

CHAPTER 1

Introduction

Florida's services system for mental and addictive disorders has changed dramatically in the last 50 years. Earlier in our state's history, individuals with serious mental illnesses (along with several other groups including persons with dementing illnesses) were treated primarily in large, publicly supported state mental hospitals. People with less serious illnesses were typically seen in the offices of private psychiatrists or, more likely, received no care for their mental illnesses. Florida's publicly funded mental health services operated under a state policy with clear boundaries between relatively few service providers. Compared to today's science, little was understood about the causes of mental disorders, and far fewer scientifically validated treatment options were available.

In 1971, Florida's mental health laws were substantially revised. Chapter 394 Florida Statute authorized the publicly funded mental health and substance abuse (MHSA) system, and the Baker Act was created.

With the development of newly effective psychotropic medications, as well as health insurance and income supports available through the social security system, many hospital patients were released into the community. Under federal sponsorship, community mental health centers proliferated, and specialty mental health services providers such as clinical psychologists, licensed mental health counselors, clinical social workers and others developed practices. Relatively few sources of mental health funding existed. These included general revenue (state taxes), Medicare, Medicaid and a predominantly fee-for-service private insurance system.

Florida's system has moved steadily toward change. What had been a fairly simple service system became increasingly complex. A hybrid MHSA system evolved as a patchwork of mainly community-based settings comprising public and private sectors, general health and specialty mental health providers, as well as social services, housing, criminal justice and educational agencies. In addition to the traditional MHSA services provided under the auspices of Florida's Department of Children and Families (DCF) Mental Health and Substance Abuse Programs, a number of state agencies (including the Departments of Education, Corrections, Juvenile Justice, Health, and the Agency for Health Care Administration (AHCA) now all provide or finance MHSA services. This is what we call the non-traditional, or non-DCF, MHSA service system. Law enforcement and the judicial system have emerged as prominent gatekeepers to the mental health and substance abuse treatment systems. In fact, MHSA services are currently provided in no fewer than 13 distinct service environments, including jails, prisons, juvenile detention centers, nursing homes, residential programs, emergency rooms and hospitals, crisis units and detoxification facilities, physicians' offices, schools, and assisted living facilities, as well as the individual's or family's home. (See *Figure 1.1*, page 2)

The resources and services that are provided through DCF's Mental Health and Substance Abuse Programs as well as the services that are financed by the Medicaid program in the Agency for Health Care Administration (AHCA), represent what has traditionally been identified as Florida's publicly funded mental health and substance abuse systems. However, there is growing recognition of the important roles that other providers play in the delivery of mental health and substance abuse services. As explained in the Preface and illustrated in *Figure 1.2*, DCF remains an important part of the publicly funded system, but is by no means the only provider of services. It is important to understand the roles of all service providers and the relationships among them and with their clients.

On the substance abuse side, 50 years ago, substance abuse and addictive disorders were regarded as character weaknesses rather than treatable medical conditions. Consequently, few treatment options existed. In response to a rapidly growing science base that began to recognize addictive disorders as medical illnesses that could be treated successfully, substance abuse treatment facilities and services have developed, become increasingly professional, and flourished in recent years.

Currently, it is estimated that nearly \$5 billion is spent annually in Florida on mental health and substance abuse services in the combined MHSA system. Services are financed through a variety of sources including state general revenue (i.e., taxes) and trust funds, federal block grants and entitlement programs (including Medicaid), local governments, and special taxing districts.

It is now difficult to define the state MHSA system because, with an extensive diffusion of responsibility and roles, a blurring of service system boundaries has occurred. In contrast to the few, fairly centralized funding streams of the past, today Florida has at least 10 different funding streams involved in the provision of public mental health and substance abuse care, often within the same service sector. (*Figure 1.2*) As managed care has emerged as a financing strategy for both mental and addictive disorders, for-profit entities have emerged as major care providers.

In order to better understand the current environment within which mental health and substance services are provided, surveys were conducted with the following state agencies:

- Department of Children and Families, (Mental Health, Substance Abuse, Developmental Services, Adult Services, Family Safety)
- Agency for Health Care Administration
- Department of Corrections
- Department of Education
- Department of Health
- Department of Elder Affairs
- Department of Labor
- Department of Juvenile Justice
- Office of Drug Control
- Florida Department of Law Enforcement

In addition, information was obtained from agency web site locations and from numerous agency documents. The following section reflects the outcomes of those efforts.

