

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 Appropriations

BILL: CS/SB 330

INTRODUCER: Appropriations Committee on Health and Human Services and Senator Boyd and others

SUBJECT: Behavioral Health Teaching Hospitals

DATE: February 21, 2024 **REVISED:** _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Tuszynski</u>	<u>McKnight</u>	<u>AHS</u>	Fav/CS
2.	<u>Tuszynski</u>	<u>Sadberry</u>	<u>AP</u>	Favorable

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 330 creates a new “behavioral health teaching hospital” designation within ch. 395, F.S. to mean a licensed community-based hospital that has partnered with a state university school of medicine and offers specific behavioral health education.

The bill designates four medical school and hospital partnerships as 3-year pilot behavioral health teaching hospitals (BHTH). The bill requires these pilots to meet the designation criteria by the end of the pilot on July 1, 2027.

After the end of the 3-year pilot, the bill requires the Department of Children and Families (DCF) in coordination with other stakeholders, to provide a report on the effectiveness and barriers to implementation of the BHTH model as well as make certain recommendations on how to enhance the model, including whether to expand BHTHs beyond the original designees. This report is due by July 1, 2028.

The bill establishes the Florida Center for Behavioral Health Workforce (Center) within the University of South Florida’s Louis de la Parte Florida Mental Health Institute. The Center will:

- Design and implement a longitudinal study to analyze issues of workforce supply and demand in behavioral health professions in the state, including recruitment, retention, and other workforce issues;
- Develop a statewide plan with recommendations for systemic changes and strategies;
- Enhance and promote behavioral health professionals; and

- Convene various stakeholders to review the Center’s analysis, recommend systemic changes, and evaluate and report the results to the Legislature.

The bill also requires the DCF to contract for a study of Florida’s forensic, voluntary and involuntary civil commitment, and statewide inpatient psychiatric program bed capacity. The study must be completed by January 31, 2025.

The bill has a significant, negative impact on state expenditures and provides appropriations to implement provisions of the bill. *See* Section V., Fiscal Impact Statement.

The bill takes effect July 1, 2024, except as otherwise expressly provided in the bill.

II. Present Situation:

Behavioral Health

Behavioral health generally refers to mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms.¹ Behavioral health care refers to the prevention, diagnosis, and treatment of those conditions.²

In 2022, the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that 23.1 percent of the U.S. population experienced some form of mental illness, known as any mental illness (AMI); this is approximately 59.3 million Americans.³ Of that 59.3 million Americans, 6 percent experienced a serious mental illness (SMI).^{4,5}

¹ The American Medical Association, *What is behavioral health?*, available at <https://www.ama-assn.org/delivering-care/public-health/what-behavioral-health> (last visited Jan. 12, 2024).

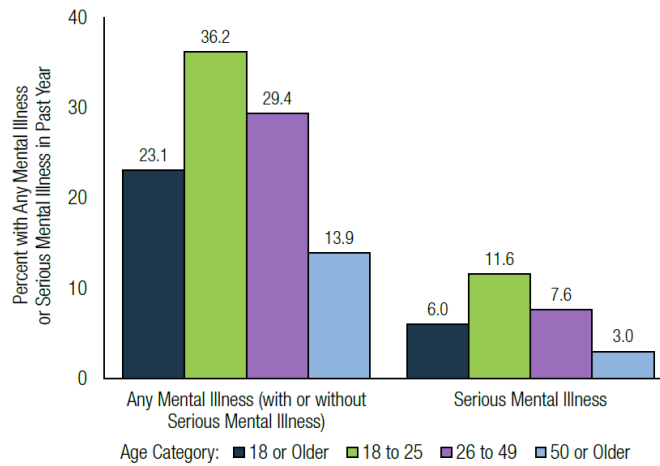
² *Id.*

³ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Key Substance Use and Mental Health Indicators in the United States: Results from the 2022 National Survey on Drug Use and Health*, pg. 40, available at: <https://www.samhsa.gov/data/sites/default/files/reports/rpt42731/2022-nsduh-nmr.pdf> (last visited Jan. 12, 2024).

⁴ *Id.*, pg. 41.

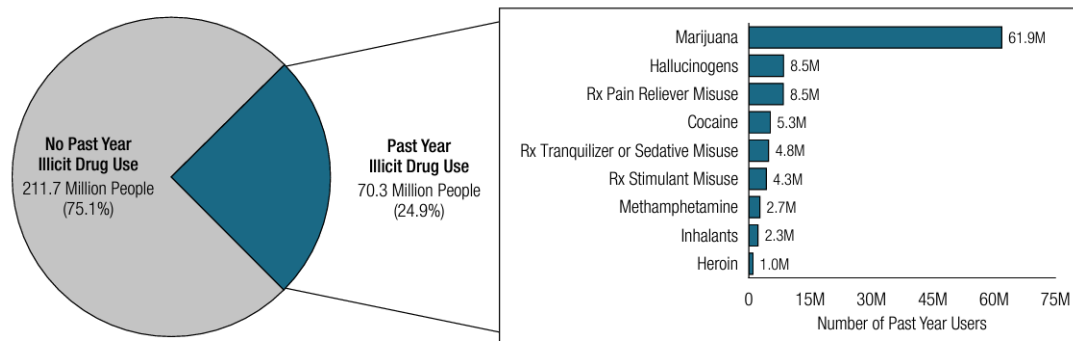
⁵ Serious Mental Illness (SMI) is commonly defined as mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities; National Institutes of Mental Health, *Mental Illness*, available at <https://www.nimh.nih.gov/health/statistics/mental-illness> (last visited Jan. 12, 2024).

Any Mental Illness (AMI) or Serious Mental Illness (SMI) in the Past Year: Adults aged 18 or Older⁶



In 2022, this same study collected illicit drug use information and estimates that 70.3 million people aged 12 or older used illicit drugs, the most common of these drugs being marijuana.⁷

Illicit Drug Use in the Past Year: Among People Aged 12 or Older⁸



Rx = prescription.

Note: The estimated numbers of past year users of different illicit drugs are not mutually exclusive because people could have used more than one type of illicit drug in the past year.

⁶ Serious Mental Illness (SMI) is commonly defined as mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities; National Institutes of Mental Health, Mental Illness, available at <https://www.nimh.nih.gov/health/statistics/mental-illness> (last visited Jan. 12, 2024).

⁷ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Key Substance Use and Mental Health Indicators in the United States: Results from the 2022 National Survey on Drug Use and Health*, pg. 14, available at: <https://www.samhsa.gov/data/sites/default/files/reports/rpt42731/2022-nsduh-nmr.pdf> (last visited Jan. 12, 2024).

⁸ *Id.*

The Health Care Workforce Shortage

The term “health care workforce” means health care professionals working in health service settings. Physicians and nurses make up the largest segments of the health care workforce.⁹ The United States has a health care professional shortage nationwide and this shortage is predicted to continue into the foreseeable future and will likely worsen as the aging U.S. population continues to grow¹⁰ and the expanded access to health care resulting from the federal Affordable Care Act.¹¹ Aging populations create a disproportionately higher health care demand due to seniors having a higher per capita consumption of health care services than younger populations.¹² Additionally, as more individuals qualify for health care benefits, there will likely be a greater demand for more health care professionals to provide these services.

Health Care Professional Shortage Areas

A health care professional shortage area (HPSA) is a geographic area, population group, or health care facility designated by the U.S. Health Resources & Services Administration (HRSA) as having a shortage of health professionals. There are three categories of HPSA: primary care, dental health, and mental health.¹³ As of September 30, 2023, there are 304 primary care HPSAs, 266 dental HPSAs, and 228 mental health HPSAs designated within Florida. To eliminate these recognized shortages, it would take an additional 1,803 primary care physicians, 1,317 dentists, and 587 psychiatrists.¹⁴

Each HPSA is given a score by the HRSA indicating the severity of the shortage in that area, population, or facility. The scores for primary care and mental health HPSAs can be between 0 and 25 and between 0 and 26 for dental health HPSAs, with a higher score indicating a more severe shortage.¹⁵

⁹ Spencer, Ph.D., M.P.H., Emma, Division Director, Division of Public Health Statistics and Performance Management, The Department of Health, *Florida’s Physician and Nursing Workforce*, presented in Florida Senate Health Policy Committee meeting Nov. 14, 2023, published Nov. 15, 2023, (on file with the Senate Health Policy Committee).

¹⁰ The U.S. population is expected to increase by 79 million people by 2060, and average of 1.8 million people each year between 2017 and 2060. See U.S. Census Bureau, *Demographic Turning Points for the U.S.; Population Projections for 2020 to 2060* (February 2020), available at <https://www.census.gov/content/dam/Census/library/publications/2020/demo/p25-1144.pdf> (last visited Jan. 14, 2024).

