CHAPTER 3

Recommendations

The fundamental assumption of these recommendations is that significant changes have occurred in our understanding of mental and addictive disorders that have not been accompanied by changes in the system's management or leadership structure. Further, these changes have not been fully reflected in the statutory and regulatory structure that governs the system.

The Florida Commission on Mental Health and Substance Abuse, therefore, concludes that:

Florida's laws and regulations must be modified to accommodate the new realities of the traditional (i.e., DCF) and non-traditional mental health and substance abuse (MHSA) systems.

The state leadership, purchasing and accountability infrastructure must be redesigned to:

- increase efficiency and effectiveness
- recognize and treat MHSA problems in the natural settings where they occur
- decrease the need for more intensive and expensive services
- promote independence and recovery for persons with MHSA disorders
- use preventative interventions to reduce the rate of illness in the general population

The statutory role of the traditional system for mental health and substance abuse must be more clearly defined, and the traditional system must be given the resources and tools needed to accomplish its newly defined statutory role.

We have demonstrated that mental health and substance abuse problems powerfully affect a broad range of state and local programs and ultimately all aspects of our communities. A central principle of the Commission is that all Floridians should have access to appropriate, science-based care when they have behavioral health problems. It is in our communities' interest to effectively address these problems in the settings where they occur.

We also know that the actions of each of the components of the traditional and overall system affect all others. We realize that no single entity of government has responsibility for assessing the adequacy of the overall system and dealing with the effects of the interactions of its component parts. Without this leadership, the system's health and functionality cannot accurately be assessed.

The Commission, therefore, recommends that:

1. **A statewide Coordinating Council for Mental Health and Substance Abuse Policy be created in statute as part of the Office of the Governor.**

Responsibilities of the Coordinating Council

- This Council should be charged with leadership of the overall system, which will be accomplished through:

- the production of a statewide strategy for mental health and substance abuse services that maps the overall system, specifies its goals, and describes roles and responsibilities for each component.

- assembling information systems - often using existing data sources - that will permit evaluation of the statewide strategy in meeting strategic objectives, including benchmarks of system performance and community MHSA status.

Composition of the Coordinating Council

The Council will be composed of the leaders of the following departments and state agencies:

- Department of Children and Families
- Department of Health
- Department of Corrections
- Department of Juvenile Justice
- Department of Elder Affairs
- Agency for Health Care Administration
- Florida Department of Law Enforcement
- Department of Education
- Department of Community Affairs
- Office of Drug Control
- Governor's Budget Office

Additionally, it will be composed of representatives from the following stakeholder groups:

- at least three primary consumers of MHSA services and three family members of consumers
- at least two representatives of county government

- other interest groups that are currently represented on the Florida Commission On Mental Health and Substance Abuse

- the Florida Chamber of Commerce

Operation of the Coordinating Council

- Activities of the Council will be coordinated with those of the Office of Drug Control to integrate statewide strategy and policy.

- The Council will be provided the resources that are necessary to accomplish its mission, including an executive director with proven leadership skills and extensive knowledge of MHSA system design and administration.

- At least quarterly, the Coordinating Council will meet to:
  - review the functioning of strategies for the overall system
  - identify ways to improve its functioning
  - solve inter-system problems

- Annually, the Council will be required to report to the Governor, Senate President and House Speaker on:
  - the state of the overall system
  - the statewide management strategy
  - the mental health and substance abuse status of Florida's citizens

- Annually, the Council will review the budget requests from each of its constituent departments to determine if adequate attention is being given to MHSA issues within each department and the Council will make recommendations to the Governor regarding the adequacy and coordination of budget requests.

The Coordinating Council will work with all its members to:

- **Improve Data Integration** to maximize the extent to which MHSA service-related data can be linked across different service sectors and funding streams

- **Improve Information Accessibility and Dissemination** to enhance the amount and quality of MHSA-related information that is readily available and disseminated to the public, policymakers and providers

- **Improve Needs Assessment** to develop processes that monitor current and emerging need for MHSA services that reflect consumer preferences as well as effective technologies

- **Improve Performance Monitoring Systems,** including use of outcomes measures, that are appropriate for the level of the system that is being monitored and the purpose of the monitored program within the overall system of care

2 **The Coordinating Council will provide and coordinate a wide range of public education and preventative activities that reflect best practices including:**

- Public education regarding the symptoms of mental health and substance abuse disorders and the availability of effective treatments
- Public education designed to reduce stigma and combat discrimination
- Consumer education regarding appropriate care to help ensure that consumers understand and request best practices from service providers
- Establishment of a statewide toll-free number to respond to public questions and concerns
- Development and implementation of K-12 curricula regarding the signs, symptoms, treatment and prevention of mental and addictive disorders
- Leadership to assure that proven preventative interventions are effectively implemented throughout the overall system and that unproven interventions are replaced with those having an adequate scientific basis
- Knowledge about the potential of early interventions for reducing disability
- Innovative strategies to assist natural helpers and community residents to recognize and respond to MHSA needs

The private sector should be engaged in these prevention activities.

3. **Part of the state statute related to the traditional mental health and substance abuse system must be updated to better conform to current needs and circumstances. The statutory base must recognize the unique expertise represented by each component of the overall system and provide for the needed management flexibility and integration of services to better meet the needs of individuals with both mental and addictive disorders**.

Objectives of Mental Health Statute Revision

The current law authorizing the public mental health system (394, Part IV F.S.) is very broadly drawn and reflects an earlier era. This statute must be redrawn to more clearly delineate the contemporary role of publicly funded mental health services, provide an accountability framework to assure that services are delivered to those most in need, and enable localities to develop systems that best meet the needs of their communities. Part IV of Chapter 394 F.S. should be revised to focus exclusively on the planning and financing of mental health and substance abuse services. Provisions for local funding need to be rewritten to more clearly

articulate the match obligations of providers and local governing bodies. The Department of Children and Families should be given authority for implementing prototype integrated mental health and substance abuse programs and services using current licensing and designation authorities under Chapters 394 and 397 F.S.

The realities of the current publicly funded mental health services require that the functions of the traditional mental health programs, funded by state general revenue and Medicaid, be more narrowly focused to:

- assure adequate emergency behavioral health services throughout the state
- provide counseling and supportive services to individuals regardless of their ability to pay in order to avoid crisis and/or provide follow-up services following crisis stabilization
- provide continuing care services for individuals with disabling mental illnesses who cannot or should not be served in other areas of the overall system

Substance Abuse Statute Revisions

The current law authorizing the public substance abuse system, the Marchman Act, was revised in 1993 to integrate alcohol and drug abuse services into a single statute. In 1999, Chapter 397 F.S. was revised again, adding a section for children's substance abuse prevention and treatment services. The Office of Drug Control was also established with this revision. The system of care principles reflected in Chapter 397.97, children's substance abuse services, should be applied with appropriate revisions to adult substance abuse services, reinforcing an integrated family focus for preventing and treating substance abuse.

Principles for Statute Revision

The principles that should guide the redesign of mental health and substance abuse statutes and systems include:

- Practices in the traditional system should conform to standards of care based on the current state of the science.
- All services must be sensitive to the widely differing cultural groups that comprise Florida's population including differing gender, racial, and ethnic groups.
- Services must be structured and delivered in a way that is sensitive to the complexity of problems that service recipients confront and their multiple physical, mental and sensory handicaps. For persons with a disabling illness, services must include income support, educational, housing and employment interventions to promote independence and maximum community functioning.
- Clinical and rehabilitative services should be provided to individuals regardless of their ability to pay, but on a variable fee basis that helps to assure access to services for everyone.

- Single points of responsibility should be established within geographic areas to:

  - assure the provision of a continuum of services

  - assure accountability for persons with the most severe and disabling illnesses

- Purchasing and funding mechanisms should be implemented that provide equitable distribution of resources throughout the state, the most effective integration of Medicaid and DCF funds, and optimal flexibility to purchase state-of-the-art services within an accountable system.

- Funding mechanisms should contain costs and provide incentives to promote consumer choice and to foster independence and recovery.

- Research and evaluation should be conducted as part of a performance management system to determine if services are being delivered effectively, consumer expectations are being met, and appropriate outcomes are being achieved.

- Responsiveness to local circumstances is essential for the development of effective service systems. Local advisory groups composed of all of the key stakeholders in the services system should be empowered to assist in the development and administration of MHSA services in localities. Adequate community representation, including persons with MHSA disorders, is essential on local advisory groups.

Operationalizing these Principles

The Commission recommends that DCF initiate a process similar in structure to that which it has undertaken in Family Safety. Specifically, the Commission recommends that DCF:

- Utilize the Community Alliances (or other suitable groups as locally determined) to serve as the local advisory entities to MHSA systems.

- Establish a managing entity in each area of the state that will be the accountable entity for DCF MHSA services in that area, including emergency, continuing care services and other services purchased with public resources. The structure of this entity should be variable to accommodate local resources and needs. The composition of the managing entity should be jointly determined by the Community Alliances and DCF.

- Assure that the managing entity has flexibility in its management of the local services system to guarantee that the system fully utilizes available local resources and is responsive to citizens' needs. These mechanisms may include pooled funding and centralized purchasing authority by the managing entity.

- Use epidemiological estimates consistent with those of the Coordinating Council to derive population-based need assessments that can be used to determine the allocation of state resources to each locality.

- Based on these need estimates and local resource estimates for MHSA services, the state will provide an allocation to each area that will include DCF general revenue and Medicaid resources.

- DCF will define and establish procedures for assessing the service needs, strengths and goals of individuals who enter the DCF system. The data collected as part of this assessment process will be used to identify individuals in priority groups for DCF-funded services and to evaluate the effectiveness of the system. These prioritized groups will include:

  - persons experiencing a MHSA crisis

  - persons who have a disabling mental illness or substance abuse disorder who will require extended services in order to recover from their illness

  - persons who need brief treatment or supportive interventions to avoid crisis or disability

- DCF will assure that substance abuse preventative services are provided consistent with the overall plan of the Coordinating Council for preventative activities.

- DCF, in conjunction with the Coordinating Council, will establish benchmarks to evaluate the adequacy of system performance in meeting the needs of the priority groups. These measures will include both system and program level indicators and will involve change measurements for samples of individuals who are enrolled in treatment as well as indicators of overall community wellness.

- Services should include innovative, new pilot projects that have proven to be successful.

4. **Florida's behavioral health emergency services require numerous changes. Consistent with the provisions of the Baker and Marchman Acts, emergency services should be provided to individuals who have a mental illness or substance abuse impairment and are thought to be subject to self neglect or a danger to themselves or others.**

   - Consistent, quality emergency services for individuals in a psychiatric or addictive crisis should be available to every resident of the state regardless of their ability to pay for services.

   - Consistent with the general needs assessment activities referenced earlier, DCF, in conjunction with the Coordinating Council, should contract with a qualified consultant to develop actuarial models to project the emergency capacity required in each geographic area in order to assure that adequate resources will be available to operate the emergency care system. Local variations in the structure of the emergency care system must be accommodated in the actuarial models to assure flexibility and creativity in system design.

   - The Commission enthusiastically supports

    - increasing funding for the emergency care system to restore it to its historic level of funding in real dollar terms including both general revenue and federal resources

    - removing counterproductive regulatory barriers to receiving services

- Local government should have a responsibility to help fund emergency care services.

- Annual appropriations should adjust for inflation, population growth, and experience with revenue mix to assure adequate local capacity.

- The DCF will contract with a local accountable entity that will assure that quality services are available on a regional basis and that these services are linked to other ambulatory, residential, inpatient, and support services. These entities will be the single points of accountability for a geographic area and will regulate the emergency care system in that area of the state. The accountable entity may be composed of networks of existing providers, be a newly created administrative service organization that is independent of the local provider agencies, or be a component of local government, depending upon local preferences.

- Service quality indicators should be monitored and include measures such as:
    - clinical improvement of individuals served
    - rates at which persons receive follow-up care after emergencies
    - reduction of jail admissions
    - satisfaction of key constituents such as consumers and families served, law enforcement, juvenile justice, local government and others as appropriate for the locality

- The Commission realizes that effective law enforcement training is a key element of an effective emergency response care system. We therefore recommend that all law enforcement officers receive expanded training in working with persons experiencing mental health crises and that a sufficient number of officers in each service area receive Crisis Intervention Training (CIT) to assure appropriate law enforcement crisis response.

- The Commission recommends that state and local authorities aggressively seek to implement the recommendations from the Supreme Court Commission on Fairness regarding needed improvements in the Baker Act.

5. Continuing Care Services

Continuing care services are those longer-term services provided to individuals with ongoing mental and addictive needs. The Commission recommends that persons who experience significant MHSA disability be provided continuing care services that are developmentally appropriate for their age and sensitive to their cultural context.

- The Commission recommends that continuing care services be developed based on a model that promotes consumer and family choice, ensures dignity and autonomy, provides information about best practices in treatment and rehabilitation, and promotes treatment in the least restrictive, integrated, community-based setting and promotes the

recovery of individuals, with their independence from formal supports as soon as possible.