It should be noted that this list does not represent all the auspices under which mental health and substance abuse services are provided. For example, private insurance entities that reimburse primary care physicians and other specialists such as private psychiatrists and psychologists are not included in this description, but likely represent an important segment of the system.

The Mental Health and Substance Abuse System of Services

Department of Children and Families (DCF) Mental Health & Substance Abuse Program Offices

Chapter 394 Florida Statute (F.S.) is the primary authorizing legislation for the traditional publicly funded mental health system. It includes procedures for involuntary mental health treatment, the administration of the mental health system, the provision of children's mental health services, interstate compact, and the commitment of sexually violent predators. Chapter 915 F.S. authorizes mental health services for people with criminal charges (i.e., adults found not guilty by reason of insanity and adults found incompetent to proceed to trial).

Chapter 397 F.S. is the enabling legislation for Florida's publicly funded substance abuse system. Similar to the mental health legislation, Chapter 397 specifies the procedures for involuntary treatment and delineates client rights, defines children's substance abuse services, and establishes the Office of Drug Control and the Statewide Drug Policy Advisory Council.

System Structure and Planning

There are separate Mental Health and Substance Abuse Programs within the Department of Children and Families. Each has a director who reports to the assistant secretary for Programs and ultimately to the secretary of the Department of Children and Families. Currently, each of the 15 DCF districts has an administrative structure that is responsible for the management of the mental health and substance abuse programs in that district (commonly referred to as ADM district offices) including planning, program development, contract negotiation, monitoring of providers, service monitoring, and drug abuse licensure. Each district office is uniquely structured, with some districts having additional programs included in their responsibilities (e.g., developmental disabilities).

District office staff report directly to their district administrators. In addition, the district administrators are responsible for state hospitals that are within their district's geographic boundaries.

All state agencies are statutorily (Chapter 216.013 F.S.) required to develop long-range program plans. Planning is also a federal requirement under the mental health and substance abuse block grants that Florida receives. A statewide Mental Health Planning Council including primary consumers, family members, and representatives from state agencies meets quarterly. The Council's role is to review and comment on the state's application for mental health block grant funds, to oversee the publicly funded mental health system, and advocate for mental health programs. Substance abuse is not an explicit part of their responsibilities.

A Strategic Plan for Florida's Mental Health Program For 1998-2002 was developed with the participation of a wide variety of stakeholders. Additional plans also were prepared for substance abuse and the mental health treatment facilities.

A few district program offices currently conduct district level planning. However, recent amendments to Chapter 394 F.S. require that district planning for MHSA be re-instituted statewide. A combined plan for mental health and substance abuse services is anticipated.

Because of the decentralized nature of DCF, the relative autonomy of district administrators, and the unique characteristics of each geographic area, there is little uniformity across the state with respect to how district offices are structured and managed or how the service delivery systems are configured. Currently, DCF is reorganizing to create seven regions from the present 15 districts. It is also privatizing many of the services that were previously provided by DCF staff, especially in the area of child welfare. In an effort to create more involvement with the community, Community Alliances are being created that will serve as a “focal point of community ownership and oversight of the system of care.” This reorganization is being phased in and will represent significant changes for the department and its staff over the next few years.

Services

A broad range of mental health and substance abuse services is currently available in Florida in a variety of settings. Table 1.1 represents the services available in the mental health and substance abuse programs in DCF. As previously noted, however, the structure of the service delivery system varies considerably across the state.

Currently, DCF operates five civil hospitals, two forensic hospitals, and a forensic unit located within one of the civil hospitals. These seven state hospitals use slightly less than half of the resources allocated to the mental health program within DCF. In addition, a growing number of treatment beds now serve forensic rather than civil patients.

People gain access to behavioral health services through a variety of gateways. A person who is experiencing a mental health crisis generally is taken to the nearest receiving facility (often a crisis stabilization unit or hospital with psychiatric services) for assessment. In non-emergency situations, individuals can be referred for services by formal caregivers, their families, or through self-referral. Their needs are assessed and appropriate services are scheduled when they are available.

