Commission on Mental Health and Substance Use Disorder
Third Interim Legislative Report

Access to Care Subcommittee
August 20, 2024

Background Information

The Commission on Mental Health and Substance Use Disorder (Commission) was established in 2021, as defined in section 394.9086, Florida Statutes (F.S.), and then ratified in 2023 by the Florida Legislature. The Commission is responsible for examining the current implementation of mental health and substance use disorder services in the state and determining how to improve the effectiveness of existing practices, procedures, programs, and initiatives; identifying any gaps or barriers in the delivery of services; assessing the adequacy of the current infrastructure of the 988 Florida Suicide & Crisis Lifeline system and other components of the state's crisis care continuum; and recommending changes to existing laws, rules, and policies necessary to implement the Commission's recommendations.

The Access To Care Sub-Committee, pursuant to the statutory directive to identified barriers in the delivery of services and assessed the adequacy of the current infrastructure of the 988 Florida Suicide & Crisis Lifeline system. Additionally, this Subcommittee considered ways in which the current delivery of behavioral health care might be enhanced by addressing any barriers to service utilization and access. This Subcommittee examined solutions to those obstacles, such as public information and marketing campaigns to promote available behavioral health resources and reduce stigma, and other options besides law enforcement transport for clients moved under the Baker and Marchman Acts.

The Subcommittee established three workgroups to study three separate aspects of Access to Care:

- Barriers to Utilization (Access to Care)
- Marketing Solutions to Barriers
- Acute Care Transportation Options

The Subcommittee has met monthly since February 27, 2024 with five meetings held as of July 23, 2024.

The Subcommittee selected three subject matter experts (SME) who would each take one of the three areas of focus:

- Barriers to Utilization – Gayle Giese
- Marketing Solutions to Barriers - Kenneth Gibson
- Acute Care Transportation Options – John Mikula

The SMEs were tasked with convening other industries experts to develop objectives related to each of the statutory requirements. During the monthly Subcommittee meetings, SME would report on their progress related to each of the statutory requirements. The Subcommittee membership created a working document that was reviewed and updated at each meeting. This is the final draft submitted for the full Commission review on 8/20/2024.

There were no presentation heard by the Subcommittee since January 2024.

Recommendations

Barriers to Access

The Barriers to Care Workgroup was directed to gather data concerning any barriers to service utilization and access created by stigma or public fear of seeking behavioral health services that may be used by the Subcommittee to inform recommendations to address public confusion on available service choices.

To help identify the types of barriers to care that Florida residents experience, the Barriers to Access to Care workgroup conducted a statewide survey between March 25 and April 19, 2024, targeting three groups of Florida residents: individuals living with behavioral health conditions ("peers"), family members of those individuals, and providers of behavioral health services.

The survey was disseminated through contact lists of individuals and organizations active in the Florida Mental Health Advocacy Coalition and other behavioral health organizations. A total of 472 individuals responded to the survey questions. One set of questions focused on a predefined list of 25 barriers created by the workgroup, while respondents were also asked to make open-ended comments on their experiences. The survey results were shared with all other work groups.

It should be noted that the peers and family members responding to the survey were already connected to a support group of some type, whether it be a local NAMI or Mental Health America affiliate, peer recovery organization, or other advocacy group; thus, it was unlikely that homeless individuals were represented in these groups. The behavioral health providers' responses related to experiences with clients of all types in the general population, including homeless individuals.

The workgroup reviewed and analyzed the survey results, which revealed many types of barriers to access and utilization. The top barriers, listed in order by the number of respondents identifying this as a major barrier, are as follows:

The family/individual didn't know where to go for help	**189**
The individual was unable to recognize their illness	**178**
The individual had no health insurance	**171**
The individual had a fear of being labeled mentally ill or addicted	**145**
The individual had a bad experience with a behavioral health service provider	**124**
The individual had a fear of the effects of medication	**122**
The individual or family did not understand what was happening to the person	**117**
The individual had no transportation	**112**
The individual/family couldn't find a behavioral health provider within their insurance plan	**110**
The individual had health insurance but the co-pay was too expensive	**103**
The individual was homeless	**101**

The survey summary of results and top barriers identified by each of the respondent groups is included in **Appendix A.**

RECOMMENDATION #1: Increase Awareness and Knowledge of Local Behavioral Health Systems

- **Develop information to educate communities about their local behavioral health system of care.** Provide guidance and funding to Managing Entities to provide directly and/or contract with local organizations, such as NAMI, Mental Health America affiliates, Recovery Community Organizations, or United Way, to provide easy-to-access regional information to the public on its local behavioral health safety-net and free resources.

  Information could include regional maps of local resources with contact information, hours of operation, services, populations served, and payment types accepted. QR codes linked to maps could be disseminated on printed materials and websites.

