



Florida's Community Behavioral Health System

Marjory Stoneman Douglas Public Safety Commission Meeting
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Overview of Mental Illness

- A mental illness is a medical condition
- It can disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning
- Examples of serious mental illnesses include major depression, schizophrenia, bipolar disorder, and anxiety disorders such as obsessive compulsive disorder (OCD), panic disorder, and posttraumatic stress disorder (PTSD)
- Mental illness can strike anyone at anytime
- They strike men and women in about equal proportions
- They affect people of all ages, races, ethnic groups and socioeconomic classes



Prevalence of Behavioral Health Conditions

- 18.1% (43.6 million) Americans ages 18 and up experience some form of mental illness – 1 in 5
- 8.4% (20.2 million) adults had a substance use disorder last year
- Of these, 7.9 million adults had both
- An estimated 13-20% of children have a mental disorder

Source: Substance Abuse and Mental Health Services Administration, retrieved at <https://www.samhsa.gov/disorders>



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Stigma of Mental Illness

BELIEFS:

- A mental illness means you're "crazy".
- People with mental illness can pull themselves out of it.
- People with a mental illness will always be ill.
- People with a mental illness are often violent.
- Children don't suffer from mental illness.
- Mental illnesses can't affect me.

EFFECTS:

- People with mental illnesses often feel ashamed of themselves.
- The stigma associated with psychological issues often prevents people from seeking help.
- Leads to social isolation.



DCF Legislative Authority

Chapter 394, F.S.

- Part I – The Baker Act - authorizes the Department to designate providers of emergency services.
- Part III – Comprehensive Child and Adolescent Mental Health Services Act – authorizes the Department to implement a publically funded child and adolescent mental health treatment and support system.
- Part IV – The Community Substance Abuse and Mental Health Services Act– authorizes the Department to implement a recovery and resiliency-based substance abuse and mental health system.
- Part V – Involuntary Commitment of Sexually Violent Predators - creates a civil commitment procedure for the long-term care and treatment of sexually violent predators.



DCF Key Functions

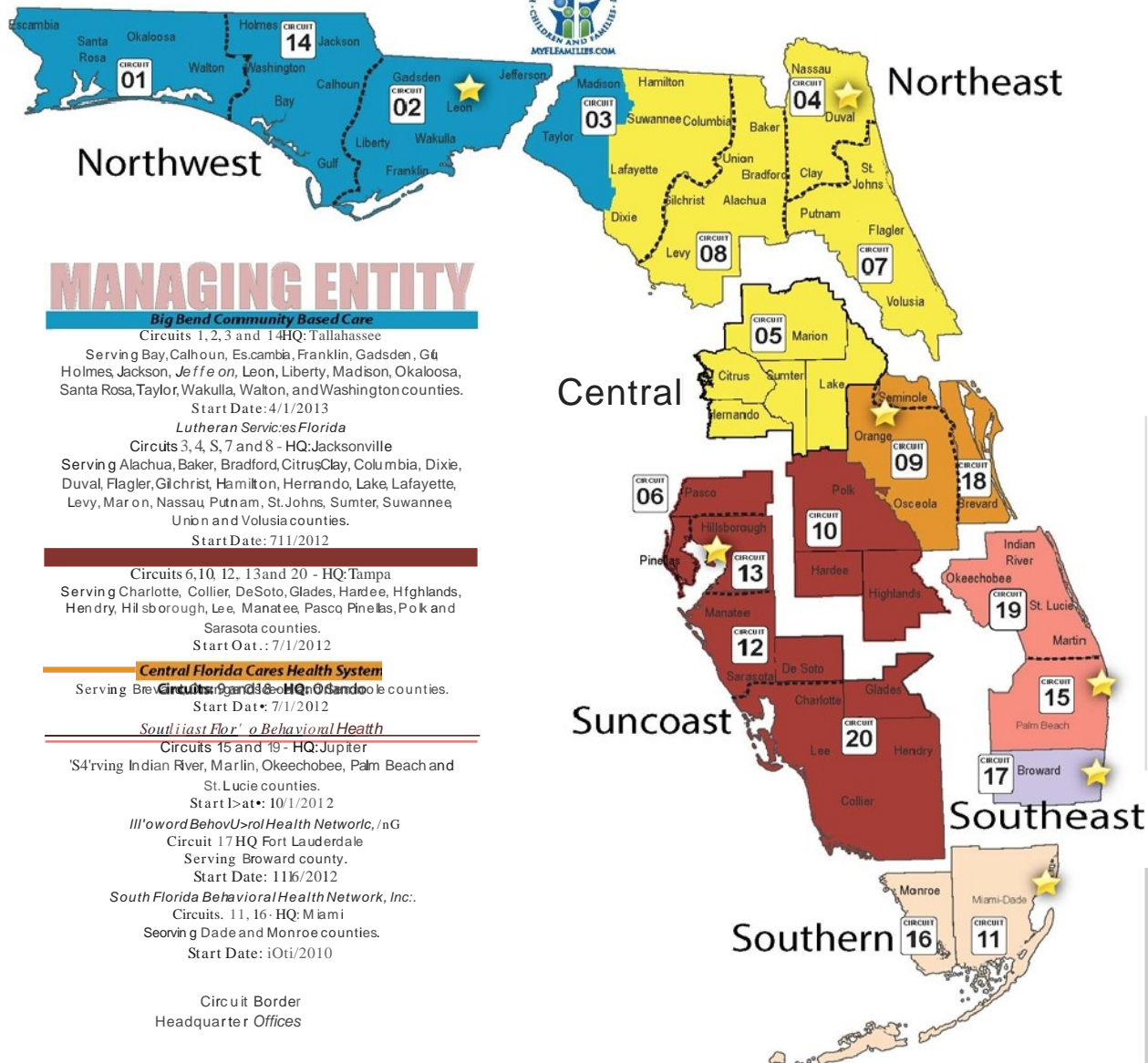
- Serves as the State Mental Health, Substance Abuse and Methadone Authority.
- Designates Addiction Receiving Facilities and Crisis Stabilization Units.
- Allocates state and federal funds, and contract with 7 Behavioral Health Managing Entities (ME) to support a statewide system of care for behavioral health prevention, treatment, and recovery.
- Establishes performance and financial accountability outcomes and measures to ensure ME success.
- Promulgates and implements administrative rules and statewide policies.
- Licenses and regulates all substance abuse providers in the state.



