

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 411 w/CS Mental Health Pilot Project/District 4

SPONSOR(S): Bean

TIED BILLS: **IDEN./SIM. BILLS:**

| REFERENCE | ACTION | ANALYST | STAFF DIRECTOR |
|--|-----------------------|--------------|----------------|
| 1) <u>Elder Affairs & Long Term Care (Sub)</u> | <u>9 Y, 0 N</u> | <u>Walsh</u> | <u>Liem</u> |
| 2) <u>Future of Florida's Families</u> | <u>14 Y, 0 N w/CS</u> | <u>Walsh</u> | <u>Liem</u> |
| 3) <u>Health Services Appropriations (Sub)</u> | <u></u> | <u>Money</u> | <u>Ekholm</u> |
| 4) <u>Appropriations</u> | <u></u> | <u></u> | <u></u> |
| 5) <u></u> | <u></u> | <u></u> | <u></u> |

SUMMARY ANALYSIS

CS for HB 411 amends Chapter 2001-152, Laws of Florida, to expand the client-directed and choice-based pilot project in the Department of Children and Families (DCF) District 4 mental health program, and renames the pilot project "Florida Self-Directed Care."

The CS provides that, after all available adult slots are filled, this program may be expanded to provide mental health treatment and support services to children who have a serious mental or emotional disturbance or to children who are at risk of emotional disturbance. The CS requires that DCF contract for administration of the program, and that DCF prepare an annual report containing a detailed strategic plan for statewide implementation of the program.

The CS directs that DCF District 4 shall make available \$500,000 of general revenue funds allocated to the district for Fiscal Year 2003-2004 for the purchase of client services.

The effective date of the bill is July 1, 2003.

This document does not reflect the intent or official position of the bill sponsor or House of Representatives.

STORAGE NAME: h0411c.ap.doc

DATE: April 9, 2003

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. DOES THE BILL:

- | | | | |
|--------------------------------------|---|-----------------------------|---|
| 1. Reduce government? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 2. Lower taxes? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 3. Expand individual freedom? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 4. Increase personal responsibility? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 5. Empower families? | 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. EFFECT OF PROPOSED CHANGES:

The public community mental health system is funded through a variety of sources including federal block grants, state general revenue, Medicaid Title XIX and Title XXI, local county government, and client fees. State and federal funds are appropriated by the Legislature each year and are designated under specific categories of services. The Department of Children and Family Services (DCF) is authorized under s. 394.74, F.S., to contract with "any hospital, clinic, laboratory, institution, or other appropriate mental health service provider" when funds are available. Persons needing publicly funded mental health services may choose one of the service providers in their community that is under contract with the department or is an approved Medicaid provider under the Agency for Health Care Administration. Also, persons must meet certain requirements for services under Medicaid Title XIX, Title XXI, or requirements specified in s. 394.674, F.S. The Mental Health Program Office in DCF estimates that based on current law, Florida's publicly funded mental health system is currently meeting approximately 21 percent of the treatment needs of children and adolescents and 12 percent of the treatment needs of adults.

In their January 2001 Final Report, the Florida Commission on Mental Health and Substance Abuse recommended that DCF promote mental health care policies that increase consumer choice. The Commission recommended the establishment of a pilot project such as the self-directed care model and that the model be evaluated in order to identify creative mental health programs and other consumer-run program alternatives.

The key components of client-directed care include care coordination, client involvement in treatment goals and plans, individualized services, and a strong provider network. Other states have used certain of these concepts in designing successful community-based systems of care for children with serious mental health problems. Wraparound Milwaukee is one example of an integrated, multiservice approach for adolescents with mental health problems. This program was successful in serving delinquent and nondelinquent youth placed in residential treatment centers. Within 90 days of using a client-directed approach to treatment, Wraparound Milwaukee returned 17 of the 25 identified youth with complex mental health problems to the community in either foster homes or with their families.

In 2001, the Legislature enacted Chapter 2001-152, L.O.F., to establish a mental health client-directed and choice-based pilot project in DCF District 4 to provide mental health treatment and support services to adults who have a serious mental illness and to provide for an independent evaluation of the project. It appropriated \$470,000 from DCF's Alcohol, Drug Abuse and Mental Health Trust Fund in Fiscal Year 2001-2002 and the project has continued in Fiscal Year 2002-2003. The pilot expires July 1, 2004.

CS for HB 411 renames the pilot project "Florida Self-Directed Care" and expands the mental health client-directed and choice-based pilot project in DCF District 4 to provide mental health treatment and

support services to children who have a serious mental or emotional disturbance or to children who are at risk of emotional disturbance after all available adult slots have been filled. This program will allow the client to control the public mental health funds allotted for his or her treatment and to directly purchase the services from the vendor of choice.

The CS specifies that participation in the program is voluntary.

The CS specifies the criteria by which the program must be evaluated, including the criteria for selecting child mental health clients. The CS directs DCF to contract for administration of the program. The contract shall specify that the program director is authorized to spend necessary funds for client services, program staff, and program evaluation, and directs that the purchase of client services is to be conducted pursuant to the adult or child client's self-identified needs.

The CS requires DCF to provide an annual report to appropriate legislative committees by December 1, which is to include a detailed strategic plan for statewide implementation of the program.

The CS directs that DCF District 4 shall make available \$500,000 of general revenue funds allocated to the district for Fiscal Year 2003-2004 for the purchase of client services.

The effective date of the bill is July 1, 2003.

C. SECTION DIRECTORY:

Section 1: Amends Chapter 2001-152, Laws of Florida; renames the pilot project and expands its coverage to children with serious mental or emotional disturbances and children at risk of emotional disturbance after all adult slots are filled; adds new criteria for evaluation of program; requires that DCF contract for program administration and provides authority; requires DCF to prepare and submit annual report.

Section 2: Requires DCF D4 to allocate general revenue funds for purchase of client services.

Section 3: Provides an effective date.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

The CS directs that DCF shall make available no more than \$500,000 of general revenue funds allocated to District 4 for Fiscal Year 2003-2004 for the purchase of client services.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

None.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

No rulemaking authority is granted or revised.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE CHANGES