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HOUSE OF REPRESENTATIVES

COUNCIL FOR HEALTHY COMMUNITIES ANALYSIS

BILL #: HB 1799 (PCB CFS 01-01)

RELATING TO: Children's Behavioral Crisis Units Demonstration Models

SPONSOR(S): The Committee on Child & Family Security and Representative Detert

TIED BILL(S):

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

(1) CHILD & FAMILY SECURITY YEAS 10 NAYS 0
(2) HEALTH PROMOTION YEAS 12 NAYS 0
(3) HEALTH AND HUMAN SERVICES APPROPRIATIONS YEAS 11 NAYS 0
(4) COUNCIL FOR HEALTHY COMMUNITIES YEAS 12 NAYS 0
(5)

I. SUMMARY:

This bill creates section 394.499, F.S., which authorizes the Department of Children and Family Services (DCF), in consultation with the Agency for Health Care Administration (AHCA), to implement a demonstration program of Children's Behavioral Crisis Units. The demonstrations will provide integrated emergency mental health and substance abuse services to persons under the age of 18 at facilities licensed as children's crisis stabilization units. Children served in the demonstration programs will have access in one facility to both mental health and substance abuse services, based on their individual needs.

The initial demonstration models are limited to no more than three counties, but may be expanded, subject to approval by the Legislature, beginning July 1, 2004, pending an evaluation. The demonstrations will be implemented with existing funding for services and have no fiscal impact.

The bill, as amended April 17, 2001, allows providers of behavioral health care services to use national accreditation reviews in place of department monitoring under certain conditions.

II. SUBSTANTIVE ANALYSIS:

A. DOES THE BILL SUPPORT THE FOLLOWING PRINCIPLES:

1.	Less Government	Yes [X]	No []	N/A []
2.	Lower Taxes	Yes []	No []	N/A [X]
3.	Individual Freedom	Yes []	No []	N/A [X]
4.	Personal Responsibility	Yes []	No []	N/A [X]
5.	Family Empowerment	Yes [X]	No []	N/A []

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

B. PRESENT SITUATION:

Background

Crisis services are the front door for mental health and substance abuse emergencies, but the number of facilities available is limited and access is difficult. Parents do not have one easily identified place to which to turn when their children are in crisis.

Crisis services are established as two separate systems in Florida. Children’s crisis stabilization units (CCSUs) provide mental health services. Juvenile Addiction Receiving Facilities (JARFs) provide substance abuse services. Service capacity is limited throughout the state. There are 165 CCSU beds available at 10 providers statewide. In 1999-2000, 4,381 children were served at CCSUs and in adult crisis stabilization units for a cost of $6.3 million. There are 103 JARF beds available in six locations statewide. In 1999-2000, 2,716 children were served in JARFs for a cost of $3.2 million.

Crisis centers require multi-disciplinary teams to handle medical, psychological, and other problems. To be financially feasible, they must be a minimum size. Average utilization of JARF beds is 66 percent, but ranges from 87 percent in Orlando to 23 percent in Clearwater. As a result, some substance abuse JARFs have closed because of under utilization. Because of the closing of the Charter Hospitals, there are currently no children’s crisis stabilization services or juvenile addiction receiving facilities in Lee County. There are no juvenile addiction receiving facilities in Collier and Sarasota counties.

The dual system of children’s crisis services maintained by the state contributes to the problem of lack of access and under utilization. CCSUs are authorized under chapter 394, F.S. JARF services are authorized under chapter 397, F.S. CCSUs are designated by DCF and licensed by AHCA. JARFs are designated and licensed by DCF.

Crisis stabilization units are not licensed to provide substance abuse addiction receiving services and there is no statutory authority that would allow serving children with different problems at the same facility. Rule 65E-12.106(23), Florida Administrative Code, does not permit co-mingling clients of CCSU and detoxification units unless individually authorized by the physician’s or psychiatrist’s written order.

A mental health and substance abuse work group, formed to address the problem of facility closures, recommended piloting the integration of CCSUs and JARFs in the area of Fort Myers,

Naples, and Sarasota to increase their utilization and test the feasibility of opening more sites throughout the state.

