# HOUSE OF REPRESENTATIVES
# FINAL BILL ANALYSIS

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| **BILL #:** | CS/HB 79 | **FINAL HOUSE FLOOR ACTION:** | |
| **SPONSOR(S):** | Health Care Appropriations Subcommittee; Cummings and others | 114 **Y's** | 0 **N's** |
| **COMPANION BILLS:** | CS/SB 340 | **GOVERNOR'S ACTION:** | Approved |

## SUMMARY ANALYSIS

CS/HB 79 passed the House on April 16, 2015, and subsequently passed the Senate on April 23, 2015.

The bill creates the Crisis Stabilization Services Utilization Database. The bill requires the Department of Children and Families (DCF) to develop, implement, and maintain standards under which a behavioral health managing entity must collect utilization data from public receiving facilities located within its geographic service area. DCF must also develop standards and protocols to be used by managing entities and public receiving facilities for the collection, storage, transmittal, and analysis of data. The standards and protocols must allow for compatibility of data and data transmittal between public receiving facilities, managing entities, and DCF. Managing entities must comply with these requirements by August 1, 2015.

The bill requires public receiving facilities to submit specified utilization data to managing entities in real time or at least daily. Managing entities must perform reconciliations monthly and annually to ensure data accuracy. After ensuring data accuracy, managing entities must submit data to DCF on a monthly and annual basis. The bill requires DCF to use the reconciled data to develop a statewide database for the purpose of analyzing payments to and use of state-funded crisis stabilization services. The database must allow for analysis on both a statewide and individual public receiving facility basis.

The bill requires DCF to adopt rules and submit a report by January 31, 2016, and annually thereafter, to the Governor, the President of the Senate, and the Speaker of the House of Representatives. The report must contain details on the bill's implementation, including the status of the data collection process, and an analysis of the data collected.

The bill provides DCF with a nonrecurring appropriation of $175,000 to implement these provisions.

The bill was approved by the Governor on June 10, 2015, 2015-102, L.O.F, and became effective on that date.

# I. SUBSTANTIVE INFORMATION

A. EFFECT OF CHANGES:

**Present Situation**

Substance Abuse and Mental Health

The Florida Department of Children and Families (DCF) administers a statewide system of safety-net services for substance abuse and mental health (SAMH) prevention, treatment, and recovery.[1] It serves children and adults who are otherwise unable to obtain these services.[2] Services are provided based upon state and federally established priority populations[3] and include a range of prevention, acute interventions (such as crisis stabilization), residential, transitional housing, outpatient treatment, and recovery support services. DCF does not directly provide any community-based behavioral health services, but instead contracts with regional behavioral health managing entities for the delivery of these services.

Behavioral Health Managing Entities

DCF initially contracted directly with service providers for the delivery of mental health and substance abuse services. This resulted in DCF managing several hundred contracts with various mental health and substance abuse providers.[4] In 2001, the Legislature authorized DCF to implement behavioral health managing entities as the management structure for the delivery of local mental health and substance abuse services.[5] This was based upon the Legislature's decision that a management structure which places the responsibility for publicly financed behavioral health treatment and prevention services within a single private, nonprofit entity at the local level would[6]:

- Promote improved access to care;
- Promote service continuity; and
- Provide for more efficient and effective delivery of substance abuse and mental health services.

The implementation of the managing entity system initially began on a pilot basis but, in 2008, the Legislature authorized DCF to implement managing entities statewide.[7] Full implementation of the statewide managing entity system occurred in April 2013, with all geographic regions now served by a managing entity.[8] DCF now contracts with 7 managing entities that in turn contract with local service providers for the delivery of mental health and substance abuse providers.[9]

Managing entities create and manage provider networks by contracting with service providers for the delivery of substance abuse and mental health services. Included within these networks are providers who deliver emergency mental health and treatment services to patients in acute crisis.

