

STORAGE NAME: h1043s1a.grr

DATE: April 19, 2000

**HOUSE OF REPRESENTATIVES
AS REVISED BY THE COMMITTEE ON
GOVERNMENTAL RULES & REGULATIONS
ANALYSIS**

BILL #: CS/HB 1043

RELATING TO: Older Adult Mental Health and Substance Abuse Services

SPONSOR(S): Committee on Elder Affairs & Long Term Care and Representative Hafner

TIED BILL(S):

ORIGINATING COMMITTEE(S)/COMMITTEE(S) OF REFERENCE:

- (1) ELDER AFFAIRS & LONG TERM CARE YEAS 7 NAYS 0
 - (2) GOVERNMENTAL RULES & REGULATIONS YEAS 8 NAYS 0
 - (3) HEALTH & HUMAN SERVICES APPROPRIATIONS
 - (4)
 - (5)
-

I. SUMMARY:

CS/HB 1043 provides the principles which should be used in delivering services to older persons, age 60 and above, who require mental health or substance abuse treatment services.

It also requires that a consortium of state agencies establish local oversight bodies to direct demonstration projects designed to test various strategies for service planning and delivery, interagency coordination, and financing. The Agency for Health Care Administration is directed to evaluate the demonstration projects and submit a copy of the evaluation to the Secretary of Elderly Affairs, Secretary of Health, Secretary of Children and Family Services, President of the Senate, and Speaker of the House of Representatives by December 31, 2004.

The bill includes an appropriation of \$250,000.

The act shall take effect upon becoming a law.

II. SUBSTANTIVE ANALYSIS:

A. DOES THE BILL SUPPORT THE FOLLOWING PRINCIPLES:

- | | | | |
|-----------------------------------|---|--|---|
| 1. <u>Less Government</u> | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> |
| 2. <u>Lower Taxes</u> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 3. <u>Individual Freedom</u> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 4. <u>Personal Responsibility</u> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 5. <u>Family Empowerment</u> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

For any principle that received a "no" above, please explain:

Less Government

The bill directs the Department of Children and Family Services (department or DCFS) to work with service providers and regulators to establish an ongoing training program addressing mental health and substance abuse issues for people who work with older adults. DCFS is directed to create a publicity campaign to raise awareness about older adults and mental health and substance abuse problems.

The bill directs the creation of a consortium to establish appropriate education and training.

The Agency for Health Care Administration is directed to evaluate demonstration projects and submit a copy of the evaluation to the Secretary of Elderly Affairs, Secretary of Health, Secretary of Children and Family Services, President of the Senate, and Speaker of the House of Representatives by December 31, 2004.

B. PRESENT SITUATION:

Mental Health

Chapter 394, F.S., includes five parts:

- Part I: Florida Mental Health Act (Baker Act)
- Part II: Interstate Compact on Mental Health
- Part III: Comprehensive Child and Adolescent Mental Health Services
- Part IV: Community Alcohol, Drug Abuse, and Mental Health Services
- Part V: Involuntary Civil Commitment of Sexually Violent Predators

This bill affects Parts III and IV.

Part IV

Part IV includes comprehensive provisions for planning, defining, operating, financing, contracting, and managing the district Alcohol, Drug Abuse, and Mental Health Service (ADM) system in Florida. Parts I, II, III, and V focus on provisions for service delivery to specific populations.

The community-based services defined in Part IV are administered by the Alcohol, Drug Abuse, and Mental Health Program Office and 15 district ADM offices within the Department of Children and Family Services. The department contracts with 280 private for-profit and not-for-profit providers (mental health centers, substance abuse treatment and prevention centers, public and private psychiatric hospitals, and private mental health professionals) to deliver a variety of services.

Intent

Section 394.66, F.S., states that it is the intent of the Legislature to utilize a system of comprehensive, coordinated services, involve local citizens in the planning process, facilitate access to services, ensure continuity of care, and provide accountability for service provisions.

Client

As set forth in s. 394.67(4), F.S., the term "client" means any individual receiving services in any alcohol, drug abuse, or mental health facility, program or service regulated by the Agency for Health Care Administration (AHCA). This Part also includes a list of priority population groups which includes "elderly persons at high risk of institutionalization" (s. 394.75(4), F.S.).

Services

This Part provides for primary care, rehabilitative, and preventative services (s. 394.675, F.S.).