Persons in need of emergency substance abuse services are usually taken to a non-secure detoxification unit unless they require medical supervision, in which case they are taken to a hospital emergency room. In non-emergencies, individuals may access services through referrals from the courts, other service agencies, their families, or by self-referral. Timely access is dependent upon availability of services.

Financing and Contracting

Currently, there are no financial eligibility requirements for individuals to receive publicly financed services, except those financed by Medicaid. However, recent legislation requires an assessment of persons’ ability to pay for their treatment. Contracted agencies are expected to collect fees when possible. Publicly funded, community-based mental health and substance abuse services are funded through a variety of sources including federal block grants, state general revenue, Medicaid Title XIX and Title XXI, local county government, and client fees. State and federal funds are appropriated by the state Legislature each year and are designated under specific categories of services. Table 1.3 identifies those categories for mental health and substance abuse.

Local county governments are required by 394.76 (9) (a), F.S. to participate in the funding of alcohol and mental health services. It is estimated that counties have provided slightly more than \$57 million as match to DCF contracts. There is no match requirement for drug abuse services, although some counties do provide resources for those services. The match requirement for most

DCF funded programs is a 75-to-25 state to local ratio. There are some mental health and substance abuse state-funded programs that are exempt from local match requirements.

Funding for state hospitals has been derived from state general revenue and federal disproportionate share monies. State funds appropriated for disproportionate share programs were matched with federal funds through Medicaid. Recently Florida has experienced a \$30 million reduction in disproportionate share funding for the state hospitals, necessitating the closure of one of the five civil institutions, G. Pierce Wood Memorial Hospital.

DCF is authorized to contract for the establishment and operation of local mental health and substance abuse programs with hospitals, clinics, laboratories, institutions, or other appropriate service providers. The following chart identifies the primary contracting mechanisms used.

Other Programs Within DCF

The Developmental Services, Family Safety, and Adult Services Programs within DCF do not directly provide mental health or substance abuse services for the individuals they serve. Individuals in need of such services are generally referred to Medicaid or general revenue funded mental health and substance abuse providers in the community.

However, for persons with developmental disabilities “specialized mental health services” are included within the program’s service directory as an allowable service. Medicaid (through the Medicaid Waiver) will reimburse community Medicaid providers for those services on a fee-for-service basis, at a negotiated rate. Substance abuse services are not included in the service directory.

For individuals served by the Family Safety Program, in those instances where Medicaid or the Mental Health or Substance Abuse Programs cannot fund or provide for the necessary services, the Family Safety Program can purchase services from “Family Preservation” funds for the purposes of keeping the family together. While there is no accounting of those services currently at the state level (thus the type and amount of services that they may have received is unclear), Family Safety does coordinate substance abuse and mental health referrals and evaluations at the district level with the local ADM Office.

The Adult Services and Developmental Disabilities Programs do not have designated staff responsible for oversight of MHSA services. In Family Safety, however, the Child Abuse Prevention staff has responsibility for overseeing the mental health and substance abuse services that are provided to their clients by mental health and substance abuse providers. These three programs look to the Mental Health and Substance Abuse Programs within DCF to conduct the planning for mental health and substance abuse services.

Agency for Health Care Administration / Medicaid

Medicaid has emerged as a major source of funding for mental health services. The Florida Medicaid program, administered by the Agency for Health Care Administration (AHCA), is designed to provide medical services to people with low incomes. Medicaid is funded jointly by federal and state government, with counties contributing to the costs of hospitals and nursing home services. Medicaid is authorized under Chapter 409 F.S.

System Structure and Planning

The AHCA Medicaid program has a regional structure with 11 local offices. A local Medicaid field office manager who reports to the field office bureau in Tallahassee supervises each office. Because of the prescriptive nature of the program, local offices have little flexibility or autonomy.

At the central office level, there is a Long Term Care and Behavioral Health Care unit, within which there are staff designated to address Medicaid MHSA services (among others) within the Medicaid program. Also, the Hospital and Outpatient Services unit within the Division of Managed Care and Health Quality is responsible for licensing, registering and regulating hospitals, outpatient and health care service facilities including crisis stabilization units, short term residential treatment units and partial hospitalization programs. The agency also licenses assisted living facilities and nursing homes.