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[1] Section 394.66, F.S.
[2] Id. For example, individuals who are not covered under Medicaid or private insurance and do not have the financial ability to pay for mental health or substance abuse services themselves are eligible to have these services provided to them under the safety-net system.
[3] Section 394.674, F.S. These priority populations include, among others, persons diagnosed with co-occurring substance abuse and mental health disorders, persons who are experiencing an acute mental or emotional crisis, children who have or are at risk of having an emotional disturbance and children at risk for initiating drug use.
[4] *Department of Children and Families Service System Management Plan, Statewide Implementation of Managing Entities or Similar Model*, July 2009.
[5] Ch. 2001-191, Laws.
[6] Section 394.9082, F.S.
[7] Chapter 2008-243, Laws.
[8] *The Department of Children and Families Performance and Accountability System for Behavioral Health Managing Entities*, Office of Program Policy Analysis and Government Accountability, July 18, 2014.
[9] Id. The seven managing entities are Big Bend Community-Based Care (Northwest Region), Lutheran Services of Florida (Northeast Region), Central Florida Cares Health System (Central Region), Central Florida Behavioral Health Network (SunCoast Region), Southeast Florida Behavioral Health Network (Southeast Region), Broward Behavioral Health Coalition (Southeast Region), and South Florida Behavioral Health Network (Southern Region).

Receiving Facilities

The Florida Mental Health Act, otherwise known as the Baker Act, was enacted in 1971 to revise the state's mental health commitment laws. [10] The Act provides legal procedures for mental health examination and treatment, including voluntary and involuntary examinations. It additionally protects the rights of all individuals examined or treated for mental illness in Florida.[11]

Individuals in acute mental or behavioral health crisis may require emergency treatment to stabilize their condition. Emergency mental health examination and stabilization services may be provided on a voluntary or involuntary basis.[12] An involuntary examination is required if there is reason to believe that the person has a mental illness and because of his or her mental illness[13]:

- The person has refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination and is unable to determine for himself or herself whether examination is necessary; **and**
- Without care or treatment, the person is likely to suffer from neglect or refuse to care for himself or herself; such neglect or refusal poses a real and present threat of substantial harm to his or her well-being; and it is not apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services; **or**
- There is a substantial likelihood that without care or treatment the person will cause serious bodily harm to himself or herself or others in the near future, as evidenced by recent behavior.

Involuntary patients must be taken to either a public or private facility which has been designated by DCF as a Baker Act receiving facility. The purpose of receiving facilities is to receive and hold involuntary patients under emergency conditions for psychiatric evaluation and to provide short-term treatment.[14] A public receiving facility is a facility that has contracted with a managing entity to provide mental health services to all persons, regardless of their ability to pay, and is receiving state funds for such purpose.[15] Funds appropriated for Baker Act services may only be used to pay for services to diagnostically and financially-eligible persons, or those who are acutely ill, in need of mental health services, and the least able to pay.[16]

Crisis Stabilization Units (CSUs) are public receiving facilities that receive state funding to provide services to individuals showing acute mental health disorders. CSUs screen, assess, and admit for stabilization individuals who voluntarily present themselves to the unit, as well as, individuals who are brought to the unit on an involuntary basis.[17] CSUs provide patients with 24-hour observation, medication prescribed by a physician or psychiatrist, and other appropriate services.[18]

The purpose of a crisis stabilization unit is to stabilize and redirect a client to the most appropriate and least restrictive community setting available, consistent with the client's needs.[19] Individuals often enter the public mental health system through CSUs.[20] For this reason, crisis services are a part of the comprehensive, integrated, community mental health and substance abuse services established by Legislature in the 1970s to ensure continuity of care for individuals.[21]

[10] Sections 394.451-394.47891, F.S.
[11] Section 394.459, F.S.
[12] Sections 394.4625 and 394.463, F.S.
[13] Section 394.463(1), F.S.
[14] Section 394.455(26), F.S.
[15] Section 394.455(25), F.S
[16] Rule 65E-5.400(2), F.A.C.
[17] Section 394.875(1)(a), F.S.
[18] Id
[19] Id.
[20] Budget Subcommittee on Health and Human Services Appropriations, the Florida Senate, Crisis Stabilization Units, (Interim Report 2012-109) (Sept. 2011).
[21] Id. Sections 394.65-394.9085, F.S.

