

Detox Symposium

Local Program Description

Please use a separate sheet for each program you represent.

Agency Name ACTS Program Name **Adult Addiction Receiving Facility**

Please check all that apply: X ARF Residential Detox Outpatient Detox X Adult Adolescent

Location: City Tampa County Hillsborough DCF Area Suncoast Region

Presenter (Name) Dan Kane

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RESIDENTIAL DETOX

Number of Licensed Beds 20 State funded Beds 18.5 State Rate \$ 230. per bed day

How are you funded? State funded 90%
 Locally funded 5%
 Private Pay 5%
 Other _____%

Description of Services

Please comment on the following:

- ✓ Level of medical complications you can accommodate,
- ✓ Severity of clients served,
- ✓ Percentage of co-occurring clients and how you accommodate them,
- ✓ Your discharge planning and follow up capability,
- ✓ Services in addition to detoxification available to the clients on-site
- ✓ Demographics of patient population
- ✓ Percentage of voluntary vs. involuntary clients.

ACTS Adult Addictions Receiving Facility (AARF) is a secure inpatient facility with medically and clinically integrated protocol designed to provide acute care detoxification, stabilization services and sub-acute detoxification for clients with current and significant substance impairment and/or co-occurring psychiatric disorders. In addition to providing general detoxification and stabilization, as a Marchman Receiving facility, the AARF is staffed and equipped to handle involuntary clients referred under the Marchman Act. Program enhancements of a licensed receiving facility include a locked seclusion room and staff that is trained in aggression control. This program is licensed by the Department of Children and Families and has been operational since March of 2002. The AARF is funded by appropriations from the Alcohol, Drug Abuse and Mental Health Program Office, administered through Central Florida Behavioral Health Network. The AARF is a co-ed twenty (20) bed facility equipped and staffed to provide a medically safe and clinically sound environment with a welcoming, 'no wrong door' approach to consumers. AARF Program fees are \$230 per day for acute detoxification and stabilization and **\$105** per day for sub-acute services. Reductions and /or waivers are

established on a sliding scale based on the person's household income and number of dependents. In addition to providing safe, medically monitored detoxification, medical and behavioral stabilization, each acute care client receives a bio-psychosocial assessment, recommendations and linkages to further care based on the individual's needs and preferences. Successful discharge and length of stay are determined upon completion of medical and clinical protocols.

Clients excluded from receiving services are those that require emergency medical or continuous physician care; those that require medical attention unrelated to their withdrawal symptoms or impairment. Additionally, clients whose medical conditions compromise the safety of clients or staff will need to resolve those issues prior to admission.

Services are designed to provide medical stabilization and detoxification and to assure that each client receives a bio-psychosocial assessment, motivational counseling and recommendations/referrals for continued care. Every effort is made to restore stability to the client and to tailor the aftercare planning based on consumer needs, preferences, level of functioning, phase of recovery, stage of change, and existing supports.

Co-occurring:

Of the 802 unduplicated admissions from 7/1/08 through 1/31/09, 594 had a co-occurring disorder. Clients are screened for mental health disorders during assessment using the MINI instrument. Whenever possible, clients who bring in psychotropic medication are continued on their medications. Efforts are made to obtain psychotropic medications for those clients for whom it is indicated through the Hillsborough County Health Plan, Medicaid, family, or ACTS resources. Every effort is made to link clients with co-occurring disorders with follow-up services after their discharge.

Discharge Planning and Follow-Up:

As an outcome to the assessment process, a case staffing is held with the physician, nurse and primary counselor in order to assess the client's response to services and determine appropriate treatment recommendations. Other professionals and the client may also be present for the staffing. The counselor in collaboration with the client makes recommendations for follow up care and/ or self help/ recovery based on the clients need and preferences. These services are often accessed before the client leaves the facility, to assure continuity of care. If the client is being referred to a residential program, he/ she may be recommended for step-down placement and/or referred to outpatient interim services while awaiting placement. If client is under court order, consultation with the court liaison is integral to the management of the clients continued care.

ACTS offers three levels of adult acute care services. The acute detox is provided in the secure, 20 bed Adult Addiction Receiving Facility. This is the medically monitored service designed to manage the physiological symptoms of withdraw to allow clients to begin to move toward recovery. Co-located with the acute service is the sub-acute detox. This is a residential level five providing room, board and peer recovery support services to up to 12 men/women whose physical symptomology allows for increased recovery oriented activities. Clients are typically stepped down to this level from the acute level, often fairly quickly, to best utilize the acute services. While engaged in this level of care clients are actively working on follow-up services in anticipation of discharge. They may also be engaged in the outpatient detox service provided approximately one mile to the

north. Transportation is provided each morning for those clients admitted to the level five program who are determined in the staffing to be appropriate for Outpatient detox. The third adult acute care service is the outpatient detox. A detailed description will be provided in the symposium, but it provides services to individuals in the level five and from the community who have adequate stability and are absent the symptoms requiring inpatient services. Using the acute care continuum in this manner maximizes the utilization of the services available, provides services in the least restrictive setting, and helps in the retention and transition while increasing stability upon discharge.

Demographics July 08-January 09:

Total Adult Admissions, unduplicated 802

Female 395 or 39%

Male 61%

Age

18-40 63%

41-55 32%

Over 55 5%

Race

White 88%

Black 10%

Multi Race 1%

Other 1%

Primary Diagnosis

Opiate 40%

Alcohol 33%

Combination 15%

Cocaine 7%

Primary Drug

Alcohol 35%

Oycodone 22%

Crack 8%

Opiates 6%

Heroin 6%

Marijuana 4%

Hydrocodone 35

Identify any opportunities you currently have to expand/improve acute care services: