

**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.)

Prepared By: Children, Families, and Elder Affairs Committee

BILL: CS/SB 430

INTRODUCER: Senator Saunders

SUBJECT: Mental Health Facilities

DATE: March 28, 2007

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

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Toman	Jameson	CF	Fav/CS
2.			HR	
3.			HA	
4.				
5.				
6.				

**I. Summary:**

The bill establishes data reporting requirements for facilities designated as public receiving or treatment facilities under s. 394.461, F.S. The bill specifies the data to be reported, and provides that it is to be reported to the Department of Children and Families (DCF), unless it is already being submitted to the Agency for Health Care Administration (AHCA). In addition, the bill requires DCF to publish the collected data in an annual report.

The bill provides an effective date of July 1, 2007.

The bill substantially amends the following section of the Florida Statutes: 394.461.

**II. Present Situation:**

Florida's Baker Act<sup>1</sup> requires that people who, because of mental illness, appear to a law enforcement officer to be a danger to themselves or others, be taken to the nearest designated receiving facility for emergency evaluation and/or treatment. Individuals may also present themselves voluntarily for evaluation or treatment. Many of those who are taken for or seek mental health treatment under the Baker Act are indigent or uninsured.

Persons in crisis are often transported to private, community hospitals, many of which are designated as Baker Act receiving and treatment facilities pursuant to s. 394.461(3), F.S. Individuals remain at these private facilities until space is available in a crisis stabilization unit

<sup>1</sup> Section 394.451, F.S., *et seq.*; also known as the Florida Mental Health Act.

(CSU) or a short-term residential treatment program (SRT) with which DCF has contracted for mental health services. CSUs and SRTs are licensed by AHCA pursuant to s. 394.875(8), F.S. According to AHCA, there are approximately 200 facilities licensed under s. 394.875, F.S.<sup>2</sup>

CSUs and SRTs currently report the following information to DCF's Substance Abuse and Mental Health Program Office:

- Demographic data;
- Service Event data;
- Performance Measure data;
- Functional Data; and
- Cost per bed-day data.<sup>3</sup>

This data is available at the state, district/region, provider, provider site, and individual client level, generally within one month after the data is entered. Much of the Department's data is posted on the Department of Children and Families' Performance dashboard, both on the Department's Intranet and on the Internet.<sup>4</sup>

AHCA is required to collect information about involuntary Baker Act placements from CSUs and SRTs and to prepare an annual report analyzing the data obtained from these documents. The report is to be provided to DCF, the President of the Senate, the Speaker of the House of Representatives, and the minority leaders of the House and Senate.<sup>5</sup> AHCA contracts with the Florida Mental Health Institute at the University of South Florida to collect this data and prepare the annual report.<sup>6</sup>

AHCA collects and publicly reports data submitted by private facilities (acute care hospitals, ambulatory surgery centers, emergency departments, and pharmacies) pursuant to s. 408.061, F.S.<sup>7</sup> This data is available on AHCA's Internet website.<sup>8</sup>

### III. Effect of Proposed Changes:

The bill amends s. 394.461, F.S., requiring facilities designated as public receiving or treatment facilities pursuant to the section to report certain data to DCF. This includes both facilities under contract with DCF, as well as private facilities which do not contract with DCF.

This data must include, but is not limited to, the following:

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<sup>2</sup> AHCA 2007 Bill Analysis & Economic Impact Statement, SB 430 (February 12, 2007).

<sup>3</sup> Correspondence with Cynthia Holland, Deputy Chief of Staff for Mental Health Transformation, DCF (March 28, 2007).

<sup>4</sup> <http://dcfdashboard.dcf.state.fl.us/>

<sup>5</sup> Pursuant to s. 394.463(2)(e), F.S., AHCA "shall receive and maintain copies of ex parte orders, involuntary outpatient placement orders issued pursuant to s. 394.4655, involuntary outpatient placement orders issued pursuant to s. 394.467, professional certificates, and law enforcement officers' reports."

<sup>6</sup> Correspondence with Samantha Senne, Research and Analysis Coordinator, AHCA (March 29, 2007).

<sup>7</sup> AHCA 2007 Bill Analysis & Economic Impact Statement, SB 430 (February 12, 2007).

<sup>8</sup> <http://www.floridahealthstat.com/>

- Number of licensed beds;
- Number of contract days;
- Number of admissions by payer class and diagnoses;
- Number of bed days by payer class;
- Average length of stay by payer class; and
- Total revenues by payer class.

The bill defines “payer class” to include, without limitation, the following:

- Medicare;
- Medicare HMO;
- Medicaid;
- Medicaid HMO;
- Private-pay insurance;
- Private health care maintenance organization;
- Private preferred provider organization;
- DCF;
- Self-pay;
- Charity; and
- Other government programs.

The bill mandates that the data is to be submitted to DCF no later than 90 days following the end of the facility’s fiscal year, with each facility’s first report due for the 6-month period ending June 30, 2008.

The bill requires DCF to issue an annual report based on the data.

The effective date of the act is July 1, 2007.

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

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

None.

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

None.

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

None.

**V. Economic Impact and Fiscal Note:****A. Tax/Fee Issues:**

None.

**B. Private Sector Impact:**

According to DCF, there will be an unknown but not substantial cost by each organization operating public receiving facilities connected with generating and reporting the data required.

**C. Government Sector Impact:**

The Department will incur an unknown but not substantial cost in summarizing and reporting data from each reporting public receiving facility.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

According to DCF, this bill requires “treatment” facilities to report the same information as “receiving facilities.” Treatment facilities are also sometimes known as state mental hospitals. In contrast to community based receiving facilities that provide very short term “acute” care, these facilities provide long term care and rehabilitation and are not comparable to public and private receiving facilities. Many of the payer classes enumerated by the bill, such as health maintenance organizations, do not do business with state hospitals. According to DCF, there is no competitive issue between receiving facilities and treatment facilities and it is unclear what purpose would be served by requiring the treatment facilities to report.

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

None.

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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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