

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 Committee on Children, Families, and Elder Affairs

BILL: SB 340
INTRODUCER: Senator Grimsley
SUBJECT: Crisis Stabilization Services
DATE: February 9, 2015 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Hendon	Hendon	CF	Favorable
2.	_____	_____	AHS	_____
3.	_____	_____	AP	_____

I. Summary:

SB 340 directs the Department of Children and Families (DCF) to develop, implement, and maintain standards for behavioral health managing entities¹ to collect utilization data from public receiving facilities that are operating crisis stabilization units where emergency mental health care is provided. Managing entities must comply with the bill's requirements for data collection by August 1, 2015.

The bill requires managing entities to collect specified utilization data in real time or at least daily. Managing entities must perform reconciliations monthly and annually to ensure data accuracy. After ensuring data accuracy, managing entities must submit data to the DCF on a monthly and annual basis. The DCF is required to create a statewide database for the purpose of analyzing the payments for and the use of state-funded crisis stabilization services on a statewide basis and on an individual public receiving facility basis.

The bill requires the DCF to adopt rules and submit a report by January 31, 2016, and annually thereafter, to the governor, the president of the Senate, and the speaker of the House of Representatives with details on the bill's implementation and an analysis of the data collected.

Implementation of the bill is subject to specific appropriations provided to the DCF in the General Appropriations Act and is effective upon become law.

¹ See s. 394.9082, F.S. A managing entity is a not-for-profit corporation organized in Florida and is under contract with the DCF on a regional basis to manage the day-to-day operational delivery of behavioral health services through an organized system of care and a network of providers who are contracted with the managing entity to provide a comprehensive array of emergency, acute care, residential, outpatient, recovery support, and consumer support services related to behavioral health.

II. Present Situation:

Individuals experiencing severe emotional or behavioral problems often require emergency treatment to stabilize their situations before referral for outpatient services or inpatient services can occur. Emergency mental health stabilization services may be provided to voluntary or involuntary patients. Involuntary patients must be taken to one of the state's designated "receiving facilities." Receiving facilities are defined by the Florida Mental Health Act (ss. 394.451 – 394.4789, F.S.) and are often referred to as Baker Act Receiving Facilities.²

The Florida Legislature enacted the Florida Mental Health Act in 1971 to revise the state's mental health commitment laws. The Act substantially strengthened the due process and civil rights of persons in mental health facilities and those alleged to be in need of emergency evaluation and treatment. A major intent of the Act was to increase community care of persons with mental illnesses.³

The purpose of receiving facilities is to receive and hold involuntary patients under emergency conditions or for psychiatric evaluation and to provide short-term treatment. Law enforcement officers usually transport individuals requiring involuntary Baker Act examinations to the nearest receiving facility.⁴ However, involuntary examinations may be initiated by a court order, a certificate executed by a physician, clinical psychologist, psychiatric nurse, mental health counselor, marriage and family therapist, or clinical social worker or by self-presentation.⁵ A facility must accept individuals brought by a law enforcement officer for involuntary examination, regardless of bed availability.⁶

Receiving facilities may be either public or private but only facilities that have a contract with a managing entity to provide mental health services to all persons, regardless of their ability to pay, and that are receiving state funds for this purpose, are considered public receiving facilities.⁷ Transfer of individuals between two public facilities, from a public facility to a private facility, and from a private facility to a public facility is permitted.⁸ Funds appropriated for Baker Act services only may pay for services to diagnostically and financially-eligible persons, or those who are acutely ill, in need of mental health services, and the least able to pay.

Crisis Stabilization Units (CSUs) are public receiving facilities that receive state funding and provide a less intensive and less costly alternative to inpatient psychiatric hospitalizations for individuals presenting as acutely mentally ill. CSUs screen, assess, and admit for short-term services persons brought to the unit under the Baker Act as well as those who present themselves for services.⁹ CSUs provide services 24 hours a day, seven days a week, through a team of mental health professionals. The purpose of the CSU is to examine, stabilize, and redirect people

² Section 394.455(25) (26), F.S.

³ Budget Subcommittee on Health and Human Services Appropriations, the Florida Senate, *Crisis Stabilization Units*, (Interim Report 2012-109) (Sept. 2011).

⁴ *Id.*

⁵ Section 394.4655(2), F.S.

⁶ Section 394.462, F.S.