- Individuals whose clinical and functional status indicates the need for these services will be enrolled in the continuing care system by name. These persons will then be eligible for a range of treatment, rehabilitative and support services until they no longer need the services to maintain or improve their level of functioning. Given the long-term nature of some mental and addictive disorders, continuing care services should be sensitive to the variable needs of individuals across time and designed to help assure easy access for persons with these ongoing problems.

- Persons will be enrolled in the continuing care program based upon the use of standardized screening criteria that includes at least the following three factors:
  - meeting diagnostic criteria for a mental or addictive disorder

  - significant disability associated with the disorder or likelihood that the disability will increase if appropriate services and supports are not provided

  - expected duration of the disability greater than one year

- Persons who are participants in the SSI or SSDI program by virtue of a mental impairment will be eligible for the continuing care program. Persons who exclusively have developmental disability or dementia-related disorders without other mental or addictive disorders generally will not be eligible for continuing care services.

- The Commission recommends that the local accountable entity assess and enroll individuals into the continuing care program in each locality in the state.

- The accountable agency will be responsible for providing or purchasing the services and supports that are needed by persons in continuing care. Community Alliances will determine, in consultation with the state, how best to avoid conflicts of interest for accountable agencies that provide as well as manage services. To the degree possible, consumers should be given choice in service provider and service array.

- The accountable entity, along with the person with a MHSA disorder, will determine the need for ongoing continuing care services for individuals on a regular basis, adjusting the caseload to accommodate the overall needs of individual clients and the community.

- Purchasing mechanisms should promote flexibility and responsiveness. The service array should be determined by using needs assessment and best practice models to determine the types and intensities of services and supports required by continuing care clients in order to facilitate recovery. Creative purchasing mechanisms, such as consumer-directed care, should be investigated and implemented if found to be effective.

- Recovery from severe mental illnesses requires access to safe and affordable housing, transportation services, adequate resources to meet basic personal needs, employment and educational opportunities, and meaningful community roles in addition to treatment and rehabilitative services. Failure to attend to the full range of needs will significantly slow the recovery process. The Commission repeatedly heard testimony about the inadequacy

of these supports and strongly recommends that they be included in planning for the needs of clients enrolled in continuing care.

- Accountable entities will be encouraged to use innovative strategies such as assertive community treatment, consumer run services such as clubhouses and drop-in centers, respite services and other creative approaches to promote recovery of enrollees.

- Accountable entities should be required to submit data on service utilization and outcomes to DCF for all enrolled clients and should be responsible for meeting performance expectations related to:

  · rate at which individuals in the community receive services

  · rate of consumer improvement (clinically and functionally)

  · consumer and family satisfaction

  · satisfaction of key stakeholders (e.g., courts, police, schools)

The Commission heard testimony regarding the closure of the G. Pierce Wood State Hospital in southwest Florida. While the Commission takes no formal position regarding the wisdom or appropriateness of this closure, it strongly endorses the need to strengthen the community care system in this area and throughout Florida. Adequate community resources must be in place before the closure of the hospital. The Commission supports increased funding dedicated to the GPW catchment area to add needed resources to the community system. The effectiveness of this enhanced community system should be evaluated and, if found to be effective, supported statewide.

It is anticipated that adults and elders with mental illnesses who meet continuing care criteria are at risk for state hospital and other residential placement. The Commission recommends that the state develop a multi-year plan in which state hospital resources be progressively included in the continuing care resources. Accountable organizations may choose to purchase services from the state hospitals for individuals who need such services. Such a mechanism will assure that state hospital care remains responsive to the needs of clients and that resources are used in the most efficient way possible.

6. The Commission identified a number of specific groups who are inadequately served by the current system. Their needs should be addressed by the Coordinating Council in a manner that is sensitive to cultural, gender and age differences among individuals in each of these groups. Inadequately served groups include:

Older adults

- Persons with co-occurring mental illnesses and addictive disorders
- Persons with multiple disabilities
- Persons with severe, low prevalence disorders that require special treatment skills (e.g., eating disorders)
- Homeless persons
- Trauma survivors
- Children and their families in juvenile justice and dependency systems
- Very young children with mental disorders

The Commission repeatedly heard testimony about inadequate services to these groups that contribute to poor and often tragic outcomes. The specific issues for each of these population groups differ, but common threads among them include poor access, providers who are not well prepared to meet the needs of these individuals, and a service system that is non-responsive to the special and often complex needs of these individuals. Clinical, support and rehabilitative needs should be considered.

