

# 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/SB 598

SPONSOR: Children and Families Committee and Senator Peaden

SUBJECT: Community Mental Health Services

DATE: February 12, 2002      REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Barnes</u>	<u>Whiddon</u>	<u>CF</u>	<u>Favorable/CS</u>
2.	<u>Peters</u>	<u>Belcher</u>	<u>AHS</u>	<u>Favorable</u>
3.	_____	_____	<u>AP</u>	<u>Withdrawn: Favorable</u>
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

**I. Summary:**

CS/SB 598 requires that the Department of Children and Family Services (department) expand community mental health services with funds appropriated under the General Appropriations Acts for fiscal years 2001-2002 and 2002-2003 and under future legislative appropriations by implementing programs that emphasize crisis services, treatment, rehabilitation, support, with case management as defined in ch. 394, F.S. Funding increases in the General Appropriations Act must be appropriated in a “lump-sum” category and a spending plan developed by the department pursuant to ch. 216, F.S. Status reports must be submitted to the Governor and the Legislature on October 1, 2002, and October 1, 2003, concerning the progress made toward expanding these community mental health services with new legislative appropriations.

The bill requires that crisis services be implemented by January 1, 2004, and mental health services be implemented by January 1, 2006, in Florida’s publicly funded community mental health system if legislative appropriations are specified for these purposes.

**II. Present Situation:**

Chapter 2000-349, Laws of Florida, passed by the 2000 Legislature amended s. 394.675, F.S., requiring that a community-based system of comprehensive substance abuse and mental health services be established to include crisis services, substance abuse services, and mental health services. New definitions were delineated at that time for “crisis services” and “mental health services.”

These new statutory provisions were consistent with the recommendations provided by the Florida Commission on Mental Health and Substance Abuse, *Final Workgroup Reports*, January, 2001. The Commission emphasized a comprehensive system of care for children and adults with

a serious mental disorder designed to meet individual treatment and support service needs. Services emphasized by the Commission included state-of-the-art medications, therapeutic foster care, case management, housing, assertive community treatment, and supported employment. Acute care or crisis services supported by the Commission included, at a minimum, emergency psychiatric evaluation, licensed medical hospital services, crisis stabilization, and short-term residential treatment or other non-hospital residential care. The Commission stressed the importance of discharge planning in all crisis programs and continuity of care for persons with serious and persistent mental illness.

Section 394.67(4), F.S., defines “crisis services” as short-term evaluation, stabilization, and brief intervention services provided to a person who is experiencing an acute mental or emotional crisis, as defined in s. 394.67(18), F.S., to prevent further deterioration of the person’s mental health. Crisis services are provided in settings such as a crisis stabilization unit, an inpatient unit, a short-term residential treatment program; at the site of the crisis by a mobile crisis response team; or at a hospital on an outpatient basis.

Section 394.67(16), F.S., defines “mental health services” as therapeutic interventions and activities that help 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. The term also includes those preventive interventions and activities that reduce the risk for or delay the onset of mental disorders. Mental health services include:

- Treatment services, such as psychiatric medications and supportive psychotherapies, which are intended to reduce or ameliorate the symptoms of severe distress or mental illness.
- Rehabilitative services, which are intended to reduce or eliminate the disability that is associated with mental illness.
- Support services, which include services that assist individuals in living successfully in environments of their choice and may include income supports, social supports, housing supports, vocational supports, or accommodations related to the symptoms or disabilities associated with mental illness.
- Case management services, which are intended to assist individuals in obtaining the formal and informal resources that they need to successfully cope with the consequences of their illness. Resources may include treatment or rehabilitative or supportive interventions by both formal and informal providers.

Mental health services are delivered in a variety of settings, such as inpatient, residential, partial hospital, day treatment, outpatient, club house, or a drop-in or self-help center, as well as in other community settings, such as the client’s residence or workplace. The types and intensity of services provided are based on the client’s clinical status and goals, community resources, and preferences. Services such as assertive community treatment involve all four types of services which are delivered by a multidisciplinary treatment team that is responsible for identified individuals who have a serious mental illness.

According to the department’s *Mental Health and Substance Abuse Plan: 2000-2003, April, 2001*, it is estimated that approximately 7.9 percent of all children have a serious emotional disturbance

and approximately 6.3 percent of the general adult population suffer with a serious mental illness. Based on the fact that only a small percentage have health insurance to cover the costs associated with treating major mental illness, the majority of these persons rely on Florida's publicly funded mental health system. The department estimates that Florida's publicly funded mental health system is currently meeting approximately 33 percent of the treatment needs of children and adolescents and 15 percent of the treatment needs of adults.

Section 394.67(18), F.S., defines a "person who is experiencing an acute mental or emotional crisis" as a child, adolescent, or adult who is experiencing a psychotic episode or a high level of mental or emotional distress which may be precipitated by a traumatic event or a perceived life problem for which the individual's typical coping strategies are inadequate. The term includes an individual who meets the criteria for an involuntary examination under the Baker Act [s. 394.463(1), F.S.].

