

Florida's Community Mental Health System: Lessons from the Forensic Bed Issue

**Florida Council for
Community Mental Health**

January 25, 2007

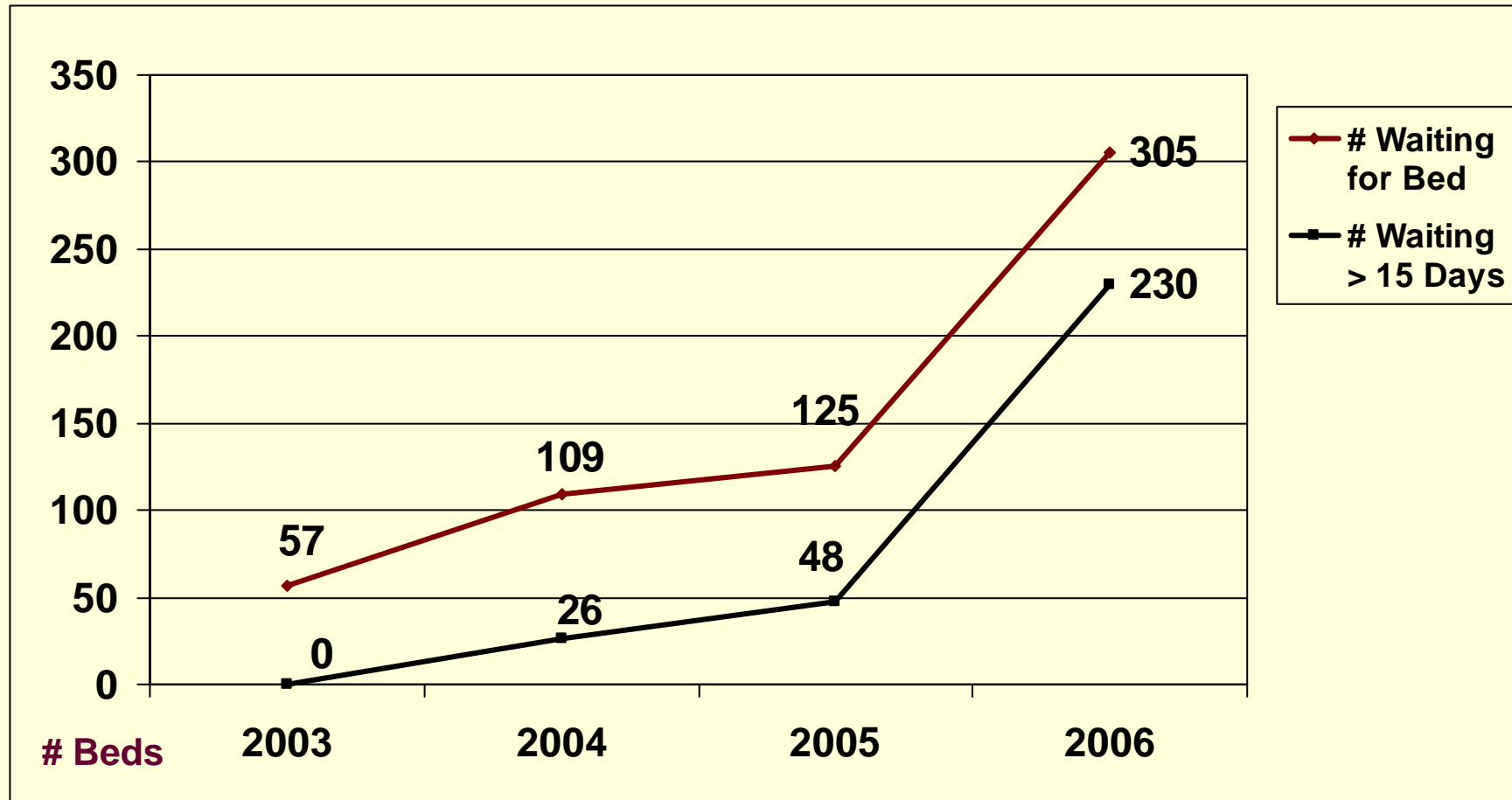
Forensic Bed Capacity

Type of Bed	Number of Beds
Forensic Step Down	497
Secure Forensic	952
Civil	1,001
Total	2,450

