also monitored through other ways such as ongoing random drug and alcohol tests, electronic monitoring and comprehensive case management. The progress of each participant is reported to the Drug Court through weekly team staffings, which are held prior to the status conference court proceeding. Detailed status reports are prepared for the Judge and all team members and a review of treatment, program violations and recommendations, and overall program status is discussed. The judge finalizes all rewards and sanctions. Participants are required to invest $15 per week towards the cost of their individualized program. Community service work is encouraged and can be completed in lieu of program treatment frees. Mandatory contributions from participants has therapeutic benefits, allowing participants to be empowered by having a sense of ownership through their steps of sobriety and recovery.

Driving Under the Influence (DUI) Court

Driving Under the Influence (DUI) Court started in 2008 and is intended for individuals who have had at least one prior DUI conviction. At the time of the SIM workshop, the court was serving 90 clients—20 plus individuals with felony charges and the remainder were individuals with misdemeanor charges. First Step of Sarasota is the substance abuse provider for the DUI Court. Each participant's progress is reported to the DUI Court through weekly team staffings held prior to court with the participants. Detailed status reports are prepared and copied for the Judge and all team members to review as a part of the staffing process. A review of their treatment and overall program status is discussed, along with any program violations and recommendations. The judge makes the final decision on all rewards and sanctioning. Participants are required to provide a portion of costs towards their individualized DUI program. An initial $100.00 administrative fee and $200.00 monthly program fees are required. Mandatory financial contribution from participants has therapeutic benefits, allowing participants to be empowered having a sense of ownership through their steps of sobriety and recovery. Participants are also required to pay their mandatory minimum fines and supervision costs as ordered. In appropriate cases, participants deemed qualified by the judge may work off all or part of their fines and court costs by doing community service work.

Courts Assisting Veterans Program

The Courts Assisting Veterans Program in the Twelfth Judicial Circuit has been active for seven years. The Program Coordinator, behavioral health providers, and the Department of Veterans Affairs (VA) assist veterans in creating wrap-around action plans. The wraparound plan addresses the needs of veterans' housing, employment, medication, and benefits. The Program Coordinator attends court sessions to support veterans and has access to clinical information provided to the court. The VA is able to provide HUD-VASH (U.S. Department of Housing and Urban Development-Veterans Affairs Supportive Housing) vouchers. The Veterans Treatment Court serves up to 600 clients a year. Sixty percent of these individuals are Sarasota County residents and 40 percent are from other areas of the Twelfth Judicial Circuit. The Veterans Treatment Court has a two percent (2%) recidivism rate.

Veterans Treatment Court

The Twelfth Judicial Veterans Treatment Court (VTC) is a court-supervised program coupled with intensive treatment and supervision for high risk-high need criminal offenders. The VTC is designed for Veterans who have substance abuse, mental health, or other problems adjusting to civilian life and have been charged with certain felony or misdemeanor crimes. Successful completion of the VTC program may result in the reduction or dismissal of charges against defendants entering the program through Pre-Trial Intervention. For defendants entering the VTC as a condition of probation (post-plea VTC), successful completion may result in adjudication being withheld and/or a reduced length of probation. All participants are required to make monthly court appearances for judicial review. Treatment may involve drug and alcohol treatment, random drug testing, support group meetings, vocational, job, and education referrals, and community supervision. The Twelfth Judicial VTC program is a four phase program designed to be completed in one year, but may vary depending upon circumstances.

Turn Your Life Around (TYLA) Prostitution Diversion Program

The Turn Your Life Around (TYLA) initiative is a jail diversion program for females engaged in prostitution and potential victims of sex-trafficking. It is a collaborative effort between the State Attorney' Office, SPD and Selah Freedom and is the first of its kind in the state of Florida. Under the program, a law enforcement officer may place a women soliciting prostitution activities under a Marchman Act (MA) and work with the State Attorney's Office and Selah Freedom to construct a diversion program. First Step provides stabilization services as needed. Selah Freedom provides community outreach and diversion services (case management, trauma-informed care, counseling, job training, and residential services). Selah also acts a linkage program for existing services and has the capacity to provide clients with nine months of housing. TYLA serves more than 100 women annually. At the time of the workshop, the TYLA program had referred 34 clients, 14 of the 34 have taken advantage of services, and four clients were in good standing. The courtroom for TYLA proceedings is closed to "johns" or other individuals that may intimidate the female clients.

Gaps

- Two separate mental health courts with separate funding sources
- High turnover for counselors in Healthcare Court
- Some individuals may refuse to participate despite the fact that they are offered services
- Individuals who are unable to pay fees associated with some of the specialty courts causes

him/her to remain in the program longer than necessary

Opportunities

- Availability of problem-solving courts and judicial leadership
- Implementation of the Comprehensive Treatment Court (CTC)
- "Monday morning meeting": First Step, SCSO, Coastal, the state attorney's office, and the public defender meet each Monday morning to discuss individuals in the jail who have SAMH needs in an effort to provide services to those individuals and facilitate the continuity of care in and out of jail
- The Sarasota County jail allows service providers access at any time; providers typically visit the jail following the "Monday morning meeting"
- If an individual in the jail would like to receive services, their release date/time can be coordinated so that they can go directly to the program or linkage to services

Intercept 4—Reentry

Jail Reentry/Discharge Planning

Upon discharge from the jail, Armor provides individuals with a seven-day supply of psychiatric medication and a three-day supply of chronic care medication. Individuals are linked to services to the Department of Health-Sarasota County and may access two pharmacies to obtain their medications. Aside from this initial linkage, individuals must find services on their own.

Most individuals with behavioral health issues reentering the community from jail are linked with Coastal. Although it typically takes six-to-eight weeks for an appointment, Coastal attempts to schedule clients as soon as possible if the client has urgent needs.

Gaps

- Challenges with discharge planning arise when individuals are released unexpectedly
- A well-designed transition planning team
- Unrealistic to schedule a doctor's appointment within seven days of being discharged from the jail
    - Coastal is working to increase the supply of medications provided to clients upon discharge from jail; possibly increasing the seven-day supply to thirty-to-sixty days in order for them to have a supply of medication sufficient to maintain until the client is able to see a doctor
- Lack of services/funding for individuals being discharged from jail that require indigent nursing homes or assisted living facilities (ALF). Moreover, ALFs may not admit individuals because of their criminal history (stigma) or if the only facility with a "limited mental health" license is at capacity.
- Lack of services for individuals with physical or mental illnesses severe enough to prevent them from being accepted at The Salvation Army but not at a level that warrants admission to the emergency room (ER).
- Veterans go to the Salvation Army located in Bradenton because the VA grant per diem beds in Sarasota County (Harvest House) are typically at capacity.

Opportunities

- Establishment of a multi-agency transition planning team
- Expanded services through Comprehensive Treatment Court upon discharge

Intercept 5—Community Corrections

Probation

At the time of the mapping workshop, there was an estimated 1,800 individuals on misdemeanor probation in Sarasota County. Anecdotally, of these individuals, an estimated 20 percent had a mental illness; more than 50 percent suffered from a substance use disorder; and an estimated 15-to-20 percent were homeless. According to the 4th quarter report of 2016, there was a reported 1,180 active participants, 411 (35%) successfully completed the program, and 730 (62%) violated probation. Approximately 14,000 community service hours are performed every quarter.

The average probation caseload is 150 individuals per probation officer (1:150), but the contract allows up to 200 individuals per probation officer. There are no specialized SAMH probation caseloads.

Supportive Housing

Community Assisted and Supported Living, Inc. (CASL)

CASL provides supportive, wraparound, and affordable housing and case management. Residents in CASL housing have a mental health diagnosis. Rent is an estimated $500 per month and the clients receive supportive services. CASL does not serve individuals convicted of sexual crimes and evaluate individuals convicted of violent crimes on a case-by-case basis. Pets are not allowed. Room arrangements are one person to a room, therefore housing is not available for families or partners who would like to live together. The CASL program in Sarasota County has 119 beds (81 scattered site and 38 ALF) and it is possible that 20 of these beds will be reserved for long-term housing for CTC clients.

Harvest House

Harvest House, a housing facility, has 400 beds 24 of which are VA grant and per diem (GPD) for veterans and 78 beds are for individuals with a substance abuse disorder. Sobriety is not an absolute requirement for Harvest House housing, but is preferred. Harvest House does not allow individuals convicted of sexual crimes and individuals convicted of violent crimes are evaluated on a case-by-case basis.

First Step of Sarasota, Inc.

First Step of Sarasota, Inc. is a licensed substance abuse treatment facility and, at the time of the workshop, was at 100 percent capacity. First Step has 5 types of residential treatment programs. Seasons is a Level II Residential Co-Occurring Treatment program with a licensed capacity of 25 beds, 14 of which are funded. Mothers and Infants is a Level II Residential Treatment Program for pregnant/post-partum women and infants. There is a licensed capacity of 26 beds, 15 of which are funded. Choices is a Level II Residential Treatment Program for male felony offenders. There is a licensed capacity of 52

beds, 50 of which are funded by the Department of Corrections. Crossroads is a Level III Residential Treatment Program for Female felony offenders. There is a licensed capacity of 18 beds, 10 are funded by the Department of Corrections. Pathways is a Level I Residential Treatment Program (28 days). There is a licensed capacity of 35 beds. There is no local or state funding for these beds.

Employment

CareerSource Suncoast

CareerSource Suncoast is an employment agency in Sarasota that works with individuals with mental illnesses and ex-offenders. An individual is able to go to CareerSource Suncoast with their case manager to discuss employment options. CareerSource Suncoast recently held a hiring event focusing on employment for ex-offenders. Additionally, the agency offers vocational rehabilitation.

The Salvation Army

The Salvation Army provides resources to assist individuals in obtaining employment. Established in 2012, the Salvation Army's Street Team program is a cooperative effort between the Salvation Army and the City of Sarasota. It is designed to provide individuals who are homeless an opportunity to attain employment and stable housing. The program serves as a component of the emergency shelter program aimed at individuals who are chronically homeless. The program provides Street Team members a work readiness program as an alternative to panhandling. Members are mobilized to work four hours per day cleaning up streets. Street Team members are provided room and board and the Salvation Army allows members to conduct employment searches at their site. The Salvation Army has a street team program that averages a 50 percent or better success rate in employment. Between February 2014 and November 2016, 168 individuals participated in the program and 128 members obtained full-time employment and stable housing.

Harvest House

Harvest House has a supported employment program for individuals with a mental illness who have committed a low-level offense. Harvest House is not a licensed co-occurring SAMH treatment provider.

Mental Health Community Centers

Mental Health Community Centers (MHCC) provides individuals with peer services to support emotional stability and recovery. MHCC also offers supported employment services, working with individuals with mental illnesses on their skill building and follows up with individuals after 90 days of service.

Vincent Academy

The Vincent Academy, in its early stages of development in Sarasota County, is based on the successful International Center for Clubhouse Development (ICCD) clubhouse model. At the time of the SIM workshop, the Vincent Academy had two clients who had successfully obtained employment.

Goodwill Industries and The Haven

Goodwill Industries and The Haven offer employment services, but they were not present at the mapping. They will be invited to future committee meetings.

Outpatient Services

Coastal Behavioral Health

Coastal provides outpatient services (as previously noted at intercept four). Due to system-wide capacity deficits in funding, there is often a six-to-eight week waiting period for an individual to receive Coastal services post- discharge from jail. Coastal's agency priorities are supportive housing and expanding capacity for all mental health and substance abuse services. The most frequently referred service is for psychiatry. Problemscan arise as the program approaches the end of the fiscal year as funds available to serve uninsured clients become exhausted. Coastal also has an office located in North Port.