Reports/Plans

Part IV requires a biennial report (s. 394.75, F.S.) by the district planning council which reflects the program priorities and includes program descriptions and fiscal information. The district plan also must demonstrate integration and coordination of services between agencies to create a continuum of care. In addition, a biennial state plan is required (s. 394.79, F.S.). This plan must include, among other things, a report of the current and projected service needs, a proposal for the development of a data system that will evaluate effectiveness, fiscal information, and recommendations for future directions of the service system including how to increase access to care.

Performance-Based Program Budgeting

The General Appropriations Act for FY 1998-1999 included performance outcome and output measures for services to children and adults with mental health and substance abuse problems. Those measures are indicators used by the Legislature to assess the performance of mental health and substance abuse programs and services for which the department contracts with community-based non-profit provider agencies.

A recent review by the Office of Program Policy Analysis and Government Accountability (OPPAGA) recommends that DCFS modify monitoring of provider contracts to focus on

clinical practices, as well as administrative and compliance issues, to better determine the effect of services on clients. This recommendation is designed to create standards which take into account the different characteristics of the clients.

Funding

The FY 1999-2000 Legislative appropriation (general revenue and federal trust funds) to the department for community ADM services was approximately \$462 million. In addition to these appropriated funds, it is estimated by the Agency for Health Care Administration that Medicaid expenditures for community ADM services for FY 1999-2000 will be approximately \$230 million. Medicaid is a federal/state health insurance entitlement program administered by the Agency for Health Care Administration which provides payment for certain mental health and substance abuse services to approved providers for enrolled eligible children, adolescents, and adults.

Local governments provide matching funds for a portion of the budget.

Section 394.74, F.S., includes a provision for mental health and substance abuse treatment providers to use a sliding fee scale to collect fees from clients who receive services.

Part III

Part III (Comprehensive Child and Adolescent Mental Health Services) was enacted in 1998 in order to address the specific mental health needs of young people (under 18 years old). In particular, this Part was required to clarify the unique fiscal resources and service needs of children. The Part describes programs and services to be provided, provides for service planning and case management, and requires demonstration models and district plans.

Unmet Mental Health/Substance Abuse Needs

Some needs assessment information and nationally recognized prevalence rates support the department's estimate that Florida's publicly funded mental health system is currently meeting approximately 21 percent of the treatment needs of children and 12 percent of the treatment needs of adults. For persons needing substance abuse treatment, Florida's publicly funded system is currently meeting approximately 22.7 percent of the treatment needs of children and 16.4 percent of the treatment needs of adults. However, these estimates are absolutely contingent upon the definition of "severe mental illness" and other similar terms used to define or label the groups to be counted. Several journal articles in the last few years have illustrated the lack of consensus on a definition of "severe and persistent mental illness," particularly, but other terms and descriptions are also criticized as vague or too elastic to be of empirical value.

Unmet Need Among Older Adults

According to the Department of Elder Affairs, a 1997 report by the Florida Mental Health and Aging Task Force on "Mental Health and Older Floridians" indicated that, while nearly 25 percent of the State's population is 60 years or older, this age group comprised only about 5 percent of Floridians receiving service in state supported mental health programs. The Task Force found that barriers to service for older adults included: the stigma associated with mental illness, lack of access to service systems, lack of age-appropriate treatment modalities, insufficient fiscal resources, lack of training among service

professionals regarding the problems of aging and mental health, and fragmentation of services.

C. EFFECT OF PROPOSED CHANGES:

CS/HB 1043 reiterates the Legislative intent set forth in Part IV of Chapter 394, F.S., by describing a need for service coordination, citizen involvement, facilitation of access, continuity of care and accountability. Further, it goes deeper into the intent defined in Part IV by stressing the need to include families, educate providers, and increase self-sufficiency. While these principles are not precluded by the language in Part IV, they are not expressly stated.

CS/HB 1043 provides that the department's performance-based program budgeting programs or "target groups" in the area of mental health and substance abuse be revised to include specific measures addressing services to older adults.

The bill directs DCFS to work with service providers and regulators to establish an ongoing training program addressing mental health and substance abuse issues for people who work with older adults. DCFS is directed to create a publicity campaign to raise awareness about older adults and mental health and substance abuse problems.