  The map would include, but not be limited to, the following information:

  - Behavioral health providers that offer safety-net and free services
  - Resources for children and adults with autism and related disorders, e.g., Centers for Autism and Related Disorders
  - Resources on treatment centers that support co-occurring disorders as well as FARR-certified sober living and sober living/supported living for adults with primary substance use disorder diagnoses
  - Affordable and supportive housing options for adults with serious mental illness
- **Disseminate the system of care map and the QR code to the general public, including stakeholders and agencies that interact with the behavioral health care system:**
  - Law enforcement and first responders
  - K-12 public and private schools, colleges, universities, technical and vocational schools, PTAs
  - Public libraries, hospitals, community centers, food banks, and homeless shelters
  - Clergy
  - Agencies on Aging, including those in CRAFT (Community Reinforcement and Family Training) that help support family members who have a loved one with substance use disorder
- **Create and implement public awareness campaigns to educate individuals and families on recognizing and responding to mental health and substance use needs.**

- Provide guidance and funding to the Managing Entities and local partner organizations to increase public awareness via free webinars, social media posts, PSAs, and other means of communications on communities' behavioral health services, with the goal of targeting broad populations in local communities, including in underserved areas.
- Coordinate with the Agency for Persons with Disabilities to advertise Centers for Autism and Related Disorders (CARD) and other resources in settings such as preschools, pediatrician offices, and public and private schools. Advertising should include information on testing young children for developmental disabilities. Parents can call the CARD center closest to them for information (See **Appendix B** for information and CARD locations).
- Address the "I didn't know what was happening" factor. Disseminate information on behavioral health issues at the state and local level to help people and families seek help when they know something is wrong but do not know what to do.
    - Ensure 988s and 211s are aware of Early Treatment Programs, evidence-based treatment for first-episode psychosis. Notify high school Parent/Teacher associations and high school and college counselors of Early Treatment Programs in the state.
    - Advertise Mental Health America (MHA) screening: https://screening.mhanational.org/screening-tools/

      Notify Parent/Teacher associations to alert parents, teachers, school counselors, and administrators of screening.
    - Include questions from MHA screening as part of radio PSAs (Spanish and English stations) and social media. Include information on support, education, and advocacy organizations such as NAMIs, MHAs, and RCOs.

Partners: DCF, Managing Entities (including their housing specialists), NAMI Florida, NAMI affiliate organizations, Mental Health America, Recovery Community Organizations, Peer Organizations, United Way, Jewish Family Services, Catholic Services and other faith organizations, Centers for Autism and Related Disorders, Agency for Persons with Disabilities, CIT and Mental Health First Aid Training Organizations, local law enforcement and sheriff's organizations, high schools and colleges, 988 and 211 call centers, county governments, providers of early treatment programs

Prospective Positive Impact

- Improved knowledge of the local behavioral health system would result in more quickly linking individuals to early intervention and treatment and fewer acute crisis episodes, e.g., Baker Acts and emergency room/hospital admissions. This recommendation would also enhance understanding of mental illness and substance use disorders, including that some individuals require ongoing, lifelong treatment. In addition, this recommendation could:
    - Improve prognosis of individuals with behavioral health conditions, including avoidance of homelessness, incarceration, and use of crisis services

- Decrease trauma for individuals and families experiencing behavioral health crises
- Decrease stigma of mental health and substance use conditions via better knowledge of local behavioral health resources and connection to local support groups
- Better inform first responders and other ancillary social services regarding behavioral health resources
- Better inform and support individual, client, family, community partners and other support persons

RECOMMENDATION #2: Increase Funding to Expand Capacity of the 988 Suicide & Crisis Lifeline System

- **To ensure a 90% answer rate, secure recurring funding for Florida's 988 Lifeline Centers.** As of May 2024, Florida's average answer rate was at 78% (See **Appendix C** for the 988 Lifeline Data Chart for May 2024). According to the Department of Children & Families (DCF), the call volume for Florida's 988 Lifeline Centers is expected to steadily increase due to several factors: increased public awareness of 988, implementation of geo-routing (as of July 2024, calls are still routed by area code) to cell phone towers over the next two years, and increased national, state, and local advertising. The future of Florida's 988 Lifeline Centers will include operating the text and chat lines currently managed at the national level; this will result in an increase of about 5,000 contacts per month and will require additional staff, as well as additional training.

- Lifeline centers would use funding to hire additional staff and enhance operational and administrative infrastructures. As of May, 2024 when Florida's average answer rate was 78%, an estimated additional 164 crisis counselors would have been needed to achieve a 90% answer rate (See **Appendix C** for the 988 Lifeline Data Chart for May 2024). Recurring funding could be achieved through a combination of fund sources.

- **Enhance/strengthen 988 Suicide & Crisis Lifelines as a component of Florida's behavioral health crisis system of care.** To ensure that 988 Lifelines provide a smooth and seamless entry into the crisis system and pathway to care and treatment, 988 Lifelines statewide should be directly linked to their community behavioral health providers. 988 Lifelines and community behavioral health providers should have established processes for transitioning clients in crisis to mobile response teams or central receiving facilities, when necessary, as well as providing warm hand-offs to behavioral health providers to link to follow-up care. Some areas of the state have highly effective processes and practices in place that could be replicated and applied across the state.