DCF's expenditures during Fiscal Year 2014-2015 (through December 2014) for adult CSUs, Baker Act, and Inpatient Crisis Services were approximately $39.4 million.[22] Expenditures for the same services for children in the same time period were approximately $8.5 million.[23] As of February 2015, there were 63 public receiving facilities with 2,052 beds and 67 private receiving facilities with 3,371 beds.[24] For FY 2014-15 there are 544 adult and 106 crisis stabilization beds funded by DCF.[25] There were 171,744 involuntary examinations were initiated in calendar year 2013 (most recent report).[26]

**Effect of Proposed Changes**

The bill creates the Crisis Stabilization Services Utilization Database. The bill directs DCF to develop, implement, and maintain standards under which a behavioral health managing entity must collect utilization data from all public receiving facilities within its geographic service area. The bill defines "public receiving facility" as an entity that meets the licensure requirements of and is designated by DCF to operate as a public receiving facility under s. 394.875, F.S., and which is operating as a licensed crisis stabilization unit.

DCF must develop standards and protocols to be used by managing entities and public receiving facilities for the collection, storage, transmittal, and analysis of data. The standards and protocols must allow for compatibility of data and data transmittal between public receiving facilities, managing entities, and DCF. Managing entities must comply with these requirements by August 1, 2015.

A managing entity must require a public receiving facility within its provider network to submit data, in real time or at least daily, for:

- All admissions and discharges of clients receiving public receiving facility services who qualify as indigent as defined in s. 394.4787, F.S.; and
- Current active census of total licensed beds, the number of beds purchased by DCF, the number of clients qualifying as indigent occupying those beds, and the total number of unoccupied licensed beds regardless of funding.

A managing entity must require a public receiving facility within its provider network to submit data on a monthly basis which aggregates the daily data previously submitted. The managing entity must reconcile the data in the monthly submission to the daily data to check for consistency. If the monthly aggregate data is inconsistent with the daily data, the managing entity must consult with the public receiving facility to make corrections as necessary to ensure accurate data.

A managing entity must require a public receiving facility within its provider network to submit data on an annual basis which aggregates the monthly data previously submitted. The managing entity must reconcile the data in the annual submission to the monthly data to check for consistency. If the annual aggregate data is inconsistent with the monthly data, the managing entity must consult with the public receiving facility to make corrections as necessary to ensure accurate data.

After ensuring accurate data, the managing entity must submit the data to DCF on a monthly and annual basis. The bill requires DCF to use the reconciled data to develop a statewide database for the purpose of analyzing payments to and use of state-funded crisis stabilization services. The database must allow for analysis on both a statewide and individual public receiving facility basis.

The bill requires DCF to adopt rules and submit a report by January 31, 2016, and annually thereafter, to the Governor, the President of the Senate, and the Speaker of the House of Representatives. The

[22] Correspondence from the Department of Children and Families to the House of Representatives' Children, Families & Seniors Subcommittee, dated February 9, 2015.
[23] Id.
[24] Id.
[25] Id.
[26] Christy, A. (2014). Report of 2013 *Baker Act Data*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute.

report must contain details on the bill's implementation, including the status of the data collection process, and an analysis of the data collected.

The bill provides DCF with rule-making authority, and a nonrecurring appropriation of $175,000, to implement these provisions.

## II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

According to DCF, five of the seven Managing Entities lack the information technology infrastructure to accommodate the bill's additional reporting requirements. Two of the Managing Entities have the necessary capabilities, and have reported to DCF that the cost of such capabilities is $35,000 each. The total fiscal impact of this bill is $175,000 to fund the reporting infrastructure needs of five Managing Entities. The bill appropriates $175,000 on a nonrecurring basis for this purpose.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.