

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

Prepared By: The Professional Staff of the Budget Committee

BILL: SB 1052

INTRODUCER: Senator Altman

SUBJECT: Crisis Stabilization Units

DATE: April 12, 2011 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	O'Callaghan	Stovall	HR	Favorable
2.	Carpenter	Meyer, C.	BC	Pre-meeting
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

I. Summary:

This bill increases the number of licensed beds permitted to be in a crisis stabilization unit (CSU) from 30 beds to 50 beds.

This bill has no direct fiscal impact on the Department of Children and Family Services.

This bill substantially amends s. 394.875, F.S.

II. Present Situation:

Crisis Stabilization Units (CSUs)

Part I of ch. 394, F.S., is the Florida Mental Health Act, also known as the Baker Act. In addition to procedural requirements for involuntary examination and voluntary and involuntary treatment of mental illness, this part provides a framework for the public mental health service delivery system.

The “front door” to the system is the public receiving facility. Receiving facilities admit persons for involuntary examination and are defined in statute as “any public or private facility designated by the Department of Children and Family Services to receive and hold involuntary patients under emergency conditions or for psychiatric evaluation and to provide short-term treatment.”¹ The department is responsible for issuing a certificate of designation to a CSU as a Baker Act Receiving Facility.

¹ Section 394.455(26), F.S.

In many communities, the public receiving facility is a 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, 7-days-a-week, for mentally ill individuals who are in an acutely disturbed state.”² The purpose of a CSU is to stabilize and redirect a client to the most appropriate and least restrictive community setting available, consistent with the client’s needs. CSUs may screen, assess, and admit for stabilization persons who present themselves to the CSU and persons who are brought in involuntarily. CSUs provide services regardless of a client’s ability to pay.³ Inpatient stays average 3 to 14 days, resulting in return to the patient’s own home or placement in a long-term mental health facility or other living arrangements.⁴

The CSUs are licensed by the Agency for Health Care Administration (AHCA),⁵ and the rules governing the operation of the CSU, including certification of the number of beds the CSU is authorized to provide, are promulgated by the Department of Children and Families.⁶ Currently, there are 54 licensed CSUs in Florida.⁷

Licensure

Facilities must meet license requirements through the submission of a completed application, required documentation, and completion of a satisfactory survey to the AHCA; this includes new facilities and reactivation of an expired license. Rule 65E-12.104, Florida Administrative Code, requires an applicant for licensure to provide the following to AHCA:

- A comprehensive outline of the program and services;
- A staffing pattern description including the name and license number of each employed licensed person;
- A table of organization of all management levels;
- A resume of the facility director or manager;
- Fiscal information;
- Proof of liability insurance coverage from an authorized insurer in an amount of no less than \$300,000 per occurrence with a minimal annual aggregate of no less than \$1 million;
- Proof of designation as, or affiliation with, a public receiving facility;
- Identification of age groups to be admitted as: adults only, or adults and minors, or minors only;
- A description of services to minors, if minors are admitted; and
- Proof of compliance with statutory requirements.

When all required information is received and acceptable, a licensure survey is scheduled. A license is issued when documentation of a successful licensure survey is complete and filed.⁸ A valid license is required before services can be provided. The annual license fee is \$96 per bed.⁹

² Section 394.67(4), F.S.

³ Section 394.875(1)(a), F.S.

⁴ Agency for Health Care Administration, *Crisis Stabilization Units*, available at: http://www.fdhc.state.fl.us/mchq/health_facility_regulation/hospital_outpatient/crisis.shtml (Last visited on March 19, 2011).

⁵ Sections 394.875(2) and 394.879, F.S.; Rule 65E-12.104, F.A.C.

⁶ Sections 394.457(5) and 394.879, F.S.; Rules 65E-12.103-12.107, F.A.C.

⁷ Agency for Health Care Administration, *2011 Bill Analysis & Economic Impact Statement for SB 1052*, on file with the Senate Health Regulation Committee.

⁸ Agency for Health Care Administration, *Licensure Requirements*, available at: http://www.fdhc.state.fl.us/mchq/health_facility_regulation/hospital_outpatient/crisis.shtml (Last visited on March 19, 2011).