First Step of Sarasota, Inc.

First Step of Sarasota, Inc. provides licensed substance abuse outpatient care. Clients may walk in and request an initial assessment and, if eligible, begin receiving treatment within one-to-two weeks. There is a need for residential substance abuse beds and intensive case management with wraparound services for individuals with high co-occurring SAMH needs.

The Department of Health-Sarasota County and the Mental Health Community Centers make referrals to First Step for outpatient services. The Department is a Federally Qualified Health Center (FQHC) that provides primary healthcare and has a behavioral healthcare contract with Centerstone.

Additional Resources

Benefits

SSI/SSDI Outreach, Access, and Recovery (SOAR) is offered through case management at First Step of Sarasota Inc., Coastal, Community Assisted and Supported Living (CASL), and Centerstone in the CTC grant program. CTC will employ one Case Manager in year one who will facilitate the acquisition of benefits and two Case Managers in year two and three.

Peer Specialists

The Mental Health Community Centers is the primary provider of all peer specialists in the county. The peer specialists visit the CSU and ARF. They also meet twice a month at Prospect House where there is a drop-in program. The peer specialists assist individuals in selecting and attending programs that are the "best fit" for them.

Consumer and Family Involvement

The local chapter of the National Alliance on Mental Illness (NAMI) offers support groups and education. They meet regularly at Mental Health Community Center's Prospect House in Sarasota, Anchor House in

North Port, Venice Community Center, Sarasota Police Department, and Venice Healthpark. Family-to-Family is a 12-week course for family caregivers of those with severe mental illness. NAMI Connection is a recovery support group for adults living with mental illness, and Family Support Group is a peer-led resource for family members.

Gaps

- Lack of existing specialized probation caseloads
- Limited employment resources for the SAMH population
- County would benefit from more FACT teams
- Need to build capacity and funding in the community for outpatient SAMH services

Opportunities

- The county is transitioning away from re-incarcerating (jailing) individuals for technical violations of probation (VOPs) toward the issuance of a notice to appear in court.

Across Intercepts—Gaps and Opportunities

Gaps

- Additional beds are needed for individuals identified as long-term or chronically homeless
- Location of supportive housing needs to be accessible and centrally located to the target population
- Need to have a system in place for information sharing and data collection across law enforcement, providers, and the judiciary (including state attorneys and public defenders)
- Need to implement a high fidelity CIT "team" model

Opportunities

- Coastal is in the process of securing legislative sponsors for a Forensic and/or Homeless Assertive Community Treatment Team (FACT/HACT)
- Integrate the findings of the Sequential Intercept Mapping with larger-scale planning of the Behavioral Health Stakeholders Consortium

Sarasota County Priority Areas

Based on the SIM workshop discussion, the participants developed a list of five priorities that will become the focus of the action plan.

Top Priorities

1. Permanent Supportive Housing
2. Triage and Outreach
    - Central receiving system
    - Co-Responder (law enforcement-mental health) Collaboration Model
3. Forensic and/or Homeless Assertive Community Treatment Team (FACT/HACT)
4. Supported Employment
5. Improve Infrastructure
    - Memorandums of understanding (MOUs) among stakeholders for information sharing, training for evidenced-based practices (EBPs) and Crisis Intervention Team (CIT), and resource allocation

Sarasota County Action Plan

Action Planning Process

The stakeholders were enthusiastic participants in the development of a strategic action plan. The action planning process promotes the development of specific objectives and action steps related to each of the priority areas. The plan specifies the individuals responsible for implementation of each action step and a reasonable timeframe for completion of identified tasks.

The Action Plan is presented on the following pages (one priority described on each page).

Priority Area 1: Permanent Supportive Housing				
Objective		Action Step	Who	When
1.1	Understand evidence-based practices related to permanent supportive housing	• Obtain the SAMHSA Permanent Supportive Housing Toolkit • Obtain information on the Housing First "Fidelity Model"	Jack Minge (Coastal) Emma Ballantine (CASL) City and County Representatives Amy Jones (Salvation Army) Nancy DeLoach (Sarasota County Government) Wayne Applebee (Sarasota County Government) Behavioral Health Stakeholders Consortium	March 3, 2017-Ongoing
1.2	Identify funding sources for housing and services	• Examine current funding array • Re-visit past successful funding sources • Identify any unused HUD housing choice vouchers (Veterans and non-VA)		
1.3	Communicate with the Sarasota Housing Authority	• Examine past efforts and new opportunities for obtaining Housing Choice Vouchers		
1.4	Identify the number of future units needed for individuals with serious mental illness (SMI)	• Actively engage municipalities • Assess capacity		

Priority Area 2: Triage and Outreach (Central Receiving System)				
Objective		Action Step	Who	When
2.1	To complete a Centrally Receiving System (CRS) plan for Senate Bill 12	• Complete the transportation plan • Complete the CRS plan with jail diversion as a component "by design"	Laura McIntyre (Sarasota County Government) Central Florida Behavioral Health Network Acute Care System Task Force Rob Tabor Ethan Frizzell (Salvation Army) Centerstone Bayside County and city law enforcement Kim Wiles (Sarasota County Government) Rick Ver Helst (Coastal) Jack Minge (Coastal)	June 30, 2017
2.2	Identify research on triage, outreach, and engagement models	• Examine current models (Ft. Myers Bob Janes Triage Center, Tampa - ACTS)		Ongoing
2.3	Pursue Bureau of Justice Assistance (BJA) grant: Justice and Mental Health Collaboration Program	• Choose CIT or co-responder models of triage • Examine the profile of the behavioral health outreach workers and case management • Determine FTEs for outreach and case-management		April 4, 2017

Priority Area 3: Forensic and Homeless Assertive Community Treatment Team (FACT)				
Objective		Action Step	Who	When
3.1	To develop a legislative member project for the Florida Legislature	• Finalize the legislative budget request for a HACT/FACT Team and share with the group	Jack Minge (Coastal) Rick Ver Helst (Coastal) Kim Wiles (Sarasota County Government) Centerstone First Step	Submit in 2018
3.2	To pursue federal and state funding for a forensic intensive case management team (FICM)	• Research new SAMHSA grants • Write a community narrative and define the program • Examine existing FICM models and literature • Review USF CJMHSA TAC website-document library: www.floridatac.org		Annual funding cycle 2017 (ongoing)

Priority Area 4: Supported Employment				
Objective		Action Step	Who	When
4.1	To understand evidenced-based practice (EBP) models of supported employment for individuals with mental illnesses	• To obtain the SAMHSA documents on supported employment	Jeff Standring (MHCC) William McKeever (VH) Ben Vanderneck (CareerSource Suncoast) Goodwill	March 3, 2017
4.2	To research the current mainstream employment programs, Vincent House, and Mental Health Community Centers programs	• Research the Department of Labor funding opportunities • Include Goodwill in planning		

Priority Area 5: Infrastructure- Information Sharing, Memorandum of Understanding, Training on Crisis Invention Teams (CIT) and Evidence Based Practices (EBPs), and Resource Allocation				
Objective		Action Step	Who	When
5.1	To establish a cross-systems CJMHSA committee as part of the Behavioral Health Consortium	• To obtain information on confidentiality law (Code of Federal Regulations, Title 21 [CRF 21] and HIPAA) • To review the provider's universal consent form • Explore data sharing • Develop unique identifiers/ IT solutions • To obtain HIPAA information from USF CJMHSA TAC	Suncoast Partnership Continuum of Care (Dan Lundy) Judge Quartermaine Laura McIntyre (Sarasota County Government) Nancy DeLoach (Sarasota County Government) Behavioral Health Stakeholders Consortium Major Jeff Bell	Ongoing

Summary and Recommendations

Sarasota County is poised to address a number of critical issues related to individuals with mental illness and/or substance use disorders involved in the criminal justice system. In March of 2016, the Sarasota County Board of County Commissioners signed a "Stepping Up Resolution" (No. 2016-032) as part of a national effort led by the National Association of Counties, the Council of State Governments Justice Center, and the American Psychiatric Association Foundation encouraging public, private, and nonprofit partners to reduce the number of people with mental illnesses in jails. This "systems level" commitment now requires program-level responses with expanded treatment, such as the new DCF-funded CJMHSA Reinvestment Grant (Comprehensive Treatment Court) which was the catalyst for conducting this Sequential Intercept Mapping workshop and action plan. It is essential that this SIM action plan be integrated with all other planning in the county, such as the Suncoast Partnership to End Homelessness, efforts by the Criminal Justice Commission, Behavioral Health Stakeholders Consortium, and the activation of the CJMHSA Planning Council and Public Safety Coordinating Council responsible for ensuring that the priorities are carried out.

The two day Sequential Intercept Mapping workshop was an excellent example of community collaboration and a focused approach to addressing the needs of this target population. To that end, as discussed and observed during the SIM workshop, the USF CJMHSA TAC recommend the following actions:

1. The CJMHSA Planning Council should consider that the Behavioral Health Consortium implement the SIM action plan and track the progress of the plan at their monthly/quarterly meetings.
2. Pursue both federal and state funding opportunities related to serving this target population. There are several grants that are currently accepting applications:
    - ✓ Bureau of Justice Assistance – Justice and Mental Health Collaboration Program – BJA-2017-11380
    - ✓ SAMHSA - Grants for the Benefit of Homeless Individuals – Funding Opportunity Announcement (FOA) No. TI-17-009
    - ✓ State of Florida DCF CJMHSA Reinvestment Grants – New Round of Grants - # RFA03H17GN2
    - ✓ Proactively track annual grant opportunity cycles
3. Align the top priority, Permanent Supportive Housing and the use of evidenced-based practices, with other city and county plans to end homelessness.
4. Expand local triage interventions, such as pursuing a DCF-funded Central Receiving System (CRS) that is "designed" as part of a jail diversion plan for persons with co-occurring mental health and/or substance use disorders.
5. Expand the involvement and employment of peer specialists to promote recovery throughout the local system.
6. Organize and coordinate a public education workshop on Medicaid and behavioral health services, including the Agency for Healthcare Administration and managed care organizations to discuss mandatory and optional benefits or the array of services available in Florida.
7. Consider a community-based pilot project that identifies and serves people who are "high utilizers" of criminal justice, behavioral health, and healthcare systems with an evaluation component that tracks cost effective interventions.

In summary, it is encouraging to observe the local leadership and commitment to taking the criminal justice and behavioral healthcare systems to a new level in Sarasota County. This plan, like other plans, requires follow through.

