

Content Notes
Meeting of the Florida Commission on Mental Health and Substance Abuse
February 27-28, 2000

Roberts Building Auditorium at 5920 Arlington Expressway, Jacksonville
FL

Following a presentation on Sunday evening, February 27 by Dr. Howard Goldman, senior scientific editor of the recently released Surgeon General's Report on Mental Health and a brief business meeting, the continuation of the February Commission meeting was called to order at 9:15 A.M. by Chair David Shern. Present were all Commissioners with the exception of Senator Charlie Clary and Representative Sandra Murman. A quorum was present.

**** (9:15 – 9:30)** Dr. Shern presented a summary of Dr. Goldman's presentation from Sunday evening. He noted that mental disorders are common and disabling. Stigma continues to be a major problem, frustrating access to care. In children's mental health, 1 in 5 children display symptoms of a DSM IV disorder. Many effective interventions are available, with primary care medical offices and schools important settings for recognizing problems. Among adults, 1 in 5 have a DSM disorder during the year, but only 1/3 of these individuals receive treatment. A variety of effective treatments are now available, and people with severe mental illness can and do recover. Mental disorders in older adults are poorly recognized and treated. They are not a normal part of aging, as commonly thought. Mental disability will become a major concern as the American population ages. Effective interventions are available but not widely accessed. Primary care is essential, and treatment results in overall health benefits. The organization and financing of the mental health service system is complex and expensive: in 1996, direct treatment cost \$99 billion. Managed care has brought dramatic changes. Though quality monitoring and improvement tools are available, incentives for their use are limited. Dr. Shern noted that the Surgeon General's Report ends with 8 suggested actions:

- Continue to build the science base
- Overcome stigma
- Improve public awareness of effective treatment
- Ensure the supply of mental health providers and services
- Ensure the delivery of state-of-the-art treatment
- Tailor treatment to subgroups
- Facilitate entry into treatment
- Reduce financial barriers to treatment

Invited Testimony (9:30-11:35A.M.)

Alberto de la Torre, M.D., Medical Director, Renaissance Behavioral Healthcare Systems, Jacksonville. Dr. de la Torre said he had been in the mental health field for 50 years and that we have known everything in the Surgeon General's report for years. Stigma is one of the worst handicaps for the mentally ill. He observed that unlike physical illnesses, no one makes public requests for funding to prevent and/or treat mental illness. Annually leukemia claims 20,000 lives, but twice that many individuals commit suicide. He commented that not using the word "patient" to refer to a person with a mental disability (versus "client" for example) perpetuates both the stigma and the attitude that mental and physical health are very separate. "Words lead to

substance,” he said. The bottom line in effective treatment is money; state-of-the-art treatment cannot be provided without it. Florida, he said, is 38th in spending for mental health. Vermont (“which is tiny and poor”) is #1. Recent scientific advances have changed the way psychiatry is practiced. In the past, 5% to 6% of doctors in medical school chose psychiatry. Now less than 2% choose that specialty.

Newer medications are enormously expensive, a big problem in the delivery of good care. Newer drugs can cost between \$300 and \$400 a month, while some older medications cost just \$10 a month. This means many people are going untreated. “We now have the means, but not the money.” Drug company “scholarship programs” help some people but steer them toward using that company’s product(s).

For 1 in 5 children and adolescents, the criminal justice system is the gateway to mental health treatment. Many of these kids are then in later life on the streets without treatment. “We practitioners see a different picture than statistics and written reports.”

- **** Dick Warfel, Executive Director, River Region Human Services, Jacksonville.** River Region has a state contract for ADM services (addiction, AIDS, dually diagnosed, and chronic mental health problems), the operational side of the state’s community-based services. He commented that the addictions treatment field has moved from self help to a more sophisticated understanding of the neurological basis for addictions. Many effective treatment options now exist. He made the following recommendations: 1) Create financial incentives for program to establish best practices based on the CSAT model. 2) Provide additional support to the Certification Board of Addiction Professionals to increase the number and availability of Certified Addiction Professionals. 3) Establish an addictions center of excellence similar to the FL Mental Health Institute. Recognize that addiction is a primary disorder, and not a sub-set of mental health, the cause of the disease is different, the outcomes are different and the treatment approaches are different.
- Recognize that many persons with serious and persistent mental disorders abuse, alcohol, and other drugs, and assure that their treatment planning recognizes that fact.
- Translate dual disorder best practices into the routine operation of mental health and addiction service providers.
- Create fund and support, community cross training to increase knowledge and coordination between Mental Health centers and addiction treatment agencies.