Medicaid has no formalized planning process that specifically addresses mental health and substance abuse services. There is a state Medicaid Plan that outlines Medicaid program benefits. Amendments to the state's Medicaid Plan must be legislatively approved as well as approved by the federal Health Care Financing Administration (HCFA). The staff of the Long Term Care and Behavioral Health unit also participate in planning activities of other state agencies, such as DCF/Mental Health, Substance Abuse, Developmental Services and Family Safety Programs, the Drug Policy Advisory Council, and the Department of Health.

Services

A variety of mental health and substance abuse services are reimbursable under the state Medicaid plan. Table 1.5 identifies the reimbursable mental health and substance abuse services.

Financing and Contracting

The Medicaid program is funded through federal (56%) and state (44%) participation (some Medicaid programs have a different federal matching level). Each year the state Medicaid authority estimates Medicaid expenditures for behavioral health services and the amount of state match required in order to earn the federal portion. The Legislature annually allocates Medicaid resources in specific budget categories.

Medicaid reimburses for behavioral health services through a variety of mechanisms. Table 1.6 summarizes these various strategies. Fee-for-service is a process by which providers bill Medicaid for eligible services provided to Medicaid recipients. To bill for community mental health services, providers must either have a contract or rate agreement with the district ADM office. Medicaid pays a fixed rate for the particular service that is provided.

Medicaid has also begun to implement managed care strategies, using prospective payments for behavioral health services. They obtained a 1915B waiver from HCFA that has allowed them to implement a capitated financing strategy in one area of the state (west central Florida) as a demonstration project that puts managed care entities at risk for the provision of mental health services for Medicaid recipients.

In the demonstration site (and soon to be expanded to other sites) Medicaid recipients who select Medicaid's MediPass program for the delivery of their health care services have their mental health needs provided through a prepaid mental health plan. Providers within that plan are paid a per member per month fee that is based on the age and eligibility category for the enrollees assigned to their plan. For that fee, providers are at risk for all the enrollee's mental health

services, with the exception of medications that are still reimbursed on a fee-for-service basis. Substance abuse services will be added to the benefit structure in these plans as of January 1, 2001.

Medicaid recipients who enroll in a Medicaid HMO for their health services receive their mental health services through the provider networks selected by the HMOs. Those providers may be reimbursed for services by the HMOs or by their behavioral health organizations (BHOs) on either a fee-for-service basis or a sub-capitation payment. The sub-capitation payment is a negotiated amount between the provider and the HMO or BHO. Under the sub-capitation agreement, like the prepaid plan, the behavioral health provider is expected to provide all the services needed by the enrollee and is paid a flat fee per member per month. In contrast to MediPass, HMOs are at risk for the medications needed by their members.

The agency also has initiated another form of payment for health services (including behavioral health diagnoses). In Dade and Broward Counties, a provider service network called South Community Care Network has been formed. The network is paid a fee on a per member per month basis to manage the health services of those who are enrolled in the program. The amount of the fee is determined by the age and eligibility category of the Medicaid recipients. Providers in the network bill for their services on a fee-for-service basis, but managed services must be pre-authorized and the claims must be submitted to the managing organization before being submitted for reimbursement from Medicaid.

AHCA also has initiated statewide utilization management procedures aimed at containing or saving costs. These procedures require that inpatient (emergency and non-emergency) services be pre-authorized by the contractor for behavioral health care utilization management, First Health. Other services, including continued stay reviews, authorization for services for recipients with histories of high costs or service utilization, and retrospective on-site reviews are also conducted.

Department of Corrections

System Structure and Planning

Other programs provide mental health and substance services for the people they serve even though it is not their primary mission. The Florida Department of Corrections (FDC) is one example.

Within FDC, an Office of Health Services is designated to oversee and plan for health services, including mental health services that are provided to people who are incarcerated in correctional institutions. The director of mental health is responsible for the mental health services of the department. Within some institutions, FDC psychologists directly provide mental health services. In other institutions, health services (including mental health) are provided by a contract provider in the facility.

The Bureau of Substance Abuse Programs within the Office of Program Services is responsible for the management and oversight of substance abuse services to incarcerated inmates and offenders on community supervision. Within FDC institutions, substance abuse services are either provided directly by FDC staff or by contract providers. For those offenders released from prison and placed on community supervision, substance abuse services are provided by contracted community-based providers.