For information or clarification regarding this Sequential Intercept Mapping workshop, action plan, and report, contact:

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Please visit the USF CJMHSA Technical Assistance website at www.floridatac.org

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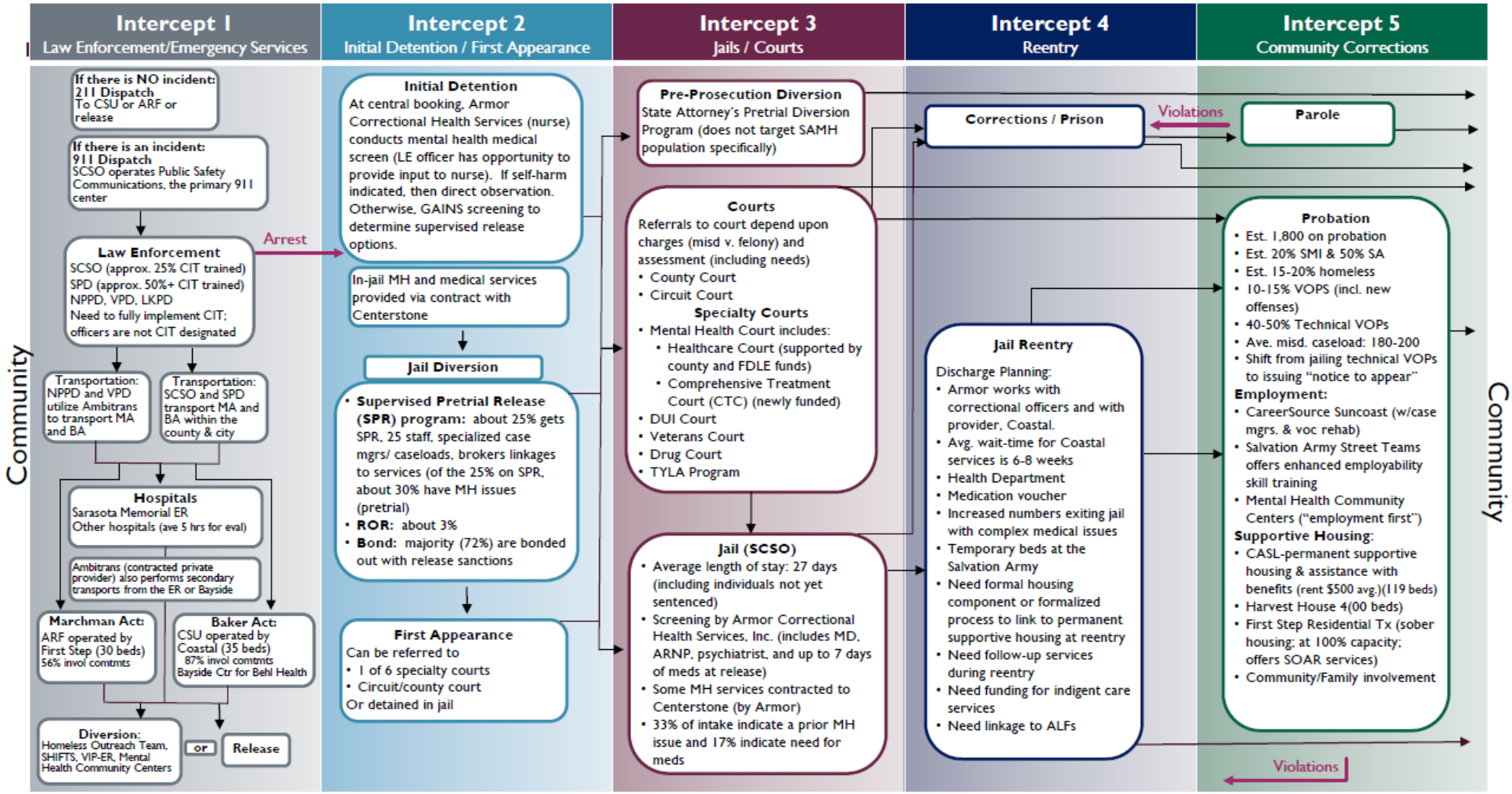
Sequential Intercept Map: Sarasota County, Florida



Appendix A: Participant List

Last Name	First Name	Organization	Email Address
Alexander	Ken	Bayside	ken-alexander@smh.com
Applebee	Wayne	Human Services Manager	wapplebee@scgov.net
Baker	Janet	Alcoholics Anonymous	Baker2003@gmail.com
Ballantine	Emma	Community Assisted and Supported Living (CASL)	emma.ballantine@caslinc.org
Barwin	Thomas	City of Sarasota	Thomas.Barwin@sarasotagov.com
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Beasley	David	First Step	dbeesley@fsos.org
Bell	Major Jeff (for Sheriff Knight)	Sarasota County Sheriff's Office	jbell@scgov.net
Chapman	Robin	Consumer of Services/MH	robinrk@live.com
Clarry	Sheri	Second Chance Last Opportunity	shericlarry12@gmail.com
Collins-Brown	Lisa	Sarasota Memorial Hospital (ER)	Lisa-Collins-Brown@smh.com
DeLoach	Nancy	Homeless/Poverty Coordinator	ndeloach@scgov.net
Donovan	Virginia	Department of Juvenile Justice	Virginia.Donovan@djj.state.fl.us
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Durston	Nicole	Court Administration	WSmith@jud12.flcourts.org
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Hines	Commissioner Charles	Sarasota County	chines@scgov.net

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Scott	Nathan	Child Welfare Advocate	Nathan.Scott@flhealth.gov

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Standring	Jeffrey	Mental Health Community Center	jstandring@mhcci.com
Stiff	Kevin	Sarasota Police Department	kevin.stiff@sarasotagov.com
Stone	Linda	Community Health Center of Sarasota County	linda.stone@flhealth.gov
Thaxton	Jon	Gulf Coast Community Foundation	Jthaxton@gulfcoastcf.org
Thompson	Derek	More Too Life	d.thompson@moretoolife.org
Ver Helst	Rick (for Jack Minge)	Coastal Behavioral	JMinge@coastalbh.org
Vanderneck	Ben	CareerSource Suncoast	bvanderneck@careersourcesc.com
Wiles	Kimberley	Criminal Justice Coordinator	kwiles@scgov.net
Williams	Nancy	Sarasota County Sheriff's Office	nrwilliams@scgov.net

Appendix B: Resources page

Web Resources and Partners

Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center (CJMHSA TAC)	http://www.floridatac.org/
Louis de la Parte Florida Mental Health Institute- Department of Mental Health Law and Policy (MHLP)	http://www.usf.edu/cbcs/mhlp/
Florida Department of Children and Families (DCF)- Mental Health and Substance Use	http://www.myflfamilies.com/service-programs/mental-health
Policy Research Associates (PRA)	https://www.prainc.com/
SAMHSA's GAINS Center for Behavioral Health and Justice Transformation	https://www.samhsa.gov/gains-center

The Substance Abuse and Mental Health Services Administration (SAMHSA) Web Resources

The Substance Abuse and Mental Health Services Administration (SAMHSA)	https://www.samhsa.gov/
Center for Mental Health Services	https://www.samhsa.gov/about-us/who-we-are/offices-centers/cmhs
Center for Substance Abuse Prevention	https://www.samhsa.gov/about-us/who-we-are/offices-centers/csat
Center for Substance Abuse Treatment	https://www.samhsa.gov/about-us/who-we-are/offices-centers/csat
Homelessness Programs and Resources	https://www.samhsa.gov/homelessness-programs-resources
National Center for Trauma Informed Care (NCTIC)	https://www.samhsa.gov/nctic/about
National Clearinghouse for Alcohol and Drug Information	https://www.addiction.com/a-z/samhsas-national-clearinghouse-for-alcohol-and-drug-information/
National Registry of Evidence-based Programs and Practices (NREPP)	http://www.nrepp.samhsa.gov/01_landing.aspx
Partners for Recovery	https://www.samhsa.gov/partners-for-recovery

SAMHSA Grant Announcements	https://www.samhsa.gov/grants/grant-announcements-2017

Other Web Resources

Baker Act Reporting Center	http://bakeract.fmhi.usf.edu/
Council of State Governments (CSG)	http://www.csg.org/
Florida Partners in Crisis	http://flpic.org/
CSG Justice Center	https://csgjusticecenter.org/
Grant Opportunities	http://www.grants.gov/
National Alliance for the Mentally Ill (NAMI)	http://www.nami.org/
National Alliance to End Homelessness	http://www.endhomelessness.org/pages/housing_first
National Center for Cultural Competence	https://nccc.georgetown.edu/
National Criminal Justice Reference Service	https://www.ncjrs.gov/
National Institute of Corrections	http://nicic.gov/
National Institute on Drug Abuse	https://www.drugabuse.gov/
Office of Justice Programs	https://ojp.gov/
Office of Juvenile Justice and Delinquency Prevention (OJJDP)	https://www.ojjdp.gov/mpg
U.S. Department of Health and Human Services - Mental Health	https://www.mentalhealth.gov/index.html
U.S. Department of Veterans Affairs - Mental Health	http://www.mentalhealth.va.gov/
United State Interagency Council on Homelessness	https://www.usich.gov/

Appendix C: Behavioral Health Data Review

(prepared by Sarasota County Government)

Sarasota County Health and Human Services

Behavioral Health Acute Care System Data Review

A Local Data Analysis – October 1, 2015 to March 31, 2016

Presented to Sarasota County
Board of County Commissioners
October 26, 2016

Behavioral Health Acute Care System Data Review

A Local Data Analysis – October 1, 2015 to March 31, 2016

Executive Summary

Primarily as an approach to understanding system issues that are driving rising costs of Baker Act (BA) and Marchman Act (MA) transportation in Sarasota County, Health and Human Services convened service providers and stakeholders who were able to provide data and realistic insight into root causes of the increased volume of service needed. An in-depth review of available behavioral health crisis facilities and transportation was conducted spanning the time frame of October 1, 2015 – March 31, 2016.

Over the course of these six months, 2,360 individuals entered one or more of the behavioral health facilities. Of these, 298 were identified as having "high need" and "high utilization" (HNHU), because they accessed crisis facilities three or more times within these six months. Of the 298, 41 were further identified as Super HNHU, because they accessed facilities six or more times within the same timeframe.

Based on the crisis facilities' census reports and Homeless Management Information System (HMIS) reports, homelessness was identified by HHS staff to be correlated with the frequency of crisis facility use. Of the total HNHU, 65% were identified with homeless status during the time period; and for the 41 highest utilizers, 86% experienced homelessness.

For BAs transported by law enforcement, the Sarasota County Sheriff's Office (SCSO) served the highest number of individuals and provided the most transports, 568 or 57%, aligning with the size of the population of unincorporated Sarasota County, compared to 31% transported by Sarasota Police Department (SPD). For MAs transported by law enforcement, the SPD served the highest number of individuals with the most law enforcement transports, 304 or 58%, which appear high based on the size of the population, compared to 34% transported by SCSO. North Port Police Department and Venice Police Department initiated and transported very few.

Misdemeanors account for 73% of all HNHU charges and misdemeanors account for 85% of all super HNHU charges. This indicates that the majority of offenses committed by this population are low-level, quality of life type charges.

A conservative estimate of total costs represented by the crisis services accessed by the HNHU population was $1,465,540 for these six months, 42% of the $3.5 million in costs for the total 2,360 individuals. The 41 Super HNHU represent 14% of the HNHU, but 24% of the total HNHU cost for this timeframe, $357,574. A reduction in this population would not necessarily result in a reduction in facility operational costs, but would allow for more effective use of existing resources and would likely reduce transportation costs.

Finally, in a review of overlay of HMIS data, 29% of all homeless HNHU and super HNHU did not access any HMIS-documented services during the time-period. Engagement in case management and employment services was very low between both the HNHU (4%) and super HNHU (7%), indicating that the population is not accessing or receiving necessary wrap-around service. Basic life-sustaining services such as shelter, food, and showers were the majority of services accessed, representing 96% of HMIS-tracked services for the HNHU population.

This data has provided staff the ability to explore shared transportation costs with hospitals which benefit from expedient transportation from emergency rooms to more appropriate facilities. Beyond transportation cost mitigation, opportunities have been identified to better serve the HNHU population within existing and potential resources. Signed releases for information sharing could lead to more effective "wrap-around" service provision and prioritization for programs. Further, building capacity with state and federal funding opportunities for increased supports, such as case management, psychiatric, and housing services and exploration of a triage facility to care for individuals in a less costly and more appropriate environment than the hospitals and jail were identified as solutions among stakeholders.

Contents

Background

The Florida Mental Health Act (Baker Act) in Section 394.462, F.S., provides counties with two options for transportation to a Baker Act receiving facility of those who, due to mental illness, are suicidal or homicidal.

1. Counties may "designate a single law enforcement agency within the county, or portions thereof, to take a person into custody…"; or
2. "The jurisdiction designated by the County has contracted on an annual basis with an emergency medical transport service or private transport company for transportation of persons to receiving facilities....".

The Florida Marchman Act Section 397.6795, F.S. provides counties with several options for transportation to a Marchman Act receiving facility of those who, due to substance abuse impairment, are having mental, emotional, or physical problems and demonstrating socially dysfunctional behavior. In this regard, transportation may be provided by a spouse or guardian, a law enforcement officer, or a health officer for a person with impairment.

Since 2002, Sarasota County has opted to contract the aforementioned transport services via Ambitrans, with the goal of providing safe and humane transportation for a high-risk population. This provision also supports public safety by keeping law enforcement officers on patrol where they are primarily needed. In situations when it is determined that a patient should first be taken to the emergency room (ER) for medical evaluation and subsequent medical clearance, Ambitrans transports the patient from the ER to an appropriate BA or MA facility.

Sarasota County contracts with three area providers to support behavioral health crisis services for its residents:

- The Coastal Behavioral Healthcare, Inc. contract ($1,008,817) funds 6.5 crisis stabilization unit (CSU) beds and crisis support for indigent adults that meet Baker Act criteria. Florida citizens who might harm themselves or others may be held involuntarily under a Baker Act for assessment up to 72 hours. The CSU provides brief psychiatric intervention for individuals with acute psychiatric conditions. Most patients stay 3 to 5 days and are discharged when they no longer meet Baker Act criteria.

- The First Step of Sarasota, Inc. contract ($1,218,644) funds Addictions Receiving Facility (ARF) beds for indigent adults that meet Marchman Act criteria. Similar to the Baker Act, individuals who are at risk of harm to self or others and are not able to make a rational decision about the need for services due to substance use may be held involuntarily for assessment up to 72 hours. The ARF provides inpatient screening, triage, referral, stabilization, medically supervised detoxification, counseling and continuing care planning for post discharge service needs. Like the CSU, most patients stay 3 to 5 days and are discharged when they no longer meet Marchman Act criteria.

- The Ambitrans Medical Transport, Inc. contract ($438,000) funds routine transports to Baker Act and Marchman Act (BA/MA) receiving facilities within Sarasota County; transports from Baker Act Receiving facilities to other mental health treatment facilities; transports of BA/MA patients to emergency rooms

for medical treatment and/or clearance; and transports to the jail if the addictions receiving facility is full.

The laws permit law enforcement to initiate Baker and Marchman Act commitments. Law officers are not required to directly observe behavior or hear intent to harm themselves or others. Officers may act based on observations of other credible people. Officers file reports on the circumstances in which people are taken into custody and transport them to the nearest hospital or behavioral health crisis unit.

Under a Marchman Act, an officer may also take an adult to jail for an assessment by the jail's attending physician if there are no beds available at the ARF, or if the person is uncooperative or combative. This is not an arrest and the person will have no jail record.

Within the 72-hour examination period, one of the following three actions must be taken based on the individual needs of the person:

1. The person must be released unless he or she is charged with a crime, in which case the person must be returned to the custody of a law enforcement officer; or
2. The person, unless he or she is charged with a crime, must be asked to give express and informed consent to placement on voluntary status, and, if such consent is given, the person must be voluntarily admitted. Such transfer from involuntary to voluntary status must be conditioned on the certification by a physician that the person has the capacity to make well-reasoned, willful, and knowing decisions about mental health and medical issues; or
3. A petition for involuntary placement must be completed within 72 hours and be filed with the circuit court within the 72 hours

Rising Costs and Increased Volume

Sarasota County Health and Human Services staff identified that between 2011 and 2015, the cost of Baker Act (BA) and Marchman Act (MA) Transportation services provided through the County's contract with Ambitrans increased 35% and the number of trips increased 82%. Approximately 80% of trips were secondary, defined as transports for people under a BA or MA from a hospital to a designated receiving facility.

Over the past year, representatives of local behavioral health providers, Department of Children and Families (DCF), Central Florida Behavioral Health Network, hospital emergency department staff, and law enforcement officers who attend community stakeholder meetings of the Acute Care System identified that their agencies are experiencing similar issues of increased volume and cost. Discussions focused upon the issue of the "High Need High Utilizer" (HNHU) population affecting volume and capacity at the facilities. Anecdotally, the stakeholders reported that adults with complex needs are a relatively small group of individuals who account for a disproportionate share of crisis service costs.

Due to the heavy financial cost of behavioral health care services and ancillary services, and the desire to improve the experience and quality of care for our citizens, Sarasota County Health and Human Services staff

identified the need for current system data to further analyze the anecdotal experience perceived by the acute care service providers. Answers were needed for the following:

- What drives the volume of adults with BA/MAs that result in transports to local hospitals? Where are the BA/MAs originating?
- How many adults with BA/MAs receive transport directly to the CSU and ARF, and by whom?
- What is the realistic number of High Need/High Utilization clients?
    - How many individuals are cycling through our crisis facilities multiple times?
    - Is it the same or different populations that have been under a BA or MA; are both facilities being accessed for the same people?
    - What is the cost associated with transportation, bed days and services for the HNHU population?

In an effort to understand the Sarasota County HNHU population, staff requested and compiled client data from Coastal Behavioral Healthcare's Crisis Stabilization Unit (CSU), First Step of Sarasota's Addictions Receiving Facility (ARF), Sarasota Memorial Hospital, Bayside Center for Behavioral Health, Sarasota County Sheriff's Office (SCSO), Sarasota County Jail, Sarasota Police Department (SPD), North Port Police Department (NPPD), Venice Police Department (VPD), Ambitrans, and the Suncoast Partnership to End Homelessness.

What at the outset seemed like simple data collection, Healthcare Insurance Portability and Accountability Act (HIPAA) requirements restrict many of the providers in their ability to share information, in the absence of signed client releases. This ability to share information would allow for better service delivery to clients who are repeatedly accessing services in multiple costly facilities. With the number of crisis facilities, law enforcement and other entities involved in this project utilizing different information management systems, much of the research conducted required the manual creation of a unique identifier code.

In addition to our local need for more effective processes in our behavioral health system, there is statewide movement toward data analysis and coordination. On July 9, 2015, the State of Florida Office of the Governor issued Executive Order 15-134 which indicated the need for mental health reform, followed on September 9, 2015, with Executive Order 15-175 emphasizing the need for our social service agencies to work together to achieve "an integrated system of coordinated care". With this Order, pilot programs in Alachua and Pinellas joined Broward to fulfill the request that Department of Children and Families (DCF) lead a "comprehensive review of local, state, and federally funded behavioral health services". These pilot counties were to conduct an inventory of programs that address mental health needs, and complete an analysis of how those services are delivered. In addition, these pilots will assess the feasibility of creating and utilizing a single identifier for clients across programs to enhance coordination within the system.

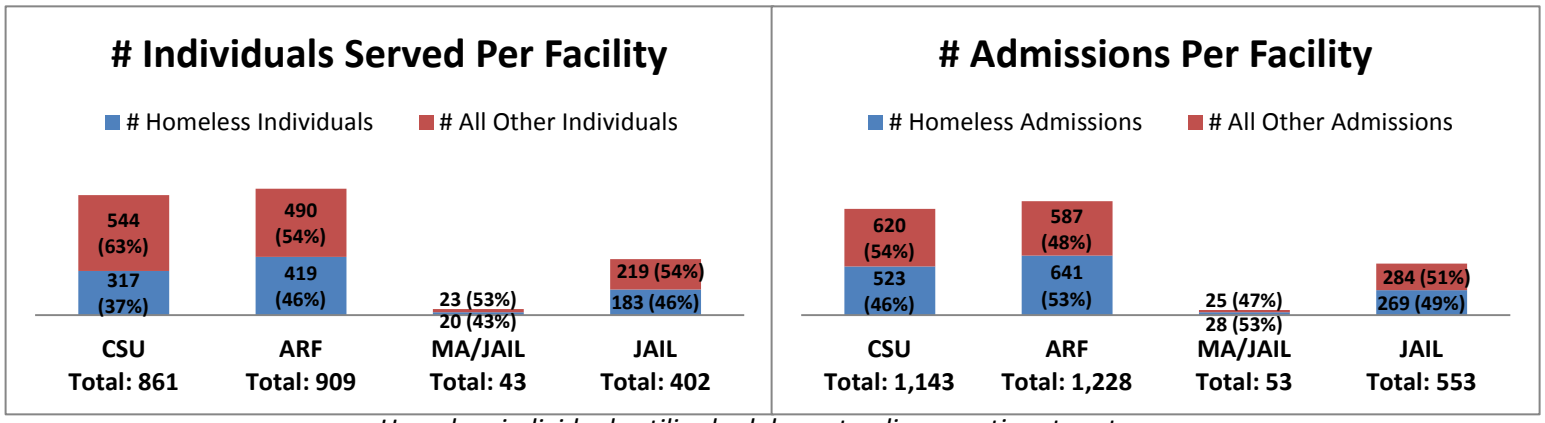
In 2016, Senate Bill 12 (SB-12) was passed, which calls for providing essential elements for a coordinated system of care. Per SB 12, "All participating service providers shall, within existing resources, be linked by methods to share data, formal referral agreements, and cooperative arrangements for care coordination and case management." (Committee Substitute for SB 12, 3rd Engrossed, Lines 480-483). The implementation of SB-12 may ease the shared data dilemma between crisis providers in the future.

Data Analysis

Over the course of these six months, 2,360 unique individuals entered one or more of the behavioral health facilities. Individuals with jail admissions were included in this study only when the individual also had a behavioral health admission or were linked to a behavioral health transport. The ARF served the highest number of individuals (909) and had the highest number of admissions (1,228) during this time period. *(Appendix A, Chart 1).*

Despite community perception of high rates of cycling between the CSU and ARF, data shows that less than 5% of the 2,360 had admissions to both facilities during this time. Individuals with at least one admission to the ARF and one incarceration had the highest number of individuals (200) that had crossover between the facilities, and had the highest number of combined admissions (609) over six months. As the CSU and ARF bed census information includes residency status, it was apparent early in the research that homelessness was a significant issue in the lives of many of these individuals, and was identified as a correlative factor in the frequency of crisis facility use. For those that did cross the BA (CSU) and MA (ARF) facilities, 75% were homeless. *(Appendix A, Chart 3).*

Of the total unduplicated individuals that were served at the CSU, 37% had self-reported homeless residency status or had accessed emergency shelter stay during the six month time period. For the ARF, that number was 46%. *(Appendix A, Chart 5).* Additionally, homeless individuals in both facilities repeated entry at a higher rate than housed individuals, as they accounted for 46% and 53% of the admissions at each respective facility. Across all facilities this factor was evident.