  It is important to be forward looking and recognize the potential of a 988 Lifeline system that is systematically linked to behavioral health providers, able to show available beds in real time, and schedule outpatient appointments 24/7, so that callers have their next appointments

before hanging up the phone. The Department of Children and Families is developing a public facing Florida 988 Data Dashboard that will identify trends, show outcomes, and identify gaps in services. The accessibility of outcome data provided by the dashboard, along with the continued development of partnerships with community providers and stakeholders, will help build a more complete continuum of care.

Partners: DCF; 13 988 Suicide & Crisis Lifeline centers; Managing Entities; counties and municipalities, and community behavioral health providers

Prospective Positive Impact

- The suicide lifeline supports and strengthens the ability of Florida's system of care to help individuals and families manage a behavioral health crisis, utilizing the appropriate level of care and services, avoiding unnecessary inpatient hospitalizations and Baker Acts, reducing cost and resources tied to law enforcement involvement, and decreasing the likelihood of additional trauma as a result. The Florida 988 System can also provide important data to inform the behavioral health system of care.

- Ultimately, and most importantly, expanding the capacity of Florida's 988 Lifelines will save more lives. From October 2022 to May 2024, 2,064 calls to Florida's 988 Lifelines included a suicide attempt in progress. None resulted in suicide while in contact with 988 (See **Appendix C** for the 988 Lifeline Data Chart), meaning that for over 2,000 instances an individual reached out to 988 for an intervention during a suicide attempt in progress, and in every instance that individual reached the next phase of care alive.

- Increasing capacity of the free, 24/7 resource ensures Floridians get help when they need it, linking them to warm hand-offs and referrals, Mobile Response Teams, centralized receiving facilities and other crisis walk-in services, detox facilities, and other treatment providers. Most crises can be de-escalated on the phone, with about 95% of calls being resolved by 988 crisis counselors.

- 988 provides an anonymous option, and calls are confidential. In addition, 988 offers help in Spanish (and software to translate into 249 other languages) and a Veterans Crisis Line.

- 988 Lifelines will connect young people experiencing first episodes to vital Early Treatment Programs for evidence-based treatment, avoiding additional disability from delayed treatment.

- By providing early intervention, education and access to services, the 988 Lifeline System will decrease the need for acute care, and Baker Acts and hospital emergency room admissions will decrease.

- Local 911 systems will be relieved of behavioral health calls, avoiding unnecessary law enforcement involvement. This also reduces further trauma for individuals and families during mental health and substance use crises and allows local law enforcement to focus on other community needs and priorities.

RECOMMENDATION #3: Share Best Practices on the use of de-stigmatizing person-first language and trauma-responsive care to improve patient experience and engagement in treatment

- Provide guidance to Managing Entities, via their Recovery-Oriented System of Care (ROSC) committees, to have providers share best practices for using person-first language and other de-stigmatizing behaviors to engage and retain patients for improved outcomes. (See information in **Appendix D** on person-first language.)

- Include peers and family members to collaborate with providers on the use of de-stigmatizing language and behaviors. Involve local peer specialist organizations, RCOs, NAMI, and MHA. Trainings can include evidence-based curricula established by local peer organizations and/or personal stories from peers.

- Behavioral Health Teaching Hospitals and academic behavioral health programs can teach and support the need for behavioral health staff to use de-stigmatizing language and behaviors and better understand symptoms and behaviors of patients. Engage the Managing Entities in this effort. (See **Appendix D** for training resources and programs that include CommonGround Software, Health Providers Train the Trainer Program, and Cognitive Behavioral Therapy for psychosis.)

- Adopt a trauma-responsive framework to improve client care, increase engagement, and reduce staff turnover. By aligning providers' policies, procedures, and physical spaces to reflect best practices in trauma-informed care—institutionalizing destigmatization in accessing behavioral health services throughout the entire system of care. Broward County's Trauma Responsive Learning Initiative, involving over 1000 staff from 73 providers, serves as a model. (See **Appendix D** for resources and contact information for the Trauma Responsive Learning Initiative.)

- Use hospital bridge peer specialists to support and de-stigmatize substance use. DCF and AHCA could encourage hospitals to actively use hospital bridge peers as part of their social work case management programming to link with ongoing treatment services including MAT programming, emergency detox situations, and other appropriate services for patients identified as having a substance use disorder.

Partners: DCF, AHCA, Managing Entities, peer specialist organizations, United Way, behavioral health teaching hospitals and other hospitals that provide behavioral health and emergency care, university behavioral health programs, behavioral health provider organizations

Prospective Positive Impact

- Providers and patients experience improved and more trusting relationships.
- Patients remain engaged in treatment plans; fewer "drop-outs."
- Staff are more supported.

- Patients see improved outcomes; more lasting recovery
- Providers can model appropriate use of language for patient's family members and other support persons.
- Patients experience less treatment-related trauma.