Therefore, the Coordinating Council should clearly identify the needs of individuals in these populations, the adequacy of the current service system to meet their needs, and barriers to effective services. This information should be disseminated to the local accountable entities for use in program redesign.

The schematic diagram featured in Figure 3.1 may be helpful in defining the roles of the differing components of the system. The schematic portrays a strategy for assigning lead roles for differing components of the overall system for serving persons with both mental and addictive disorders. It illustrates how severity of illness helps to dictate the sector in which services are delivered (specialty or general) and the degree to which services must be integrated in order to best meet the needs of persons with complex disorders.

7. **The Commission heard repeated testimony about the special problems of persons with mental and addictive disorders in the law enforcement, corrections and court systems and the emerging role of the legal system in promoting treatment. The Commission recommends that the Coordinating Council place particular emphasis on persons served in these systems to assure that, whenever possible, diversion from incarceration be accomplished and that, when persons are incarcerated, they receive effective treatment for their disorders.**

Operationalizing these Principles

- Working with law enforcement, state attorneys and public defenders, local authorities should strengthen jail diversion programs for persons who are at risk for incarceration based primarily on their mental illnesses or addictive disorders

- State and local governments should be encouraged to provide adequate resources to assure that persons in jails receive adequate assessment and treatment for any mental and addictive disorders

- Continue to support and appropriately expand drug courts and criminal and juvenile justice programs that have been demonstrated to be an effective venue for linking persons to care and promoting their recovery

- Continue to support, expand and evaluate mental health courts as a promising practice for assisting persons charged with minor offenses related to mental disorders in accessing care

- Expand the support and continue the development and testing of other innovative strategies for diversion from incarceration

Judiciary, law enforcement, correction/detention, and legal system involvement often reflects the failure of crisis, treatment or prevention services to adequately meet the need of populations with mental disorders. While jail diversion programs are essential given the current functioning of our system, they ultimately document the failures of our system to adequately recognize, treat and prevent these illnesses. The Coordinating Council should continue to examine the effectiveness of the overall system in reducing the incidence of persons with mental and addictive disorders in the legal system.

8. Access to effective MHSA services underlies many of the problems that plague this system. The Commission recommends that DCF and the Coordinating Council continue to focus on the problems of access and choice.

Specifically, the Commission recommends that:

- Floridians be assured timely access to state-of-the-art pharmaceutical treatment including the use of standardized decision (algorithms).

- Financial barriers to the receipt of care should be removed through the provision of insurance benefits for mental, addictive and general health conditions that are at parity with general health benefits. No longer should it be acceptable to discriminate against persons with MHSA disorders in terms of insurance coverage.

- The Coordinating Council should assure that Florida aggressively pursue federal grant-in-aid and matching programs (such as Medicaid, Housing and Urban Development, etc.) to enhance the access to an array of services available to our citizens. Education, consultation and technical assistance in maximizing federal participation should be provided to Council member agencies and localities. Using federal funds to supplant state resources is an unacceptable and dangerous long-term strategy because not all persons in need can participate in federal programs.

- Licensed providers should be encouraged to participate in the Medicaid system by opening provider eligibility to those licensed under F.S. 490 and by improving the fee schedule.

- The Coordinating Council should promote policies to increase consumer choice. Specifically, the Commission recommends the following activities:

  - pilot and rigorously evaluate creative programs such as the self-directed care model and other consumer-run alternatives and implement those shown to be effective

  - actively promote self-help and mutual support approaches to care

  - give consumers full choice of qualified, licensed providers for those services that require licensure

9. Professional education is key to improving the overall functioning of the system. The Commission recommends that the Coordinating Council promote the development of educational programs to help assure access to information for both Florida's citizens and the professional and para-professional communities.

Specifically, the Commission recommends that the Coordinating Council:

- Evaluate the adequacy of professional and para-professional education relative to the needs of the overall system by examining graduate and undergraduate curricula in Florida's higher education system. The perspectives of consumers and family members must be formally incorporated into training curricula (e.g., training regarding sensitivity) .

- Recommend curricular changes to increase the responsiveness of professional education to current needs.

- Examine the adequacy of continuing education and licensure requirements to assure the ongoing competence of the workforce.

- Develop education for the judiciary, law enforcement, correctional/detention and other legal professions regarding the recognition and treatment of MHSA disorders.