Managing Entities

- Section 394.9082, F.S., requires the Department to contract for the purchase and management of behavioral health services with community-based managing entities.
- A Managing Entity is a nonprofit corporation under contract with the Department to manage the day-to-day operational delivery of behavioral health services through an organized system of care.





Populations Served by DCF/MEs

- Serve a broad cross section of Florida's population who is indigent, uninsured or underinsured, including:
 - Children with or are at risk of developing Serious Emotional Disturbances.
 - Adults with Serious Mental Illness, including those with forensic involvement.
 - Persons in crisis.
 - Persons with co-occurring mental illness and substance use disorders.
 - Persons with or at risk of developing substance use disorders.
- Priority populations:
 - Pregnant women and parents with substance use disorders
 - Intravenous drug users



People Served in FY 2016-17 by MEs

All Community Mental Health and Substance Abuse Services:
309,451

Community Services by Program Area

Adults Community Mental Health	Children Community Mental Health	Adult Community Substance Abuse	Children Community Substance Abuse
170,594	41,830	91,878	26,957



DCF SAMH Funding for FY 2017-18

Community Substance Abuse and Mental Health Services

Substance Abuse	Mental Health	Administrative Services (ME and DCF)	Total
\$251,076,355	\$430,056,612	\$40,416,408	\$721,549,375



Managing Entity Funds FY 2017-18

Managing Entity	Total DCF Funding
Big Bend Community Based Care	\$59,638,223
Broward Behavioral Health Coalition	\$57,000,673
Central Florida Behavioral Health Network	\$193,894,215
Central Florida Cares Health System	\$73,163,383
Lutheran Services Florida	\$117,127,587
Southeast Florida Behavioral Health Network	\$61,211,939
South Florida Behavioral Health Network	\$83,650,422
Statewide Total	\$645,686,442



Multiple Funders of Services

Payment for services is complex with varying degrees of coverage

- DCF (sliding fee scale)
- Other state agencies
- Medicaid
- Medicare
- Commercial Insurance
- Counties



Access to Community Care

- Screening in pediatric and primary care settings
- School recommendation
- Self referrals
 - Call insurance
 - 211
 - ME access lines

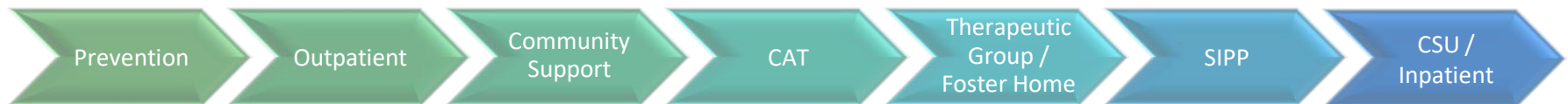


Community Services Array

Adult System



Children's System



Continuum of Care

- Promotion of Wellness – all children
 - Social Emotional Learning
 - Early Screening and Intervention
- Outpatient
 - Counseling/Behavior Modification
 - Medication
- Case Management /Care Coordination
- In-home Services
- Residential Services
- Crisis Stabilization