¹¹ Association of American Medical Colleges, *The Complexities of Physician Supply and Demand: Projections from 2019 to 2034*, (June 2021), available at <https://www.aamc.org/media/54681/download> (last visited Jan. 14, 2024).

¹² The nation’s 65-and-older population is projected to nearly double in size in coming decades, from 49 million in 2016 to 95 million people in 2060. See: U.S. Census Bureau, *U.S. and World Population Clock*, available at <https://www.census.gov/popclock/>, and U.S. Census Bureau, *U.S. Population Projected to Begin Declining in Second Half of Century* (Nov. 9, 2023), available at <https://www.census.gov/newsroom/press-releases/2023/population-projections.html> (both sites last visited Jan. 10, 2024).

¹³ *Health Professional Shortage Areas (HPSAs) and Your Site*, National Health Service Corps, available at <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/workforce-shortage-areas/nhsc-hpsas-practice-sites.pdf>, (last visited Jan. 13, 2024).

¹⁴ Bureau of Health Workforce, Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services, *Designated Health Professional Shortage Areas Statistics, Fourth Quarter of Fiscal Year 2023* (Sept. 30, 2023), available at <https://data.hrsa.gov/topics/health-workforce/health-workforce-shortage-areas?hmpgtile=hmpg-hlth-srvcs> (last visited December 4, 2023). To generate the report, select “Designated HPSA Quarterly Summary.”

¹⁵ HRSA, *Scoring Shortage Designations*, available at <https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation/scoring>, (last visited Jan. 13, 2024).

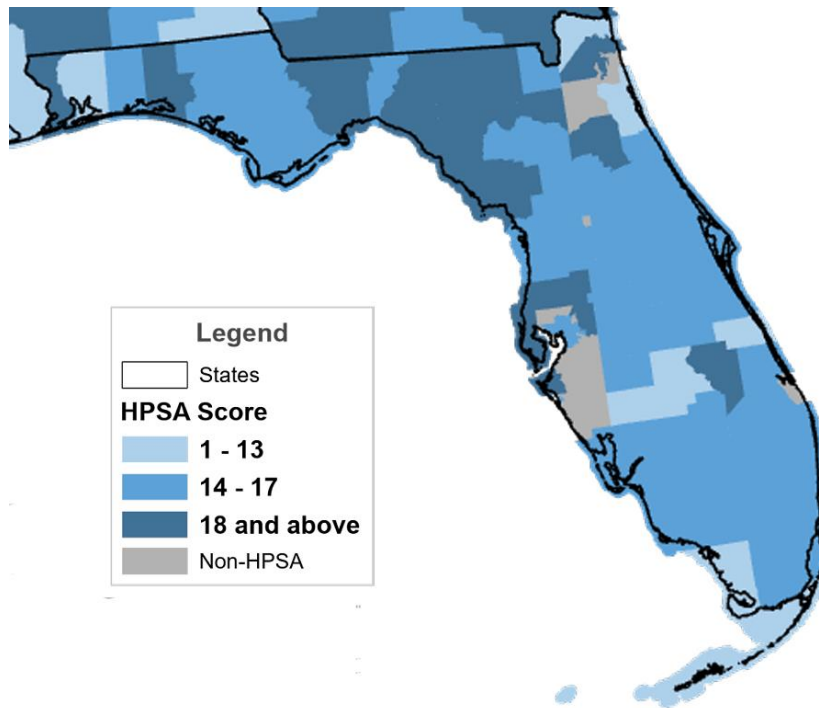
Florida’s Behavioral Health Workforce Shortage

Challenges for the Behavioral Health Workforce

Several factors affect the ability of the behavioral health workforce to provide quality care. However, one of the greatest is population demographics and the lack of workforce to provide the necessary care.¹⁶ Youth behavioral concerns are on the rise as well as a growing and unique behavioral health need among older adults.¹⁷ It is estimated that by 2060, the number of adults aged 65 and older is projected to increase by 54 percent, compared to only a 9 percent increase in the total U.S. population.¹⁸

Florida’s Mental Health HPSAs

As of January 2024, Florida has 19 geographical area mental health HPSAs. Six of these have a score between zero and 13. Thirteen have scores between 14 and 25.¹⁹ Below is a map of mental health HPSAs in Florida, which details the associated HPSA score and indicates HPSAs involving every county.²⁰



¹⁶ See HRSA, Health Workforce, *Behavioral Health Workforce Brief, 2023*, available at <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/Behavioral-Health-Workforce-Brief-2023.pdf> (last visited Jan. 13, 2024).

