

**The Florida Senate**  
**PROFESSIONAL STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

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Prepared By: Health and Human Services Appropriations Committee

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BILL: CS/SB 2868

INTRODUCER: Health Regulation Committee and Children, Families, and Elder Affairs Committee

SUBJECT: Mental Health and Substance Abuse Services

DATE: April 12, 2007

REVISED: \_\_\_\_\_

|    | ANALYST | STAFF DIRECTOR | REFERENCE | ACTION                 |
|----|---------|----------------|-----------|------------------------|
| 1. | Ray     | Jameson        | CF        | <b>Fav/1 amendment</b> |
| 2. | Garner  | Wilson         | HR        | <b>Fav/CS</b>          |
| 3. | Hardy   | Peters         | HA        | <b>Favorable</b>       |
| 4. |         |                |           |                        |
| 5. |         |                |           |                        |
| 6. |         |                |           |                        |

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**I. Summary:**

This bill authorizes the Department of Children and Family Services (DCF or department) in consultation with the Agency for Health Care Administration (AHCA), to establish integrated mental health crisis stabilization and addictions receiving facilities for adults. The bill specifies categories of individuals who may receive services in these facilities.

The bill also deletes a requirement that mental health and substance abuse providers must have a contract with the AHCA and the DCF to receive reimbursement for rehabilitative services in Medicaid, and requires the DCF to participate with the agency in the assessment of rehabilitative mental health and substance abuse services.

This bill amends s. 409.906, F.S., and creates s. 394.4996, F.S.

**II. Present Situation:**

**Mental Health and Substance Abuse Services**

Chapter 394, pt. I, F.S., describes the criteria and process for the involuntary examination and treatment of a person who is believed to have a mental illness.<sup>1</sup> The statute authorizes law enforcement, certain mental health clinical professionals, or the court to require that an individual be involuntarily detained for evaluation for a period up to 72 hours.

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<sup>1</sup> S. 394.463, F.S.

In addition to procedural requirements for involuntary examination and voluntary and involuntary treatment, this part provides a framework for the public mental health service delivery system. The “front door” to that system is the public receiving facility. Receiving facilities admit persons for involuntary examination and are defined in the statute as “any public or private facility designated by the department to receive and hold involuntary patients under emergency conditions or for psychiatric evaluation and to provide short-term treatment.”<sup>2</sup>

In many communities, the public receiving facility is a crisis stabilization unit (CSU). A CSU is defined as “a program that provides an alternative to inpatient hospitalization and that provides brief, intensive services 24 hours a day, seven days a week, for mentally ill individuals who are in an acutely disturbed state.”<sup>3</sup> The definition of “crisis stabilization unit” and licensure requirements for these programs are found in pt. IV of ch. 394, F.S., the Community Substance Abuse and Mental Health Services Act, and Rule 65E-12, F.A.C.

Part V of ch. 397, F.S., provides criteria and procedures for the involuntary admission of an individual in an acute substance abuse crisis. A person meets the criteria for involuntary admission if he or she is substance-abuse impaired and because of impairment has lost the power of self-control with respect to substance use and either is likely to harm himself or herself or others or is in need of substance abuse services and his or her judgment has been so impaired that he or she is unable to appreciate the need for treatment or services.<sup>4</sup>

Substance abuse providers may be licensed by the department for one or several separate service components.<sup>5</sup> Included in these licensed service components are addictions receiving facilities which are community-based facilities designated by the department to receive, screen, and assess clients found to be substance abuse impaired, in need of emergency treatment for substance abuse impairment, or impaired by substance abuse to such an extent as to meet the criteria for involuntary admission in s. 397.675, F.S., and to provide detoxification and stabilization.<sup>6</sup> Addictions receiving facilities (ARFs) are state-owned, state-operated, or state-contracted programs licensed by the department and designated as secure facilities to provide an intensive level of care. Licensure requirements for the ARFs are found in Rule 65D-30.005, F.A.C.

Although the department develops the rules that govern the operation of both mental health crisis stabilization and substance abuse treatment facilities and licenses the ARFs, the CSUs are licensed by the AHCA. Many individuals who present for treatment at the CSUs, as well as those who present at the ARFs, have features of both substance abuse disorders and mental illness. Provider agencies and the DCF contend that the separate statutes, administrative rules, and licensure standards constrain agencies operating these facilities from effectively treating persons with co-occurring substance abuse and mental health. In addition, many of the larger provider agencies in the state have both substance abuse and mental health receiving facilities. These agencies are required to meet two separate licensure requirements administered by different agencies for what are substantially the same services, sometimes delivered in the same facility.

