

1989

Session Law 89-211

Florida Senate & House of Representatives

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H 1451 GENERAL BILL by Brown (Identical S 1313)

Mental Health/Continuity of Care; provides definitions; directs H.R.S Dept. to implement system of continuity of care. Amends 394.4573. Effective Date: 07/01/89.

03/27/89 HOUSE Prefiled
03/29/89 HOUSE Referred to Health & Rehabilitative Services; Appropriations
04/04/89 HOUSE Introduced, referred to Health & Rehabilitative Services; Appropriations -HJ 138
04/07/89 HOUSE On Committee agenda—Health & Rehabilitative Services, 04/11/89, 3:30 pm, 314-HOB—For ratification to subcommittee
04/11/89 HOUSE Subreferred to Subcommittee on Health, Mental Health and Substance Abuse
04/25/89 HOUSE On subcommittee agenda—Health & Rehabilitative Services, 04/27/89, 1:30 pm, 16-HOB
04/27/89 HOUSE Subcommittee Recommendation: Favorable; On Committee agenda, pending subcommittee action—Health & Rehabilitative Services, 04/27/89, 2:30 pm, 21-HOB; Preliminary Committee Action by Health & Rehabilitative Services: Favorable
05/02/89 HOUSE Comm. Report: Favorable by Health & Rehabilitative Services -HJ 338; Now in Appropriations -HJ 338
05/17/89 HOUSE Withdrawn from Appropriations -HJ 514; Placed on Calendar
05/26/89 HOUSE Placed on Consent Calendar; Read second time; Read third time; Passed; YEAS 110 NAYS 0 -HJ 690
05/26/89 SENATE In Messages
05/30/89 SENATE Received, referred to Health and Rehabilitative Services; Appropriations -SJ 564
05/31/89 SENATE Withdrawn from Health and Rehabilitative Services; Appropriations -SJ 625; Substituted for SB 1313; Passed; YEAS 37 NAYS 0 -SJ 626
05/31/89 Ordered enrolled
06/13/89 Signed by Officers and presented to Governor
06/28/89 Approved by Governor; Chapter No. 89-211

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NOTES: Above bill history from Division of Legislative Information's *FINAL LEGISLATIVE BILL INFORMATION, 1989 SESSIONS*. Staff Analyses for bills amended beyond final committee action may not be in accordance with the enacted law. Journal page numbers (HJ & SJ) refer to daily Journals and may not be the same as final bound Journals.

****AS PASSED BY THE 1989 LEGISLATURE****

STORAGE NAME: h1451f.hrs\lb\sg
DATE: June 6, 1989

**HOUSE OF REPRESENTATIVES
COMMITTEE ON HEALTH & REHABILITATIVE SERVICES
FINAL STAFF ANALYSIS & ECONOMIC IMPACT STATEMENT**

BILL #: HB 1451

RELATING TO: Mental Health/ Continuity of Care

SPONSOR(S): Representative Brown

EFFECTIVE DATE: July 1, 1989 or upon becoming a law whichever occurs later.

DATE BECAME LAW: June 28, 1989

CHAPTER #: 89-211, Laws of Florida

COMPANION BILL(S): SB 1313

OTHER COMMITTEES OF REFERENCE: (1) Appropriations

(2)

I. SUMMARY:

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A. PRESENT SITUATION:

Section 394.4573, Florida Statutes, requires the Department of Health and Rehabilitative Services to develop a plan for the provision of continuity of mental health care, through the provision of case management. This plan is to include the creation of a case management system which reduces admissions or readmissions into state mental hospitals, which provides for a single intake system for persons seeking services, and which advocates on behalf of the client.

In 1988, the Legislature required the Department of Health and Rehabilitative Services to prepare a biennial state plan for the delivery and financing of a system of alcohol, drug abuse and mental health services. Section 394.79, F.S., specifies the content of that state plan and requires that submission of the plan to the Legislature. This plan recognizes the need for service planning and coordination through the continuity of care management system. In addition, the requirement for district alcohol, drug abuse and mental health plans was also passed during the 1988 Legislative Session. As a part of the requirements specified in s. 394.75(2), F.S., the district plan is to provide for the continuity of client care between state treatment facilities and community programs.

Chapter 10E-15, Florida Administrative Code, Continuity of Care Case Management, describes the functions and responsibilities of

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Continuity of Care Management System (CCMS). It describes the mission of the CCMS case managers in working closely with individuals who are mentally ill and with their families to ensure access to the full array of needed and appropriate services. This rule provides definitions and identifies specific service activities to be implemented for priority clients.

The department has implemented a statewide continuity of care system which includes client managers in district offices and case managers in provider agencies.

B. EFFECT OF PROPOSED CHANGES:

House Bill 1451 amends s. 394.4573, F.S., to establish the Continuity of Care Management System. It provides definitions for case management, case manager, client manager, and continuity of care management system. HB 1451 directs HRS to implement a continuity of care management system which is designed to reduce the possibility of client admissions or readmissions to state treatment facilities, to provide for single intake and to advocate on behalf of the client. It deletes obsolete language which relates to time frames concerning the submittal of a report to the Legislature on the progress of HRS towards implementation of the minimum staffing standards in state mental health treatment facilities.

It provides an effective date of July 1, 1989, or upon becoming law, whichever occurs later.

C. SECTION-BY-SECTION ANALYSIS:

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT:

A. FISCAL IMPACT ON STATE AGENCIES/STATE FUNDS:

1. Non-recurring or First Year Start-Up Effects:

None.

2. Recurring or Annualized Continuation Effects:

None.