Solutions to Barriers

Workgroup Directive: Develop solutions to those obstacles such as marketing campaigns to promote the resources that are available including 988.

With the intensive marketing of 988 proposed herein, it will be critical to the success of the campaigns that the 988 call centers be staffed and trained to handle the increase in calls, and eventually texts and chats, that local, state, and national advertising will create.

Recommendation #1: Mass Media and Advertising Campaigns

- Behavioral health providers utilize local media to address behavioral health topics through interviews, op-eds, panel discussions, town halls, and webinars on social media platforms.
- National organizations like National Alliance on Mental Illness (NAMI) and Mental Health America (MHA) provide talking points and media education on behavioral health topics and breaking news situations.
- Utilize peer testimonials/stories from everyday individuals who have received mental health/substance use services and have had positive outcomes. This would include services with common fear and stigma like mobile response and receiving facilities to build trust and transparency. Incorporate messaging to de-stigmatize and de-criminalize mental health conditions and substance use challenges and educate brain health.
- Utilize the influence of celebrity and influencers to address behavioral health stigma, including stigma within various cultures/demographics. Celebrity would champion the cause of behavioral health in Florida or a local community. The ideal situation would be a celebrity/influencer who would volunteer their time/likeness (vs. paid endorsement).
- Utilize unique targeting abilities of digital advertising (social media, paid search, website ads, digital video ads) to deliver messages to various demographics.

Partners to Mobilize Recommendations: Florida Department of Children and Families, Florida Department of Health, NAMI (National) and Mental Health America (MHA) with information shared by Florida Mental Health Advocacy Coalition (FLMHAC), Florida Behavioral Health Association (FBHA), Florida Association of Managing Entities (FAME), recovery community organizations, Florida peer groups, NAMI Florida, local affiliates of both MHA and NAMI, lifeline centers, local health departments, rehab facilities, organizations providing mobile response, receiving facilities, local pro-sports teams, local/state/national celebrities, managing entities, and advocacy groups.

Impact of Recommendations: Public acknowledgement by peers and celebrities can humanize and normalize the topic of behavioral health. Educational initiatives through interviews, webinars, and town halls can create awareness, helping to demystify behavioral health conditions. Incorporating digital advertising, along with other forms of media, creates the opportunity for an individual to take action by learning more and immediately connecting to support by clicking through on the ad they are fed.

Budget Example
The following is an example of a 6-month marketing campaign budget covering Brevard, Orange, Osceola and Seminole counties. This is just a budgeting example and is not a recommendation from the workgroup for campaign tactics.

Research (Surveys, Focus Groups, and Literature Review)	$22,500.00
Campaign Creation & Concept Design	$27,000.00
Campaign Implementation *(English & Spanish)*	$135,000.00
Video/Audio Production *(English & Spanish)*	$25,000.00
Influencer Campaign *(English & Spanish)*	$15,000.00
Campaign Advertising & Media Buying *(English & Spanish)*	$200,000.00
Project Subtotal	*$424,500.00*

Recommendation #2 : Awareness Campaign -- Direct Messaging to Individuals and Family Members:

- Lifeline call centers and county human services can utilize communication channels and local relationships to distribute messaging pertaining to availability of behavioral health resources.
- Managing Entities, with assistance from their providers, identify neighborhoods and/or groups in the community that could benefit from locally-delivered educational programs on behavioral health conditions and treatment.
- Work with Medicaid/Medicare HMO's to increase awareness of behavioral health resources like 988 and 211.
- Develop relationships with community organizations to both broaden and deepen resources/information in 211/988 resource databases.
- Promotion of existing virtual solutions as a means to partially help address transportation barriers in seeking treatment. (Encourage further development of virtual health solutions -- continued broadband expansion is a key factor in the implementation and adaptation of these resources.)
- Develop videos or an online course/webinar that people from the public could access to address topics like “How do I help someone who is struggling?” “How mental health?”

Partners to Mobilize Recommendations: Florida Department of Children and Families, NAMI chapters, non-profit behavioral health centers, county human service departments, Individual Florida Managing Entities, Florida Association of Managing Entities, ME C-Level groups (CEO, COO, etc), Medicaid/Medicare HMO's, 988 & 211 providers, and state behavioral health associations.

Impact of Recommendations: Increased awareness of behavioral health resources, including 988 and 211 by consumers/potential consumers of services and also those in their household who often have the greatest ability and motivation to take action on behalf of a loved one.

