Commission on Mental Health and Substance Abuse

Wednesday, November 17, 2021
9:00 A.M. to 1:00 P.M.
Meeting Summary

Proceedings

Call to Order and Welcome:

Commission on Mental Health and Substance Abuse meeting called to order at 9:00am by Chair Prummell. Chair Prummell started by reminding everyone that they fall under government and cannot communicate with any other commission members about commission business outside the commission meeting. He then reminded everyone that at the last meeting a subcommittee on data was formed that commissioner Reeve will be the chair of. Commissioner Reeve added he's invited some current commissioners as well as non-commissioners to work with him on this. The plan is to meet monthly at a minimum with the main goal being to do a comprehensive and empirical mapping of behavioral health within the state of Florida. Chair Prummell continued by saying he did some research since the last meeting on how a lot of the different entities are not sharing information or communicating. Research shows that under F.S. statute 163.62 it allows information sharing between government and private entities. Legal work is being done to investigate and make this work for the statewide database to be able to share data. Chair Prummell said Pat sent him something about the waitlist which indicates what areas people are waiting for that he missed. He found that a grand total of 7,250 people are waiting for various services. He asked Pat to send the list out so that everywhere can review it.

Roll Call:

The roll was called by Pat Smith and a quorum was confirmed at 9:04am

Approval of October Meeting Minutes:

Minutes from the last Commission on Mental Health and Substance Abuse meeting were approved at 9:07am.

Presentations/Notes

Overview of the Criminal Justice System:

**First presentation by Judge Steve Leifman started at 9:07am*

Judge Leifman opened by saying after many years he has found that the criminal justice system is the repository for many failed public policies. His journey into the mental health world began in the year 2000. He explained how a couple came in very distraught and sophisticated to approach him regarding a case he was about to hear on their son when he was handling misdemeanor jail division. He shared how the parents explained how brilliant and smart their son was and is now dealing with a late onset of schizophrenia and they didn't know what to do. Judge Leifman assumed we had a mental health system to help in these situations and learned nothing could've been further from the truth. After hearing the mom say how her son went to Harvard, is the former head of psychiatry at Jackson Memorial Hospital, and was now cycling through the system, he promised he would get him some help. At the end of the court session, he learned that he had no authority or jurisdiction to order him into hospitalization

because it was a misdemeanor and he had to release him back to the street without any services. On this day, he realized he had become the gatekeeper to the largest psychiatric facility in the state of Florida, the Miami-Dade County jail. While the US is 4% of the world's population, we have 25% of the world's inmates. 70% of which have a serious mental illness, substance abuse disorder or both. The US spends over 1 trillion dollars a year in direct and indirect costs related to criminal justice. Prior to the pandemic, 1 out of every 115 adults in the US were behind bars, and 1 out of every 38 adults in the US were under correctional supervision. Since 1980, the number of people going to jails and prisons in the US have increased by 500% and their length of sentences have increased by 166% - most of which are due to untreated mental illnesses and substance abuse disorders. In fact, people with mental illnesses in the US are 10 times more likely to be incarcerated than hospitalized and 19 times more likely to find a bed in the criminal justice system the hospitals. Annually, we have about 1.7 million people arrested and about 2 million incidents that have very serious mental illnesses. On any given day there are about 380,000 people with mental illnesses behind bars and another 574,000 under correctional supervision. Annually our counties spend collectively about 26 billion dollars on jails, the states spend about 64 billion dollars on prisons, and billions more on trying to restore competency. He believes what we have is more of a system problem than a treatment problem. Most of the money we spend in this country on mental illness is wasted on acute treatment provided in institutional settings. Most states spend more money to incarcerate people with mental illnesses than to treat them. Miami-Dade County spends $636,000 a day ($236,000,000 a year) to warehouse 2,400 people with mental illnesses in jail. The state of Florida spends $47.3 million annually to provide mental health services to 34,000 people. He added, the system is backwards. The mental health population in Florida prisons are growing about 3 times faster than the general population. Over about a 10-year period Florida saw about 56% increase in it's prison population, and during that same period there was about a 153% increase of people going to mental illness. The numbers are growing so fast that Florida is going to have to build 10 new prisons over the next 10 years just to maintain that growth for people with mental illnesses. The cost to build and maintain this over about 10 years is will be close to 2.2 billion dollars. These inmates are getting out without any access or treatment for mental illnesses, so they are much more likely to end up back in the jail and prison systems. In the last study done on competency restoration in Florida, it was found that 70% of people that we spend all this money on have three things happen to them – they have their charges dropped, receive credit for time served, or they receive probation. They walk out of the courthouse without any access to treatment, often getting in trouble before they can even get to the parking lot. He added he thinks there is a lot of misinformation about what the baker act can and can't do. A study at the Florida Mental Health Institute that UF conducted found that every time an individual is assessed under the baker act there is a 12% increase that person will end up getting arrested. In 2018, there were 205,781 baker acts of which 106,000 were initiated by law enforcement. 21% of the individuals were baker acted 2 or more times and they accounted for 44% of all the baker acts in that year. They found the baker act is just another disjointed and uncoordinated invention in the lives of this vulnerable population. They are not connected with the level of services needed to maintain their stability. The paradox here is that the pandemic has afforded an opportunity to address this crisis. Jails are at an all-time low population. The good news is this is very fixable. 21 years ago, after the situation with the psychiatrist, a very sophisticated diversion system was setup and is doing incredibly well. As a result, the number of arrests in Dade county plummeted from about 118,000 to 53,000, prior to covid. The jail audit went form about 7,300 to 4,000. One of the three main jails closed. the number of police

