

**STORAGE NAME:** h1659s1.hcc.doc  
**DATE:** March 7, 2002

**HOUSE OF REPRESENTATIVES  
COUNCIL FOR HEALTHY COMMUNITIES  
ANALYSIS**

**BILL #:** CS/HB 1659

**RELATING TO:** Supportive Housing

**SPONSOR(S):** Council for Healthy Communities and Representative(s) Justice, Bilirakis

**TIED BILL(S):**

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

- (1) CHILD & FAMILY SECURITY YEAS 8 NAYS 0
  - (2) FISCAL RESPONSIBILITY COUNCIL YEAS 26 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.

This bill creates a workgroup to address standards for supportive housing services. These services are provided to people with persistent mental illness, to enable them to live in their own homes, instead of a residential facility.

Committee substitute for House Bill 1659 directs the Secretary of the Department of Children and Family Services to establish a workgroup to review issues and develop legislative recommendations regarding services and supports provided through state-funded supportive housing living arrangements. The workgroup is required to address development of administrative rules regarding:

- Definition of supportive housing services,
- Consumer health and safety, and
- Use of Department of Children and Family Services funded subsidies.

The bill provides for membership and staff of the workgroup. It requires legislative recommendations by November 2002 and inclusion of the recommendations in the January 2003 update of the Mental Health and Substance Abuse master plan.

The effective date of the bill is upon becoming law.

On March 1, 2002, the Council for Healthy Communities reported the bill favorably as a committee substitute that incorporated the strike-all amendment traveling with the bill.

II. 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 checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/>            |
| 4. <u>Personal Responsibility</u> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/>            |
| 5. <u>Family Empowerment</u>      | Yes <input type="checkbox"/>            | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |

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

B. PRESENT SITUATION:

**The Continuum of Community Living Arrangements**

Currently, people in the community with severe and persistent mental illness reside in the following types of state supported living arrangements: Residential Treatment Facilities; Assisted Living Facilities, Adult Family Care Homes and Nursing Homes; Supportive Housing; and Other Specialized Facilities:

**State and Federal Statutory Provisions for Least Restrictive Living Situation**

Individual choice and self-determination have become the core principles influencing disability policy on a national, state and individual level.

Since 1979, it has been the intent of Florida law to treat adults with mental illness in the least restrictive, most appropriate treatment settings within available resources. Section 394.453, F.S., expresses legislative intent that "the least restrictive means of intervention be employed based on the individual needs of each person, within the scope of available services." The 1979 change in statute reflected medical advances in the treatment of mental illness and a philosophical shift from institutional care to less restrictive community-based care. While some clients need institutional treatment because of the severity of their mental illness, new treatments, a new generation of effective medication, budget considerations, and societal changes have resulted in a nation-wide reduction in the use of mental health hospitals.

In July 1999, the U. S. Supreme Court issued the Olmstead v. L.C. decision that interpreted Title II of the Americans with Disabilities Act (ADA) and its implementing regulations. Under the Court's ruling, unjustified institutionalization of people with disabilities is discrimination that violates the ADA, and is not consistent with individual rights.

The President of the United States issued an Executive Order, June 19, 2001, on Community-Based Alternatives for Individuals with Disabilities. This order reaffirms that unjustified isolation or segregation of qualified individuals with disabilities through institutionalization is a form of disability-based discrimination. This discrimination is prohibited by Title II of the Americans with Disabilities Act of 1990 (ADA), that mandates that states must avoid disability-based discrimination unless

doing so would fundamentally alter the nature of the service, program or activity provided by the state.

### **Supportive Housing**

Supportive housing programs provide supports for persons with a mental illness who reside in their personal home. Supportive housing is a set of personalized 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. Nursing homes, assisted living facilities, adult family care homes and licensed mental health residential treatment facilities provide essential services to those who need a structured and supervised environment. Supportive housing is designed as another level of care that enables a person to live independently with individualized supports.

### **Services Provided by Supportive Housing**

The supportive housing option in Florida was developed as part of the national movement for consumer-directed care. Persons with mental illness, whenever possible, want to choose their own living environments. However, many are poor and need assistance with rent to live in a safe environment. Research has repeatedly shown that a safe living place that individuals choose for themselves is the most successful deterrent from criminal activity and hospitalization. The supportive housing option avoids dependence on a facility-based program, but provides support in a natural environment.

