

**FLORIDA COMMISSION ON MENTAL HEALTH  
AND SUBSTANCE ABUSE**

**REVISED RECOMMENDATIONS**

**I. Assure Floridians Access To Science-Based Prevention, Assessment, Early Intervention, Treatment, And Rehabilitation Practices**

A. Make prevention a priority throughout the mental health and substance abuse systems

1. Take advantage of natural points of contact
  - a. Schools
  - b. Workplace
  - c. Primary care settings
2. Improve natural helpers' ability to recognize and respond to MHSA needs
  - a. Elder outreach efforts (e.g. postal workers, primary care settings)
  - b. School-based programs (peer to peer)

B. Implement A Competent Community Care System for Mental Health and Substance Abuse (MHSA) Disorders That Is Developmentally Appropriate For Every Floridian in Need

1. Assure adequate community care
  - a. Support Governor's request for community funding
  - b. Support consumer-run programs
  - c. Develop accessible services and supports for older Floridians
  - d. Develop accessible services and support for children and adolescents
  - e. Establish single point of responsibility for persons most in need
  - f. Develop purchasing approaches that promote flexibility
  - g. Provide opportunities to a broad range of qualified providers to meet the needs of Florida's Citizens.

C. Maximize access to services

1. Understand needs of and treat individuals and families who are inadequately served
  - a. Older persons
  - b. Persons with co-occurring mental health and substance abuse disorders,
  - c. Persons with severe, low prevalence conditions requiring special treatment skills (e.g. eating disorders)
  - d. Homeless persons

- e. Persons in jails and prisons
  - f. Trauma survivors
  - g. Culturally diverse groups
  - h. Children in dependency systems
2. Assure timely access to state-of-the-art pharmaceutical treatment for all Floridians
    - a. Support the use of an open formulary
  3. Remove financial barriers to accessing care
    - a. Provide equitable and nondiscriminatory insurance coverage for MHSA disorders
  4. Promote policies to increase consumer choice and encourage interventions based on independence and informed choice
    - a. Pilot and rigorously evaluate creative programs such as the Self-Directed Care model and other consumer-run programs
    - b. Give consumers full choice in providers
      - i. Broaden provider network
    - c. Actively investigate and promote self help approaches
  5. Promote and provide public education in volunteerism

**II. Address The Crisis In Emergency Behavioral Health Services (Hospitals Emergency Departments, Criminal Justice System, And Juvenile Justice System)**

- A. Fund Governor's request to enhance emergency system
- B. Establish single point of responsibility for local governance of the emergency system
- C. Expand jail diversion programs for nonviolent offenders with mental illnesses
  1. Better train law enforcement personnel and other natural points of contact
    - a. Expand Crisis Intervention Training (CIT) training for police and criminal justice personnel
  2. Aggressively pursue Supreme Court recommendations regarding effectiveness of Baker Act provisions
  3. Assure adherence to all COBRA statutes

**III. Dramatically Improve Information Management: Transform Data Into Information**

- A. **Improve Data Integration** to maximize the extent to which MHSA service-related data can be linked across the different service sectors and funding streams
- B. **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
- C. **Improve Global Needs Assessment** to develop processes that monitor current and emerging need for MHSA services that reflect consumer preferences as well as effective technologies
- D. **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

**IV. Develop Educational Programs to Help Assure Access to Information Needed for Informed Choice and Technical Competence**

- a. Professional preparation of providers, including graduate and undergraduate education, continuing education, and licensure preparation
- b. Public education about MHSA issues to reduce stigma and discrimination and facilitate access
- c. Consumer education to encourage demand for science-based treatments.
- d. Ongoing education of natural helpers in recognition and management of MHSA disorders

**V. Redesign The Management Of The Mental Health And Substance Abuse Systems To Meet The Real Needs Of Those The System Is Meant To Serve\*\***

- A. Establish a Coordinating Council at the highest level of state government to oversee a redesigned system
  - 1. Functions
    - a. Information collection and management
    - b. Accountability and performance management
    - c. Public education/information brokerage
    - d. Policy and strategy development
  - 2. Composition
    - a. Strong leadership – Independent and Credible/National Perspective
    - b. Secretaries of all Human Services departments
    - c. All key constituency groups represented
  - 3. Statutory Authority

- a. Legislatively mandated calendar of issues that must be addressed in order to effectively respond to the crisis that exists in the current MHSA system.
- b. Legislatively mandated reports to the Governor, President of the Senate and Speaker of the House
- c. Key decisions
  - a. Optimal governance structure and function for state mental health and substance abuse system
  - b. Location within government
  - c. Oversight, regulatory and budgetary authority
- d. Ability to require that information be submitted from each of the correctional, educational and human services settings that comprise the overall mental health and substance abuse system in order to complete legislative and executive reports and recommendations.

B. Empower local planning and government entities that will ultimately implement any strategy.

- 1. Build on existing strengths in communities
  - a. County governments
  - b. Children's system reforms
  - c. Partners in Crisis
  - d. Community Alliances

**\*\* At the October meeting, there was disagreement on recommendations for immediate structural change. Deliberations will continue at the November 17 meeting. Possibilities discussed included:**

- I. Freestanding, cabinet level Department of MHSA**
- II. Move to Department of Health**
- III. Leave mental health within Dept. of Children and Families**
- IV. Express no opinion on the structural arrangements in state government**