

**HOUSE OF REPRESENTATIVES STAFF ANALYSIS**

**BILL #:** HB 767 Mental Health and Substance Abuse Services

**SPONSOR(S):** Fitzgerald and others

**TIED BILLS:** **IDEN./SIM. BILLS:** SB 892

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	<b>REFERENCE</b>	<b>ACTION</b>	<b>ANALYST</b>	<b>STAFF DIRECTOR</b>
1)	Health Care Services Policy Committee	7 Y, 0 N	Schoolfield	Schoolfield
2)	Health & Family Services Policy Council	23 Y, 0 N	Lowell	Gormley
3)	Health Care Appropriations Committee		Hicks	Pridgeon
4)	Full Appropriations Council on General Government & Health Care			
5)				

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**SUMMARY ANALYSIS**

This bill creates an integrated adult mental health crisis stabilization and addictions receiving facility program in the Department of Children and Families. The bill authorizes the Agency for Health Care Administration to license facilities that integrate adult crisis stabilization and addictions receiving facility services. The integrated facilities will be licensed as adult crisis stabilization units; the agency currently licenses crisis stabilization units for the department's Mental Health program. The bill also designates the specific adult population that may receive services in the integrated facilities and provides the department with rule authority to designate eligibility criteria, clinical procedures, staffing, operational, administrative, financial, and compliance investigation requirements for the integrated facilities. The department anticipates the bill will provide greater fiscal efficiencies and better services to the people entering receiving facilities with co-occurring disorders.

The bill does not appear to have a fiscal impact on state or local governments.

The bill takes effect July 1, 2009.

## HOUSE PRINCIPLES

Members are encouraged to evaluate proposed legislation in light of the following guiding principles of the House of Representatives

- Balance the state budget.
- Create a legal and regulatory environment that fosters economic growth and job creation.
- Lower the tax burden on families and businesses.
- Reverse or restrain the growth of government.
- Promote public safety.
- Promote educational accountability, excellence, and choice.
- Foster respect for the family and for innocent human life.
- Protect Florida's natural beauty.

## FULL ANALYSIS

### I. SUBSTANTIVE ANALYSIS

#### A. EFFECT OF PROPOSED CHANGES:

##### **Background**

Individuals experiencing an acute mental health or emotional crisis may receive services including screening, assessment, and admission for stabilization purposes in a mental health receiving facility licensed as a crisis stabilization unit. Crisis stabilization units (also known as Baker Act Receiving Facilities) are designated by the Department of Children and Families (DCF) and licensed by the Agency for Health Care Administration.<sup>1</sup> These facilities serve persons experiencing an acute crisis who come voluntarily to the unit as well as persons who are brought to the unit involuntarily under what is commonly called the Baker Act.<sup>2</sup> Similarly, individuals found to be substance abuse impaired, in need of emergency treatment may receive screening, assessment, detoxification, and stabilization services in addiction receiving facilities. The addiction receiving facility is designated and licensed by DCF.<sup>3</sup> Currently, there are 42 crisis stabilization units and 117 addiction receiving facilities available to serve adults in Florida.<sup>4,5</sup> DCF is responsible for writing the rules in Florida Administrative Code that govern both mental health crisis stabilization units and addiction receiving facilities.

Many people who are treated in either the crisis stabilization unit or addiction receiving facility have co-occurring problems of substance abuse and mental health. Based on national statistics, it is estimated that up to 65.5 percent of individuals with a substance dependence disorder have at least one mental disorder and 51 percent of individuals with a mental disorder have at least one substance dependence disorder. The majority of people with co-occurring disorders typically receive treatment that only addresses one type of disorder which has been found to be less effective than integrated treatment of both types of disorders at the same time in the same setting. Individuals with co-occurring disorders typically have multiple co-occurring disorders and problems, and as a group have high rates of physical illness, death, unemployment, homelessness, and criminal justice involvement that often lead to greater costs for public services. Clients with co-occurring disorders are more likely to drop out of outpatient mental health and substance abuse treatment programs and have poorer outcomes in these systems than clients with a single type of disorder. They are often high users of expensive hospital and inpatient

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<sup>1</sup> s. 394.875, F.S.