¹⁷ *Id.*

¹⁸ U.S. Census Bureau, *2022 National Population Projections Tables: Main Series Table 2, projected age and sex composition of the population, 2022*, available at <https://www.census.gov/data/tables/2023/demo/popproj/2023-summary-tables.html> (last viewed Jan. 15, 2024).

¹⁹ HRSA, *Health Workforce Shortage Areas*, available at <https://data.hrsa.gov/topics/health-workforce/shortage-areas> (last visited Jan. 15, 2024).

²⁰ *Id.*

Today, HRSA’s National Center for Health Workforce Analysis projects that Florida is at a 73 percent overall adequacy rate²¹ for the behavioral health workforce.²² The Center projects an overall adequacy rate for the behavioral health workforce of only 60 percent by 2030.²³

Behavioral Health Education

Graduate Medical Education for Psychiatry

The continuum of formal physician education begins with undergraduate medical education in an allopathic or osteopathic medical school. U.S. medical schools confer the M.D. or D.O. degree. U.S. graduates with these degrees combine with some of the graduates of non-U.S. medical schools in competing for residency program slots. Graduate medical education, or GME, is the post-graduate period often called residency training. GME has evolved from an apprenticeship model to a curriculum-based education program. Learning is still predominantly based on resident participation in patient care, under supervision, with increasing independence through the course of training.²⁴ Most residency programs are sponsored by and take place in large teaching hospitals and academic health centers. However, as health care services are increasingly provided in ambulatory and community-based settings, residency training is beginning to expand to non-hospital sites.²⁵ Every U.S. state requires residency training to receive an unrestricted license to practice medicine.²⁶

Graduate Education for Clinical Psychologists

The formal education of a Clinical Psychologist usually begins with an undergraduate degree in psychology followed by a doctoral degree in psychology from an accredited education institution.²⁷ Most doctoral degrees take five to seven years to complete with a requirement to pass a comprehensive exam and write and defend a dissertation.²⁸ Florida law requires two years or 4,000 hours of supervised experience for licensure.²⁹ If the doctoral student wants to practice as a psychologist in a clinical setting, the student will also have to complete a one-year internship as part of their doctoral study for their selected area of practice.³⁰

²¹ Workforce Adequacy rate is calculated by dividing the projected supply of workforce by the projected demand of workforce as calculated by HRSA.

²² HRSA, Workforce Projections, available at <https://data.hrsa.gov/topics/health-workforce/workforce-projections> (last visited Jan. 15, 2024); HRSA’s “Behavioral Health Workforce” includes: Psychiatrists (adult and pediatric), Addiction Counselors, Child, Family, & School Social Workers, Marriage & Family Therapists, Substance Abuse Social Workers, Mental Health Counselors, Psychiatric Aides, Psychiatric Assistants, Psychologists, and School Counselors.

²³ *Id.*

²⁴ *Graduate Medical Education That Meets the Nation's Health Needs*, Committee on the Governance and Financing of Graduate Medical Education; Board on Health Care Services; Institute of Medicine; Eden J, Berwick D, Wilensky G, editors. Washington (DC): National Academies Press (US); 2014 Sep 30. 1, Introduction. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK248032/>, (last visited Jan. 14, 2024).

²⁵ *Id.*

²⁶ *Id.*

²⁷ American Psychological Association, *A Career in Clinical or Counseling Psychology*, available at <https://www.apa.org/education-career/guide/subfields/clinical/education-training> (last visited Jan. 16, 2024).

²⁸ *Id.*

²⁹ Section 490.005, F.S.; Rule 64B19-11.005, F.A.C.;

³⁰ American Psychological Association, *A Career in Clinical or Counseling Psychology*, available at <https://www.apa.org/education-career/guide/subfields/clinical/education-training> (last visited Jan. 16, 2024).

Behavioral Health Workforce Education and Training

In addition to Psychiatry, HRSA recognizes many education and training programs as Behavioral Health Workforce, to include programs at accredited institutions of higher education in psychology, school psychology, psychiatric nursing, social work, marriage and family therapy, occupational therapy, school counseling, and professional addiction and mental counseling.³¹ These types of programs vary in length and degree, but are all part of integrated behavioral health workforce education and training.

