

SENATE STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

BILL: CS/CS/SB 2254

SPONSOR: Health Aging and Long-Term Care Committee, Children and Families Committee and Senator Brown-Waite

SUBJECT: Supportive Housing

DATE: March 12, 2002 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Dowds	Whiddon	CF	Favorable/CS
2.	Liem	Wilson	HC	Favorable/CS
3.	_____	_____	GO	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

I. Summary:

The Committee Substitute for Committee Substitute for Senate Bill 2254 directs the Department of Children and Families to establish a workgroup to review issues associated with the services provided through supportive housing and develop recommendations for supportive housing living arrangements. The bill provides for representation on the workgroup. Recommendations of the workgroup are to be included in the January 2003 update of the mental health and substance abuse master plan.

This bill creates an undesignated section of law.

II. Present Situation:

Supportive housing programs provide supports for persons with a mental illness who reside in their personal home. Unlike treatment in residential facilities, supportive housing is a set of individualized services to the individual and not a residential placement. The intent of these services is to allow the individual to become, or remain, integrated into the “normalized” community at large.

Mental health services available pursuant to ch. 394, F.S., encompass a wide range of services that are designed “to eliminate, reduce, or manage symptoms or distress for persons who have severe emotional distress or a mental illness and to effectively manage the disability that often accompanies a mental illness so that the person can recover from the mental illness, become appropriately self-sufficient for his or her age, and live in a stable family or in the community” (s. 394.67(16), F.S.). The services available include the following:

- Treatment services, such as psychiatric medications and supportive psychotherapies;
- Rehabilitative services, such as assessments, specific skills training and assistance in providing for an environment that enables individuals to maximize their functioning and participation in the community;
- Support services, such as income, social, and vocational supports and including housing supports; and
- Case management services, such as assessments of needs, intervention planning, referrals to other services and monitoring delivery and effect of services.

Section 394.67(16), F.S., provides the settings in which these services may be delivered which vary and depend on the individual's clinical status, preferences and goals, as well as community resources. These settings include inpatient hospitalization, residential treatment facilities, day treatment, outpatient, club house, or a drop-in or self-help center. Residential treatment facilities are required to be licensed pursuant to s. 394.875, F.S.

Mental health services may also be delivered in other community settings, such as an individual's residence. In these living arrangements, the mental health services identified as needed by the individual are specifically designed to enable recipients to live successfully in the community and the living environment of their choice. These options support the individual in a natural environment and are consistent with the current direction of services and supports to individuals with disabilities. The United States Supreme Court *Olmstead v. L.C.* decision issued June 22, 1999, held that the unnecessary segregation of individuals with disabilities in institutions may constitute discrimination based on disability. The Executive Order issued by the President of the United States on June 18, 2001, on Community-based Alternatives for Individuals with Disabilities required that appropriate federal agencies work cooperatively and with states to provide services to qualified individuals with disabilities in community-based settings, as long as such community-based services are appropriate to the needs of those individuals.

This shift to assisting individuals with mental illness to live in the community, to choose their own living environment and to direct their lives, whenever possible, is evident in the closure of G. Pierce Wood Memorial Hospital. Of the 248 individuals discharged from G. Pierce Wood as a result of its closing, 50 percent were discharged to independent living situations using supportive housing services. These individuals include those who live on their own or with family or friends. Thirty-two percent of the hospital residents have been discharged to assisted living facilities, adult family home care homes and nursing homes. The primary purpose of these facilities is to provide specialized housing and personal care services. Licensed residential treatment facilities with the main goal of providing psychiatric treatment were the placement sites for 8.5 percent of the individuals discharged from G. Pierce Wood Memorial Hospital.

III. Effect of Proposed Changes:

CS/CS/SB 2254 directs the Secretary of the Department of Children and Families to establish a workgroup to review the issues associated with the services provided through supportive housing and develop recommendations for supportive housing living arrangements. The bill provides for representation on the workgroup from the:

- Department of Children and Families;

- Agency for Health Care Administration;
- Florida Health Care Association;
- Florida Assisted Living Affiliation;
- Florida Association of Homes for the Aging;
- Florida Council for Behavioral Healthcare;
- National Alliance for the Mentally Ill;
- Florida Advocacy Center for Persons with Disabilities;
- Florida Coalitions for the Homeless;
- Florida Housing Coalition
- Florida AIDS Action;
- Florida Hospital Association;
- Florida Long-Term Care Ombudsman;
- Florida Statewide Advocacy Council;
- Florida Sheriff's Association;
- Florida Psychiatric Society;
- Department of Elderly Affairs;
- Florida Mental Health Counselor's Association; and
- Florida Association of Counties.

Members are to serve on the workgroup at their own expense. Recommendations of the workgroup are to be included in the January 2003 update of the mental health and substance abuse master plan. The workgroup is to develop administrative rules pertaining to the definition of supportive housing services, consumer health and safety, and the use of Department of Children and Families funded subsidies. The bill requires the Department of Children and Families to staff the workgroup.

The bill becomes effective upon becoming law.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The provisions of this bill have no impact on municipalities and the counties under the requirements of Art. VII, s. 18 of the Florida Constitution.

B. Public Records/Open Meetings Issues:

The provisions of this bill have no impact on public records or open meetings issues under the requirements of Art. I, s. 24(a) and (b) of the Florida Constitution.

C. Trust Funds Restrictions:

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Art. III, s. 19(f) of the Florida Constitution.

V. Economic Impact and Fiscal Note:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

The non-governmental organizations identified to participate on the workgroup will likely incur costs associated with participation, especially if the representative must travel to attend the meetings.

C. Government Sector Impact:

The fiscal impact of the bill on the Department of Children and Families is indeterminate. However, it is likely that the Department of Children and Families will incur costs associated with staffing the workgroup and preparing the recommendations. Each of the other governmental entities participating on the workgroup will also likely incur costs associated with participating on the workgroup.

VI. Technical Deficiencies:

None.

VII. Related Issues:

The bill identifies one of the purposes of the workgroup as developing legislative recommendations but does not provide for submission of the recommendations to the Legislature.

VIII. Amendments:

None.