Source: DCF, 2007

Forensic Bed Waiting List Trend

Number Awaiting Admission to State Facility



January 4, 2007 – 295 Waiting Placement; 251 Waiting in Excess of 15 Days

Source: DCF, 2007

Forensic Treatment Budget

Bed Type	Annual Budget	Annual Cost Per Bed
Step Down Beds	\$54.4 Million	\$110,000
Forensic Beds	\$120.9 Million	\$127,000
Total	\$176.3 Million	

Source: DCF, 2007

The Forensic Bed Budget

- ◆ **The annual forensic treatment budget now exceeds \$176 million.**
- ◆ **Annualization of the recent LBC action would push the budget past \$225 million (+\$48.5 million for 373 additional beds)**
- ◆ **The annual per bed cost of a forensic bed is nearly \$130,000**
- ◆ **The annual cost of the forensic beds just approved equals one-half of the entire annual budget for children's mental health (\$97.8 million) and nearly 20% of the annual adult community mental health budget (FY 2006-07).**

What a Forensic Bed Buys

- ◆ **Mental health care for 693 children for an entire year**
- ◆ **Mental health care for 160 adults for an entire year**
- ◆ **10 Forensic Beds = One FACT Team; 373 beds would nearly double FACT capacity**
- ◆ **445 Days of CSU care**
- ◆ **Annual housing subsidies for 39 individuals/families (@\$300/month)**
- ◆ **Substance abuse and prevention services for 638 children for an entire year**
- ◆ **Substance abuse services for 997 adults for an entire year**
- ◆ **777 residential treatment bed days**
- ◆ **Psychotropic medications for 40 individuals for an entire year**

The Lessons

- ◆ **The increasing criminalization of mental illness**
- ◆ **Insufficient criminal justice system monitoring and feedback**
- ◆ **Need for timely system adjustments (sentencing, diversion)**
- ◆ **Lack of jail diversion/offender re-entry programs**
- ◆ **Need for behavioral health care in jails/prisons**
- ◆ **Lack of criminal-justice client/high-risk population tracking**
- ◆ **Lack of criminal justice-related community alternatives (housing, 24/7 care, forensic FACT, mobile outreach, crisis services, care management, medications, employment/education services)**

Symptoms of an Underfunded System Paying the Price of Low Investment

NOT ONLY

- ◆ **High jail/prison admissions**
- ◆ **Jail/prison recidivism**

BUT ALSO

- ◆ **Homelessness**
- ◆ **High unemployment**
- ◆ **Low educational achievement**
- ◆ **High levels of income/disability supports**
- ◆ **High hospital admissions/emergency department use**
- ◆ **Child abuse and neglect**

Negative Investments

Spending Money in the Wrong Places

- ◆ Prisons
- ◆ Jails
- ◆ Juvenile Justice Facilities
- ◆ Hospitals
- ◆ State Hospitals
- ◆ Emergency Departments
- ◆ Foster Care
- ◆ Disability Payments
- ◆ Emergency Shelters

The Investment Questions: How Much? What Populations? What Services/Programs? Expected Effects?

- ◆ **Can new system investments impact high end costs, including criminal justice-related costs?**
- ◆ **What types of front-end services/programs will have the greatest effect on high end costs and consumer outcomes?**
- ◆ **How should any new investments be allocated by service/program?**
- ◆ **Should the types of spending be prescribed at the state level or should funds be allocated to local governments for them to determine best programs/systems for their communities?**

Criminal Justice and Mental Health Best Practices/Models

- ◆ **CIT**
- ◆ **Specialized Courts**
- ◆ **Receiving Centers**
- ◆ **Pre- and Post-Booking Diversion**
- ◆ **Assertive Community Treatment**
- ◆ **Involuntary Outpatient Treatment**
- ◆ **Specialized Community Mental Health Programs and Housing**

What About Involuntary Outpatient Treatment?