While there is no formal departmental plan for substance abuse services as exists for mental health services, the Bureau of Substance Abuse Program Services participates in the planning activities of the Substance Abuse Program of DCF, the Florida Department of Law Enforcement and the Office of Drug Control.

Services

Within the Department of Corrections the following mental health services are provided either through departmental staff or through contracted providers:

- formal psychological evaluation
- crisis intervention
- individual and group therapy
- confinement assessment and monitoring
- case management services

The department operates six crisis stabilization units, five transitional care units, and one state psychiatric hospital. Designated facilities provide psychiatric assessment, prescribed pharmaceuticals, medication education, and inpatient services.

Substance abuse services are provided at 47 major institutions and work camps and 27 community correctional centers. Offenders under community supervision are provided residential substance abuse services in either secure or non-secure facilities. In addition, transitional housing is available for offenders who have completed a substance abuse program in prison and may need a transitional or halfway house in the community. The department also contracts for outpatient and other substance abuse services for offenders on community supervision.

When individuals enter reception centers, their need for substance abuse services is assessed. Those who meet select criteria are mandated to participate in substance abuse services. They are sent directly to an institution with a substance abuse program for appropriate services or are placed on a waiting list pending programming availability. The following programs are offered:

- Tier I programs, consisting of 40 hours of psycho-education regarding substance abuse, is designed for inmates who have never received substance abuse treatment.
- Modality 1 programs consist of 4 to 6 months of intensive outpatient services.
- Modality 2 residential programs require 9 to 12 months of program participation in a therapeutic community.
- Specialized Modality 2, a therapeutic community program lasting 9 to 12 months is for inmates with co-occurring mental health and substance abuse disorders.
- Modality 3, offered primarily at work camps and work release centers, includes components focused on relapse prevention and community transition.

Financing and Contracting

Specific funding for substance abuse services within the Department of Corrections institutions is appropriated by the Legislature through general revenue, inmate welfare trust fund and special revenue contracted drug abuse services categories. This contract drug abuse category is used to contract with providers for the provision of substance abuse services within the institutions. FDC also receives federal grants. One type of grant serves inmates with substance abuse problems, and the second type provides programming for those inmates who are dually diagnosed with both mental health and substance abuse disorders.

Funding for mental health services within the FDC comes through the Office of Health Services. There are two categories in which Health Services receives its budget from the Legislature, inmate health services and treatment for infectious diseases. Within the inmate health services category, psychotropic medications are a specific line item appropriated by the Legislature. The funding comes from general revenue. Requests for amendments to the appropriated categories must be submitted to the Bureau of Management and Policy within the Governor's Office.

The department contracts with individuals and/or with organizations for the provision of mental health and substance abuse services both within and outside the institutions. The nature of the contract is determined by the services being purchased.

Department of Education

System Structure and Planning

The Department of Education (DOE) also provides mental health and substance abuse services. While its primary focus is student education, they provide services that are required through the Individual Education Plan (IEP) for each student with a disability.

Florida currently has an elected commissioner of education, but as a result of recent legislation, after 2002, the governor will appoint the commissioner. In addition to a large organizational structure at the state level, each county has an elected school board with either an elected or appointed superintendent who is responsible for the public school system within the county. Each superintendent and school board has considerable autonomy with respect to the management of their school district.

Within the current department, there are three primary areas with responsibility for mental health or substance abuse services provided to students. The Bureau of Exceptional Education, through its statewide advisory board and 17 community-based SEDNET (Network for Severely Emotionally Disturbed Students) staff, identifies services needed by students with mental or emotional disorders. The goal of the SEDNETs is to provide a system to monitor and promote a comprehensive system of care that includes education, mental health treatment, and residential services for students with or at risk of emotional handicaps and/or severe emotional disturbances. In addition, the SEDNETs work to increase the effectiveness of existing services; facilitate continuous multi-agency planning, implementation, and evaluation of such services; identify gaps within the existing networks; and determine priorities for developing new services.

The DOE Bureau of Equity, Safety, and School Support is responsible for the Safe and Drug Free School program that provides funding for alcohol, tobacco, and other drug abuse prevention activities, as well as violence prevention activities through local schools. The DOE Bureau of

Instructional Support and Community Services is responsible for student services, specifically the social workers, guidance counselors, psychologists, and nurses who provide services within the schools. School districts also contract for mental health and substance abuse services through local providers.