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<sup>2</sup> S. 394.455(26), F.S.

<sup>3</sup> S. 394.67(5), F.S.

<sup>4</sup> S. 397.675, F.S.

<sup>5</sup> S. 397.311(18), F.S.

<sup>6</sup> S. 397.311(18)(a), F.S.

There is statutory precedent for the creation of integrated crisis stabilization and addictions receiving facilities. In 2005, after a successful four-year pilot project, the Legislature granted the department authorization to expand the integrated children's crisis stabilization unit and juvenile addictions receiving facility model program from three counties to statewide.<sup>7</sup>

### **Medicaid**

Florida's Medicaid Program is jointly funded by the federal, state, and county governments to provide medical care to eligible individuals. Florida implemented its Medicaid program on January 1, 1970, to provide medical services to indigent people. The AHCA is the single state agency responsible for the Florida Medicaid Program. The statutory provisions for the Medicaid program appear in ss. 409.901 through 409.9205, F.S.

Some Medicaid services are mandatory services that must be covered by any state participating in the Medicaid program pursuant to federal law.<sup>8</sup> Other services are optional. A state may choose to include optional services in its state Medicaid plan, but if included, such services must be offered to all individuals statewide who meet Medicaid eligibility criteria as though they are mandatory benefits.<sup>9</sup> Payments for services to individuals in the optional categories are subject to the availability of monies and any limitations established by the General Appropriations Act or chapter 216, Florida Statutes.

For FY 2006-07, the Florida Medicaid Program is estimated to cover 2.1 million people<sup>10</sup> at a cost of \$14.6 billion.<sup>11</sup>

Currently s. 409.906, F.S., requires providers of Medicaid-funded community mental health services to have a contract with the DCF or the AHCA. This provision was put into the law in the 1980's and is no longer appropriate since the majority of Medicaid-funded mental health services are provided through a managed care arrangement. This outdated requirement creates a substantial workload for the limited number of staff in the DCF districts who must monitor contracts with Medicaid vendors to permit them to continue to serve the rapidly diminishing number of recipients not enrolled in a Medicaid prepaid health plan or prepaid mental health plan.

### **III. Effect of Proposed Changes:**

**Section 1** creates s. 394.4996, F.S., to authorize the department, in consultation with the AHCA, to establish facilities that integrate services provided in an adult mental health crisis stabilization unit with services provided in a substance abuse addictions receiving facility. Facilities providing such integrated services will be licensed as adult crisis stabilization units and must meet all licensure requirements for such units. The bill authorizes the department and the agency to develop standards, clinical procedures, staffing, and operational requirements and establishes the

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<sup>7</sup> S. 394.499, F.S.

<sup>8</sup> These mandatory services are codified in s. 409.905, F.S.

<sup>9</sup> Optional services covered under the Florida Medicaid program are found in s. 409.906, F.S.

<sup>10</sup> <http://edr.state.fl.us/conferences/medicaid/medcases.pdf> (last visited on April 10, 2007)

<sup>11</sup> <http://edr.state.fl.us/conferences/medicaid/medhistory.pdf> (last visited on April 10, 2007)

eligibility criteria for these integrated mental health and substance abuse services consistent with the criteria established in chs. 394 and 397, F.S.

**Section 2** amends s. 409.906, F.S., to eliminate the requirement that the department contract with all providers who provide Medicaid state plan services, and to require the DCF to participate with the agency in the assessment of rehabilitative mental health and substance abuse services.

**Section 3** provides that the bill take effect upon becoming a law.

#### **IV. Constitutional Issues:**

##### **A. Municipality/County Mandates Restrictions:**

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

##### **B. Public Records/Open Meetings Issues:**

The provisions of this bill have no impact on public records or open meetings issues under the requirements of Article I, s. 24(a) and (b) of the Florida Constitution.

##### **C. Trust Funds Restrictions:**

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution.

#### **V. Economic Impact and Fiscal Note:**

##### **A. Tax/Fee Issues:**

None.

##### **B. Private Sector Impact:**

None.

##### **C. Government Sector Impact:**

There is no fiscal impact associated with this legislation.

#### **VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

This bill authorizes the DCF and the AHCA to “establish facilities.” However, these facilities already exist.

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This Senate Professional Staff Analysis does not reflect the intent or official position of the bill’s introducer or the Florida Senate.

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## **VIII. Summary of Amendments:**

None.

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