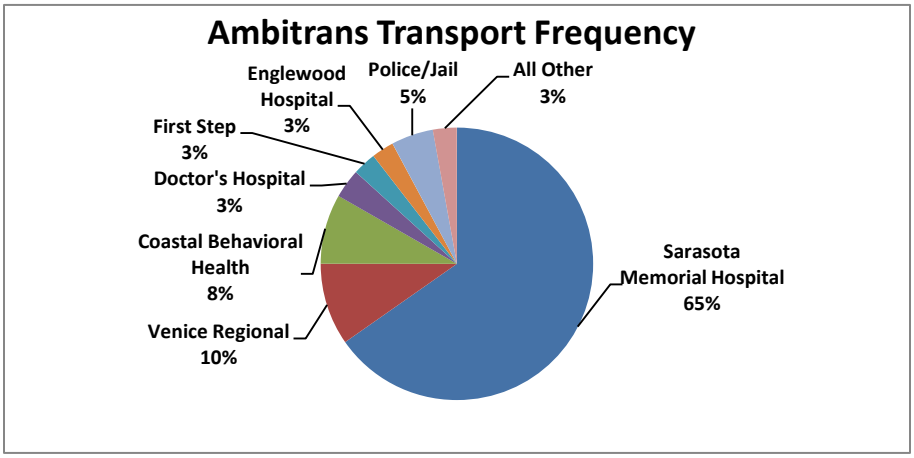


Homeless individuals utilize bed days at a disproportionate rate.

BA/MA Transportation

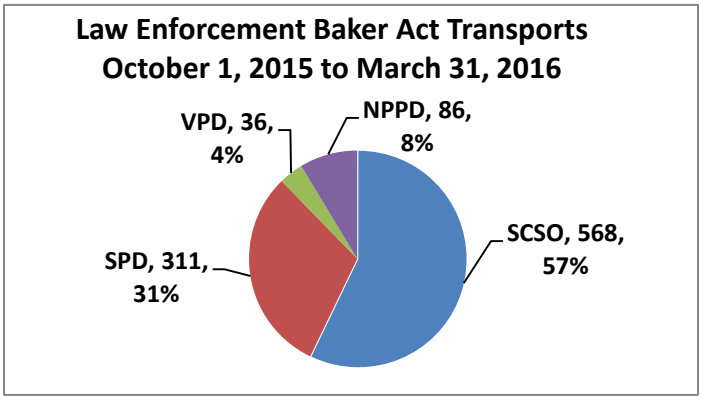
In researching the origination of BA and MA clients, Ambitrans completed 1,621 BA/MA trips at a cost of approximately $236,000. *(Appendix A, Chart 6).* Of these, 80% originated from a hospital as a secondary transport. There was some gap in the ability to research how residents that require those trips are entering the

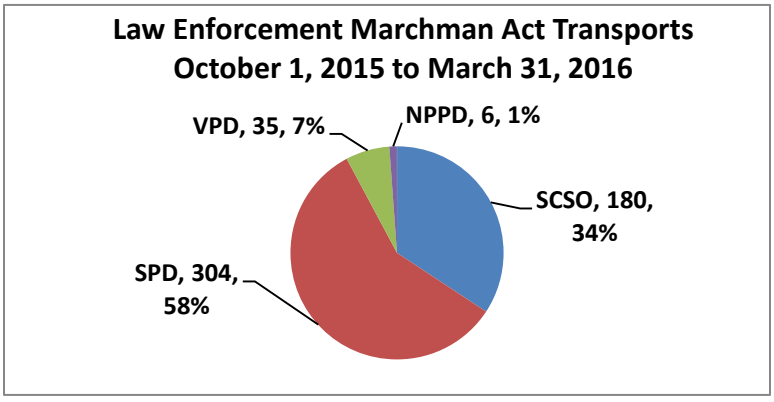
hospitals due to the challenge that the initiator on the BA/MA is not necessarily identified or coded at the hospitals. In addition, family members or others can bring a person in crisis to the ER, or individuals may bring themselves, and a physician can initiate from the hospital setting.



What is known is that in addition to those transported by Ambitrans, law enforcement provides a significant number of BA/MA transports following initiation. Of law enforcement-transported BAs, the Sarasota County Sheriff's Office (SCSO) served the highest number of individuals and had the most transports 57%, which appears to align with the size of the population of unincorporated Sarasota County (253,495), compared to 31% transported by Sarasota Police Department (SPD). *(Appendix A, Chart 7, 8).* The SCSO is responsible for all ex parte BA transports, which contributes to the percentage.

For MAs, SPD served the highest number of individuals with the most transports, 58%, which appear high based on the size of the population (54,214), compared to 34% transported by SCSO. Contributing factors to the high percentage include high density of services and activities in the Sarasota downtown area and close proximity to the ARF. MAs initiated in the southern municipalities are typically transported to the ARF by Ambitrans. *(Appendix A, Chart 9).*





Across all law enforcement agencies, the majority of MAs were transported to the ARF (59%). Approximately 37% of law enforcement initiated MAs appeared to be taken to local hospitals, which may be impacting the perception of ER staff of high MA volume. For these six months, average daily census at the 30–bed CSU was at

62% capacity, and the 30-bed ARF at 65% capacity. In bed census analysis, there are often as many as 9 days per month, however, that the ARF is at capacity due to the need to segregate the male and female clients.

Law Enforcement Officer Marchman Transports By Destination

LEO	Total Reported Marchman Acts	LEO to ARF*		LEO to SMH ER		LEO MA Destination Unknown**		LEO to Other Hospital		LEO to Jail	
SCSO	180	94	52%	26	14%	35	20%	21	12%	4	2%
NPPD	6	5	83%	0	0%	1	17%	0	0%	0	0%
SPD	304	184	61%	66	22%	34	11%	0	0%	20	6%
VPD	35	26	74%	1	1%	2	5%	7	20%	0	0%
TOTAL:	**525**	**309**	**59%**	**93**	**18%**	**72**	**14%**	**28**	**5%**	**24**	**4%**

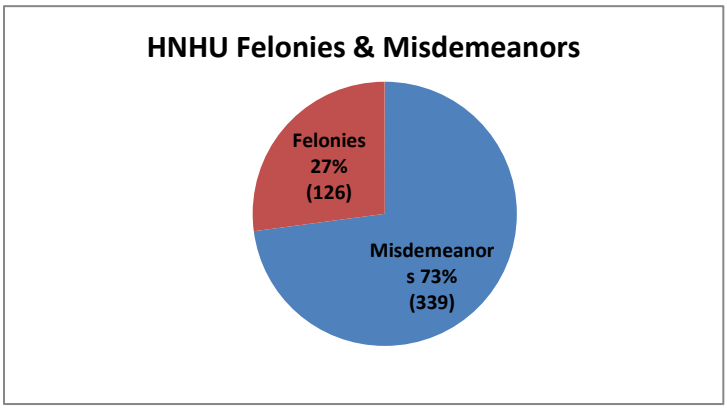
** Data reported from First Step (ARF)*
*** MA initiation provided by law enforcement agencies, but destination not identified in reports. Based on the volume indicated at local emergency rooms, those transported elsewhere may have been evaluated for medical clearance, but possibly had the MA rescinded, as there were no linkages in current data to corresponding Ambitrans transports or facility admissions .*

Additional graphs indicating peak times of day that BAs and MAs are initiated are located in *Appendix A, Chart 10.*

High Need/High Utilization

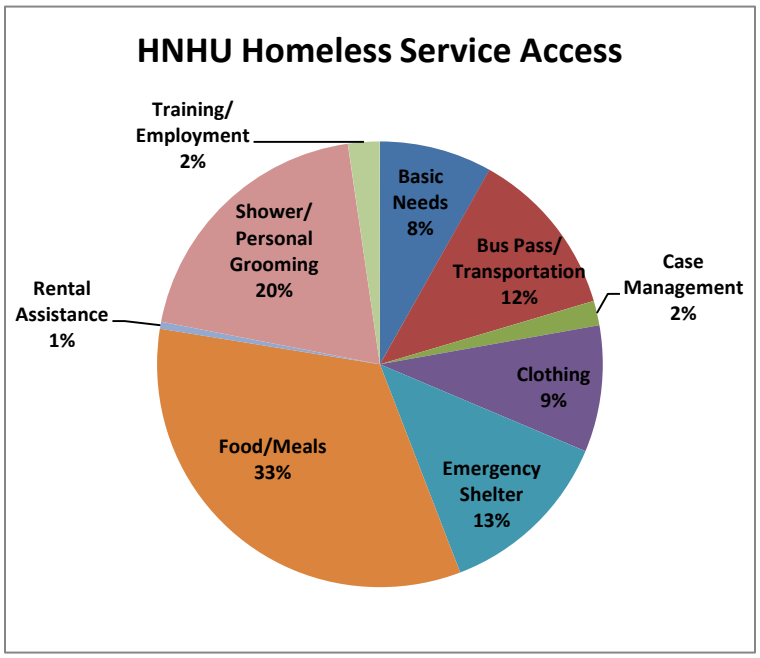
Of the 2,360 unique individuals that entered one or more of the behavioral health facilities, 298 were identified as having High Need/High Utilization (HNHU), accessing crisis facilities three or more times within the six months. Central Florida Behavioral Healthcare, the DCF managing entity of behavioral health funding, evaluates HNHU with a similar definition. Of the 298, 41 were identified as Super HNHU, accessing facilities six or more times within the same timeframe. Across the HNHU and Super HNHU population, approximately 70% are male, 30% are female, with an average age of 42. Of the total HNHU, 65% were identified with homeless status during the time period; and for the 41 highest utilizers, 86% experienced homelessness. *(Appendix A, Dataset 1).*

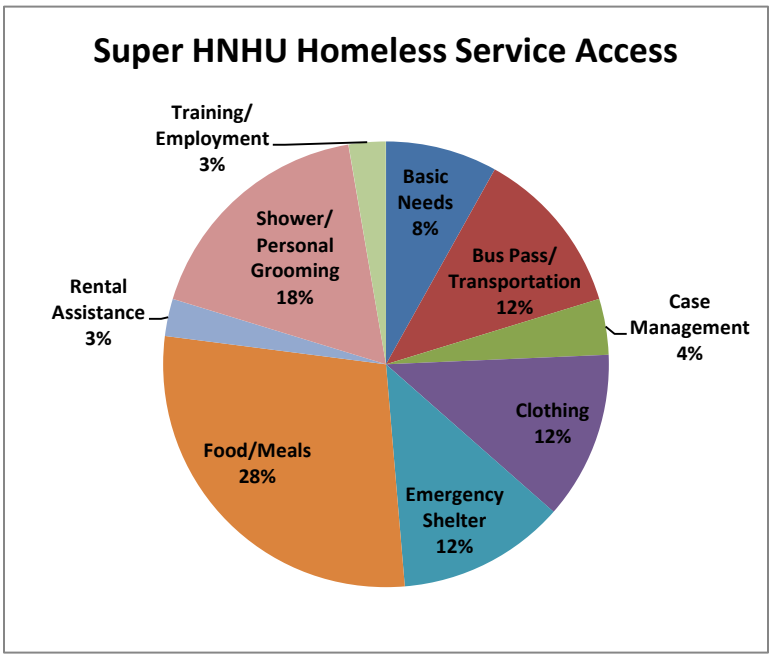
When reviewing criminal justice engagement with this population, misdemeanors account for 73% of all HNHU charges and 85% of all Super HNHU charges. This indicates that the majority of offenses committed by this population are low-level, quality of life type charges. *(Appendix A, Chart 11).* Of the 298 HNHU, 168 or 56% had 465 charges. For the subset of 41 Super HNHU, 32 or 78% had charges (total of 110).



For the 32 Super HNHU that had legal charges, 91% experienced homelessness during this study period. Of those 62% had at least one CSU admission and 69% had at least one admission to the ARF. *(Appendix A, Dataset 2.)*

In a review of an overlay of Homeless Management Information System (HMIS) data to determine the level of access to transformative services, 29% of all homeless HNHU and Super HNHU did not access any HMIS documented homeless services during the time-period. *(Appendix A, Chart 12).* Utilization of case management and employment services was very low between both the HNHU (4%) and super HNHU (7%). These percentages indicate that the population is not accessing or receiving necessary wrap-around service. The majority of services tracked by HMIS indicates that basic life-sustaining services, including shelter, food, showers, clothing and bus passes, were accessed by the HNHU and Super HNHU populations, and represent 96% and 93% of the services respectively.





A conservative estimate of total costs represented by crisis services accessed by the HNHU population was $1,465,540 for these six months, 42% of the $3.5 million in costs for the total 2,360 individuals. The 41 Super HNHU represent 14% of the HNHU but 24% of the total cost for this timeframe, $357,574. A reduction in this population would not necessarily result in a reduction in facility operational costs due to fixed expenses, but would allow for more effective use of existing resources. Additionally, since 405 trips provided by Ambitrans were needed for 176 of the HNHU population, or 25% of the total 1,621 trips that were provided during this time period, addressing this population more effectively would reduce transportation costs.

HNHU and Super HNHU Costs											
HNHU (298)						**Super HNHU (41)**					
Facility/ Transport Type	**# Admissions /Transports**	**# Individuals % / 298**		**Total Cost**	**Per Person Avg. Cost**	**# Admissions /Transports**	**# Individuals % / 298**		**Total Cost**	**Per Person Avg Cost**
CSU	362	149	50%	$603,292	$4,049	88	24	59%	$136,152	$5,673
ARF	429	184	62%	$303,168	$1,648	116	29	71%	$77,684	$2,679
MA JAIL	31	21	7%	$2,170	$103	21	12	27%	$1,470	$123
JAIL	284	168	56%	$501,830	$2,987	81	32	78%	$124,180	$3,880
BAY	88	53	18%	N/A	N/A	18	7	17%	N/A	N/A
AMBITRANS	405	176	59%	$55,080	$313	135	38	93%	$18,088	$489
BA LEO	137	88	30%	N/A	N/A	38	19	46%	N/A	N/A
MA LEO	212	102	34%	N/A	N/A	92	28	68%	N/A	N/A
			Total	**$1,465,540**	**$4,918**			**Total**	**$357,574**	**$8,721**

Key Opportunities

After data collection and analysis, Human Services facilitated group meetings of the agency representatives in June and August to present and validate the data, receive input and strategize potential system improvements. While the research offers insight into the high costs to our system, including transportation, long-term solutions will need to be vetted to address the needs of the highest utilizers. For the County, impacts of secondary transports from our hospitals are high. This data has provided staff the ability to explore shared transportation costs with hospitals which benefit from expedient transportation from over-burdened emergency rooms to more appropriate facilities. Two cost-mitigation measures have already been incorporated since April 2016, including an elimination of out-of-county trips and the reduction of Ambitrans trips between Sarasota Memorial Hospital and Bayside Center, when appropriate. The total cost of these trips was approximately $35,000 from October 2015-March 2016. Even with this mitigation, projections still indicate an $80,000-$100,000 shortfall in funding within the next fiscal year at the current level of transport service.

Beyond transportation, several opportunities exist to improve the system for our vulnerable citizens based upon what was documented in this analysis. Stakeholders agree that there is opportunity to:

- Enhance the ability to share information.
  - As part of regular intake, service providers should secure universal releases to enable discussion of cases with other providers;
  - Increase usage of HMIS, as appropriate for homeless individuals;
  - Conduct regular review of shared system data; bring updated data at regular intervals to the Acute Care System Task Force.

- Increase capacity by utilizing tracked data to apply for federal and state funding opportunities. Stakeholder feedback consistently reported that it was necessary to build capacity to include intensive case management, supported housing, residential treatment, and psychiatric services.

- Initiate prioritization of clients served.
    - With the ability to share information, community program referrals should be based upon data.
    - Explore best practice models to address the HNHU/Super HNHU.
    - Increase early intervention for those with initial crisis facility crossover entry.

- Explore the use of an alternative triage facility and other best practices, which could result in diversion from these crisis services.

This data project garnered strong participation by multi-disciplinary stakeholders, crossing the systems of behavioral health, criminal justice, health and homelessness to identify the issues facing our residents with critical needs. This comprehensive data helps us all better understand the breadth and depth of the issue, which is necessary to drive the community forward with holistic, cost-effective solutions.

Appendix A

Data Reports

Chart 1

Unduplicated Individuals, Admissions and Homeless Status Per Facility										
	TOTAL		HOMELESS				ALL OTHER			
CRISIS FACILITY	# IND	# ADMIT	# IND	% IND	# ADMIT	% ADMIT	# IND	% IND	# ADMIT	% ADMIT
CSU	**861**	**1,143**	317	37%	523	46%	544	63%	620	54%
ARF	**909**	**1,228**	419	46%	641	52%	490	54%	587	48%
MA/JAIL	**43**	**53**	20	47%	28	53%	23	53%	25	47%
JAIL	**402**	**553**	183	46%	269	49%	219	54%	284	51%
BAY	**613**	**757**	*Not Available*				*Not Available*			
Total Unduplicated	**2,360**	**3,734**	**727**	**31%**	**1,544**	**41%**	**1,633**	**69%**	**2,190**	**59%**

Jail individuals/admissions were included when the individual also had a behavioral health admission or were linked to a behavioral health transport. The ARF served the highest number of individuals (909) and had the highest number of admissions (1,228).

Chart 2

Number of Admissions Per Individual										
ADMIT COUNT	CSU		ARF		MA JAIL		JAIL		BAY	
	# IND	# ADMIT	# IND	# ADMIT	# IND	# ADMIT	# IND	# ADMIT	# IND	# ADMIT
9	1	9	0	0	0	0	0	0	0	0
8	0	0	1	8	0	0	1	8	0	0
7	3	21	2	14	0	0	0	0	0	0
6	2	12	3	18	0	0	1	6	1	6
5	9	45	6	30	1	5	0	0	2	10
4	17	68	18	72	1	4	11	44	9	36
3	34	102	39	117	1	3	14	42	18	54
2	91	182	129	258	1	2	78	156	68	136
1	704	704	711	711	39	39	297	297	515	515
Total	**861**	**1,143**	**909**	**1,228**	**43**	**53**	**402**	**553**	**613**	**757**

The majority of individuals served had two admissions or less at any single site.

Chart 3

Crisis Facility Cross-Admissions
At least one admission at each site (CSU, ARF & JAIL)

	TOTAL		HOMELESS				ALL OTHER			
CRISIS FACILITY	# IND	# ADMIT	# IND	% IND	# ADMIT	% ADMIT	# IND	% IND	# ADMIT	% ADMIT
CSU & ARF	64	223	48	75%	173	78%	16	25%	50	22%
CSU & JAIL	113	344	58	51%	215	63%	55	49%	129	37%
ARF & JAIL	200	609	122	61%	405	67%	78	39%	204	33%

Despite community perception of high rates of cycling between the CSU and ARF, data shows that less than 5% had admissions to both facilities during the six-month time-period. Those with CSU and ARF admissions have the highest rates of homelessness (75%).

Chart 4

Single Admissions Two Days or Less

	TOTAL	HOMELESS		ALL OTHER	
CRISIS FACILITY	# IND	#	%	#	%
CSU	499	140	28%	359	72%
ARF	308	119	39%	189	61%
MA JAIL	39	20	51%	19	49%
JAIL	93	31	33%	62	67%
BAY	84	*Not Available*	*Not Available*	84	100%

These short stay, single admissions are notable because the Baker Act and Marchman Act states that people may be held for up to 72 hours for evaluation. Average length of stay for all admissions to the CSU is 4.45 days and for the ARF is 3.12 days. This suggests that BA/MA criteria may be applied inappropriately in these cases. Further research would be needed to examine why these individuals have entered facility.

Chart 5

CSU and ARF Homeless Facility Reports vs. Cross-Referenced Data

CRISIS FACILITY	# Individuals	# Homeless Reported by Facility	% Homeless Reported by Facility	# Homeless when cross-referenced between facilities, including HMIS Shelter report	% Homeless when cross-referenced between facilities, including HMIS Shelter report
CSU	861	233	27%	317	37%
ARF	909	351	39%	419	46%

The CSU and ARF capture homeless status in electronic medical records based on client self-report. When staff cross-referenced crisis facility data with the HMIS database documented shelter stays within the six-month time-period, the percent of homeless individuals increased by approximately 10% at each facility.

Chart 6

Ambitrans Utilization and Cost			
AMBITRANS PICK-UP SITE	**# TRANSPORTS FROM SITE**	**% OF TOTALS**	**TOTAL COST**
SARASOTA MEMORIAL HOSPITAL ER	841	51.88%	$101,491
VENICE REG BAYFRONT HEALTH	158	9.75%	$31,156
COASTAL BEHAVIORAL HEALTH	134	8.27%	$17,718
NORTH PORT ER (SMH)	104	6.42%	$25,273
SARASOTA MEMORIAL HOSPITAL	93	5.74%	$11,118
DOCTORS HOSPITAL	56	3.45%	$7,837
FIRST STEP OF SARASOTA, INC.	45	2.78%	$5,425
ENGLEWOOD HOSPITAL	43	2.65%	$9,633
VENICE POLICE DEPARTMENT	32	1.97%	$6,377
NORTH PORT POLICE DEPT	26	1.60%	$5,640
SARASOTA COUNTY JAIL	23	1.42%	$2,690
PHYSICIAN'S OFFICE	22	1.36%	$2,992
BAYSIDE BEHAVIORAL CENTER	20	1.23%	$6,218
RESIDENCE/PUBLIC	12	0.74%	$1,632
SCHOOLS	12	0.74%	$1,632
GRAND TOTAL	**1,621**	**100.00%**	**$236,832**

$136 used as average cost per trip

Chart 7

Sworn Officer and Census Data				
GEOGRAPHIC AREA:	**Sarasota County (Unincorporated)**	**City of North Port**	**City of Sarasota**	**City of Venice**
Population*	253,495	60,380	54,214	21,730
# Officers / Officer to Citizen Ratio	280 / 1:905	71 / 1:850	121 / 1:448	45 / 1:483

**www.census.gov*

Sarasota County (Unincorporated) has the lowest officer to citizen ratio and the City of Sarasota has the highest officer to citizen ratio.