Services

Within the Department of Education, mental health and substance abuse services are delivered either through contract with outside providers or by staff employed by the school districts. School guidance counselors, social workers, psychologists, and nurses are involved in identifying and assessing students who may have special needs and developing individual plans to meet those needs. Psychologists conduct testing, provide crisis counseling, consult with teachers on interventions, and conduct staff training in mental health related areas. Social workers have the lead role in establishing home-school linkages. Specific mental health and substance abuse services that may be needed are generally provided through contracts with providers in the community. Because school governance is so decentralized, little information is available regarding the specific types and volumes of services provided statewide.

Financing and Contracting

Funding for DOE mental health and substance abuse services is principally derived from state general revenue and federal sources. Student services has a few small federal grants and some private foundation funding. The Safe and Drug Free Schools program receives 80% of Florida's federal Safe and Drug-Free Schools and Communities Act allocation (which does not require state matching funds). This allocation varies each year based on federal appropriations. The governor receives the remaining 20% of Florida's allocation. In addition, the state Legislature provides the state Safe Schools Appropriation, which is "flow through" funding that goes directly to school districts. Proviso language dictates the categorical use of these funds; however, current proviso language neither encourages nor prohibits its use for substance abuse prevention and treatment. It is rare, however, for these funds to be used for such purposes. The majority of this \$75,350,000 allocation is used for security personnel and equipment. A minimum of \$30,000 of this state funding is allocated to each of the 67 counties, based upon the Florida Crime Index and percentage of total weighted enrollment.

The Exceptional Education program receives IDEA (Individuals with Disabilities Education Act) funding allocated by the federal government. Florida submits a state plan to the federal government each year. Once received, IDEA funds are allocated to the school districts, which then determine how the funding will be spent. Funding is provided based on the number and severity of the children with disabilities in each district. Each school district and individual schools have significant discretion as to how the funds are used at the local level. In addition, a small number of special projects are also funded by Exceptional Education in the school districts (e.g., SEDNET, Transition to Independence, Project Hope and Project THINK).

Contracting for mental health and substance abuse services is done at the local level. The nature of the contract is determined by the services being purchased.

Department of Health

System Structure and Planning

Within the Department of Health (DOH), no specific staff is designated for behavioral health services. However, the Correctional Medical Authority (CMA) (organized as a result of litigation involving the health services provided in correctional facilities) monitors the mental health services provided by the Department of Corrections. The CMA has no responsibility for substance abuse services. In addition, the Department of Health is responsible for licensing of substance abuse and mental health professionals, including physicians, psychologists, social workers, and marriage and family therapists.

Each Florida county has a health department that is jointly administered by the Department of Health and county government. Each local health department has a significant amount of autonomy and flexibility in terms of the services that they offer and how they are provided. There are no planning activities specifically for mental health and substance abuse services within the Department of Health, although they may participate in the planning activities of the Mental Health and Substance Abuse Programs within DCF.

Services

The Department of Health also does not provide mental health or substance abuse services to the people they serve. They rely upon referrals to community providers for such services. A special program for children called the Behavioral Specialty Care Network (303 treatment slots statewide) is funded by Title XXI to provide mental health and substance abuse services to children who are not Medicaid eligible but have significant need for mental health or substance abuse services. An agreement between the Department of Health and the Department of Children and Families assures that those children will receive services. Community mental health and substance abuse providers conduct the assessments and provide the treatment.

Financing and Contracting

The Department of Health does not receive any specific funding for the provision of mental health and substance abuse services.

Department of Juvenile Justice

System Structure and Planning

The Department of Juvenile Justice (DJJ) currently does not have any designated staff for behavioral health services. However, the department is reorganizing and will have a medical unit that will be responsible for the mental health services and substance abuse services provided to the children and adolescents they serve. Planning for mental health and substance abuse services will be the responsibility of this unit once it is operational. Meanwhile, DJJ participates in the planning activities of other programs (e.g., Mental Health, Substance Abuse, and the Drug Policy Advisory Board). Currently, the Department of Juvenile Justice has a Mental Health and Substance Abuse Services Manual that provides guidelines for the delivery of services in DJJ secure detention centers, juvenile assessment centers, and residential commitment programs.