- ◆ **In June 2004, Florida modified the Baker Act, authorizing court-ordered outpatient treatment for people with severe mental illnesses who have a history of non-compliance combined with either repeated Baker Act admissions or serious violence.**
- ◆ **Without funding for treatment for individuals, mandatory outpatient treatment is used little by Florida's courts (26 involuntary outpatient placements in CY 2005).**
- ◆ **With funding, mandatory outpatient treatment will ensure that mentally ill individuals with a high-risk of criminal justice system involvement get help before escalation of behaviors to felonies and the need for forensic beds – and at a fraction of the cost.**

Assertive Community Treatment A Jail Diversion Model

- ◆ **ACT: rehabilitation/support services by a self-contained, multi-discipline clinical team**
- ◆ **ACT operates on a 24/7 basis, is mobile, and community based**
- ◆ **ACT is intended for consumers who have severe mental illness, are functionally impaired, and at high risk of inpatient hospitalization.**
- ◆ **Forensic ACT: (1) goal – prevent arrest and incarceration; (2) consumers admitted to the team must have criminal justice histories; (3) majority of referrals from criminal justice agencies; and (4) incorporates supervised residential treatment component for high-risk consumers, particularly those with co-occurring substance use disorders (Lamberti et al., 2004).**

Assertive Community Treatment

The Findings

Jail Admissions/Time



Employment Rates



Psychiatric Hospitalizations



Independent Living



Back to the Basics

- ◆ **Behavioral Health Treatment**
- ◆ **Other Health Care**
- ◆ **Housing**
- ◆ **Employment**
- ◆ **Education**
- ◆ **Community Living Supports**
- ◆ **Peer/Family Supports**
- ◆ **Available and Accessible Care – 24/7**

