Central Florida Cares Health System, Inc.  
(CFCHS)  
Indigent Care Meeting Minutes  
Friday, February 14, 2014  
10 a.m. - 12 p.m.

Those Attending:
Richard Barlow, Park Place Behavioral Healthcare  
Ken Henderson, University Behavioral Center  
Garrett Griffin, Ph.D., Park Place Behavioral Healthcare  
Debbie Driskell, Seminole Behavioral Healthcare  
Jerry Kassab, Lakeside Behavioral Healthcare  
Tom Greenman, Aspire  
Barry Hensel, Ph.D., Circles of Care, Inc.  
Vicki Garner, Lakeside Behavioral Healthcare  
Valerie Westhead, Seminole Behavioral Healthcare  
Yvette Marrero, Florida Hospital  
Bill Vintroux, Circles of Care, Inc.  
Jason Wieseler, Circles of Care, Inc.  
David Feldman, Circles of Care, Inc.  
James Whitaker, Circles of Care, Inc.

Others Attending:
Maria Bledsoe, CFCHS CEO  
Debra King-Ferro, CFCHS System Integration Director  
Nikaury Munoz, System of Care Manager  
Linda Lawrence, Recording Secretary

Introduction:
Maria Bledsoe hosted the meeting and included executives/representatives from the CFCHS Provider Network. The meeting began with introductions, and though publically announced, no members of the general public attended. Participants were asked to introduce themselves and were notified that the meeting was being recorded and minutes would be provided and are available for public review. The meeting was called to order at 10:07 a.m.

Indigent Care Discussion:  
Current Process
Maria Bledsoe directed the attendees to the handouts provided noting that the information would assist the group in areas of discussion. The information included the Florida Baker Act facilities, utilization data, and a Baker Act flowchart.

Maria’s goal for the discussion was to have a better understanding of the current processes for each county and if processes were working. She noted that there had been some issues within Orange County and she wanted to know if the same barriers were common in Brevard, Osceola, and Seminole. This meeting was not established to change processes, rather to review potential options that could be discussed.

Upon reviewing the flowchart, the group agreed that it did outline the process correctly. Jim Whitaker noted that transportation for Baker Act clients is handled through Coastal Ambulance Services in Brevard County. This is due to the mileage or length of travel required by that county. He noted that the local hospitals fund this service in cooperation with law enforcement. Law enforcement may transport the client pending on the distance required. He further noted that the use of this service is set up in very few counties within Florida. Valerie Westhead noted that the use of transferring clients from a public to private receiving facility is rarely used, and in her opinion would be very detrimental due to moving the client through different agencies. She
further stated that clients moved from emergency room and are not admitted to the receiving facility will be transferred to Seminole Behavioral Healthcare where they will remain. Other individuals noted that they may or may not move clients to the receiving facilities. It was noted that it does happen in Orange County. Richard Barlow noted that they do not have a private receiving facility. Jason Wieseler noted that there is a private receiving facility which will transfer the indigent client to Circles of Care for long stays.

Utilization of Publically Funded Inpatient Beds
Maria directed the attendees to the CSU Utilization chart concerning the bed capacity for both adult and child mental health and funding for the Providers. She noted that there was over utilization for publically funded beds and additional beds are needed for adults.

Jim Whitaker stated that it is helpful to have 50 beds. He said that at times there could be a week to 10 days before a bed would be available at Circles of Care. Now with the waitlist is a matter of hours rather than days. The formula includes a number of paying and non-paying clients while working with the hospitals.

Richard Barlow stated that Park Place Behavioral Healthcare has limited CSU beds and is attempting to get additional beds.

Valerie Westhead said that Seminole Behavioral Healthcare has a positive system with the hospitals. They suggest to clients who have insurance that there are other facilities that are available. They work at keeping the length of stay short and not having their facility over capacity. They have a good relationship with law enforcement and area hospitals.

Jerry Kassab stated that Orange County began the central receiving concept at Lakeside Behavioral Healthcare which is primarily for adult clients. Law enforcement has been positive with this concept. The children’s system includes children going to the nearest facility since there are several in the area. He noted that when issues arise, there are community meetings; however, overall the system runs smoothly.

Vicki Garner noted that all indigent clients were taken directly to Lakeside. There are no indigent clients at other facilities unless they are walk-ins.

Ken Henderson stated that University Behavioral Center had opened in June 2013. He noted that they do receive some indigent adults, with some transfers that may or may not be successful based on bed availability. There are not as many issues with children. He also noted that they have a good working relationship with law enforcement and the hospitals.

