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**DATE:** February 27, 2002

## HOUSE OF REPRESENTATIVES

### COUNCIL FOR HEALTHY COMMUNITIES ANALYSIS

**BILL #:** CS/HB 751

**RELATING TO:** Community Mental Health Services

**SPONSOR(S):** Council for Healthy Communities and Representative Murman

**TIED BILL(S):**

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

- (1) CHILD & FAMILY SECURITY YEAS 10 NAYS 0
  - (2) HEALTH & HUMAN SERVICES APPROPRIATIONS YEAS 15 NAYS 0
  - (3) COUNCIL FOR HEALTHY COMMUNITIES YEAS 16 NAYS 0
  - (4)
  - (5)
- 

**I. SUMMARY:**

THIS DOCUMENT IS NOT INTENDED TO BE USED FOR THE PURPOSE OF CONSTRUING STATUTES, OR TO BE CONSTRUED AS AFFECTING, DEFINING, LIMITING, CONTROLLING, SPECIFYING, CLARIFYING, OR MODIFYING ANY LEGISLATION OR STATUTE.

Council Substitute for House Bill 751 requires that the Department of Children and Family Services (DCF) to 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, and case management as defined in Chapter 394, F.S.

The bill also requires the department and the Agency for Health Care Administration to develop and submit annual estimates of the need for mental health services to the Executive Office of the Governor, the President of the Senate and the Speaker of the House on August 1 of each year.

It provides that funding increases in the General Appropriations Act to be appropriated in a “lump-sum” category with a spending plan developed by DCF. The spending plan must be submitted to the Governor. The plan must include a schedule for phasing in services in each district and must describe how the new services will be integrated and coordinated with all current community-based health and human services.

A status reports must be submitted by DCF to the Governor and the Legislature on October 1, 2002, and October 1, 2003, concerning the progress made toward expanding the community mental health services with new legislative appropriations.

The bill requires that crisis services be implemented as appropriated by January 1, 2004, and community mental health services be implemented, as appropriated, by January 1, 2006, in Florida’s publicly funded community mental health system. The bill requires the department to specifically expand community mental health services and crisis services to the extent that it is funded in the annual Appropriations Act for such purpose.

Based on unmet need, the department reports that a fully funded statewide expansion of community mental health and crisis services as required by CS/HB 751 would cost \$53,992,813 for crisis services in FY 2002–2003 and \$71,990,417 for crisis services and \$71,990,417 for community mental health services in FY 2003–2004. The FY 2002–2003 cost is nonrecurring.

The bill provides that the act takes effect upon becoming law.

SUBSTANTIVE ANALYSIS:

A. DOES THE BILL SUPPORT THE FOLLOWING PRINCIPLES:

- |                                   |   |                             |   |
|-----------------------------------|---|-----------------------------|---|
| 1. <u>Less Government</u>         | Yes <input type="checkbox"/>            | No <input type="checkbox"/> | N/A <input checked="" 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 type="checkbox"/>            | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 4. <u>Personal Responsibility</u> | Yes <input type="checkbox"/>            | No <input type="checkbox"/> | N/A <input checked="" 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:

B. PRESENT SITUATION:

**Section 394.67(16)**, F.S., defines mental health services as those 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. The types of 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. Rehabilitative services may include assessment of personal goals and strengths, readiness preparation, specific skill training, and assistance in designing environments that enable individuals to maximize their functioning and community participation.
- Support services, which include services that assist individuals in living successfully in environments of their choice. These services 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. Case management may include an assessment of client needs; intervention planning with the client, his or her family, and service providers; linking the client to needed services; monitoring service delivery; evaluating the effect of services and supports; and advocating on behalf of the client.

Mental health services may be 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, age and goals, community resources, and preferences.

Community-based services are provided by private non-profit mental health centers that contract with the department's districts and regions. The Mental Health Program expects to serve more than 183,000 children and adults statewide in Fiscal Year 2001–2002. Appropriations for FY 2001–2002 include \$152,553,624 for adult mental health (This does not include \$9,757,369 for the Community Treatment Initiatives, which is related to the closure of G. Pierce Wood Memorial Hospital.) and \$41,438,954 for children. Neither of these appropriations includes Baker Act services (crisis stabilization), purchased therapeutic residential services for children, or indigent psychiatric drugs.

The Office of Program Policy Analysis and Government Accountability's Justification Review of the Alcohol, Drug Abuse and Mental Health Program, Report No. 99–09, September 1999 found that the program:

- Provides beneficial services to clients, and cost benefits to the state.
- Should remain within the Department of Children and Family Services.
- Is highly privatized.
- Is generally effective in achieving its primary goal, which is to keep clients in the community where they receive less expensive care than in institutions.