shootings has almost stopped as well, after the CIT trainings. More officers died last year due to suicide than in the line of duty, mostly directly due to PTSD. With the permission of police chiefs, a program was setup where officers are referred to treatment centers outside of their departments, which do not have to be reported unless they are homicidal or suicidal. This has really shifted the culture in Miami-Dade. A system is being put together that will allow data to be shared to help track those with mental illnesses. Now if you are arrested on a misdemeanor and data shows you have a serious mental illness; they don't even bother ordering a psychological evaluation for competency. Instead, an assessment is done to see the degree of their illness and they are diverted to one of the crisis stabilization units within three days of the arrest, and the case is reset for two weeks. A member then meets with them and offers them an opportunity to enter one of the programs, voluntarily. They go straight from the courtroom to the program. The have food, water, medications, and housing ready before they even enter the courtroom. Two other programs were established within the jail diversion project as well. One is Miami-Dade is the only community within the US and Florida that has an alternative to competency restoration program. It's called MDFAT – Miami-Dade Forensic Alternative Center. He encouraged everyone to really look into this program as it does remarkably well when dealing with situations involving competency.

**First presentation ended at 9:42am*

- Question/Comment 1: Commissioner Clara Reynolds asked him to talk about the transition from a system of care vs a series of program. He answered with they made a systematic change and didn't just put a program. He added they refrain from using the words "mental health" as it is only a very small part of what they do, theirs is a diversion system change. They did a mapping and were able to map out the intersection between the criminal justice system and the community mental health system and they found all the gaps. He added it doesn't happen overnight, but it is very doable and there are a lot of existing services no one even knows are there to help. A detailed written collaborative agreement was put together that called for this structural change. The last big piece they are working on is data changing.
- Question/Comment 2: Commissioner Jay Reeve asked him to speak more on the need for the collaborative effort. He answered saying all parties must be brought together for it to work. He thinks every county needs to have one of these summits. They must be designed in a way that works for you as no one shoe fits all. Moral authority really helps as people come even if they don't want to just because of who extended the invite. He addressed the reinvestment grant stating it wasn't around when they first started. They initially applied for a SAMSA grant and got the county to agree to sustain it. They did, it worked, and they apply every year and it has made a huge difference. He ended by saying trauma is a huge issue that's not talked about enough. 92% of women in jails and prisons with a serious mental illness have horrific histories of trauma, most sexual at a very young age. 75% of men also have very serious trauma issues that are in jail with mental illnesses, usually due to trauma such as domestic violence or witnesses to violent crimes. They didn't have this data 20 years ago but if they did, he would've asked the school boards to assess every middle school child to catch these issues before becoming adults. He recommends doing more research of trauma in middle school kids.
- Question/Comment 3: Chair Prummell said he's found a lot of the funding is program specific and not system specific, so is a lot of the funding coming from the county or has he found other ways to manipulate the funding coming. He answered saying they get state dollars through ME's