The bill directs the creation of a consortium to establish appropriate education and training, and to establish local oversight bodies to direct demonstration projects designed to test various strategies for service planning and delivery, interagency coordination, and financing. The Agency for Health Care Administration is directed to evaluate demonstration projects and submit a copy of the evaluation to the Secretary of Elderly Affairs, Secretary of Health, Secretary of Children and Family Services, President of the Senate, and Speaker of the House of Representatives by December 31, 2004.

D. SECTION-BY-SECTION ANALYSIS:

Section 1: Definitions. Provides a definition of "older adult."

Section 2: Guiding Principles for Service Planning. This section describes the principles that shall guide the development of the publicly funded mental health and substance abuse service delivery system.

Section 3: Definitions in 397.311. Adds definition of "older adult" chapter on substance abuse.

Section 4: Corrects a cross reference.

Section 5: Corrects a cross reference.

Section 6: Target Group. Directs the department to revise its target groups for substance abuse and mental health services approved for performance-based program budgeting.

The revised target groups must include:

- Older adults in crisis;

- Older adults who are at risk of being placed in a more restrictive setting because of their mental illness or substance abuse;
- Older adults with severe and persistent mental illness; and
- Older adults in need of substance abuse treatment.

Section 7: Prevention and Training Programs. Directs DCFS to work with service providers and regulators to establish an ongoing training program addressing mental health and substance abuse issues for people who work with older adults.

Section 8: Public Education and Outreach. Directs DCFS to create a publicity campaign to overcome the barriers to mental health and substance abuse treatment among adults age 60 and older. Directs DCFS to develop and promote innovative outreach program to improve the diversion of older adults from expensive and intensive forms of care. The department is to work with other state agencies. The department can accept money, services or property from the Federal Government, or any of its agencies, or from any foundation.

Section 9: Older Adult Interagency System of Care Demonstration Models. Mandates AHCA, DCFS, Department of Health (DOH), and Department of Elder Affairs (DOEA) to form a consortium which can establish local oversight bodies to direct 3-year demonstration projects. The purpose of these demonstration models is to test designs and strategies for service planning and delivery, interagency coordination, creative financing strategies, and information-sharing mechanisms. Provides for an independent evaluation to be conducted by AHCA of each demonstration project. Requires that a report on these models be submitted to the Secretary of Elderly Affairs, Secretary of Health, Secretary of Children and Family Services, President of the Senate, and the Speaker of the House of Representatives by December 31, 2004.

Section 10: Appropriation. \$250,000 is appropriated from the General Revenue Fund is appropriated to provide training in aging, mental health, and substance abuse to individuals serving older adults, and to provide for the establishment of public education and outreach programs.

Section 11: Provides that this act shall take effect upon becoming a law.

III. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT:

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

N/A

2. Expenditures:

\$250,000 for training, public education, and outreach programs.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

N/A

2. Expenditures:

N/A

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

N/A

D. FISCAL COMMENTS:

N/A

IV. CONSEQUENCES OF ARTICLE VII, SECTION 18 OF THE FLORIDA CONSTITUTION:

A. APPLICABILITY OF THE MANDATES PROVISION:

This bill does not require counties or municipalities to spend funds or to take an action requiring the expenditure of funds.

B. REDUCTION OF REVENUE RAISING AUTHORITY:

This bill does not reduce the authority that municipalities or counties have to raise revenues in the aggregate.

C. REDUCTION OF STATE TAX SHARED WITH COUNTIES AND MUNICIPALITIES:

This bill does not reduce the percentage of a state tax shared with counties or municipalities.

V. COMMENTS:

A. CONSTITUTIONAL ISSUES:

None.

B. RULE-MAKING AUTHORITY:

No new rulemaking authority is created in this bill.

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C. OTHER COMMENTS:

N/A

VI. AMENDMENTS OR COMMITTEE SUBSTITUTE CHANGES:

On March 16, 2000, the Committee on Elder Affairs & Long-Term Care passed the bill as a committee substitute, which describes a more circumscribed set of activities for the Department of Children and Family Services and other state agencies to undertake. The CS provides an appropriation of \$250,000. There are no requirements to promulgate rules.

VII. SIGNATURES:

COMMITTEE ON ELDER AFFAIRS & LONG TERM CARE:

Prepared by:

Staff Director:

Amy Smoyer

Tom Bachelor, Ph.D.

AS REVISED BY THE COMMITTEE ON GOVERNMENTAL RULES & REGULATIONS:

Prepared by:

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David M. Greenbaum