Chart 8

Law Enforcement Baker Act Transports								
# Transports	SCSO # Individuals	SCSO Total # Transports	NPPD # Individuals	NPPD Total # Transports	SPD # Individuals	SPD Total # Transports	VPD # Individuals	VPD Total # Transports
5	1	5	0	0	0	0	0	0
4	1	4	0	0	1	4	0	0
3	8	24	0	0	6	18	0	0
2	27	54	6	12	27	54	2	4
1	481	481	74	74	235	235	32	32
Total	**518**	**568**	**80**	**86**	**269**	**311**	**34**	**36**

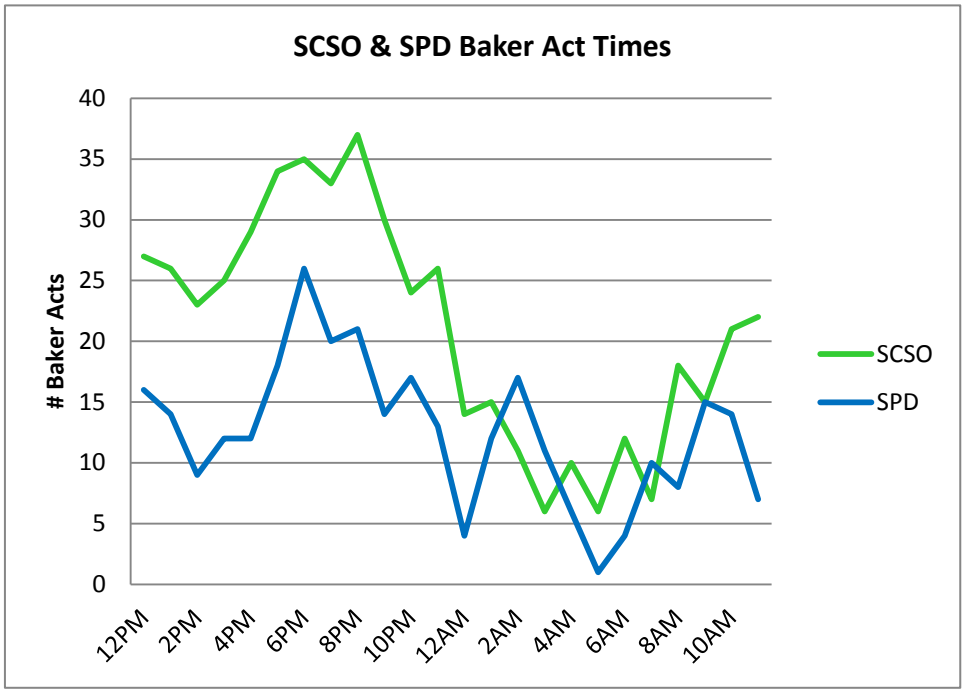
For Baker Acts, the Sarasota County Sheriff's Office served the highest number of individuals and had the most transports.

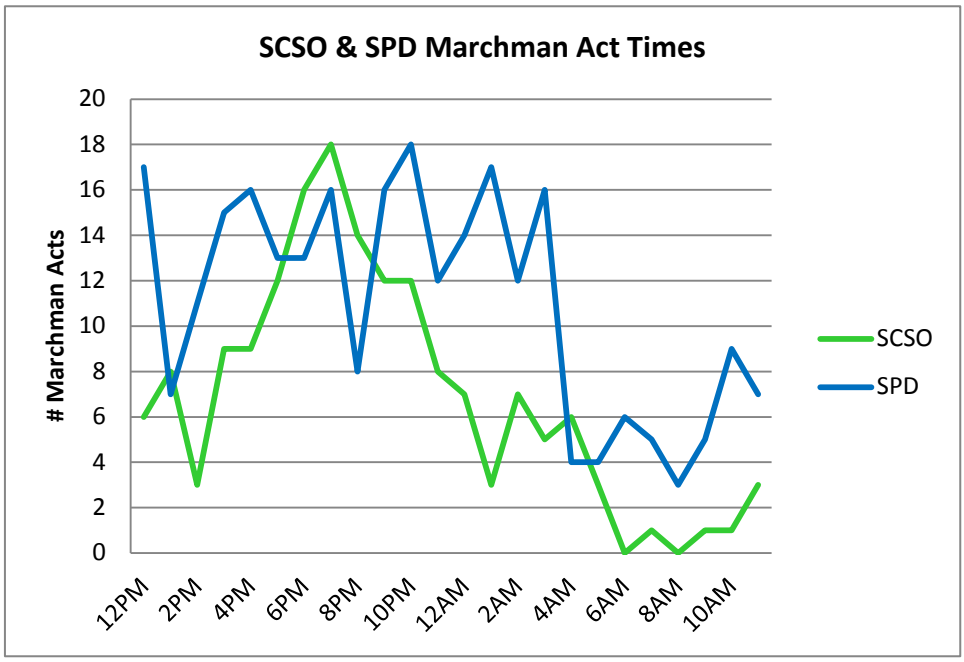
Chart 9

Law Enforcement Marchman Act Transports								
# Transports	SCSO # Individuals	SCSO Total # Transports	NPPD # Individuals	NPPD Total # Transports	SPD # Individuals	SPD Total # Transports	VPD # Individuals	VPD Total # Transports
12	0	0	0	0	2	24	0	0
7	0	0	0	0	1	7	0	0
5	1	5	0	0	2	10	0	0
4	1	4	0	0	6	24	0	0
3	4	12	0	0	14	42	1	3
2	10	20	0	0	28	56	2	4
1	139	139	6	6	141	141	28	28
Total	**155**	**180**	**6**	**6**	**194**	**304**	**31**	**35**

For Marchman Acts, the Sarasota Police Department served the highest number of individuals and had the most transports.

Chart 10





Peak transport times for both the Sarasota County Sheriff's Office (SCSO) and the Sarasota Police Department (SPD) generally occur between 12:00PM to 1:00PM and 5:00PM to 7:00PM. SCSO Marchman and Baker Act transports and SPD Baker Act transports then have a steady decline until early morning. SPD Marchman Act transports have a longer peak period and are steady from 12:00PM until 2:00AM, with decreases at 1:00PM, 8:00PM and 3:00AM. Because NPPD and VPD transports were small in number, time analysis was not completed.

Dataset 1

High Need High Utilizer Definition Applied

Facility = CSU, ARF, MA JAIL, JAIL, and BAY

 # Facility Admissions= 3 or more with at least one behavioral health admission at either the CSU, ARF or BAY

 # Admission Days= 17 or more, combined between facilities or at a single facility (CSU, ARF)

Excludes JAIL only and BAY only stays; Excludes JAIL plus one facility if the majority of admission days were at the JAIL

HIGH NEED HIGH UTILIZERS (HNHU): 298

Gender

Female: 92/298 (31%) **Male:** 206/298 (69%)

Average age: 42

18-29	63/298 (21%)	Female:	16/63 (25%)	Male:	47/63 (75%)
30-39	72/298 (24%)	Female:	24/72 (33%)	Male:	48/72 (67%)
40-49	63/298 (21%)	Female:	22/63 (35%)	Male:	41/63 (65%)
50-59	72/298 (24%)	Female:	23/72 (32%)	Male:	49/72 (68%)
60-69	28/298 (10%)	Female:	7/28 (25%)	Male:	21/28 (75%)

Homeless: 195/298 (65%)

Female: 58/195 (30%) **Male:** 137/195 (70%)

Average number of facility admissions per HNHU: 3.83

Average number of transports per HNHU: 2.49

SUPER HIGH NEED HIGH UTILIZERS (SUPER HNHU): 41

Individuals meeting the High Need High Utilizer definition with 6 or more admissions within 6 months

Gender

Female: 13/41 (32%) **Male:** 28/41 (68%)

Average age: 43

18-29	7/41 (19%)	Female:	2/7 (29%)	Male:	5/7 (71%)
30-39	12/41 (29%)	Female:	5/12 (42%)	Male:	7/12 (58%)
40-49	8/41 (19%)	Female:	3/8 (37%)	Male:	5/8 (63%)
50-59	10/41 (24%)	Female:	2/10 (20%)	Male:	8/10 (80%)
60-69	4/41 (9%)	Female:	1/4 (25%)	Male:	3/4 (75%)

Homeless: 35/41 (86%)

Female: 11/36 (31%) **Male:** 25/36 (69%)

Average number of facility admissions per Super HNHU: 7.76

Average number of transports per Super HNHU: 6.39

Chart 11

Misdemeanor Charges
Listed by Frequency of HNHU Charges

	HNHU			Super HNHU		
TYPE OF CHARGE	**# IND**	**# CHARGES**	**% OF TOTAL (339)**	**# IND**	**# CHARGES**	**% OF TOTAL (93)**
Contempt of Court/Failure to Appear (FTA)	**78**	**88**	**27%**	**16**	**16**	**17%**
Alcohol Consumption/Open Container	33	40	45%	6	6	38%
Unlawful Activities	12	12	14%	4	4	25%
Marijuana/Synthetic Drugs/Narcotics	11	11	13%	3	3	19%
Driving with License Suspended	6	7	8%	0	0	0%
Petit Larceny	6	7	8%	1	1	6%
Trespassing	6	7	8%	1	1	6%
Prostitution	4	4	4%	1	1	6%
***Probation Violations** (One HNHU had 23 charges)	**25**	**49**	**15%**	**7**	**8**	**9%**
Municipal Ordinance Violations	**34**	**37**	**11%**	**22**	**25**	**27%**
Public Alcohol Consumption	21	24	65%	12	15	60%
Miscellaneous Unlawful Activities (loitering, soliciting funds, etc.)	13	13	35%	10	10	40%
Marijuana/Synthetic Drugs/Narcotics Use/Possession	**30**	**34**	**10%**	**10**	**10**	**11%**
Trespassing	**27**	**33**	**10%**	**11**	**16**	**17%**
Battery	**16**	**20**	**6%**	**4**	**5**	**6%**
Resisting Officer	**14**	**14**	**5%**	**4**	**4**	**4%**
Petit Larceny	**11**	**13**	**3%**	**1**	**1**	**1%**
DUI- Alcohol and/or Drugs	**13**	**13**	**3%**	**1**	**1**	**1%**
Disorderly Conduct	**8**	**8**	**2%**	**1**	**1**	**1%**
Hit and Run/Moving Violation	**8**	**8**	**2%**	**1**	**1**	**1%**
Out of County Warrants	**8**	**8**	**2%**	**2**	**2**	**2%**
Property Damage	**7**	**7**	**2%**	**1**	**1**	**1%**
Miscellaneous Unlawful Activities	**7**	**7**	**2%**	**2**	**2**	**2%**
TOTALS:	**286**	**339**	**100%**	**83**	**93**	**100%**

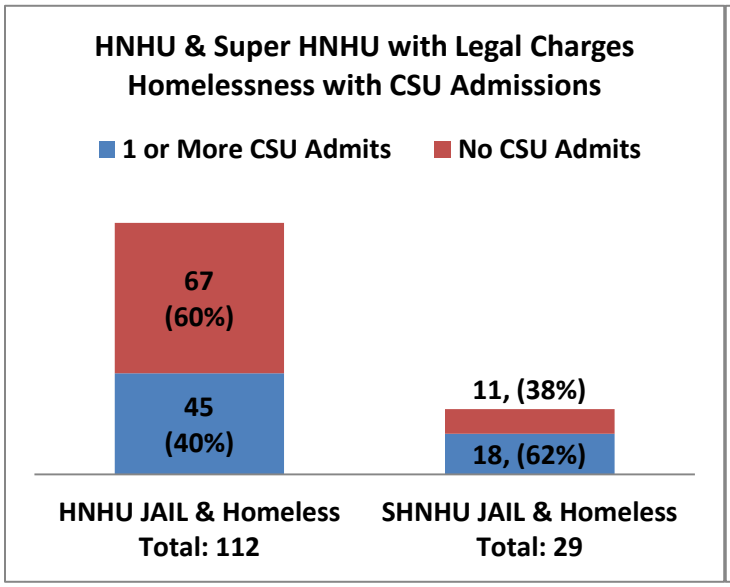
Dataset 2

HNHU JAIL Individuals experiencing homelessness: 112/168 (67%)