⁷ Budget Subcommittee on Health and Human Services Appropriations, the Florida Senate, *Crisis Stabilization Units*, (Interim Report 2012-109) (Sept. 2011).

⁸ Section 394.4685, F.S.

⁹ Section 394.875, F.S.

to the most appropriate and least restrictive treatment settings, consistent with their mental health needs. Individuals often enter the public mental health system through CSUs.¹⁰

Managing entities have assumed the responsibility for purchasing, managing, and monitoring behavioral health services in the state. The DCF's contracts with the managing entities are required to include payment methods that promote flexibility, efficiency, and accountability. Managing entities must follow current statutes and rules that require CSUs be paid for bed availability rather than utilization by clients.

For fiscal year 2014-2015, \$76.8 million is provided for CSUs, Baker Act, and Inpatient Crisis Services.¹¹ As of February 6, 2015, there were 63 public receiving facilities with 2,052 beds and 67 private receiving facilities with 3,371 beds.¹² Based on the Florida Mental Health Institute's Annual Report of Baker Act Data Summary for 2013, there were 171,744 involuntary examinations initiated in Florida.¹³

III. Effect of Proposed Changes:

Section 1 amends s. 394.9082, F.S., by creating a new subsection (10). The bill directs the DCF to develop, implement, and maintain standards under which a behavioral health managing entity must collect utilization data from all public receiving facilities within its geographic service area. For those purposes, the bill defines "public receiving facility" as an entity that meets the licensure requirements of and is designated by the DCF to operate as a public receiving facility under s. 394.875, F.S., and which is operating as a licensed crisis stabilization unit.

The bill requires the DCF to develop standards for managing entities and public receiving facilities to be used for data collection, storage, transmittal, and analysis. The standards must allow for compatibility of data and data transmittal. The DCF must require managing entities to comply with the bill's requirements for data collection by August 1, 2015.

A managing entity must require a public receiving facility within its provider network to submit data, in real time or at least daily, for:

- All admissions and discharges of clients receiving public receiving facility services who qualify as indigent as defined in s. 394.4787, F.S.; and
- Current active census of total licensed beds, the number of beds purchased by the DCF, the number of clients qualifying as indigent occupying those beds, and the total number of unoccupied licensed beds regardless of funding.

A managing entity must require a public receiving facility within its provider network to submit data on a monthly basis which aggregates the daily data previously submitted. The managing entity must reconcile the data in the monthly submission to the daily data to check for consistency. If the monthly aggregate data is inconsistent with the daily data, the managing entity

¹⁰ Budget Subcommittee on Health and Human Services Appropriations, the Florida Senate, *Crisis Stabilization Units*, (Interim Report 2012-109) (Sept. 2011).

¹¹ Information received from the Department of Children and Families on February 10, 2015.

¹² *Id.*

¹³ Christy, A. (2014). Report of 2013 Baker Act Data. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute.

must consult with the public receiving facility to make corrections as necessary to ensure accurate data.

A managing entity must require a public receiving facility within its provider network to submit data on an annual basis which aggregates the monthly data previously submitted and reconciled. The managing entity must reconcile the data in the annual submission to the monthly data to check for consistency. If the annual aggregate data is inconsistent with the reconciled monthly data, the managing entity must consult with the public receiving facility to make corrections as necessary to ensure accurate data.

After ensuring accurate data, the managing entity must submit the data to the DCF on a monthly and annual basis. The DCF is required to create a statewide database for the purpose of analyzing the payments for and the use of crisis stabilization services funded by the Baker Act on a statewide basis and on an individual public receiving facility basis.

The DCF is required to adopt rules to administer the bill's provisions. The DCF is required to submit a report by January 31, 2016, and annually thereafter, to the governor, the president of the Senate, and the speaker of the House of Representatives which provides details on the bill's implementation, including the status of the data collection process and a detailed analysis of the data collected.

The bill's implementation is subject to specific appropriations provided to the DCF under the General Appropriations Act.

Section 2 provides that the bill takes effect upon becoming a law.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Public receiving facilities and managing entities may experience an indeterminate amount of costs to submit and reconcile data under the parameters created by this bill.

C. Government Sector Impact:

The Department of Children and Families (DCF) may experience an indeterminate amount of costs for establishing and maintaining the statewide database under the requirements and parameters of the bill. However, the bill provides that those provisions will be implemented subject to specific appropriations in the General Appropriations Act.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends s. 394.9082 of the Florida Statutes.

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

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

None.

B. Amendments:

None.