<sup>2</sup> The Florida Mental Health Act, chapter 394, Part I, F.S.; also known as "The Baker Act."

<sup>3</sup> s. 397.409, F.S.

<sup>4</sup> Statewide Workgroup Assessing Florida's Acute Care Mental Health System, May 2007

<sup>5</sup> Addiction Receiving Facility Bed Summary, DCF Substance Abuse Program Office, 2009.

services due to the severity of their disorders and the frequency of their crises that leads to increase public costs.<sup>6</sup>

### **Effect of Proposed Changes**

The bill creates an Integrated Adult Mental Health Crisis Stabilization and Addiction Receiving Facility program in Chapter 394, F.S., administered by DCF. This new program will allow existing crisis stabilization units to be licensed as the integrated facility and serve mental health, substance abuse and co-occurring disorder populations. In addition, addiction receiving facility providers may request to become crisis stabilization units and pursue the new licensure category. The bill provides AHCA the authority to license the integrated facilities as adult crisis stabilization units. The bill designates the specific adult population that may receive services in the integrated facilities. The bill also provides DCF with rule authority to address eligibility criteria, clinical procedures, staffing, operational, administrative, financial, and compliance investigation requirements for the integrated facilities.

#### **B. SECTION DIRECTORY:**

Section 1. Creates 394.4996, F.S., to establish integrated adult mental health crisis stabilization and addictions receiving facilities.

Section 2. Provides for an effective date of July 1, 2009.

## **II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT**

#### **A. FISCAL IMPACT ON STATE GOVERNMENT:**

##### **1. Revenues:**

Indeterminate. It is not known how many providers will seek the new licensure category and require new bed licensure. Some estimates are that no new beds will require licensure (generating no new revenue) ranging to 24 additional beds statewide.<sup>7</sup> The 24 bed estimate would generate revenue of \$ 4,608 every two years. A likely scenario is that existing crisis stabilization unit providers will get the new licensure designation for their existing beds (no new licensure required) or a small bed growth will occur (e.g. 24 beds).

##### **2. Expenditures:**

Indeterminate (See Fiscal comments below)

#### **B. FISCAL IMPACT ON LOCAL GOVERNMENTS:**

##### **1. Revenues:**

None

##### **2. Expenditures:**

None

#### **C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:**

None anticipated

#### **D. FISCAL COMMENTS:**

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<sup>6</sup> DeCercio and Putnam, Florida Department of Children and Families Policy Paper on Co-occurring Mental Health and Substance Abuse Disorders.

<sup>7</sup> March 5, 2009 statewide telephone survey by the Florida Alcohol and Drug Abuse Association to ascertain interest of providers.

A likely scenario (based on past experience when a similar integrated program was created for children) is that existing crisis stabilization unit beds will get the new licensure designation and some small growth of new beds will occur. The small growth scenario estimate of 24 beds from the recent telephone survey by the Florida Alcohol and Drug Abuse Association, would create insignificant cost increases for licensure of these new beds and should be able to be absorbed by AHCA and DCF. DCF anticipates a small bed growth potential from this legislation due to limited funding available for crisis stabilization services in the state. In addition, DCF anticipates the bill will provide greater fiscal efficiencies and better services to people entering receiving facilities with co-occurring disorders.

### **III. COMMENTS**

#### **A. CONSTITUTIONAL ISSUES:**

##### **1. Applicability of Municipality/County Mandates Provision:**

Not applicable. The bill does not require counties or municipalities to take an action requiring the expenditure of funds, reduce the authority that counties or municipalities have to raise revenue in the aggregate, nor reduce the percentage of state tax shared with counties or municipalities.

##### **2. Other:**

None

#### **B. RULE-MAKING AUTHORITY:**

The bill provides sufficient rule authority to the Department of Children and Families.

#### **C. DRAFTING ISSUES OR OTHER COMMENTS:**

None.

### **IV. AMENDMENTS/COUNCIL OR COMMITTEE SUBSTITUTE CHANGES**

Not applicable