- **45/112 (40%) of HNHU JAIL Individuals experiencing homelessness had one or more CSU admissions;** 26/45 (58%) had only misdemeanor charges
- **81/112 (72%) of HNHU JAIL Individuals experiencing homelessness had one or more ARF admissions;** 57/81 (70%) had only misdemeanor charges

Super HNHU JAIL Individuals experiencing homelessness: 29/32 (91%)

- **18/29 (62%) Individuals experiencing homelessness had one or more CSU admissions**
  - **14/18 (78%)** individuals experiencing homelessness with one or more CSU admissions had only misdemeanor charges
- **20/29 (69%) of HNHU JAIL Individuals experiencing homelessness had one or more ARF admissions**
  - **15/20 (75%)** had only misdemeanor charges



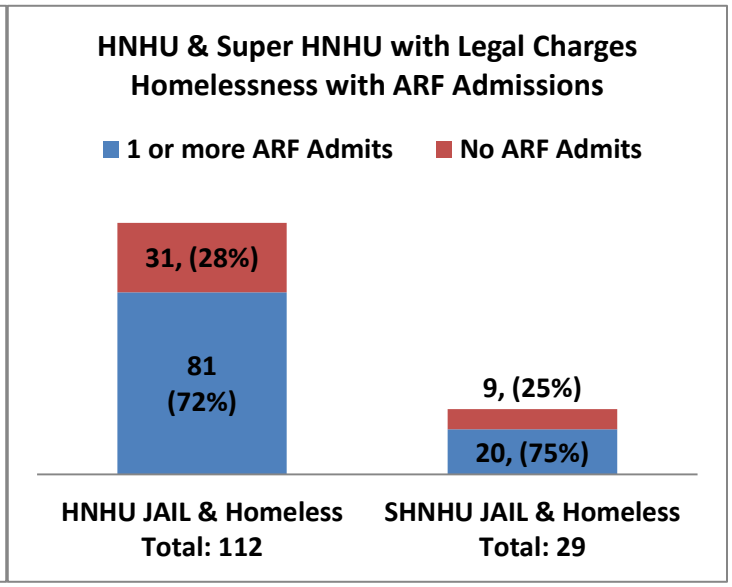


Chart 12

Homeless Service Access		
	HNHU	**Super HNHU**
# with HMIS documented services:	139/195 (71%)	25/35 (71%)
# in Emergency Shelter/# Nights	50 Individuals / 2,268 Nights	9 Individuals / 388 Nights
# Nights Avg. and Night Median	45 Night Avg. / 94 Night Median	49 Night Avg. / 17 Night Median
# Accessing Food / # Meals	131 Individuals / 5,033 Meals	21 Individuals / 885 Meals
# Meal Avg. and Meal Median	38 Meal Avg. / 11 Meal Median	42 Meal Avg. / 17 Meal Median

In a review of the disparity between average and median shelter stays, there are a small number of individuals that engaged in shelter services for extended periods.

Appendix B

Definitions

Addictions Receiving Facility (ARF)

The ARF provides medically-supervised detoxification services 24 hours per day, 7 days per week to individuals age 18 and older. The facility is operated by First Step of Sarasota. Involuntary admissions are initiated through the Florida Marchman Act for those individuals that pose a danger to themselves or others because of substance abuse. For the purposes of this report, both voluntary and involuntary admissions are included.

Baker Act

The Baker Act provides for emergency mental health services and temporary detention for people who are impaired because of their mental illness, and who present an "imminent risk of "serious bodily harm" to themselves and/or others as a result of a mental health disorder. The CSU, operated by Coastal Behavioral Healthcare, is the designated public Baker Act facility for Sarasota County.

Bayside Center for Behavioral Health (Bayside)

Bayside Center offers a comprehensive inpatient program providing short-term intensive psychiatric treatment for adults. The facility, operated by Sarasota Memorial Hospital, is a licensed Baker Act receiving facility for adults in Sarasota County.

Behavioral Health Facility

Bayside Center for Behavioral Health, Coastal Behavioral Healthcare's CSU and First Step of Sarasota's ARF

Crisis Stabilization Unit (CSU)

The CSU provides emergency services 24 hours per day, 7 days per week to individuals age 18 and older who are experiencing a severe emotional or psychiatric crisis. The facility, operated by Coastal Behavioral Healthcare, is the designated public Baker Act receiving facility for adults in Sarasota County. Individuals are referred for screening and evaluation if they present an "imminent risk of serious bodily harm" to themselves and/or others as a result of a mental health disorder. For the purposes of this report, both voluntary and involuntary admissions are included.

Facility

Bayside Center for Behavioral Health, Coastal Behavioral Healthcare's CSU, First Step of Sarasota's ARF, and Sarasota County Jail

High Need/High Utilizer

An adult that has been admitted to a single facility or a combination of facilities 3 or more times within the six-month period (October, 2015 – March, 2016) covered by the report; or an adult that has been admitted less than three times but whose length of stay (in a behavioral health facility) exceeded 17 days. In both cases, at least one admission must be to a behavioral health facility.

Homeless

An individual that self-identified as being homeless at admission to a facility or an individual that had an HMIS-documented shelter stay during the six-month period (October, 2015 – March, 2016) covered by the report.

Homeless Management Information System

The Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. The Suncoast Partnership to End Homelessness administers the HMIS for Sarasota and Manatee counties.

Marchman Act

The Hal S. Marchman Alcohol and Other Drug Services Act of 1993, more commonly referred to as the Marchman Act, provides for emergency assistance and temporary detention for individuals that require substance abuse evaluation and treatment because they pose a danger to themselves or others due to their substance abuse. The ARF, operated by First Step of Sarasota, is the designated Marchman Act facility for Sarasota County.

Marchman Act Jail

An individual that has been placed under a Marchman Act that cannot be admitted to the ARF due to their combativeness or lack of capacity at the facility.

ACRONYMS

ARF	*Addictions Receiving Facility*
BA	*Baker Act*
BAY	*Bayside Center for Behavioral Health*
CSU	*Crisis Stabilization Unit*
FTA	*Failure to Appear*
HMIS	*Homeless Management Information System*
HNHU	*High Need/High Utilizer*
MA	*Marchman Act*
NPPD	*North Port Police Department*
SCSO	*Sarasota County Sheriff's Office*
SHNHU	*Super High Need/High Utilizer*
SMH ER	*Sarasota Memorial Hospital Emergency Room*
SPD	*Sarasota Police Department*
VPD	*Venice Police Department*

Data Sources and Methodology

1. Ambitrans Medical Transport, Inc. (2016). *Ambitrans Baker Act/Marchman Act Transports 10.01.15 to 03.31.16.* [Data file].
    - Original Excel data file included Run #, Date of Service (DOS), Time of Call (TOC), Client Name, Pick-Up Location and Destination.
        - Calculated number of transports based on count of Pick-Up Locations per individual.
        - Calculated costs based on Ambitrans mileage chart and average cost per transport ($136).
        - Unable to generate Generic ID as Date of Birth (DOB) was not included.
        - Homeless status not available.

2. Bayside Center for Behavioral Health at Sarasota Memorial Hospital (2016). *Bayside Center Adult (18+) Admissions 10.01.15 to 03.31.16.* [Data file].
    - Original Excel data file included Generic ID*, Admission Date and Discharge Date.
        - Homeless status not available.

3. Coastal Behavioral Healthcare, Inc. (2016). *Crisis Services Unit (CSU) Admissions 10.01.15 to 03.31.16.* [Data file].
    - Original monthly PDF data files included Date, Client #, MH Residential Status, County, Service Code, FS Number, Source of Income, Clients Family Income and Family Size.
        - Converted PDF reports to Excel Spreadsheets and merged six months of reports into one file. Sorted by Client # and removed duplicate entries.
        - Provided agency with spreadsheet and agency generated Generic ID.

4. First Step of Sarasota, Inc. (2016). *Addiction Receiving Facility (ARF) Admissions 10.01.15 to 03.31.16.* [Data file].
    - Original monthly Excel data files included Service Date, Client ID and County Name.
        - Merged six months of Excel spreadsheets into one file. Sorted by Client # and removed duplicate entries.
        - Provided agency with spreadsheet and agency generated Generic ID.

5. North Port Police Department (2016). *North Port Police Department Baker Act and Marchman Act Transports 10.01.15 to 03.31.16.* [Data file].
    - Original Excel data files included Case Number, Date Occurred, Offense, Last, First, Middle and DOB.
        - Used First Name and DOB to generate Generic ID.

6. Sarasota County Sheriff's Office (2016). *Sarasota County Sheriff's Office Baker Act and Marchman Act Transports 10.01.15 to 03.31.16.* [Data file].
    - Original Excel data file included Report Date, Incident Number, Inc_Code, Name, Per_type1 and DOB
        - Used First Name and DOB to generate Generic ID.

7. Sarasota County Sheriff's Office (2016). *Sarasota County Sheriff's Office Arrests 10.01.15 to 03.31.16.* [Data file].

- Original Excel data file included Name, Sex, DOB, Arrest Date, Release Date, Booking Number, Charge Level and Charge Description.
    - Used First Name and DOB to generate Generic ID.

8. Sarasota Police Department (2016). *Sarasota Police Department Baker Act and Marchman Act Transports 10.01.15 to 03.31.16.* [Data file].
    - Original PDF data file included Case Number, Case Type, Date/Time and Name.
        - Converted PDF file to Excel spreadsheet. SPD provided DOB under a separate file, which were merged.
        - Used First Name and DOB to generate Generic ID.

9. Suncoast Partnership to End Homelessness, Inc. (2016). *1401 V16.7.12 - Sarasota County -Emergency Shelter - Adults Only - Client List - 10.1.15 – 03.31.16.* [Data file].
    - Original Excel data file included Provider Name, Client Code (Generic ID) and Nights Stayed (During Reporting Time Frame).

10. Suncoast Partnership to End Homelessness, Inc. (2016). *HMIS Adults Only - Client List – 10. 1.15 – 12.31.15; HMIS Adults Only - Client List – 01.1.16 – 03.31.16.* [Data files].
    - Original Excel data files included Client Code (Generic ID), Provider Name, Service Date, Service Code Description and Service Provider Specific Code.

11. Venice Police Department (2016). *Venice Police Department Baker Act and Marchman Act Transports 10.01.15 to 03.31.16.* [Data file].
    - Original PDF data file included Case Number, Date, Time, Dept. Classification, Officer, Location and Status, but was missing Name and Date of Birth. Second PDF file included Case Number, Name and DOB.
        - Converted PDF files to Excel files and merged data.
        - Used First Name and DOB to generate Generic ID.

Each agency had different electronic record systems and had varying ways of categorizing and reporting information. Staff compiled all agency data into a master spreadsheet and used the following categories to organize data in a uniform manner: Name (Last, First), Generic ID, Agency, Agency Client ID, # of Entries, # of Days, Total Cost, County and Homeless Status. Below are the methods used to calculate data when not provided:

- Calculated age from DOB provided in Generic ID.
- Determined gender (High Need and Super High Need only) via confirmation with agency providers.
- Calculated number of admissions as one admission = Single Date or one admission = Consecutive Dates e.g. 01.01.16, 01.02.16, 01.03.16 = one admission.
- Calculated length of stay based on sum of consecutive Date(s).

*Generic ID - First 3 initials of first name and DOB-ABCmmddyy