Need for Children's Mental Health and Substance Abuse Services in Florida

The Florida Commission on Mental Health and Substance Abuse reported January, 2001 that an estimated 10 percent of Florida's children have serious emotional disturbances and 20 percent have a diagnosable mental disorder. More than 23 percent of Florida high school students report binge drinking during the preceding two weeks. Of children treated for substance abuse, 80 to 85 percent also have a mental disorder.

Many children and adolescents who do not receive treatment end up in the juvenile justice or foster care systems. Seventy five percent of children in foster care have mental health and/or substance abuse problems.

The Importance of Emergency Crisis Services

The U.S. Surgeon General's Report on Mental Health (2000), states that crisis services are extremely important for children, because many youth enter the mental health and substance abuse service system at a point of crisis. The Florida Commission on Mental Health and Substance Abuse report (January 2001) recommends the highest priority for services be to persons experiencing a mental health or substance abuse crisis.

Crisis services include three basic components:
(1) Evaluation and assessment.
(2) Crisis intervention and stabilization.
(3) Follow-up planning.

The purpose of the services is to stabilize the crisis situation in the most normal setting for the adolescent. The goals of crisis services include intervening immediately, providing brief and intensive treatment, involving families in treatment, linking clients and families with other community support services, and averting visits to the emergency department or hospitalization.

Dual Crisis Stabilization Systems in Florida

In Florida, mental health and substance abuse crises are handled by separate programs under different statutes. Mental health crisis stabilization services are provided under the Baker Act, s. 394.463, F.S., for children experiencing a mental health crisis who are a danger to themselves or others. Substance abuse detoxification services, primarily Juvenile Addiction Receiving Facilities (JARFs), are provided under the Marchman Act, s. 397.6811, F.S. Substance abuse detoxification services provide community intake, primarily from law enforcement, for assessment, and medical and psychological services to assist youths to withdraw from the effects of substance abuse.

Children's Crisis Stabilization Units:

Children's Crisis Stabilization Units (CCSUs) provide evaluation and stabilization when a sudden mental health crisis or psychiatric emergency occurs. Emergency psychiatric conditions include:
- Depression.
- Uncontrollable behavior.
- Suicidal/ homicidal ideas or attempts.
- Hallucinations.
- Psychotic episodes.

In addition to evaluation and assessment, Crisis Stabilization Units provide short-term treatment to restore a patient's ability to function. The average length of stay in a CCSU is 6.5 days.

Mental health crises are handled under provisions of the Baker Act, s. 394.463, F.S. The Baker Act is a means to provide individuals with emergency services and temporary detention either on a voluntary or an involuntary basis when required for mental health evaluation and treatment.

Juvenile Addiction Receiving Facilities

Substance abuse crises for youth are handled by Juvenile Addictions Receiving Facilities (JARFs). They provide a short-term inpatient setting for comprehensive assessment, stabilization, education and rehabilitation of adolescents 13-17 years old having substance abuse crises. The average length of stay in a JARF is 7.6 days.

JARFs use a systems-oriented approach to intervention and treatment that combines education, behavior modification (points/privileges system), group interventions, and family education to help participants achieve a drug-free lifestyle. Participants are also introduced to the 12-Step Alcoholics Anonymous and Narcotics Anonymous groups in their community.

A minor may seek voluntary admission for substance abuse services without parental or guardian consent. Parents may have their children admitted to the treatment program involuntarily under the Marchman Act, section 397.6811, F.S.

Administration, Funding, and Delivery of Children’s Mental Health and Substance Abuse Services in Florida

DCF contracts for client services with approximately 280 private for-profit and not-for-profit providers that deliver a variety of services, such as crisis services, residential and outpatient treatment, and case management services for adults and children. They include community mental health centers, substance abuse treatment and prevention centers, public and private psychiatric hospitals, and private mental health professionals.

The Children's Mental Health Program is established in chapter 394, F.S. The program served 63,557 children in FY 1999-2000. Total funding for FY 1999/2000 was $85.2 million through a combination of general revenue, state trust funds, and federal block grants. These funds reflect only moneys allocated to DCF. A large proportion of the services provided are paid for by the state's Medicaid program from AHCA budget.