and DCF, they get federal dollars through grants, county funds and local money. They have just found a way to mix and match the dollars to make it all work. He added he spoke with Secretary Harris and begged her to spend the new federal dollars on new innovations instead of parts of the system that aren't working.

- Question/Comment 4: Commissioner Shawn Salamida asked him to explain how he uses data. He answered saying he thinks people get overwhelmed when they look at the data problem thinking they must fix the whole thing, when that's not needed at first. The people that are killing the whole system should first be targeted which will allow you to move resources to the front end. He strongly suggested a summit where a mapping is done for every community looking at what data is available.

*10 min break started at 10:27am

Baker and Marchman Act:

**Second presentation – Part 1 by Dr. Annette Christy started at 10:38am*

Dr. Annette Christy opened by presenting a PowerPoint. She started by saying they've entered data from about 3 million baker act exams over the years. They don't get forms for voluntary baker act exams. This data differs from the managing entity data as they receive forms from all baker act receiving facilities, not just publicly funded ones that are contracted with the managing entities. She showed an image exampling how the form looks. They now receive them electronically and enter in the data. One thing to keep in mind is if a data element is not on the form it will not be in the data. Also, poor quality data elements can be an issue. First form is the 3052A – one-page law enforcement initiation form. Next is the 3052B – two-page certificate of professional initiating and voluntary examination. Then ex-parte orders. Each of these come with a coversheet, implemented in 1999. This is to collect demographic information. Dr. Christy then went over the reporting breaking it down. Issues with the data she would like everyone to consider are the ability to answer policy questions. Avoiding repetition of items can really help. Increase the chances of complete and accurate information. Always trying to do more with analysis and reporting and bring in more advanced analytic expertise. As for Marchman act, its more complicated than baker act. With baker act the forms come from the receiving facilities. With Marchman, there's a two-stage court process. One suggestion would be to maybe get data from jails, substance abuse facilities and emergency departments.

**Second presentation – Part 1 ended at 10:50am*

- Question/Comment 1: Sheriff William Prummel added with baker act and the intake facility they can go over by 10% where Marchman act can only be bed for bed. Because if this there are often overflows in jails. However, the data is kept separate.
- Question/Comment 2: Commissioner Clara Reynolds asked her to speak more on ACHA's data not being able to clearly tell with someone has been baker acted but she stated all the data went to her (Dr. Christy) regardless. Does she know by funding source how that baker act is paid for? How is she able to know what should be funded through DCF or ACHA vs. private funds? Dr. Christy answered by saying there is no element on the forms that tells them that. This was discussed at one point but it's not on the form.

- Question/Comment 3: Commissioner Jay Reeve said one of the challenges he thinks will be faced in the data subcommittee is the data that's derived from the baker act information is really pointing at data around the legal process of the baker act. He believes part of the issue has to do with more specifics of the treatment episodes diagnosis. Without this information you don't really have a true picture of what's happening in our communities. He added data is more accessible through funding than it is baker act. Dr. Christy pulled up a form showing the spot for diagnosis. She agreed the form is not end all be all and they need to think of where else to get information from.
- Question/Comment 4: Sheriff William Prummel asked her to clarify that data is handwritten and then must be entered into the data system, which is time consuming. She confirmed, yes.