3. Long Run Effects Other Than Normal Growth:

None.

4. Appropriations Consequences:

According to information provided by the Department of Health and Rehabilitative Services, there should not be a fiscal impact because they are already implementing this system. It

should be noted, however, that there are in the CCMS only 50 percent of the resources needed to fully implement the system to persons identified as needing it. If the state were to go to full implementation, the estimated cost to the state would be approximately \$13 million to establish 475 additional case management positions.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS AS A WHOLE:

1. Non-recurring or First Year Start-Up Effects:

None.

2. Recurring or Annualized Continuation Effects:

None.

3. Long Run Effects Other Than Normal Growth:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

1. Direct Private Sector Costs:

None.

2. Direct Private Sector Benefits:

Persons with mental illness stand to benefit from the implementation of this system to assist the consumer in getting his individualized needs met.

3. Effects on Competition, Private Enterprise, and Employment Markets:

None.

D. FISCAL COMMENTS:

III. LONG RANGE CONSEQUENCES:

Chapter 187, Florida Statutes, State Comprehensive Plan, specifies state policies which are designed to decrease the number of persons who are mentally ill in institutions and to increase the scope, extent, and level of the service of community programs for such persons.

IV. COMMENTS:

This bill is consistent with the House Policy Statement developed at the 1989-90 Legislative Issues Conference that recommends expanding case management procedures to identify and follow-up on needed services. It is also consistent with the mission statement of the

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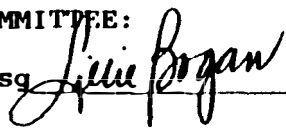
House HRS Committee which is to review the effectiveness of laws and policies affecting the mental health delivery system.

V. SIGNATURES:

SUBSTANTIVE COMMITTEE:

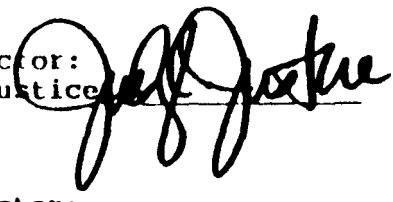
Prepared by:

Lillie Bogan/sg



Staff Director:

Judy C. Justice



SECOND COMMITTEE OF REFERENCE:

Prepared by:

Staff Director:

APPROPRIATIONS:

Prepared by:

Staff Director:

REVISED: _____

BILL NO. SB 1313

DATE: May 22, 1989

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SENATE STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

<u>ANALYST</u>	<u>STAFF DIRECTOR</u>	<u>REFERENCE</u>	<u>ACTION</u>
1. <u>Goltry</u>	<u>Whiddon</u>	1. <u>HRS</u>	<u>Favorable</u>
2. <u>Martin</u>	<u>Smith</u>	2. <u>AP</u>	<u>Favorable</u>
3. _____	_____	3. _____	_____
4. _____	_____	4. _____	_____

SUBJECT:
Mental Health

BILL NO. AND SPONSOR:
SB 1313 by
Senator Girardeau

I. SUMMARY:

A. Present Situation:

Section 394.4573, Florida Statutes, requires the Department of Health and Rehabilitative Services (HRS) to develop a plan for the provision of continuity of mental health care through the provision of case management. This plan is to include the creation of a case management system which reduces admissions or readmissions into state mental hospitals, provides for a single intake system for persons seeking services, and advocates on behalf of the client.

In 1988, the Legislature required the Department of Health and Rehabilitative Services to prepare a biennial state plan for the delivery and financing of a system of alcohol, drug abuse and mental health services. Section 394.79, F.S., specifies the content of that state plan and requires submission of the plan to the Legislature. This plan recognizes the need for service planning and coordination through the continuity of care management system. Section 394.75, F.S., provides requirements for district alcohol, drug abuse and mental health plans. As a part of these requirements specified in s. 394.75(2), F.S., the district plan is to provide for the continuity of client care between state treatment facilities and community programs.

Chapter 10E-15, Florida Administrative Code, Continuity of Care Case Management, describes the functions and responsibilities of the Continuity of Care Management System (CCMS). It describes the mission of the CCMS case managers in working closely with individuals who are mentally ill and with their families to ensure access to the full array of needed and appropriate services. This rule provides definitions and identifies specific service activities to be implemented for priority clients.

The department has implemented a statewide continuity of care system which includes client managers in district offices and case managers in provider agencies to the extent resources have been available for this program.

B. Effect of Proposed Changes:

Senate Bill 1313 amends s. 394.4573, F.S., to establish the Continuity of Care Management System. It provides definitions for case management, case manager, client manager, and continuity of care management system. The bill directs HRS to implement a continuity of care management system which is designed to reduce the possibility of client admissions or readmissions to state treatment facilities, to provide for single intake and to advocate on behalf of the client. It deletes obsolete language which relates to time frames for the submission of a report to the Legislature on the progress of

HRS towards implementation of the minimum staffing standards in state mental health treatment facilities.

The effective date is July 1, 1989, or upon becoming law, whichever occurs later.

II. ECONOMIC IMPACT AND FISCAL NOTE:

A. Public:

None.

B. Government:

There should be no fiscal impact because this system is already being implemented.

III. COMMENTS:

Although the Department of Health and Rehabilitative Services has already implemented the Continuity of Care Management System (CCMS) as defined by this bill, the CCMS is currently funded below the level deemed appropriate by the department. This bill does not, however, require additional expenditures since it does not address any program standards or funding levels for CCMS. Therefore, the CCMS is dependent on funds provided through the General Appropriations Act.

IV. AMENDMENTS:

None.