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 Appropriations Committee on Health and Human Services

BILL: CS/SB 1394

INTRODUCER: Children, Families, and Elder Affairs Committee and Senator Gruters and others

SUBJECT: Community Mobile Support Teams

DATE: February 7, 2024 REVISED:

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Hall	Tuszynski	CF	**Fav/CS**
2.	Sneed	McKnight	AHS	**Pre-meeting**
3.			FP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1394 requires the Department of Children and Families to contract with managing entities for community mobile support teams throughout the state to place crisis counselors from community mental health centers in local law enforcement agencies. These crisis counselors are to conduct follow-up contacts with children, adolescents, and adults who have been involuntarily committed under the Baker Act by a law enforcement officer and provide follow-up care to individuals in the community that law enforcement has identified as needing additional mental health support.

The bill details what services the community mobile support team is required to offer and also details the requirements of a community mental health center contracted by the managing entity.

The bill has an indeterminate, but likely significant, negative fiscal impact on state government. See Section V., Fiscal Impact Statement.

The bill takes effect July 1, 2024.

II. Present Situation:

Mental Health and Mental Illness

Mental Health is a state of well-being in which the individual realizes his or her own abilities to cope with normal stresses of life, can work productively and fruitfully, and can contribute to his or her community.[1] The primary indicators used to evaluate an individual's mental health are:[2]

- Emotional well-being: perceived life satisfaction, happiness, cheerfulness, and peacefulness;
- Psychological well-being: self-acceptance, personal growth including openness to new experiences, optimism, hopefulness, purpose in life, control of one's environment, spirituality, self-direction, and positive relationships; and
- Social well-being: social acceptance, beliefs in the potential of people and society as a whole, personal self-worth and usefulness to society, sense of community.

Mental illness is collectively all diagnosable mental disorders or health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress or impaired functioning.[3] Thus, mental health refers to an individual's mental state of well-being whereas mental illness signifies an alteration of that well-being. Mental illness affects millions of people in the United States each year. More than one in five adults live with a mental illness.[4] Young adults between the ages of 18 to 25 had the highest prevalence of any mental illness[5] (33.7 percent) compared to adults between the ages of 26 to 49 (28.1 percent) and adults age 50 and older (15 percent).[6]

Mental Health Safety Net Services

The Department of Children and Families (DCF) administers a statewide system of safety-net services for substance abuse and mental health (SAMH) prevention, treatment, and recovery for children and adults who are otherwise unable to obtain these services. SAMH programs include a range of prevention, acute interventions (e.g., crisis stabilization), residential treatment, transitional housing, outpatient treatment, and recovery support services. Services are provided based upon state and federally-established priority populations.