The Children’s Substance Abuse Program is established by part X of chapter 397, F.S. It served 69,012 children in FY 1999/2000. Total funding in FY 1999-2000 was $55,382,268.

C. EFFECT OF PROPOSED CHANGES:

This bill allows the creation of a new emergency services program model for children who are experiencing a mental health crisis or substance abuse crisis. This new model combines CCSU and JARF into one comprehensive behavioral crisis unit for children. This new approach simplifies access to emergency services for children.

D. SECTION-BY-SECTION ANALYSIS:

Section 1: Creates section 394.499, F.S., authorizing DCF to implement a CCSU demonstration program to provide integrated emergency mental health and substance abuse services to persons under the age of 18 at facilities licensed as CCSUs.

The demonstration models will integrate children's mental health crisis stabilization units with substance abuse services, to provide emergency mental health and substance abuse services.

Children served in the demonstration models will have access to both mental health and substance abuse services, in accordance with their individual needs, in one facility. The demonstration models will be able to admit and stabilize children with co-occurring disorders in addition to children with mental health, or substance abuse-only needs.

The demonstration models may be implemented beginning July 1, 2001, in consultation with AHCA. The initial demonstration models are limited to no more than four counties.

Beginning July 1, 2004, pending a required evaluation of the demonstration sites, DCF in consultation with AHCA, may expand the demonstration models to other locations in the state. DCF is required to contract for an independent evaluation of the demonstration models to be reported to the Legislature by December 31, 2003.

Criteria for admission to and treatment in these new units are specified, and reflect existing criteria for emergency mental health and substance abuse services for children. It provides for CCSUs to be licensed as Crisis Stabilization Units and provides rule-making authority.

Section 2: Provides that nothing in the act shall be construed to require an existing crisis stabilization unit or addiction receiving facility to convert to a CCSU.

Section 3: Provides an effective date.

III. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT:

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

According to DCF, existing mental health and substance abuse crisis services dollars will be used to purchase crisis services at the demonstration models, at no additional cost and with expected savings due to increased, and more efficient, utilization of capacity. According to DCF, the evaluation report to the Legislature that is required if the demonstration models are expanded could be funded within existing resources.

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 expend funds.

B. REDUCTION OF REVENUE RAISING AUTHORITY:

This bill does not reduce revenue raising authority.

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:

N/A

B. RULE-MAKING AUTHORITY:

This bill provides rule-making authority to DCF, in conjunction with AHCA, to adopt rules regarding standards and procedures for integrating children's crisis stabilization unit/ juvenile addictions receiving facility services.

C. OTHER COMMENTS:

N/A

VI. AMENDMENTS OR COMMITTEE SUBSTITUTE CHANGES:

When PCB CFS 01-01 was heard by the Committee on Child and Family Security on March 15, 2001, one amendment was adopted. This amendment, incorporated into the bill as filed, replaced provisions on page 1, line 30, through page 2, line 2, to specify that: the model programs shall be implemented in Collier, Lee, and Sarasota counties; a report to the Legislature is required by December 31, 2003; and expansion of the models to other areas is subject to approval by the Legislature.

On April 11, 2001, the Health and Human Services Appropriations Committee adopted one amendment, which requires the Department of Children and Family Services to establish separate personnel

standards for, in conjunction with existing providers, before and after school programs, day camp programs and summer camp programs.

On April 17, 2001, the Council on Healthy Communities, adopted two amendments. One amendment removed the provision adopted on April 11, 2001, regarding child care personnel standards. The other amendment conformed the bill to changes agreed upon with the Senate to conform the bill to provisions in SB 1346, and adopted in HB 1073, that allow providers to use national accreditation reviews in place of department monitoring under certain conditions.

VII. SIGNATURES:

COMMITTEE ON CHILD AND FAMILY SECURITY:

Prepared by:	Staff Director:
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AS REVISED BY THE COMMITTEE ON HEALTH PROMOTION:

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AS FURTHER REVISED BY THE COMMITTEE ON HEALTH AND HUMAN SERVICES APPROPRIATIONS:

Prepared by:	Staff Director:
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Prepared by:	Council Director:
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