A person receiving supportive housing services has the same rights and protections as any homeowner or apartment renter. The intent of supportive housing services is to support individualized, normal, community living by choice for persons with a serious mental illness.

#### **C. EFFECT OF PROPOSED CHANGES:**

This committee substitute to HB 1659 requires the Secretary of the Department of Children and Family Services to establish a workgroup to review issues and develop legislative recommendations for state-funded supportive housing services and living arrangements. The workgroup is required to address development of administrative rules regarding definition of services, consumer health and safety, and use of subsidies. The bill provides for membership and staff of workgroup. It requires legislative recommendations by November 2002 and inclusion of the recommendation in the January 2003, Mental Health and Substance Abuse master plan.

#### **D. SECTION-BY-SECTION ANALYSIS:**

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

Directs the Secretary of the Department of Children and Family Services to establish a workgroup to review issues and develop legislative recommendations for services and supports provided through state-funded supportive housing. The workgroup is required to address development of administrative rules regarding:

- definition of supportive housing services,
- consumer health and safety, and
- use of Department of Children and Family Services funded subsidies.

It provides for membership to include representatives of the:

- Department of Children and Family Services
- 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, Inc.
- National Alliance for the Mentally Ill
- Florida Advocacy Center for Persons with Disabilities, Inc.
- Florida Coalitions for the Homeless
- Florida Housing Coalition, Florida AIDS Action
- Florida Hospital Association
- Florida Long-Term Care Ombudsman
- Florida Statewide Advocacy Council
- Florida Sheriffs Association
- Florida Psychiatric Society
- Florida Association of Counties

Requires the workgroup be staffed by the Department of Children and Family Services.

Requires that each member of the workgroup serve at his or her own expense.

Requires that the workgroup prepare recommendations no later than November 2002 and include recommendations in the January 2003 update to the Mental Health and Substance Abuse master plan.

**Section 2.**

Establishes the effective date of the bill is upon becoming law.

III. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT:

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

N/A

2. Expenditures:

None

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

N/A

2. Expenditures:

N/A

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None

D. FISCAL COMMENTS:

N/A

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 spend funds or to take an action requiring the expenditure of funds.

B. REDUCTION OF REVENUE RAISING AUTHORITY:

The bill will not reduce the authority of municipalities and counties to raise revenues.

C. REDUCTION OF STATE TAX SHARED WITH COUNTIES AND MUNICIPALITIES:

This bill will not reduce the state tax shared with counties and municipalities.

V. COMMENTS:

A. CONSTITUTIONAL ISSUES:

N/A

B. RULE-MAKING AUTHORITY:

N/A

C. OTHER COMMENTS:

N/A

VI. AMENDMENTS OR COMMITTEE SUBSTITUTE CHANGES:

On February 21, 2002, the Committee on Child & Family Security reported the bill favorably with a strike-all amendment that deleted requirements of the bill regarding licensure requirements, an annual of survey of placements, and a consumer bill of rights. These changes eliminated a fiscal impact.

The amendment also changes the workgroup's objectives to development of administrative rules that define supportive housing services and use of funds, and protection of consumer health and safety. The amendment expanded the organizations represented on the workgroup, and provided for staffing by DCF.

On March 1, 2002, the Council for Healthy Communities reported the bill favorably as a committee substitute that incorporated the strike-all amendment traveling with the bill.

**STORAGE NAME:** h1659s1.hcc.doc

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**PAGE:** 6

VII. SIGNATURES:

COMMITTEE ON CHILD & FAMILY SECURITY:

Prepared by:

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Staff Director:

Robert Brown-Barrios

AS REVISED BY THE FISCAL RESPONSIBILITY COUNCIL:

Prepared by:

Stephanie Massengale

Staff Director:

David Coburn

AS FURTHER REVISED BY THE COUNCIL FOR HEALTHY COMMUNITIES:

Prepared by:

Glenn Mitchell

Council Director:

David De la Paz