From Negative to Positive Investments

NOT ONLY

- ◆ Jail Diversion/CIT/Specialized Courts
- ◆ Offender Re-entry Programs

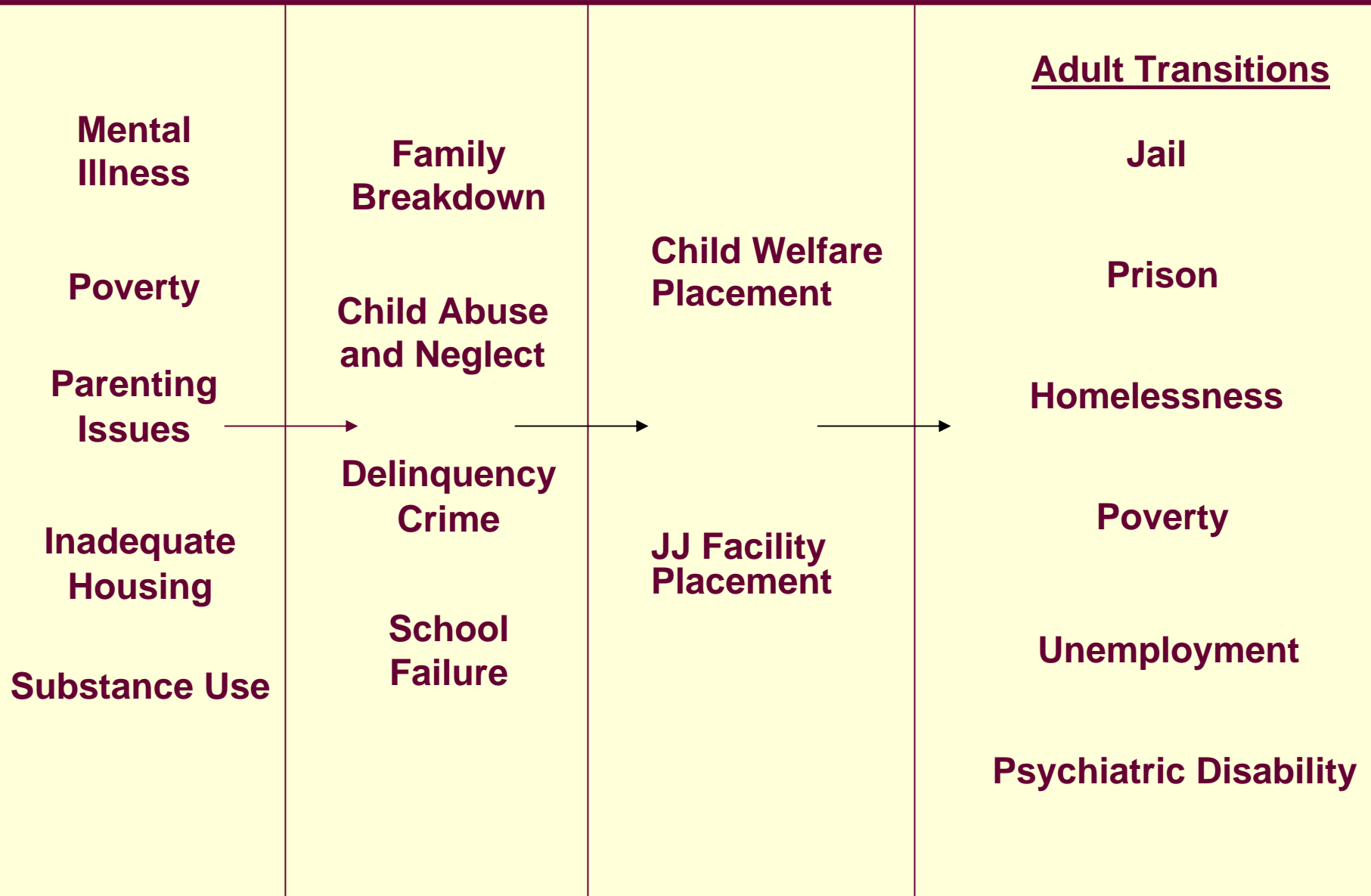
BUT ALSO OTHER FRONT END SUPPORTS

- ◆ Hospital ED Alternatives
- ◆ Crisis Stabilization Unit Capacity
- ◆ Additional Short- and Long-Term Residential Treatment Beds
- ◆ Behavioral Health Services
- ◆ Other Housing/Housing Supports
- ◆ Supported Employment/Vocational Programs
- ◆ Supported Education

The High End Expense Defense

- ◆ **Prevention**
- ◆ **Outreach**
- ◆ **Engagement**
- ◆ **Early Identification and Treatment**
- ◆ **Community Living Supports**
- ◆ **Recovery/Peer Supports**
- ◆ **No Cost/Low Cost Supports – Self-Help, Peer Run Organizations, Support Networks**

Symptom Escalation Children/Family Systems of Care



Don't Forget Medicaid

- ◆ **Medicaid is still an attractive source of funds - \$.59 of every dollar budgeted**
- ◆ **Medicaid offers funding for rehabilitation and community supports**
- ◆ **Many other states have used Medicaid more creatively to shore up community mental health systems**
- ◆ **Most public mental health system users get their coverages through Medicaid**

What Else Needs to be Done?

- ◆ **A Comprehensive Plan**
- ◆ **An Interagency Council – Joint Planning/Budgeting From Silos to Bridges**
- ◆ **Reinvestment of Savings**
- ◆ **Community Involvement/Investment**
- ◆ **Improved Information Systems**
- ◆ **Enhanced Outcome Measurement**
- ◆ **Identification and Replication of Best Practices and Model Programs**

A Model Community Mental Health System

The Building Blocks