The Florida Mental Health Act

The Florida Mental Health Act, otherwise known as the Baker Act, was enacted in 1971 to revise the state's mental health commitment laws.³² The Baker Act provides legal procedures for mental 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.³³ 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.³⁴

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 voluntary examination, or is likely to refuse to care for himself or herself to the extent that such refusal threatens to cause substantial harm to his or her well-being and such harm is unavoidable through help of willing family members or friends, or will cause serious bodily harm to himself or herself or others in the near future based on recent behavior.³⁵

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;³⁶
- A law enforcement officer taking a person who appears to meet the criteria for involuntary examination into custody and delivering the person or having him or her delivered to a receiving facility for examination,³⁷ or

³¹ HRSA, Health Workforce, *Projecting Health Workforce Supply and Demand*, available at <https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand> (last visited Jan. 15, 2024); See HRSA, *Behavioral Health Workforce Education and Training (BHWET) Program for Professionals*, available at <https://www.hrsa.gov/grants/find-funding/HRSA-21-089> (last visited Jan. 12, 2024).

³² Sections 394.451-394.47892, F.S.

³³ Section 394.459, F.S.

³⁴ Sections 394.4625, 394.463, and 394.4655, F.S.

³⁵ Section 394.463(1), F.S.

³⁶ Section 394.463(2)(a)1., F.S. The order of the court must be made a part of the patient's clinical record.

³⁷ Section 394.463(2)(a)2., F.S. The officer must execute a written report detailing the circumstances under which the person was taken into custody, and the report must be made a part of the patient's clinical record.

- A physician, clinical psychologist,³⁸ psychiatric nurse,³⁹ an 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 practitioner's observations supporting such conclusion.⁴⁰

Involuntary patients must be taken to either a public or private facility that has been designated by the DCF as a Baker Act receiving facility. The purpose of receiving facilities is to receive and hold, or refer, as appropriate, involuntary patients under emergency conditions for psychiatric evaluation and to provide short-term treatment or transportation to the appropriate service provider.⁴¹

Involuntary Placement

If an individual continues to be in need of services, a treatment facility may petition the court to order either involuntary inpatient treatment or involuntary outpatient treatment for the individual.⁴² Any petition for continued involuntary treatment, whether inpatient or outpatient, must be supported by the opinion of a psychiatrist, and the second opinion of a clinical psychologist or another psychiatrist, both of whom have personally examined the patient within the preceding 72 hours and determined that the criteria for involuntary services are met.⁴³ In a hearing on such petitions, a court may issue an order for involuntary outpatient services, involuntary inpatient services, or an involuntary assessment, appoint a guardian, or order the patient's discharge.⁴⁴

Voluntary Admissions

Baker Act receiving facilities may also admit any person 18 years of age or older making application by express and informed consent for admission, or any person age 17 or younger for whom such application is made by his or her guardian.⁴⁵ If found to show evidence of mental illness, to be competent to provide express and informed consent, and to be suitable for treatment, a person 18 years of age or older may be admitted to the facility.⁴⁶ A person 17 years of age or younger may only be admitted after a clinical review to verify the voluntariness of the minor's assent.

³⁸ Section 394.455(5), F.S., defines a "clinical psychologist" as a Florida-licensed psychologist with three years of postdoctoral experience in the practice of clinical psychology, inclusive of the experience required for licensure, or a psychologist employed by a facility operated by the U.S. Department of Veterans Affairs that qualifies as a receiving or treatment facility.

³⁹ Section 394.455(36), F.S., defines a "psychiatric nurse" as a Florida-licensed advanced practice registered nurse who has a master's or doctoral degree in psychiatric nursing, holds a national advanced practice certification as a psychiatric mental health advanced practice nurse, and has two years of post-master's clinical experience under the supervision of a physician.

⁴⁰ Section 394.463(2)(a)3., F.S. The report and certificate shall be made a part of the patient's clinical record.

⁴¹ Section 394.455(40), F.S.

⁴² See ss. 394.4655 and 394.467, F.S.

⁴³ Sections 394.4655(3)-(4), F.S., for involuntary outpatient services, and ss. 394.467(2)-(4), F.S., for involuntary inpatient services.

⁴⁴ Section 394.4655(7), F.S., for involuntary outpatient services, and ss. 394.467(6), F.S., for involuntary inpatient services.

⁴⁵ Section 394.4625(1)(a), F.S.