To renew a license, the licensure application, renewal fee and supporting documents must be submitted to the AHCA 120 to 60 days prior to the expiration date. A late fee of \$50 per day, up to \$500 will be assessed for any application not received 60 days prior to expiration of the license.¹⁰

Chapter 408.803, F.S., defines “change of ownership” as an event in which the licensee sells or otherwise transfers its ownership to a different individual or entity as evidenced by a change in the federal employer identification number or the taxpayer identification number or an event in which 51 percent or more of the ownership, shares, membership, or controlling interest of a licensee is in any manner transferred or otherwise assigned. This does not apply to a licensee that is publicly traded on a recognized stock exchange. In addition, a change solely in the management company or board of directors is not a change of ownership. The licensure application, fee and supporting documents must be submitted at least 60 days prior to the date of acquisition of the CSU. Before the application can be approved, a bill of sale or other closing document signed by the buyer and the seller and showing the effective date of the transfer must be received by the AHCA.¹¹

Accreditation

A CSU may choose to be accredited and may ask the AHCA to accept their accreditation, in lieu of on-site licensure surveys, by submitting the required documentation from an approved accreditation organization. The following accreditation organizations are recognized by AHCA for mental health facilities: The Joint Commission; Council on Accreditation (COA); and Commission on Accreditation of Rehabilitation Facilities (CARF). The required documentation includes: the name of the accrediting organization, the beginning and expiration dates of the accreditation, accreditation status, type of accreditation, accreditation survey report, all responses to any compliance issues cited by the accrediting organization, and any follow up reports.¹²

Staffing

Every CSU must have at least one psychiatrist as primary medical coverage as defined in s. 394.455(24), F.S.¹³ Back-up coverage may be a physician who will consult with the psychiatrist. The psychiatrist or physician must be on call 24-hours-a-day and must make daily rounds. Counties with a the population of less than 50,000 persons may utilize a licensed physician for on-call activities and daily rounds as long as the physician has postgraduate training and experience in the diagnosis and treatment of mental and nervous disorders.¹⁴ The psychiatrist is responsible for the development of general medical policies, prescription of medications, and medical treatment of persons receiving services. Each person must be provided

⁹ Rule 65E-12.104, F.A.C.

¹⁰ Agency for Health Care Administration, *Renewal*, available at: http://www.fdhc.state.fl.us/mchq/health_facility_regulation/hospital_outpatient/crisis.shtml (Last visited on March 19, 2011).

¹¹ Agency for Health Care Administration, *Change of Ownership*, available at: http://www.fdhc.state.fl.us/mchq/health_facility_regulation/hospital_outpatient/crisis.shtml (Last visited on March 19, 2011).

¹² Agency for Health Care Administration, *Accreditation*, available at: http://www.fdhc.state.fl.us/mchq/health_facility_regulation/hospital_outpatient/crisis.shtml (Last visited on March 19, 2011).

¹³ “Psychiatrist” means a medical practitioner licensed under chapter 458 or chapter 459 who has primarily diagnosed and treated mental and nervous disorders for a period of not less than 3 years, inclusive of psychiatric residency. Section 394.455(24), F.S.

¹⁴ Rule 65E-12.105, F.A.C.

medical or psychiatric services as considered appropriate, and such services must be recorded by the physician or psychiatrist in the clinical record.¹⁵

Sufficient numbers and types of qualified staff are required to be on duty and available at all times to provide necessary and adequate safety and care. The program policies and procedures of the CSU must define the types and numbers of clinical and managerial staff needed to provide persons with treatment services in a safe and therapeutic environment. At least one registered nurse is required to be on duty 24-hours-a-day, 7-days-a-week.¹⁶

Each CSU is required to develop policies and procedures to ensure adequate minimum staffing. These policies must address double shifting, use of temporary registered nurses, use of regular part-time registered nurses and licensed practical nurses. Policies must ensure that nursing staff are not used in dual capacity or in ancillary areas, which compromise minimum unit staffing requirements.¹⁷

III. Effect of Proposed Changes:

This bill increases the number of licensed beds permitted to be in a CSU from 30 beds to 50 beds.

This bill provides that it shall take effect on July 1, 2011.

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. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

¹⁵ *Id.*

¹⁶ *Id.*

¹⁷ *Id.*

B. Private Sector Impact:

It is not know how many existing CSUs would expand bed capacity, or how many new, larger CSUs may open, since expanding bed capacity is optional.

C. Government Sector Impact:

The development of new rules, issuing certificates of designation, certifying number of beds, and developing new staffing patterns can be met within the Department of Children and Families current resources.¹⁸

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Additional Information:**A. Committee Substitute – Statement of Substantial Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.

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

¹⁸ *Supra* fn. 7.