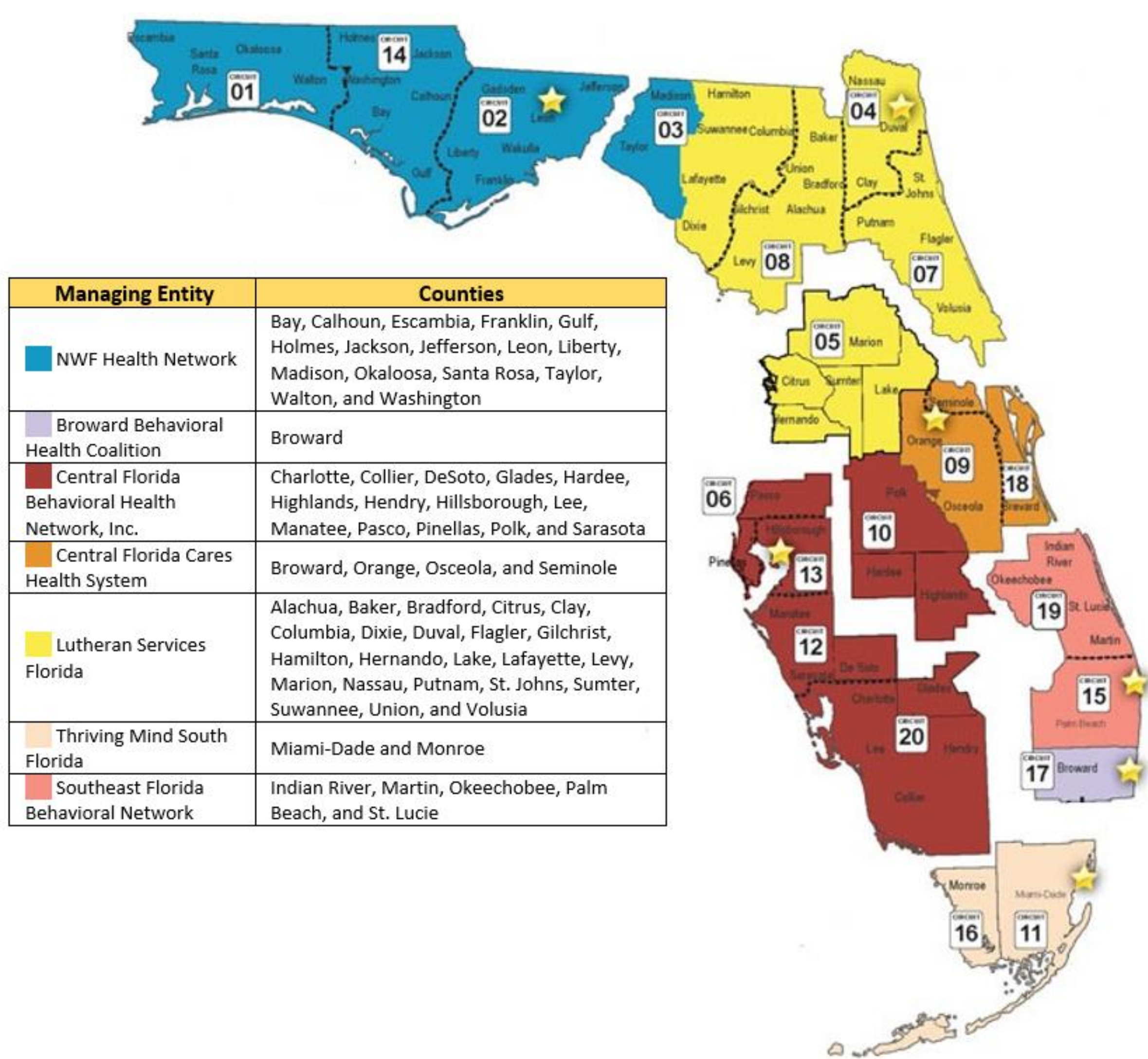
Behavioral Health Managing Entities

In 2001, the Legislature authorized DCF to implement and pilot behavioral health managing entities (MEs) as the management structure for the delivery of local mental health and substance

[1] World Health Organization, *Mental Health: Strengthening Our Response*, https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response (last visited January 20, 2024).
[2] Centers for Disease Control and Prevention, *Mental Health Basics*, http://medbox.iiab.me/modules/en-cdc/www.cdc.gov/mentalhealth/basics.htm (last visited January 20, 2024).
[3] *Id.*
[4] National Institute of Mental Health, *Mental Illness*, https://www.nimh.nih.gov/health/statistics/mental-illness (last visited January 20, 2024).
[5] Any mental illness (AMI) is defined as a mental, behavioral, or emotional disorder. AMI can vary in impact, ranging from no impairment to mild, moderate, and even severe impairment (e.g., individuals with serious mental illness).
[6] National Institute of Mental Health (NIH), *Mental Illness*, https://www.nimh.nih.gov/health/statistics/mental-illness (last visited January 20, 2024).

abuse services.[7] In 2008, the Legislature authorized DCF to implement MEs statewide.[8] MEs were fully implemented statewide in 2013, serving all geographic regions.

DCF currently contracts with seven MEs for behavioral health services throughout the state. These entities do not provide direct services; rather, they allow the DCF's funding to be tailored to the specific behavioral health needs of various regions of the state. The regions are as follows:[9]



Managing Entity	Counties
NWF Health Network	Bay, Calhoun, Escambia, Franklin, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Walton, and Washington
Broward Behavioral Health Coalition	Broward
Central Florida Behavioral Health Network, Inc.	Charlotte, Collier, DeSoto, Glades, Hardee, Highlands, Hendry, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, and Sarasota
Central Florida Cares Health System	Broward, Orange, Osceola, and Seminole
Lutheran Services Florida	Alachua, Baker, Bradford, Citrus, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Hernando, Lake, Lafayette, Levy, Marion, Nassau, Putnam, St. Johns, Sumter, Suwannee, Union, and Volusia
Thriving Mind South Florida	Miami-Dade and Monroe
Southeast Florida Behavioral Network	Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie

Coordinated System of Care

Managing entities are required to promote the development and implementation of a coordinated system of care.[10] A coordinated system of care means a full array of behavioral and related

[7] Ch. 2001-191, Laws of Fla.
[8] Ch. 2008-243, Laws of Fla.
[9] DCF, *Managing Entities*, https://www.myflfamilies.com/services/samh/providers/managing-entities (last visited January 20, 2024).
[10] Section 394.9082(5)(d), F.S.

services in a region or community offered by all service providers, providing service under contract with a managing entity or by another method of community partnership or mutual agreement.[11] A community or region provides a coordinated system of care for those with a mental illness or substance abuse disorder through a no-wrong-door model, to the extent allowed by available resources. MEs must submit detailed plans to enhance crisis services based on the no-wrong-door model or to meet specific needs identified in DCF's assessment of behavioral health services in this state.[12] DCF must use performance-based contracts to award grants.[13]

There are several essential elements, which make up a coordinated system of care, including:[14]

- Community interventions;
- Case management;
- Care coordination;
- Outpatient services;
- Residential services;
- Hospital inpatient care;
- Aftercare and post-discharge services;
- Medication-assisted treatment and medication management; and
- Recovery support.

A coordinated system of care must include, but is not limited to, the following array of services:[15]

- Prevention services;
- Home-based services;
- School-based services;
- Family therapy;
- Respite services;
- Outpatient treatment;
- Crisis stabilization;
- Therapeutic foster care;
- Residential treatment;
- Inpatient hospitalization;
- Care management;
- Services for victims of sex offenses;
- Transitional services; and
- Trauma-informed services for children who have suffered sexual exploitation.

The Baker Act

The Florida Mental Health Act, commonly referred to as the Baker Act, was enacted in 1971 to revise the state's mental health commitment laws.[16] The Act includes legal procedures for mental

[11] Section 394.4573(1)(c), F.S.
[12] Section 394.4573(1)(c), F.S.
[13] *Id.*
[14] Section 394.4573(2), F.S.
[15] Section 394.495(4), F.S.
[16] The Baker Act is contained in Part I of Ch. 394, F.S.

health examination and treatment, including voluntary and involuntary examinations. It, additionally, protects the rights of all individuals examined or treated for mental illness in Florida.[17]

Receiving Facilities

Individuals in an acute mental or behavioral health crisis may require emergency treatment to stabilize their condition. Emergency mental health examination and stabilization services may be provided on a voluntary or involuntary basis.[18] Individuals receiving services on an involuntary basis must be taken to a facility that has been designated by DCF as a receiving facility.

Receiving facilities, often referred to as Baker Act receiving facilities, are public or private facilities designated by DCF to receive and hold or refer, as appropriate, involuntary patients under emergency conditions for mental health or substance abuse evaluation and to provide treatment or transportation to the appropriate service provider.[19] A public receiving facility is a facility that has contracted with a managing entity to provide mental health services to all persons, regardless of their ability to pay, and is receiving state funds for such purpose.[20] Funds appropriated for Baker Act services may only be used to pay for services diagnostically and financially eligible persons, or those who are acutely ill, in need of mental health services, and the least able to pay.[21]

Crisis Stabilization Units

Crisis Stabilization Units (CSUs) are public receiving facilities that receive state funding and provide a less intensive and less costly alternative to inpatient psychiatric hospitalization for individuals presenting as acutely mentally ill. CSUs screen, assess and admit individuals brought to the unit under the Baker Act, as well as those individuals who voluntarily present themselves, for short-term services. 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 to the most appropriate and least restrictive treatment settings, consistent with their mental health needs.[22] Individuals often enter the public mental health system through CSUs.

Involuntary Examination

An involuntary examination is required if there is reason to believe that the person has a mental illness and, because of his or her mental illness, has refused a voluntary examination, is likely to refuse to care for him or herself to the extent that such refusal threatens to cause substantial harm to that person’s well-being, and such harm is unavoidable through the help of willing family members or friends, or will cause serious bodily harm to him or herself or others in the near future based on recent behavior.[23]

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[17] Section 394.459, F.S.
[18] Section 394.4625 and 394.463, F.S.
[19] Section 394.455(40), F.S. This term does not include a county jail.
[20] Section 394.455(38), F.S.
[21] Rule 65E-5.400(2), F.A.C.
[22] Section 394.875, F.S.
[23] Section 394.463(1), F.S.