Recommendation #3: Circle of Influence Engagement Campaign – Tailored Training to Empower Community Involvement:

- Create opportunities for primary care and pediatric care providers to be educated about behavioral health resources, receive behavioral health training, and even provide behavioral health services to patients at their facilities.
- Create opportunities for faith leaders to be educated about behavioral health resources and receive behavioral health training.
- Create opportunities for first responders, including dispatch and detention staff, to be educated about behavioral health resources and receive behavioral health training.
- Work with college, universities and school districts to be educated about behavioral health resources and receive behavioral health training.
- Identify local recreational centers, community centers, resource centers, and shelters to be educated about behavioral health resources and receive behavioral health training.
- Encourage behavioral health providers with innovative, proven solutions to share their success and best practices through professional associations and learning opportunities

Partners to Mobilize Recommendations: Florida Department of Children and Families, Florida Behavioral Health Association, NAMI local chapters, state psychiatric associations, state counseling associations, behavioral health providers, large medical practice groups, state and regional faith leaders, law enforcement agencies, fire departments, EMS providers, state and private colleges, school districts, private schools, local recreational centers, community centers, resource centers, and shelters.

Impact of Recommendations: Increased awareness of behavioral health resources by trusted individuals who have face-to-face contact with someone who might have a need.
Training will help these individuals in identifying a need, communicating with the individual and taking action to help connect them to care.

Acute Care Transports Options

The workgroup conducted the following survey of law enforcement:

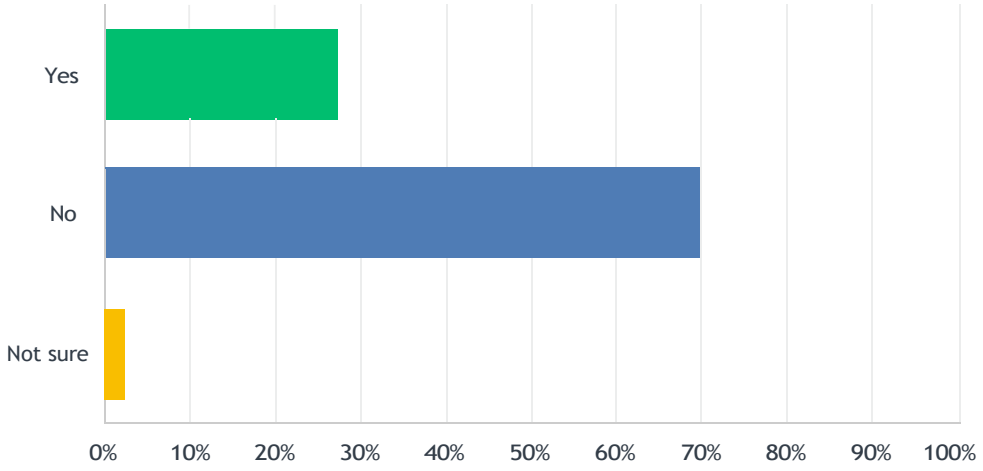
Q1 County

#	RESPONSES	DATE
1	Okaloosa	3/12/2024 2:20 PM
2	Baker	3/11/2024 4:31 PM
3	Pinellas County	3/11/2024 3:34 PM
4	Martin	3/8/2024 1:21 PM
5	Gilchrist	3/7/2024 11:18 PM
6	Citrus	3/7/2024 6:02 PM
7	Washington	3/7/2024 4:07 PM
8	Madison	3/7/2024 3:47 PM
9	Indian River	3/7/2024 3:13 PM
10	Brevard	3/7/2024 12:43 PM
11	Gilchrist	3/7/2024 9:20 AM
12	Orange	3/7/2024 9:14 AM
13	Putnam	3/7/2024 9:04 AM
14	Sarasota	3/7/2024 8:25 AM
15	Broward	3/7/2024 7:43 AM
16	alachua	3/7/2024 7:05 AM
17	Lafayette	3/6/2024 9:14 PM
18	Levy	3/6/2024 7:39 PM
19	Pasco	3/6/2024 6:02 PM
20	Flagler	3/6/2024 5:36 PM
21	Taylor	3/6/2024 5:12 PM
22	Clay	3/6/2024 4:45 PM
23	Nassau	3/6/2024 4:23 PM
24	Gulf	3/6/2024 3:32 PM
25	Columbia	3/6/2024 3:01 PM
26	Lee	3/6/2024 2:50 PM
27	Liberty	3/6/2024 2:43 PM

28	Okeechobee	3/6/2024 2:32 PM
29	Marion	3/6/2024 1:57 PM
30	Taylor	3/6/2024 1:51 PM
31	Jackson	3/6/2024 1:45 PM
32	Hardee	3/6/2024 1:40 PM
33	Leon	3/6/2024 1:38 PM
34	Santa Rosa	3/6/2024 1:21 PM
35	Wakulla	3/6/2024 1:17 PM
36	Highlands	3/6/2024 1:13 PM
37	Holmes	3/6/2024 1:06 PM
38	St. Johns	3/6/2024 1:05 PM
39	Hendry	3/6/2024 12:59 PM
40	Florida	3/6/2024 12:57 PM
41	Broward	3/6/2024 12:53 PM
42	Bradford	3/6/2024 12:28 PM

Q2 When a Baker/Marchman Act client requires transportation, is other transportation available in your county so a Deputy is not required to transport the client?

