

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: Health Regulation Committee

BILL: SB 430

INTRODUCER: Children, Families, and Elder Affairs Committee and Senators Saunders and Lynn

SUBJECT: Mental Health Facilities

DATE: April 4, 2007

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Toman</u>	<u>Jameson</u>	<u>CF</u>	<u>Fav/CS</u>
2.	<u>Bedford</u>	<u>Wilson</u>	<u>HR</u>	<u>Favorable</u>
3.	_____	_____	<u>HA</u>	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

I. Summary:

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

The bill amends section 394.461, Florida Statutes.

II. Present Situation:

Florida's Baker Act¹ 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 (CSU) or a short-term residential treatment program (SRT) with which the DCF has contracted for mental health services. The CSUs and SRTs are licensed by the AHCA pursuant to

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

s. 394.875(8), F.S. According to the AHCA, there are approximately 200 facilities licensed under s. 394.875, F.S.²

The CSUs and SRTs currently report the following information to the 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.³

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.⁴

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

Data collected by the AHCA on the involuntary examination forms include:

- Initiator;
 - authorized mental health professional;
 - law enforcement officer; or
 - circuit judge.
- Evidence or justification for the examination;
 - without care, the person is likely to suffer from neglect resulting in real and present threat of substantial harm that cannot be avoided through the help of others; or
 - there is substantial likelihood that without care and treatment the person will cause serious bodily harm to self or others in the future, as evidenced by recent behavior.

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

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

⁴ <http://dcfdashboard.dcf.state.fl.us/> (last visited April 4, 2007).

⁵ 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."

⁶ Correspondence with Samantha Senne, Research and Analysis Coordinator, the AHCA (March 29, 2007).

- Petitioner questions;
 - Personal identifying information and relationship to person being evaluated;
 - Has petitioner or a family member previously made allegations to law enforcement involving the individual such as domestic violence, trespassing, battery, child abuse or neglect, Baker Act, neighborhood disputes, etc;
 - If allegations have been made, then the petitioner is asked to describe the allegations;
 - Is petitioner or a family member currently involved in or has been involved in a court case with the individual;
 - If the answer is yes, the petitioner is asked to provide the details of the case;
 - The petitioner is asked if he/she is currently on good terms with the individual; and,
 - The petitioner is asked to answer questions concerning the present situation (the individual's behavior) that has prompted him/her to seek an Ex Parte Order for Involuntary Examination.

- Personal identifying information concerning the individual to be examined is collected.

The 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.⁷ This data is available on the AHCA's Internet website.⁸

Private hospitals designated as receiving facilities for the purposes of providing voluntary and involuntary examinations of Baker Act patients are not eligible to receive reimbursement from the DCF based on department rules [65E-5.350(2), F.A.C.]. Public receiving facilities are eligible for reimbursement and are differentiated from private receiving facilities based on the presence of a contract between the DCF and the facilities. Most public receiving facilities are operated by community mental health centers.

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 the DCF. This includes both facilities under contract with the DCF, as well as private facilities that do not contract with the DCF.

This data must include the following:

- 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.

⁷ The AHCA 2007 Bill Analysis & Economic Impact Statement, SB 430 (February 12, 2007).

⁸ <http://www.floridahealthstat.com/> (last visited April 4, 2007).

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

- Medicare;
- Medicare HMO;
- Medicaid;
- Medicaid HMO;
- Private-pay insurance;
- Private-pay HMO;
- Private preferred provider organization;
- The DCF;
- Self-pay patients;
- Charity; and
- Other government programs.

The bill mandates that the data is to be submitted to the 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 the 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:

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, Section 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:

According to the DCF, there will be an unknown but not substantial cost to each organization operating public receiving or treatment 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 or treatment facility.

VI. Technical Deficiencies:

None.

VII. Related Issues:

According to the 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 the 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.

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