

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 Children, Families, and Elder Affairs Committee

BILL: CS/SB 892

INTRODUCER: Children, Families, and Elder Affairs Committee and Senator Bennett

SUBJECT: Integrated Substance Abuse and Mental Health Facilities

DATE: March 18, 2009 **REVISED:** _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Toman	Walsh	CF	Fav/CS
2.			HR	
3.			HA	
4.				
5.				
6.				

Please see Section VIII. for Additional Information:

- A. COMMITTEE SUBSTITUTE..... Statement of Substantial Changes
- B. AMENDMENTS..... Technical amendments were recommended
- Amendments were recommended
- Significant amendments were recommended

I. Summary:

This bill authorizes the Agency for Health Care Administration (AHCA), in consultation with the Department of Children and Family Services (DCF or department), to establish integrated mental health crisis stabilization and addictions receiving facilities for adults. The bill specifies categories of individuals who may receive services in these facilities, and requires DCF, in consultation with AHCA, to adopt by rule standards governing the facilities.

This bill creates s. 394.4612 of the Florida Statutes.

II. Present Situation:

Crisis Stabilization Units (CSUs)

Chapter 394, pt. I, F.S., is the Florida Mental Health 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 the statute as “any public or private facility

designated by the department to receive and hold involuntary patients under emergency conditions or for psychiatric evaluation and to provide short-term treatment.”¹

In many communities, the public receiving facility is a crisis stabilization unit (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, seven days a week, for mentally ill individuals who are in an acutely disturbed state.”² The CSUs are licensed by AHCA,³ and the rules governing the operation of the CSUs are promulgated by the department.⁴ Currently, there are 44 adult CSUs in Florida.⁵

Addictions Receiving Facilities (ARFs)

Section 397.675, F.S., provides criteria and procedures for the involuntary admission of an individual in an acute substance abuse crisis. A person meets the criteria for involuntary admission if he or she is substance-abuse impaired and because of impairment has lost the power of self-control with respect to substance use and either has or is likely to harm himself or herself or others or is in need of substance abuse services and is unable to appreciate the need for treatment or services.⁶

Substance abuse providers may be licensed by the department for one or several separate service components.⁷ Included in these licensed service components are ARFs, which are community-based facilities designated by the department to receive, screen, and assess clients found to be substance abuse impaired, in need of emergency treatment for substance abuse impairment, or impaired by substance abuse to such an extent as to meet the criteria for involuntary admission, and to provide detoxification and stabilization.⁸ The ARFs are licensed by the department,⁹ and the rules governing the ARFs are promulgated by the department.¹⁰ Currently, there are five adult ARFs in Florida.¹¹

Co-occurring Disorders

Many individuals who present for treatment at the CSUs, as well as those who present at the ARFs, have features of both substance abuse disorders and mental illness. Research demonstrates the following about co-occurring disorders:

- At least 10 million people in the U.S. have co-occurring substance abuse and mental health disorders.

¹ Section 394.455(26), F.S.

² Section 394.67(4), F.S.

³ Sections 394.875(2) and 394.879, F.S.; Rule 65E-12.104, F.A.C.

⁴ Sections 394.457(5) and 394.879, F.S.; Rules 65E-12.103-12.107, F.A.C.

⁵ E-mail from Gina Sisk, DCF, Legislative Affairs (Fri 3/13/2009 2:24 PM)(on file with the Senate Committee on Children, Families and Elder Affairs).

⁶ Section 397.675, F.S.

⁷ Section 397.311(18), F.S.

⁸ Section 397.311(18)(a), F.S.

⁹ *Id.* See also, s. 397.321(6), F.S.

¹⁰ Section 397.321(5), F.S.; Rule 65D-30.001-30.005, F.A.C.

¹¹ E-mail from Gina Sisk, DCF, Legislative Affairs (Fri 3/13/2009 3:00 PM)(on file with the Senate Committee on Children, Families and Elder Affairs).

- Up to 66 percent of those with a substance dependence disorder have at least one mental disorder, and up to 51 percent of those 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.
- 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 services due to the severity of their disorders and the frequency of their crises that leads to increase public costs.¹²

There is statutory precedent for the creation of integrated crisis stabilization and addictions receiving facilities. In 2005, after a successful four-year pilot project, the Legislature granted the department authorization to expand the integrated children's crisis stabilization unit and juvenile addictions receiving facility model program from three counties to statewide.¹³

III. Effect of Proposed Changes:

The bill creates s. 394.4612, F.S., to authorize AHCA, in consultation with the department, to license facilities that integrate services provided in CSUs with services provided in ARFs. Facilities providing these integrated services will be licensed by AHCA as adult crisis stabilization units and must meet all licensure requirements for such units.

The bill provides that integrated CSUs may provide services to adults (18 and older) who meet the criteria for one or more of the following:

- Voluntary admission for mental health treatment under s. 394.4625, F.S.;
- Involuntary examination for mental illness under s. 394.463, F.S.;
- Voluntary admission for substance abuse treatment under s. 397.601, F.S.;
- Involuntary admission for substance abuse impairment under s. 397.675, F.S.

The bill requires the department, in consultation with the agency, to develop standards that address:

- Eligibility criteria;
- Clinical procedures;
- Staffing requirements;
- Operational, administrative and financing requirements; and
- Complaint investigation.

¹² DCF, *Policy Paper on Co-occurring Mental Health and Substance Abuse Disorders* (publication date unknown), available at <http://www.dcf.state.fl.us/mentalhealth/publications/cocombed.pdf> (last visited March 13, 2009).

¹³ Section 394.499, F.S.

The bill provides that it takes effect July 1, 2009.

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:

Individuals in need of both substance abuse services and mental health crisis services could potentially access the needed services more easily if the services are integrated. It is reasonable to expect improved quality of care for individuals who need combined crisis stabilization and substance abuse treatment.¹⁴

C. Government Sector Impact:

None.

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.)

CS by Children, Families, and Elder Affairs on March 18, 2009:

¹⁴ AHCA, 2009 Bill Analysis and Economic Impact Statement, SB 892 (updated analysis received March 17, 2009).

The Committee Substitute moves the newly created section of law proposed by the bill from the part of the mental health statute relating to children and adolescents (ch. 394, pt. III, F.S.) to the part relating more specifically to adults (ch. 394, pt. I, F.S.).

B. Amendments:

None.

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