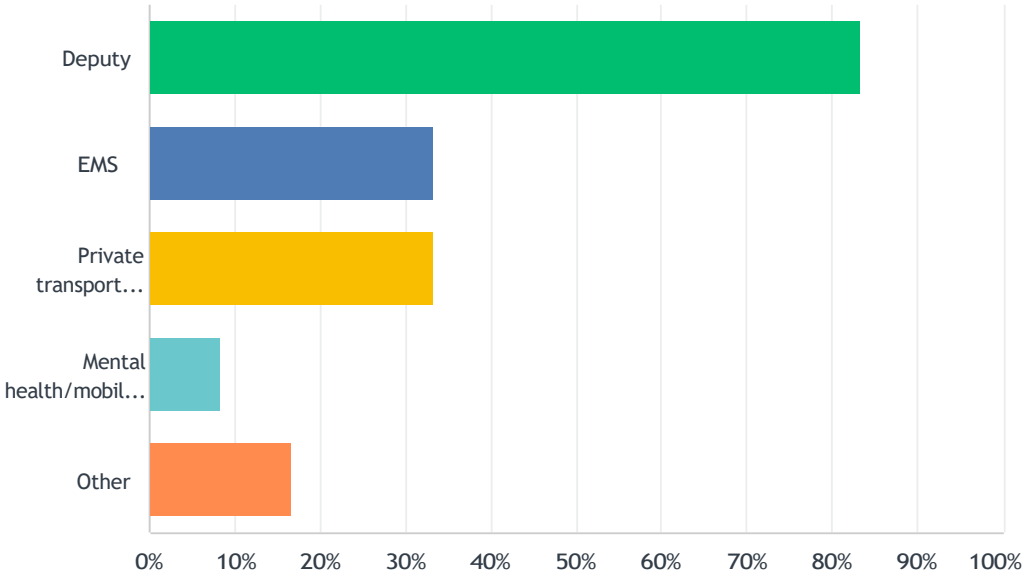
Answered: 40 Skipped: 2



ANSWER CHOICES	RESPONSES	
Yes	27.50%	11
No	70.00%	28
Not sure	2.50%	1
TOTAL		40

Q3 Who is responsible in your county for transporting a Baker/Marchman Act client to a receiving facility?

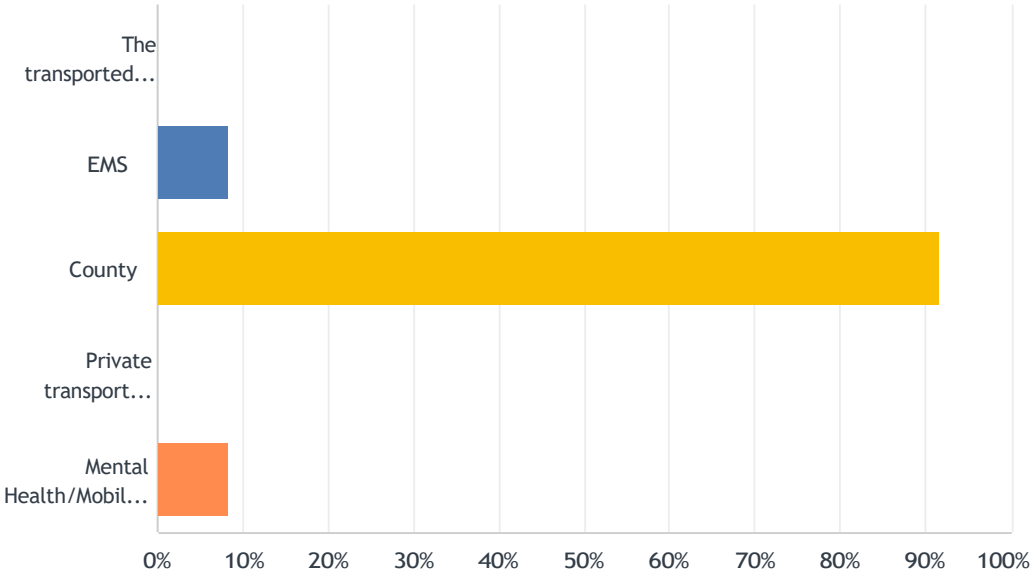
Answered: 12 Skipped: 30



ANSWER CHOICES	RESPONSES	
Deputy	83.33%	10
EMS	33.33%	4
Private transport company	33.33%	4
Mental health/mobile crisis response unit	8.33%	1
Other	16.67%	2
Total Respondents:		12

Q4 Who is responsible for paying the transportation cost?