⁴⁶ *Id.*

Louis de la Parte Florida Mental Health Institute

Section 1004.44, F.S., establishes the Louis de la Parte Florida Mental Health Institute (FMHI) within the University of South Florida. The purpose of the FMHI is to strengthen mental health services throughout the state by providing technical assistance and support to mental health agencies and professionals.⁴⁷ Such assistance and services include:

- Technical training and specialized education.
- Development, implementation, and evaluation of mental health services programs.
- Evaluation of availability and effectiveness of existing mental health services.
- Analysis of factors that influence the incidence and prevalence of mental and emotional disorders.
- Dissemination of information about innovations in mental health services.
- Consultation on all aspects of program development and implementation.
- Provisions for direct client services, provided for a limited period of time either in the institute facility or in other facilities within the state, and limited to purposes of research or training.

Over the past 50 years, the FMHI and its partners have worked on issues involving mental health, substance use, co-occurring disorders, criminal justice, aging, and child welfare across the lifespan.⁴⁸

Slots for Doctors

In 2023, the Legislature created the Slots for Doctors program to require the Agency for Health Care Administration to annually allocate \$100,000 to hospitals and qualifying institutions for each newly created graduate medical education residency slot that is filled on or after June 1, 2023, and remains filled thereafter.⁴⁹ The new slot must be accredited by the Accreditation Council for Graduate Medical Education or the Osteopathic Postdoctoral Training Institution in an initial or established accredited training program which is in a physician specialty or subspecialty in a statewide supply-and-demand deficit. The program is designed to generate matching funds under the Medicaid program and distribute those funds to participating hospitals and qualifying institutions.

Training, Education, and Clinicals in Health (TEACH) Funding Program

The TEACH Funding Program is created in SB 7016 (2024), the Live Healthy bill. The program is created to provide a high-quality educational experience with “qualified facilities,” defined as federally qualified health centers, community mental health centers, rural health clinics, and certified community behavioral health clinics. The program does this by providing specific funding to offset the administrative costs and loss of revenue associated with training residents and students to become licensed health care practitioners. The program is intended to be used to

⁴⁷ Section 1004.44(1), F.S.

⁴⁸ University of South Florida, College of Behavioral & Community Sciences, Louis de la Parte Florida Mental Health Institute Annual Report 2022, pg. 1, available at https://www.usf.edu/cbcs/fmhi/documents/2022_annual_report/annual_report_22.pdf (last visited Jan. 16, 2024).

⁴⁹ Chapter 2023-243, Laws of Florida; codified as s. 409.909(6), F.S.

support the state Medicaid program and underserved populations by expanding the available health care workforce. The qualified facilities under TEACH that operate residency programs may not be reimbursed more than \$100,000 per fiscal year.

III. Effect of Proposed Changes:

Section 1 creates Part VI of ch. 395, F.S., and entitles it “Behavioral Health Teaching Hospitals.” This creates a specific hospital designation that is further defined and detailed in the bill’s language.

Section 2 creates s. 395.901, F.S., in newly created Part VI, and defines the term “agency” to mean the Agency for Health Care Administration (AHCA) and the term “behavioral health teaching hospital” to mean a licensed community-based hospital that has partnered with a state university school of medicine and offers specific behavioral health education as detailed in newly created s. 395.902, F.S.

The bill also provides legislative findings and intent to highlight the purpose of creating the new behavioral health teaching hospital (BHTH) designation and highlight the intent of the Legislature to pilot BHTHs to develop and implement a statewide model.

Section 3 creates s. 395.902, F.S., and details how a hospital, in partnership with a university school of medicine, may seek designation as a BHTH. Specifically, the bill requires the hospital to meet the following criteria:

- Offer a psychiatric residency program accredited through the Accreditation Council of Graduate Medical Education;
- Offer a postdoctoral clinical psychology fellowship program accredited by the American Psychological Association;
- Develop and maintain a consultation agreement with the Louis de la Parte Florida Mental Health Institute (FMHI), including the newly created Florida Center for Behavioral Health Workforce (Center); and
- Develop and submit a plan to the Department of Children and Families (DCF) and Center that meets all of the following:
 - Promotes the development of integrated behavioral health workforce educational programs to include practicums and internships for both clinical and nonclinical behavioral and physical health professions;
 - Promotes a coordinated system of care which offers specific treatment and services;
 - Coordinates and promotes innovated partnerships that integrate colleges and schools of nursing, psychology, social work, pharmacy, public health, and other relevant disciplines with existing local and regional programs, clinics, and resources;
 - Develops processes to identify local gaps in access to inpatient care;
 - Builds capacity in safety net inpatient and outpatient behavioral health services; and
 - Provides bed capacity to support state hospital needs.