Services

The Department of Juvenile Justice contracts for the mental health and substance abuse services provided to the youths they serve. By law they are required to provide:

- mental health and substance abuse screening
- comprehensive mental health and substance abuse evaluations (when indicated through the screening process)
- access to mental health and substance abuse treatment
- specialized mental health treatment (e.g., sex offender therapy) when indicated
- suicide prevention
- emergency care services

These services are supposed to be available at all secure detention centers, juvenile assessment centers, and residential commitment programs at the low, moderate, high, and maximum risk levels. Youth who are given priority for intervention services include those who have serious emotional disturbance, mental illness, or substance abuse impairment and substantial functional limitations, or those who have emotional disturbance and meet additional diagnostic criteria. In department facilities, the superintendent or program director is responsible for ensuring that youths have access to and receive necessary and appropriate mental health and substance abuse services. Each departmental facility with an operating capacity of 100 or more youths is required to designate a single licensed mental health professional as a designated mental health authority responsible for coordinating mental health services in the facility. Mental health and substance abuse services provided to DJJ youths outside of state facilities are provided by contracted community providers.

All youth referred or delivered to the Department of Juvenile Justice are screened for substance abuse and mental health needs during the initial intake process. Further mental health screening is conducted upon admission to a secure detention center, juvenile assignment center, or residential commitment program. Youths identified during screening or evaluation as having a mental disorder or acute emotional distress that may pose a safety/security risk must be brought to the attention of the superintendent or program director for follow up.

Financing and Contracting

The Department of Juvenile Justice estimates that between \$60 and \$70 million dollars is designated for mental health and substance abuse services. Approximately half of those funds are restricted by the Legislature, with the remaining half designated by the department out of its resources. Three major sources of funding for substance abuse services include the “Wheels Bill” funding (derived from taxation on rental cars), federal Department of Justice residential substance abuse treatment funds (which requires state matching funds), and the federal Violent Offender Truth in Sentencing law (which also requires state matching funds).

Similar to the Department of Corrections, DJJ also contracts with individuals and/or organizations for the provision of mental health and substance abuse services that are delivered

inside DJJ facilities and to youth in the community. The nature of the contract is determined by the service being purchased.

Department of Elder Affairs

System Structure and Planning

The Department of Elder Affairs (DOEA) also has no staff designated as responsible for behavioral health services to older adults, nor do they conduct planning for those purposes specifically. DOEA looks to the Department of Children and Families Mental Health and Substance Abuse Programs to plan for mental health and substance abuse services. DOEA also participates on the statewide Mental Health Planning Council. General service planning is conducted at the local level through the 11 Area Agencies on Aging, funded through the Department. They are contracted to identify and advocate for the needs of persons age 60 and older as well as to fund and monitor programs.

Services

The Department of Elder Affairs does not directly provide mental health or substance abuse services to the people they serve. Individuals in need of such services are generally referred to mental health and substance abuse providers in the community. Consequently, the type and amount of services received is unclear.

Financing and Contracting

The Department of Elder Affairs is able to fund mental health counseling through the Community Care for the Elderly Program (supported through state general revenue), the Home and Community-Based Medicaid Waiver Program, and through the Alzheimer's Disease Initiative. Resources that serve older adults are primarily contracted through the Area Agencies on Aging, which make determinations about which services will be funded at the local level.

Other State Agencies

Florida Department of Law Enforcement

The Florida Department of Law Enforcement (FDLE) does have a role in the provision of resources for substance abuse services within the criminal justice systems. Within this department, the Office of Criminal Justice Grants administers all federal and state grants that come to FDLE, two of which are related to substance abuse. FDLE receives \$24 million in federal Byrne Grant funding annually for programs related to the criminal justice system. Of the 28 broad categories of programs, only two or three relate to substance abuse. However, almost 30% to 40% of the funding is used for substance abuse projects. These funds are made available to the Department of Corrections at the state level and to local city/county substance abuse planning boards. Funds are made available to counties based upon a formula that takes crime-related data into account. These federal funds have been gradually increasing over the past 10 years.

The other relatively new source of funding for substance abuse services is the \$2.9 million in federal Substance Abuse Treatment for State Prisoners funds that are received annually to provide

drug treatment in state prisons or local county jails. Unfortunately, many local jails cannot meet the requirements of the funding which stipulate that populations receiving treatment be housed apart from the general jail population. These funds are allocated by FDLE through competitive bids.