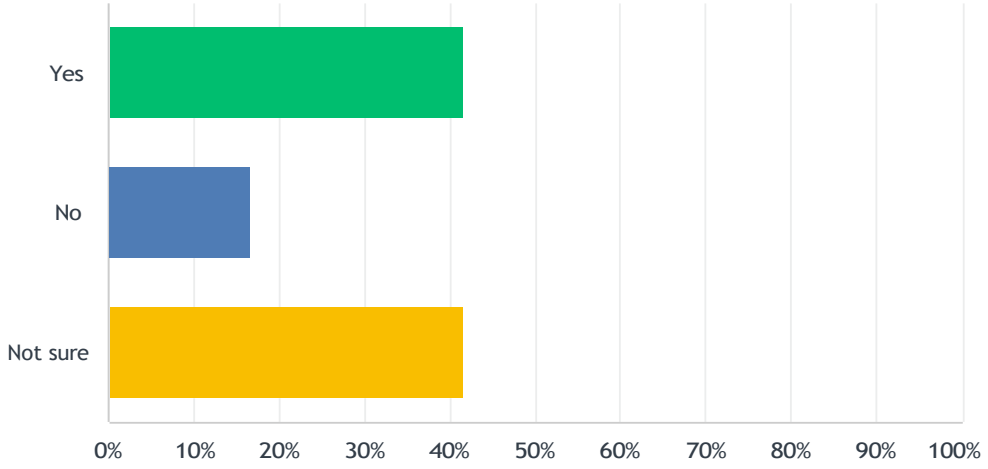
Answered: 12 Skipped: 30



ANSWER CHOICES	RESPONSES	
The transported person	0.00%	0
EMS	8.33%	1
County	91.67%	11
Private transport company	0.00%	0
Total Respondents:		12
Mental Health/Mobile Unit	8.33%	1

Q5 Is payment for the transportation cost incorporated in a County transportation plan?

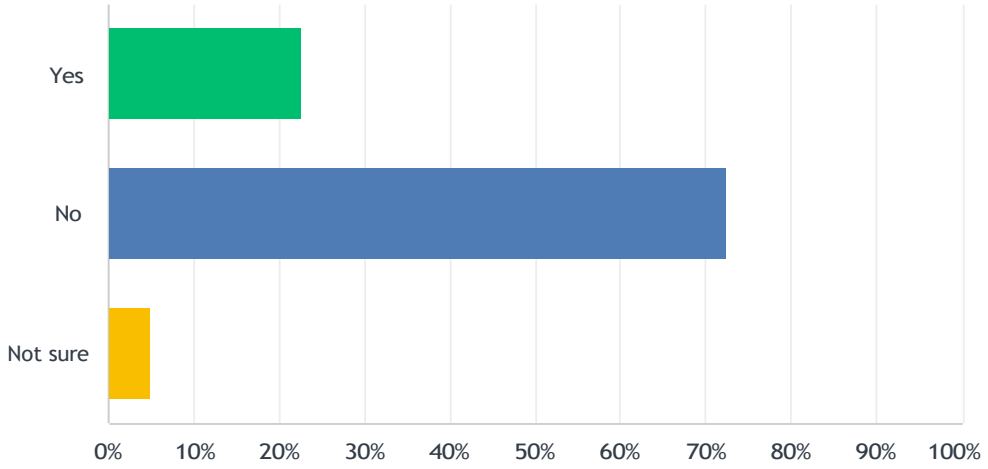
Answered: 12 Skipped: 30



ANSWER CHOICES	RESPONSES	
Yes	41.67%	5
No	16.67%	2
Not sure	41.67%	5
TOTAL		12

Q6 When a Baker/ Marchman act client is transported, do you require the transport arrive within a certain time frame?

Answered: 40 Skipped: 2



ANSWER CHOICES	RESPONSES	
Yes	22.50%	9
No	72.50%	29
Not sure	5.00%	2
TOTAL		40

Q7 Please provide any additional information or recommendations regarding transporting Baker/Marchman Act clients?