The bill names, as 3-year pilots, the following partnerships as designated BHTHs, notwithstanding meeting the designation criteria, to allow them to be part of the development and implementation of the model:

- The University of South Florida Morsani College of Medicine and Tampa General Hospital.

- The University of Florida School of Medicine and UF Health Shands Hospitals in both Gainesville and Jacksonville.
- The University of Miami Miller School of Medicine and Jackson Memorial Hospital.

These pilot BHTHs are required to meet designation requirements by July 1, 2027.

The bill requires designated BHTHs to annually report to the DCF the current status of the program, including, but not limited to:

- Number of residents;
- Number of postdoctoral clinical psychology fellows;
- Status and details of the consultation agreement with the FMHI and Center; and
- Status and implementation details of the overall BHTH plan required for designation.

Upon completion of the 3-year pilot, the bill also requires a report by the DCF, in collaboration with the Center, the pilot BHTHs, and other relevant stakeholders. The report must, at a minimum:

- Evaluate the effectiveness of the BHTH model.
- Discuss barriers to the implementation and operation of the model.
- Recommend policy changes to enhance the model to better meet the intent of the Legislature.
- Evaluate and recommend whether the state should maintain the original designated pilot BHTH locations or detail the necessity for and recommend the expansion of the model to new partnership sites.

Section 4 amends s. 409.91256, F.S., as created in SB 7016, Regular Session 2024, the “Live Healthy” bill. The section creates the Training, Education, and Clinicals in Health (TEACH) funding program that provides funds to certain qualified facilities to offset administrative costs and loss of revenue associated with training residents and students to become licensed health care practitioners.

The bill adds BHTHs to the definition of “qualified facilities” in that section to allow BHTHs to access those funds.

Section 5 amends s. 1004.44, F.S., to establish the Center within the Louis de la Parte FMHI. The Center is created to address issues of workforce supply and demand in behavioral health professions. The goals of the center are to design and implement a longitudinal study of the state’s behavioral health workforce, develop a strategic statewide plan for the behavioral health workforce, and enhance and promote behavioral health professionals in the state.

The bill requires the Center to design and implement a longitudinal study that, at a minimum:

- Produces a biennial data-driven analysis of the supply and demand of the behavioral health workforce by:
 - Identifying and defining specific professions to be considered “behavioral health professions;”
 - Establishing and maintaining a database on supply and demand of the workforce; and
 - Analyzing the current and future supply and demand in the state.
- Develop recommendations and strategies to increase behavioral health professions.

- Develop best practices in academic preparation and continuing education needs for behavioral health professionals.
- Collect data on behavioral health profession employment, distribution, and retention.

The bill requires the Center to develop a strategic plan that:

- Pilots innovative projects to support the recruitment, development, and retention of qualified behavioral health professionals.
- Encourages and coordinates the development of academic-practice partnerships, to support behavioral health faculty employment and advancement.
- Develops distance-learning infrastructure and the evidence-based use of technology, simulation, and distance learning.

To enhance and promote behavioral health professionals, the bill also requires the Center to develop and promote:

- Behavioral health excellence programs;
- Reward, recognition, and renewal activities; and
- Media and image building efforts.

The bill requires the Center to convene various stakeholders to include the Commission on Mental Health and Substance Use Disorder to review the Center's analysis, recommend systemic changes, and evaluate and report the results to the Legislature.

To assist in the implementation of these required duties, the Center may request from the licensing boards of behavioral health professions any information held by the board regarding a professional licensed in the state or holding a multistate license, other than personal identifying information.

The Center must submit an annual report to the Governor, the President of the Senate, and the Speaker of the House by January 10 of each year.

The bill grants the Board of Governors and State Board of Education, in consultation with the Center, rulemaking authority to adopt necessary rules to implement this section beginning in the 2025-2026 fiscal year.

Section 6 requires the DCF to contract for a study of Florida's forensic, voluntary and involuntary civil commitment, and statewide inpatient psychiatric program bed capacity. The study must be completed by January 31, 2025, and at a minimum include:

- An analysis of Florida's bed capacity in forensic, civil commitment, and statewide inpatient psychiatric programs.
- Policy recommendations for ensuring sufficient involuntary commitment bed capacity.
- An evaluation of maintaining civil commitment beds as a requirement for designation as a BHTH to include potential costs related to capital outlay, enhanced bed rate, and staffing requirements.
- Recommendations for promoting coordination between Florida's involuntary commitment system, BHTHs, and other integrated health programs.