Section 394.674(3), F.S., states that mental health services, substance abuse services, and crisis services must be available to each person who is a member of one of the department's target groups approved by the Legislature under ch. 216, F.S., and within the limitations of available state and local matching resources. Those target groups include: seriously emotionally disturbed children, emotionally disturbed children, children at risk of an emotional disturbance, adults with a serious and persistent mental illness, adults in mental health crisis, and forensic clients on conditional release.

Funds supporting community mental health services for children and adults are provided through state and federal sources. The 2001 Legislature appropriated \$39 million as specified in the General Appropriations Act for FY 2001-2002 to establish new community mental health services for adults. Approximately \$29 million of those funds were allocated to the G. Pierce Wood Memorial Hospital catchment area (serving the Suncoast Region and Districts 8, 14, and 15). These funds are being used to:

- increase the capacity of crisis stabilization and short-term residential treatment units,
- expand assertive community treatment teams,
- enhance assertive community treatment teams by including a housing subsidy and medication supplement, and
- increase funds for in-home community supports, drop-in centers, case management services, and the indigent drug program.

Section 216.181(6), F.S., specifies that prior to the transfer and release of a lump sum appropriation specified in the General Appropriations Act, the Office of the Governor may require the state agency affected by the appropriation to submit a detailed spending or implementation plan. In order for a lump sum appropriation to be transferred and released to the state agency, the notice, review and objection procedures must be followed in accordance with s. 216.177, F.S., which specifies that notices of action to be taken by the Executive Office of the Governor must be provided to the Legislative Budget Commission or the appropriations committees. This section also authorizes the Legislative Budget Commission and the President of the Senate and the Speaker of the House of Representatives to object to a proposed executive action if the action either exceeds legislative authority or does not comply with legislative intent.

### **III. Effect of Proposed Changes:**

CS/SB 598 requires that the department expand community mental health services with funds appropriated under the General Appropriations Acts for fiscal years 2001-2002 and 2002-2003, and with future legislative appropriations, by implementing programs that emphasize crisis services as defined in s. 394.67(4), F.S., and emphasize treatment, rehabilitation, support, and case management as defined in s. 394.67(16), F.S. Funding increases in the General Appropriations Act must be appropriated in a "lump-sum" category with a spending plan developed by the department pursuant to ch. 216, F.S. The plan must include a schedule for phasing in services in each service district and must describe how the new services will be integrated and coordinated with all current community-based health and human services.

The bill requires that the department provide a status report to the Governor and the Legislature on October 1, 2002, concerning the progress made toward expanding community mental health services with the legislative appropriation for Fiscal Year 2001-2002, and a status report on October 1, 2003, for new programs developed with funds appropriated by the 2002 Legislature for Fiscal Year 2002-2003.

The bill requires that by January 1, 2004, crisis services as defined in s. 394.67(4), F.S., be implemented as appropriate in Florida's publicly funded community mental health system to serve children and adults who are experiencing an acute mental or emotional crisis as defined in s. 394.67(18), F.S. The bill requires that by January 1, 2006, mental health services as defined in s. 394.67(16), F.S., be implemented as appropriate in Florida's publicly funded community mental health system to serve children who have a serious emotional disturbance or mental illness as defined in s. 394.492(6), F.S., to serve adults and older adults who have a severe and persistent mental illness. These services will be implemented based on available legislative appropriations for these purposes.

### **IV. Constitutional Issues:**

#### **A. Municipality/County Mandates Restrictions:**

None.

#### **B. Public Records/Open Meetings Issues:**

None.

#### **C. Trust Funds Restrictions:**

None.

### **V. Economic Impact and Fiscal Note:**

#### **A. Tax/Fee Issues:**

None.

**B. Private Sector Impact:**

If funded, CS/SB 598 will allow the department to increase their contracts with the private not-for-profit mental health providers which will result in additional treatment and rehabilitation capacity in the publicly funded mental health system.

With greater resources for crisis services, private Baker Act receiving facilities (hospitals) will be less likely to receive as many indigent persons who must be served on an emergency basis (often without being reimbursed) and triaged to a public Baker Act receiving facility.

**C. Government Sector Impact:**

The bill specifies that crisis services and mental health services will be implemented to the extent that legislative appropriations are available for these purposes. The department reports that CS/SB 598 would cost \$53,992,813 for FY 2002-2003 and \$144,319,865 for FY 2003-2004. The department states that the costs for FY 2002-2003 would be non-recurring. These costs for FY 2002-2003 seem excessive for non-recurring (may be fixed capital outlay costs) or for first year start-up costs.

With improved treatment services and supports to persons with serious mental illness, adults would be able to maintain stable jobs to a greater degree, decreasing their reliance on public assistance. With improved crisis services and ongoing treatment services, there could be cost savings to law enforcement agencies that must transport persons with mental illness to Baker Act receiving facilities.

The bill requires that crisis services be implemented by January 1, 2004, and mental health services be implemented by January 1, 2006, in Florida's publicly funded community mental health system to the extent of available appropriations contained in the annual General Appropriations Act for these purposes. The proposed FY 2002-03 Senate budget includes increased funds of \$16,208,699 for this purpose.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Amendments:**

None.