Broward Behavioral Health Coalition

- Funded by DCF to administer the safety net behavioral health system in Broward County
 - Contract with behavioral health service providers
 - Partner with community stakeholders to implement a comprehensive system of care
- 15 Network Providers



Broward County

FUNDERS:

- DCF – ME
- Medicaid/Medicare
- Commercial Insurance
- Federal Grant
- Broward County
- Children's Services Council
- Other State Agencies

SERVICE ARRAY:

- Early childhood
- Parent Support
- Outpatient
- Care Coordination & Case Management
- In-home
- CAT / FACT
- Clubhouse and Peer Supports
- Central Receiving System
- Residential & Inpatient
- Mobile Crisis Teams



Adolescent to Adult Transition

- Difference in Admission Criteria / Medical Necessity
 - Diagnoses may differ
 - Acuity may differ
- Service Models differ
 - Less family engagement in the adult system
 - Less in-home approaches
- Developmental Considerations



Keys to Effectiveness

- Vital that the intervention is matched to the individual
- Care coordination and single point of accountability
- Engagement and shared decision making
- Chronic conditions need ongoing support



Challenges

- Youths with serious behavioral health challenges typically have multiple and overlapping problem areas that need attention
- Siloed systems that often do not communicate
- Different funding types and rules
- Effective engagement



The Baker Act

Baker Act is generally intended to:

- Protect individuals' civil rights
- Provide appropriate assessment and stabilization
- Protect public safety
- Provide least restrictive form of intervention
- Provide voluntary and involuntary examination and stabilization in inpatient and outpatient settings
- Balance liberty interests against safety of individual and society



Involuntary Examination Criteria

Individual may be taken to a receiving facility for involuntary examination if there is reason to believe he or she has a **mental illness and because of mental illness**, has refused or is unable to determine if examination is necessary, and either:

- Without care or treatment, is likely to suffer from neglect or refuse to care for self, and such neglect or refusal poses a real and present threat of substantial harm to one's well-being and it is not apparent that such harm may be avoided through the help of willing family members, friends, or the provision of other services; or
- There is substantial likelihood that without treatment person will cause, in the near future, serious bodily harm to self or others, as evidenced by recent behavior.



Involuntary Examination Period

- Examination period for adults and minors is for up to 72 hours.
- For minor, exam must be initiated within 12 hours after individual's arrival at facility.
- Based on the individual needs of the individual being served, within the 72-hour examination period one of the following must occur:
 - Individual must be released, unless charged with a crime,
 - Individual must be released, subject to voluntary outpatient treatment,
 - Individual, unless charged with a crime, must be asked to give express and informed consent to voluntary admission, or
 - Petition for involuntary services must be filed in circuit or criminal county court, as appropriate.



Children's System of Care

- A coordinated network of community-based services and supports
- Family driven and youth guided
- Culturally and linguistically competent
- Made up of an array of services that:
 - Are evidence informed
 - Are individualized and least restrictive
 - Meet the needs of young children
 - Facilitate the transition to adulthood



DCF Key Programs

- **Community Action Treatment (CAT)**
 - Team-based, family-focused, and integrated community-based services and supports to youth and young adults with significant behavioral health needs and their families.
 - Goal: To assist young people to successfully remain with their families and connected to their community.
- **Coordinated Specialty Care for Early SMI**
 - A recovery-oriented treatment program for people with first episode psychosis that offers psychotherapy, medication management geared to individuals with first episode psychosis, family education and support, case management, and work or education support
 - Goal: To help decrease the likelihood of future episodes of psychosis and reduce long-term disability.



Opportunities for Improvement

- Timely access to care – no wrong door
- Integration of primary and behavioral health care
- Accurate assessment and service linkage
- The right service at the right amount
- Engagement and retention
- Policy and funding alignment
- Coordination of care
- Transition from child to adult services



Public Safety SB 7026 Impact on DCF

- Codified CAT Teams
- Appropriated \$9.8M for additional CAT Teams
- Appropriated \$18.3M for additional Mobile Crisis Teams
 - On-demand crisis intervention in any setting
 - Available 24/7
 - Linkage to needed care



Executive Order 18-81

- DCF to convene meetings with law enforcement, MEs, schools, juvenile justice, and service provider to improve communication, collaboration, and coordination of care
- Mandates exploration of cost sharing opportunities
- Increases eligibility of the CJMHSA Grant
- MEs must have law enforcement board representation
- MEs and sheriffs to coordinate services after jail
- Sheriffs to be included in “no wrong door” and central receiving system planning
- Meetings are being organized at the regional and circuit levels



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