**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 to prevent further deterioration of the person's mental health. Crisis services include services provided in a crisis stabilization unit, an inpatient unit, a short-term residential treatment program, a detoxification facility, or an addictions receiving facility; at the site of the crisis by a mobile crisis response team; or at a hospital on an outpatient basis.

**Section 394.67(18)**, F.S., defines a person who is experiencing an acute mental or emotional crisis to include 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.

**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 s. 216.013(2), 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.

#### EFFECT OF PROPOSED CHANGES:

If funded, CS/HB 751 will allow the department to increase their contracts with the private mental health providers, which will result in additional treatment and rehabilitation capacity in the publicly funded mental health system.

#### C. SECTION-BY-SECTION ANALYSIS:

##### **Section 1.**

##### **Subsection (1)**

Requires that DCF 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, treatment, rehabilitation, support, and case management as defined in s. 394.67(4) and (16), F.S.

**Subsection (2)**

Requires that DCF in collaboration with the Agency for Health Care Administration develop and submit annual estimates of the need for mental health services to the Executive Office of the Governor, the President of the Senate and the Speaker of the House on August 1 of each year.

**Subsection (3)**

Requires funding increases in the General Appropriations Act to be appropriated in a “lump-sum” category with a spending plan developed by DCF. The spending plan must be submitted to the Governor. The plan must include a schedule for phasing in services in each district and must describe how the new services will be integrated and coordinated with all current community-based health and human services.

**Subsection (4)**

A status reports must be submitted by DCF to the Governor and the Legislature on October 1, 2002, and October 1, 2003, concerning the progress made toward expanding the community mental health services with new legislative appropriations.

**Subsection (5)**

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 to serve adults and older adults who have a severe and persistent mental illness and to serve children who have a serious emotional disturbance or mental illness, as defined in section 394.492(6), F. S.

**Subsection (6)**

Provides that subsections (1) and (5) shall be implement to the extent available appropriations are contained in the General Appropriations Act for those specific purposes.

**Section 2.** Provides that the act takes effect upon becoming law.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT:

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

N/A

2. Expenditures:

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. Based on unmet need, the department reports that a fully funded statewide expansion of community mental health and crisis services as required by HB 751 would cost \$53,992,813 for crisis services in FY 2002–2003 and \$71,990,417 for crisis services and \$71,990,417 for community mental health services in FY 2003–2004. The FY 2002–2003 cost is nonrecurring.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

N/A

2. Expenditures:

N/A

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

If funded, HB 751 will allow the department to increase their contracts with the private mental health providers which will result in additional treatment and rehabilitation capacity in the publicly funded mental health system.

D. FISCAL COMMENTS:

The bill requires the department to expand community mental health services and crisis services to be "implemented as appropriate." No appropriation amount is specified in the bill.

III. 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 expenditures 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.

IV. COMMENTS:

A. CONSTITUTIONAL ISSUES:

N/A

B. RULE-MAKING AUTHORITY:

N/A

C. OTHER COMMENTS:

N/A

V. AMENDMENTS OR COMMITTEE SUBSTITUTE CHANGES:

On February 19, 2002, The Healthy Communities Council incorporated traveling amendments to HB 751 as a Council Substitute (CS). The differences between HB 751 and CS/HB 751 are as follows:

- Both the original bill and the CS require the Department of Children and Families to 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 treatment, rehabilitation, support, case management and crisis services. Both the bill and the amendment require that by January 1, 2004, crisis services be implemented as appropriate to serve children and adults who are experiencing an acute mental or emotional crisis and by January 1, 2006, mental health services be implemented as appropriate in Florida’s publicly funded community mental health system.
- The CS requires funding increases in the General Appropriations Act to be appropriated in a “lump-sum” category with a spending plan developed by the Department of Children and Families. The spending plan must be submitted to the Governor. The plan must include a schedule for phasing in services in each district and must describe how the new services will be integrated and coordinated with all current community-based health and human services.
- The CS requires the Department of Children and Families in collaboration with the Agency for Health Care Administration to develop and submit annual estimates of the need for mental health services to the Executive Office of the Governor, the President of the Senate and the Speaker of the House on August 1 of each year.
- The CS specifies the expansion of community mental health services be implemented to the extent funds are appropriated for such purpose in the General Appropriations Act.
- The CS does not contain a provision found in the original bill that directs the Comptroller to withhold funds until the legislative appropriations committees approve the implementation plan.

VI. SIGNATURES:

COMMITTEE ON CHILD & FAMILY SECURITY:

Prepared by:

Robert Brown-Barrios

Staff Director:

Robert Brown-Barrios

AS REVISED BY THE COMMITTEE ON HEALTH & HUMAN SERVICES APPROPRIATIONS:

Prepared by:

Stephanie Massengale

Staff Director:

Cynthia Kelly

AS FURTHER REVISED BY THE COUNCIL FOR HEALTHY COMMUNITIES:

Prepared by:

Robert Brown-Barrios

Council Director:

David De la Paz