Answered: 28 Skipped: 14

#	RESPONSES	DATE
1	For Okaloosa County: Any officer or agency completes their own transport for a LEO initiated Baker ACT; A deputy transports from Practitioners offices anywhere in the county to the receiving facility; EMS transports for a Facility-to-Facility transfer.	3/12/2024 2:25 PM
2	Deputies transporting Baker/Marchman Acts clients negatively impacts coverage. We pull a deputy sheriff from patrol in most cases to transport these clients.	3/11/2024 4:35 PM
3	Pinellas County does not have a designated Marchman receiving facility. PCSO follows the county transportation plan which outlines the specific receiving facilities to transport all Baker Acts to. This plan is reviewed and maintained by our Acute Care Committee attended by all community partners.	3/11/2024 3:48 PM
4	Ensuring the Sheriff's Office, the County, the facilities and the transport company are all on the same page.	3/8/2024 1:24 PM
5	If a Deputy initiates a Baker Act or a Marchman Act, the Sheriff's Office will transport the client to the facility. If the client required emergency medical attention and was under a Baker Act or Marchman Act, the hospital would contact the receiving facility for a pick-up. All other transports are facilitated by the Sheriff's Office as part of our transportation plan. We however do not transport from one facility to another.	3/7/2024 6:05 PM
6	Our nearest receiving facility is in Tallahassee, FL. Our agency utilizes a call-out style system which is voluntary for transports. If no one is available for that, or if we have enough staff, we utilize sworn deputies to transport that are currently working.	3/7/2024 3:50 PM
7	Transport is based on milage or reasonableness of time traveled from location to facility with any delays identified to dispatch via radio.	3/7/2024 3:16 PM
8	We do have a County Transportation Plan outlining the transport of Baker Acts/Marchman Acts by private transport to receiving facility - the County also has a contract for payment to the transport company and believe it is separate from the actual transportation plan. The transport company contracts dictates when a deputy is roadside - they are required to arrive on scene within 60 minutes.	3/7/2024 12:47 PM
9	none	3/7/2024 9:22 AM
10	Constant BWC activation the entire contact and up to entry into the facility. Pre/post search prior to entry into the facility by transport. If medication is available to take for transport, make it a priority for the transport to take it with them.	3/7/2024 9:17 AM
11	Putnam County has a grant through a local mental health provider for a crisis stabilization and transport unit. The Sheriff's Office and BOCC are partners in the grant and provide some matching funds. The answers above are based on this plan. The problem is the grant is ending soon and the county is refusing to to continue to fund the program so we will likely be returning to the Sheriff's Office having to transport all Baker / Marchman Acts. Aditionally we have no receiving facility in Putnam County so our deputies will be required to transport to surrounding counties.	3/7/2024 9:09 AM
12	1. Deputies conduct the transport if we respond to a call for service where we initiate the involuntary examination. 2. Once the client is at the Hospital or nearest receiving facility, a transport company contracted by the County will transport the client further, as needed.	3/7/2024 8:28 AM
13	Levy County Sheriffs Office transport all Baker/Marchman Act clients unless they are injured and/ or need medical attention for any reason. Then they are transported by Rescue Unit to the hospital.	3/6/2024 7:44 PM

14	The Sheriff's Office receives funding through BOCC to contract with 3rd party transport. Third party transport is used for all students who are BA52 on school campus. Also used for any individual taken into custody at an outpatient clinic. Certifying officials are able to call 3rd party transport directly. Individual must be 8yrs and older and non-combative.	3/6/2024 6:06 PM
15	We need more receiving facilities and more beds. We have to drive 45 minutes to get to the closest receiving facility. If they have no beds available, we have to drive two hours to get to the next closest facility. Sometimes this leaves our county with only one deputy to respond to calls for service.	3/6/2024 3:41 PM
16	We transport all Baker Acts within our county.	3/6/2024 3:02 PM
17	Note: LCSO transports are direct pickup and drop. Building relationships with regional health care providers can help with transport clients. Jail Transport also has the ability to assist with transports.	3/6/2024 3:02 PM
18	Our Deputies transport as we do not have a service to transport a Baker Act.	3/6/2024 2:44 PM
19	If the Baker/Marchman Act was initiated by the Sheriff's Office, we provide transportation to the hospital or nearest receiving facility. If a doctor's office Baker/Marchman Act's someone the Sheriff's Office transports them to the receiving facility. If we transport a subject to the hospital or if hospital staff Baker/Marchman Act's someone, the hospital provides transportation to the receiving facility.	
20	Recommendation, since we are a rural county and have to drive an hour to get there, to have an approved facility van and personnel do the transportation to the facility.	3/6/2024 1:54 PM
21	Our closest receiving facility is well over an hour away which takes a deputy off the road for over two hours for one transport. Other neighboring sheriffs deal with the same problem. A possible solution would be a receiving facility in our area or some type of third-party contracted transport services.	3/6/2024 1:52 PM
22	No other information	3/6/2024 1:39 PM
23	#3 Does not apply to the WCSO due to the fact we currently do not have a transport unit for Baker Acts, hopefully in the future we will!	3/6/2024 1:24 PM
24	None	3/6/2024 1:21 PM
25	Juveniles have to be transported to surrounding counties - Duval or Volusia	3/6/2024 1:06 PM
26	N/A	3/6/2024 1:00 PM
27	The Hendry County Sheriff Department does all transports for Baker Act.	3/6/2024 1:00 PM
28	In a small rural county, this can have a deputy out of the county on average, 2 hours or more. This then leaves us short on patrol duties and delayed times in answering calls for service.	3/6/2024 1:58 PM

During the examination period, the options for transporting patients under a mental health status were considered. It was found that the primary mode of transportation in many state areas is law enforcement. The research concluded that removing law enforcement entirely from the transport process is not a viable option due to several factors:

- State laws designate law enforcement as the primary responsible entity.
- In numerous areas, alternative transport mechanisms are not available.
- There is a scarcity of receiving facilities for mental health patients.
- Some patients may need to be transported for distances up to 75 miles in certain regions of the state.
- The costs associated with alternative transportation are prohibitive given the current levels of funding.

The Subcommittee suggested that the workgroup should not only continue its meetings but also expand its membership to include representatives from Managing Entities. These representatives would have access to county or circuit Transportation Exception Plans, which would allow the workgroup to review and learn from the various approaches and best practices implemented throughout the state.