An involuntary examination may be initiated by:
- A court entering an ex parte order stating that a person appears to meet the criteria for involuntary examination, based on sworn testimony;[24] or
- A physician, clinical psychologist, psychiatric nurse, autonomous advanced practice registered nurse, mental health counselor, marriage and family therapist, or clinical social worker executing a certificate stating that he or she has examined a person within the preceding 48 hours and finds that the person appears to meet the criteria for involuntary examination, including a statement of the professional's observations supporting such conclusion.[25]

Unlike the discretion afforded to courts and medical professionals, current law mandates that law enforcement officers must initiate an involuntary examination of a person who appears to meet the criteria by taking him or her into custody and delivering or having the person delivered to a receiving facility for examination.[26]

Under the Baker Act, a receiving facility has up to 72 hours to examine an involuntary patient.[27] During those 72 hours, an involuntary patient must be examined to determine if the criteria for involuntary services are met.[28] Within that 72-hour examination period, one of the following must happen:[29]
- The patient must be released, unless he or she is charged with a crime, in which case, law enforcement will assume custody;
- The patient must be released for voluntary outpatient treatment;
- The patient, unless charged with a crime, must give express and informed consent to be placed and admitted as a voluntary patient; or
- A petition for involuntary placement must be filed in circuit court for involuntary outpatient or inpatient treatment.

III. Effect of Proposed Changes:

Section 1 amends s. 394.495, F.S., to require the Department of Children and Families to contract with managing entities throughout the state for community mobile support teams to place crisis counselors from community mental health centers within local law enforcement agencies. These crisis counselors are to conduct follow-up contacts with children, adolescents, and adults who have been involuntarily committed under the Baker Act by a law enforcement officer.

The bill provides the goal of the partnership is to reduce recidivism of law enforcement Baker Act commitments, reduce the time burden of law enforcement completing follow-up work with individuals after they have been subject to treatment under the Baker Act, provide additional crisis intervention services, engage individuals in ongoing mental health care, and provide a source for mental health crisis intervention other than law enforcement.

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[24] Section 394.463(2)(a)1., F.S. The order of the court must be made a part of the patient's clinical record.
[25] Section 394.463(2)(a)3., F.S. The report and certificate must be made a part of the patient's clinical record.
[26] Section 394.463(2)(a)2., F.S.
[27] Section 394.463(2)(g), F.S.
[28] Section 394.463(2)(f), F.S.
[29] Section 394.463(2)(g), F.S.

The bill requires a crisis counselor to, at a minimum:
- Provide follow-up care to individuals in the community that law enforcement has identified as needing additional mental health support.
- Conduct home visits to assist individuals in connecting with appropriate aftercare services in his or her community following his or her discharge from a Baker Act receiving facility.
- Provide support to aid a person during the transition period his or her release from commitment under the Baker Act to connection with aftercare services.
- Provide brief crisis counseling and assessment for additional needs.

The bill requires a community mobile support team to offer, at a minimum, the following services:
- Crisis assessment.
- Community-based crisis counseling.
- In-person, follow-up care after involuntary commitment under the Baker Act by a law enforcement officer.
- Assistance with accessing and engaging in aftercare services.
- Assistance with obtaining other necessary community resources to maintain stability.
- Coordination of safety planning.

The bill requires the community mental health center contracted by the managing entity to, at a minimum:
- Collaborate with local law enforcement offices in the planning, development, and program evaluation processes.
- Require that services are available seven days a week.
- Establish independent response protocols and memoranda of understanding with local law enforcement agencies.

Section 2 provides that the bill take effect July 1, 2024.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The bill may have a significant, negative fiscal impact on state government due to the provision that requires contracts between the behavioral health managing entities and community mental health centers to employ community mobile support team crisis counselors in local law enforcement agencies to perform the duties detailed within the bill. As of this writing, the Department of Children and Families has not submitted an estimate of such fiscal impact.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 394.495 of the Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Substantial Changes:

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

CS by Children, Families, and Elder Affairs on January 23, 2024:

The committee substitute makes the following changes:

- Requires the community mobile support team crisis counselor to provide follow-up care to individuals in the community that law enforcement has identified as needing additional mental health support.
- Details what services the community mobile support team is required to offer.
- Details the requirements of a community mental health center contracted by the managing entity.

B. Amendments:

None.

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