Jerry Kassab suggested that input from the hospitals be provided concerning any possible issues. He mentioned that there is a CRC, a managing group, who meets on a regular basis to discuss transfers and other issues. He also stated that Orange County government and law enforcement take an active role in these communications.

Jason Wieseler shared some data from calendar year 2013 from their 50-bed CSU; they served 15,211 patient days of which 12,017 were indigent clients. He offered a copy of this information to Maria Bledsoe.

Jason Wieseler added that some issues arise between the Provider and the hospital when there is a difference in opinion whether a client is medically fit to accept. The group was in agreement that this is an issue and has to be reviewed on a case-by-case basis.

After-Care Services, Processes, and Recommendations.
A member from Circles of Care stated that there is a centralized scheduling system for out-patient services through Bergman. They are in touch with the clients on a daily basis to arrange appointments. There are issues since there are no psychiatrists in Titusville other than a small clinic in the south-end of the city. Appointments can be made in Melbourne and it is difficult to do so in Rockledge. Transportation is an issue. An attempt is made to have appointments scheduled within a week and discharged with 15 days of medication. Appointments for in-care clients are scheduled less than 7 days.

Jason Wieseler noted that at least 50 to 60 percent of the clients do not show for the scheduled appointments. There is an attempt to recruit a new psychiatrist from a North Brevard hospital in July. If they are not able to schedule the client to see a professional within 23 days, they will be scheduled to see a counselor. If they are unable to see a psychiatrist during the 23-day period and only have 15 days’ worth of medication, the client is able to go to a walk-in intake.

Richard Barlow stated that Park Place used the same type of process for the CSUs. He also noted that the no-show rate is in the 80 to 85 percent range. Out-patient medical was affected by the reduction in funding which directly affects the indigent care. The care is still provided as long as they are in their system. There is a wait list for medical. Their in-care clients are scheduled within 3 or 4 days. Those clients on the outside are scheduled in the same amount of time. Emergencies can be on standby and all have been seen during the past 6 months.

It was noted that emergency appointments are not tracked. Some are handled by “crisis services” or if it is an established client they can walk in to be seen.

Valerie Westhead stated that they have “open access” for their out-patient medical program. The clients can come to their Access Department and they are determined to need evaluation and medication, and if they arrive early in the day, they will be seen. Appointments are not made unless it is required by a contractual arrangement with Medicaid/HMO. This encourages a partnership with the client and requires that they be responsible for their care. They better utilize their expensive medical labor costs and eliminated their no-show rate. They have communicated with UBC and South Seminole Hospital that individuals can show up for an assessment and they can be seen within 24 hours. They have also requested that the hospitals understand their formulary is in order to work with the Patients’ Assistance Program, IDP Program, etc. If they are unable to see a client during the day, they will be given a priority slot for the following day. There is no priority given to previous clients and scheduling is more flexible for the indigent clients. Client satisfaction is very good.

Vicki Garner said that due to the transportation waiver most of the indigent clients arrive at Lakeside. They have the ability to make appointments for their clients within 7 to 10 days. If they come from UBC or Central Florida Behavioral they will be listed as new a patient. The transfer process established is to have the client discharged and sent to Lakeside’s Access Center. The client’s paperwork is received and placed in the system. The issue can be that the client may have a prescription and they are not able to fill it. Florida Hospital does give the medication to the clients. Their medication clinic saw 2,200 adults and 800 children with 9 Providers. They have a high rate of no shows; the facility overbooks appointments to over compensation for the no show rate. Clients are seen within a week to 10 days. The indigent clients are booked a 15-minute appointment to help with their no show rate for those clients who have been discharged within a week. They have a separate children’s clinic which is very active.

It was noted that UBC does not do any aftercare. Ken Henderson stated that they refer their clients out. This has been successful for both adults and children.
Yvette Marrero noted that Florida Hospital on Rollins Avenue is a Baker Act Receiving Facility. She stated that their most difficult barrier is delivering services to the indigent population, which many of these costs have been absorbed by the hospital. The issue is when the other facilities are full or the clients do not meet criteria. This causes a backup in their system and self-pay population on their units.

Jim Whitaker stated that there is an assumption of so many HMOs and PPOs; however, there are a great deal of people who do not have coverage and there is no new funding for the Baker Act. Assistance is needed in case management and follow-up to ensure that the client do not return to the facilities.