While FDLE has no distinct staff designated as responsible for mental health or substance abuse services or plans that are specific to those services, FDLE staff participate in the planning activities of the Office of Drug Control and the Interagency Council on Substance Abuse Treatment. In addition, they require that project grantees develop program goals that are relevant and specific for the substance abuse projects funded.

Florida Department of Labor and Employment Security (Agency for Workforce Innovation)

The Department of Labor and Employment Security does not actually fund any MHSAs services. However, the 24 Workforce Development Boards (soon to be called Workforce Corporations) are funded throughout the state to plan and fund services needed to overcome barriers to Temporary Assistance to Needy Families (TANF) clients' employment. While none of this funding is specifically targeted for mental health and substance abuse services, the Workforce Development Boards can refer persons to and pay for such services if their individual plan requires such services in order to obtain and retain employment.

While Work and Gain Economic Self-Sufficiency (WAGES), TANF, and Welfare to Work (WtW) funds are generally limited to persons who are categorically eligible for federal funding due to having dependent children, many persons who need mental health and substance abuse services do not have -- or no longer have -- dependent children in their care. However, \$135 million of federal Wagner-Peyser funds to Florida (administered through the Workforce Development Boards) are designated to serve single males with any type of job barrier, which could include mental health and substance abuse issues.

Office of Drug Control

The Office of Drug Control (ODC) was created to establish a process for long-range planning, information gathering, strategic decision-making, and funding for the purpose of limiting substance abuse. This office is responsible for coordinating drug control efforts and providing public information about substance abuse and available substance abuse programs and services. The director is appointed by the governor. The office acts as the governor's liaison with other state agencies, as well as the public and private sectors, on matters relating to substance abuse. It advises the governor and the Legislature on substance abuse trends in Florida, the status and funding of current substance abuse programs and services, and the status of the Office of Drug Control in developing and implementing the state drug control strategy. The Office of Drug Control reports to the governor but has no line authority over any agency or program. While the Office of Drug Control does not directly provide substance abuse services, it administers the U. S. Department of Education Drug Free Communities Grant of approximately \$4 million for prevention services through the Florida Department of Law Enforcement as well as a yearly U. S. Department of Justice anti-alcohol prevention grant of \$366,000 for youth.

A statewide Drug Policy Advisory Council was established to conduct a comprehensive analysis of the substance abuse problem in Florida and to make recommendations to the governor and

Legislature regarding the development and implementation of a state drug-control strategy. The Advisory Council is also charged with reviewing and making recommendations regarding the funding of substance abuse programs and services, consistent with the state drug control strategy. The Advisory Council reviews various substance abuse programs and recommends measures to determine program outcomes as well as to ensure that there is a coordinated, integrated, and multidisciplinary response to the substance abuse problem, including a multi-agency team approach to service delivery.

Summary

As described in the introduction to this chapter, the overall mental health and substance abuse system in Florida is complex and diffuse. It comprises the provision of services across a wide range of settings, most of which have mental health and substance abuse concerns as a relatively minor aspect of their overall mission. The state system is characterized by a complex set of financial, organizational and regulatory relationships, with the boundaries between the differing state agencies causing a diffusion of responsibility for persons with mental and addictive disorders.

While they are not the focus of the current study, local governments and communities also provide many mental health and substance abuse services, often out of necessity. As will be discussed in the next chapter, local jails and law enforcement personnel must address the mental health and substance abuse problems of the communities that they serve. Local churches, informal self-help and mutual support groups, shelters and missions, nursing homes, assisted living facilities, and families and friends complete a mosaic of settings and resources that help address the mental health and substance abuse problems that exist in communities all over Florida. Finally, businesses are becoming increasingly aware of and responsive to the needs of their employees who have mental and addictive disorders, both because of their self interest in assuring the health of their workforce and in response to national legislation such as the Americans with Disabilities Act.

The image that emerges from our analysis is one in which mental and addictive disorders permeate all aspects of our community life and most of our public institutions. As we will describe in the next chapter, our ability to effectively recognize and respond to behavioral health problems across this multiplicity of settings is a matter of critical importance for the health and productivity of our state.