Lastly reduce regulation and simplify accountability.

Create a system that will allow the provider flexibility in providing treatment. Give them the ability to move clients to the most appropriate level of care without having to worry about funding. The system is unduly complicated, difficult to administer and detracts from good clinical care. Additionally, 1) Standardize contracts across agencies; 2) Create a single “Agency Qualification” process. This would avoid needless duplication of material for each funding source; 3) Simplify the fingerprinting and good moral character process; 4) Eliminate the annual “AIDS Update” training mandated by statute; and 5) Create Medicaid billing codes appropriate for the client services needed by the people being treated for addictions.

Ruth O’Keefe, JD, MBA, CPA, Professor of Accounting, Jacksonville University, Family Member. She noted that she used her professional credentials because it has been her experience that people give more credibility to the opinions and experiences of people with credentials and

it is important to her to get the Commission's attention. Her message is very different from that contained in the Surgeon General's report. She has two sons, one a senior in medical school at USF and the other, Christopher, with chronic paranoid schizophrenia, now hospitalized at Northeast Florida State Hospital. He recently earned his high school equivalency degree, an accomplishment just as challenging as her older son's medical school graduation will be for him. She is most proud of her work as a mental health advocate, especially teaching family members how to deal with mentally ill loved ones. She explained how traumatizing mental illness is on family members. For example, several times Christopher has decompensated and attacked his parents. During one of these traumatic episodes her husband (Christopher's father) was so stressed that he suffered a heart attack and died. She said that though some people consider "family" to be "an F word," she considers "family" and "faces" to be two very good words. She showed photographs of attractive, healthy looking faces and pointed out that these are all people with mental illnesses.

****John Rutherford, Director, Department of Corrections for the Jacksonville Sheriff's Office.** He acknowledged that most encounters between law enforcement and mentally ill persons don't turn out well. He observed that the sheriff's department runs one of the largest mental health facilities in Duval County with a staff of professionals and more than 212 inmates on psychotropic drugs. Individuals who are this ill require one-on-one supervision, and this is very costly. In the first quarter of last year, they spent more than \$200,000 on overtime positions. He urged the Commission to include these costs when they consider mental health expenses.

In a 12-month period, 43% of those arrested had a mental illness, 48% had a substance abuse problem, and 34% were dually diagnosed. People with mental illness return to prison more often than other inmates. They have created a Duval County Mental Health Network with the goal of planned release. "Why are these people in jail in the first place?"

He offered the opinion that law enforcement personnel dealing with mentally ill persons in crisis need some type of coercive treatment, but for some people, Baker Acting is not appropriate. Police don't understand the Baker Act, he said. They think it applies only to people who are homicidal or suicidal.

He described their Sheriff's Office Task Force (see "Report of the Sheriff's Taskforce: Enhancing the Local Response to Crisis Situations Involving Mentally Ill Person,") involved with law enforcement training and establishing a community-based outpatient treatment facility for mentally ill persons for whom Baker Acting is not appropriate. "We're redefining our law enforcement mission." He reminded Commissioners that on July 18, 2000, all but 5% to 10% of inmates will be released." He asked the Commission to work with the Department of Corrections.

****Angela Vickers, consumer and attorney, FL HB 675, Student Education in Mental Illness.** She spoke in favor of this Bill (also known as the Crady Bill, sponsored by Representative George Crady) which would mandate that Florida school children learn about mental illnesses, specifically depression, manic-depression, schizophrenia, and anxiety disorder. House Bill 675 would see that students are taught about symptoms, age of onset, and illness frequency.