Valerie Westhead stated that the indigent population, even if they did qualify for assistance; have a variety of issues to review. She recommended the use of the Out-Patient Baker Act. For those individuals who are multiple repeaters, they can receive out-patient services in the community without taking indigent beds in the CSU. She recommended utilizing the law as it exists to allow people to stay out in the community and use fewer beds.

Valerie Westhead said that they had 20 people in the facility at one time. The issue is the clients who return every two weeks and continue to utilize the resources. If an individual has changed their behaviors and is able to avoid in-patient treatment for 6 months, there is a higher possibility of them succeeding. Seminole has been using this system since 2006. Should a client become incompliant, they will be Baker Acted again and re-evaluated. They will return to the CSU and jail for a short stay. The buy in is needed by the courts and magistrates. Some of the public defenders see this as an improvement for client treatment. Law enforcement was bought in early due to public safety issues and is positive about the system. Valerie stated that the training for this system took 6 months and it is working well.

Debbie Driskell added that Seminole County does 80% of the AOTs for Florida. It does take a great deal of buy in by the community and the sheriff was very involved in pushing the system.

**Medication and Pharmacies**

Jim Whitaker stated that Circles of Care has two out-patient and in-patient pharmacies. They are eligible for free medications of which $1.8M free medication was distributed.

Richard Barlow said that Park Place has an in-house pharmacy which is operating with an outside contractor. They are able to get some free drugs through the drug company representatives. He stated that from the in-patient side, they use some of the new drugs available to help the clients. They seem to get better quicker and Park Place absorbs the cost. However, when they discharge the client, they are not able to afford the medication.

Valerie Westhead said that they have developed a relationship with two pharmacies in the north- and south-end of the county, and they manage their IDP funds. Their organization has generated more than $1M in patient assistance with medications. They do work with the drug company representatives for the new medications. They have developed a Medical Benefits Department that makes sure that the clients can stay on their medications. Some of the newer medications do help clients leave the CSU quickly. The client is given 1 weeks’ worth of medication and they are required to return with documentation for continuation of the medication. If the client does not, then they are placed on a less expensive medication. Again, they must invest in being a part of the process.

She also mentioned the need for clients who are on medical-related medications. This is also very challenging, and there is no back-up money in CSU for this expense.
Vicki Garner stated that they have their own community and institutional pharmacies. They have 2.5 employees in their Pharmacy Patient Assistance Program who do all of the paperwork, etc. for the clients. They also have a large sampling program to assist with medications. They have received $2M worth of medications for the clients through the program. They have an open pharmacy where they do not restrict their physicians to find what is best for the client. Some of the in-patients use the expensive medications which they can have for a year if they do not stop taking them or are not readmitted. There is a protocol which will allow clients to use their medications from home while in care, if properly documented and verified. It was noted that all of the Providers follow the same protocol.

Ken Henderson stated that they contract with a pharmaceutical company who will work with the physicians as needed.

Yvette Marrero said they had an in-house pharmacy. Patients are able to bring in their home prescriptions. They have developed a partnership with a program that can offer them free or reduced-cost prescriptions. There is Patient Financial Services that will work with the clients as well as a charity fund that can be used to help those who cannot afford their medications. They have case management and Patient Financial Services that will do a great deal of paperwork to get the person on Medicaid or Social Security Disability. She noted that it took a great deal of time; however, they are able to help fund the prescriptions at a reduced cost. Sometimes the physician will have to change the medications to something that the client can afford or seek family assistance to help offset the co-pay for the prescriptions.

Jerry Kassab spoke about geographic access to facilities and services, and the discussions that continue to include costs. Such new facilities would not be located near the current facilities. However, with the no show rate, it would be difficult to justify such facilities; although, it could be more accessible and helpful for some of the clients. Jerry also noted that telemedicine would be another solution.

Summary

- There is good communications between the receiving facilities and the hospitals.
- There is an open-clinic location that is working for one county – would this be explored for other counties?
- Review Seminole’s “Open Access” out-patience program – would this be explored for other counties? (AOT)
- Telemedicine – State is looking at billing options for this program.
- Medical out-patient does not work for some clients due to the physician’s salaries.
- UCF will have a psychiatry residency program this year.
- Encourage more students in psychiatry.
- Suggesting a new receiving facility.
- If a new receiving facility is brought on-line, share information and introduce them into the current systems established.
- Sharing of best practices via email

To Do:
- Maria will follow up with the hospitals that were not able to attend to get feedback.

The meeting concluded at 11:39 a.m.