Section 7 of the bill provides an appropriation of \$1 million in nonrecurring funds from the General Revenue Fund to the DCF to contract for a detailed study of the state’s forensic, civil commitment, and state inpatient psychiatric program bed capacity.

Section 8 of the bill provides an appropriation of \$5 million in recurring funds from the General Revenue Fund to the University of South Florida/FMHI to implement and operate the Center.

Section 9 of the bill provides an appropriation of \$6 million, \$2.6 million in recurring funds from the General Revenue Fund and \$3.4 million in recurring funds from the Medical Care Trust Fund, to the AHCA to fund 10 Slots for Doctors residency positions for each designated pilot BHTH at an increased rate of \$150,000 per position.

Section 10 of the bill provides an appropriation of \$100 million in nonrecurring funds from the General Revenue Fund to DCF’s Grants and Donation Trust Fund for the development and implementation of the behavioral health teaching hospital model. The funds are to be placed in reserve. The release of the funds is contingent upon the submission of an equitable allocation and detailed spending plan including operating and capital expenditures, developed in consultation with the pilot behavioral health teaching hospitals (BHTHs).

The funds must be used to develop and implement the BHTH model and provided to the pilot BHTHs to meet the requirements necessary for designation and may be used for fixed capital outlay, to include facility upgrades, operations, and other expenses

Section 11 of the bill provides an appropriation of \$2 million in recurring funds from the General Revenue Fund to the AHCA to be equitably distributed to each pilot designated BHTH through the Training, Education, and Clinicals in Health (TEACH) Funding Program established in s. 409.91256, Florida Statutes, as created by SB 7016, 2024 Regular Session. Each designated pilot BHTH would have access to \$500,000 to offset administrative costs and loss of revenue to train behavioral health workforce professionals.

Section 12 provides an effective date of July 1, 2024, except as otherwise expressly provided in the bill.

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 has a significant, negative fiscal impact on state expenditures. Specifically, the bill appropriates \$114 million to implement provisions of the bill:

- \$1 million in nonrecurring funds from the General Revenue Fund to the Department of Children and Families (DCF) to contract for the detailed study of the state's forensic, civil commitment, and state inpatient psychiatric program bed capacity.
- \$5 million in recurring funds from the General Revenue Fund to the University of South Florida/Florida Mental Health Institute to implement and operate the Florida Center for Behavioral Health Workforce.
- \$6 million (\$2,557,800 in recurring funds from the General Revenue Fund and \$3,442,200 in recurring funds from the Medical Care Trust Fund) to the Agency for Health Care Administration (AHCA) to fund 10 Slots for Doctors residency positions for each designated pilot BHTH at an increased rate of \$150,000 per position.
- \$100 million in nonrecurring funds from the General Revenue Fund to the DCF's Grants and Donations Trust Fund for the development and implementation of the behavioral health teaching hospital model. The funds are to be placed in reserve. The release of the funds is contingent upon the submission of an equitable allocation and detailed spending plan including operating and capital expenditures, developed in consultation with the pilot behavioral health teaching hospitals (BHTHs).
- \$2 million in recurring funds from the General Revenue Fund to the AHCA to be distributed equitably to each pilot BHTH through the Training, Education, and Clinicals in Health (TEACH) Funding Program established in s. 409.91256, F.S., as created by SB 7016 in the 2024 Legislative Session.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 1044.44 of the Florida Statutes.

This bill creates the following sections of the Florida Statutes: 395.901 and 395.902.

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

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

CS by Appropriations Committee on Health and Human Services on February 13, 2024:

The committee substitute:

- Designates specific med school and hospital partnerships as 3-year pilot locations for the new BHTH model.
- Adds behavioral health teaching hospitals to the definition of “qualified facility” to receive funding under the newly created Training, Education, and Clinicals in Health (TEACH) Funding Program in this year’s SB 7016, Florida’s Live Healthy.
- Details the main goals of the Center to include developing and performing a longitudinal study of and strategic statewide plan to support and increase the state’s behavioral health workforce.
- Requires a detailed study of our forensic, civil commitment, and statewide inpatient psychiatric program bed capacity; the potential costs of integrating those beds into the new Behavioral Health Teaching Hospital model; and recommendations to build capacity for safety net services that will mitigate involuntary commitments.
- Provides an appropriation of \$114 million to implement provisions of the bill.

B. Amendments:

None.