**Second presentation – Part 2 by Heather Allman started at 11:10am*

Heather opened by mentioning there are many ways people can enter the behavioral health system of care. It doesn't have to be through a baker act, or a crisis type of service. She added that many people enter on their own. One of the main barriers is the stigma around mental health. She then showed an overview of the departments role in the baker act and Marchman act system. There are some responsibilities to provide resource tools for the providers and for the public, so they publish and distribute an information handbook. The baker act balances the individual's liberty against public safety and the safety of the individual. The baker act and Marchman act are the only ways an individual can be held against their will without being arrested or charged with a crime. Typically, treatment outside of this must be voluntary. Follow-up afterwards is also typically voluntary. There is only a 72-hour window to determine if the person is to be discharged or if further treatments are needed so discharge planning starts the minute the individual is received. She added that in 2019-2020 there were 22,598 involuntary examinations, mostly initiated by law enforcement. Primarily its for adults between ages 18 and 64. Of the total examinations about a quarter of them experience more than one during the year. Usually there's no follow-up after being released or they were released too early prior to symptoms being resolved, so they end up being admitted again. These are the cases she feels need a closer look at for areas of improvement.

**Second presentation – Part 2 ended at 11:43am*

- Question/Comment 1: Sheriff William Prummel stated he understands discharge panning is required but he believes problems come with case management as there are not enough case managers to do the follow-ups. Heather reminded this is voluntary, so the person doesn't have to follow-up.
- Question/Comment 2: Commissioner Uma Suryadevara asked a question regarding SRTs (short term residential facilities) as a patient has to be in an inpatient program in order to go to the SRT. She was wondering if we bypass this step would it make it better? Heather answered that requirement is specific to SRT not specific to residential in general.
- Question/Comment 3: Commissioner Uma Suryadevara commented regarding discharge planning. She wonders if case managers or peer supports should be used as they increase the chances of compliance. Heather answered they typically try to engage in care coordination which is more intensive.

- Question/Comment 4: Commissioner Ann Berner said in Florida statute there is an involuntary outpatient services statute that outlines how to petition the court, who qualifies, etc. She doesn't know anywhere in the state that anyone has ever been able to effectively use that. She asked if there are any statutory changes that might make this an option. Heather answered by saying while this is a great concept its hard to enforce. You can go through the process but if the person doesn't comply, they basically end up being baker acted.
- Question/Comment 5: Commissioner Uma Suryadevara - We use the outpatient baker act here. It has not been too bad as long as patient has involved family or has the FACT team helping them. Commissioner Salamida agreed.

Certified Community Behavioral Health Clinics:

* *Third presentation by Melanie Brown – Woofter started at 11:50am*

Melanie opened by saying she'd be sharing the innovation in behavioral health in terms of the model of care. It really speaks to the discussion today around coordination and collaboration and being able to ensure access to care. The new model is called the certified community behavioral health clinic - CCBC

**Third presentation ended at 12:05pm*

- Question/Comment 1: Commissioner Jay Reeve
- Question/Comment 2: Commissioner Ann Berner
- Question/Comment 3: Commissioner Jay Reeve
- Question/Comment 4: Commissioner Wes Evans

*10 min break started at 12:13pm

Funding for the State's Behavioral Health System:

**Fourth presentation by Chad Barrett started at 12:30pm*

**Fourth presentation ended at 12:54pm*

- Question/Comment 1: Commissioner Jay Reeve
- Question/Comment 2: Meghan Collins
- Question/Comment 3: Jimmers Micallef
- Question/Comment 4: Commissioner Jay Reeve

Next Steps/Action Items:

Chair Prummell stated he would like the below to be implemented:

1. Develop a few more subcommittees
    a. Funding subcommittee
    b. Subcommittee with regards at looking at paperwork to see what can be done to reduce same
2. Commissioner Shawn Salamida asked if there were any empty seats available
    a. It was answered no

Closing Remarks:

The next Commission on Mental Health and Substance Abuse Meeting is scheduled for Wednesday, December 15, 2021. January will be skipped to allow for the subcommittees to start meeting.

Adjournment:

Chair Prummell adjourned the Commission on Mental Health and Substance Abuse meeting at 1:07pm