

SFRPC Mental Health/Housing Conference

May 31, 2024

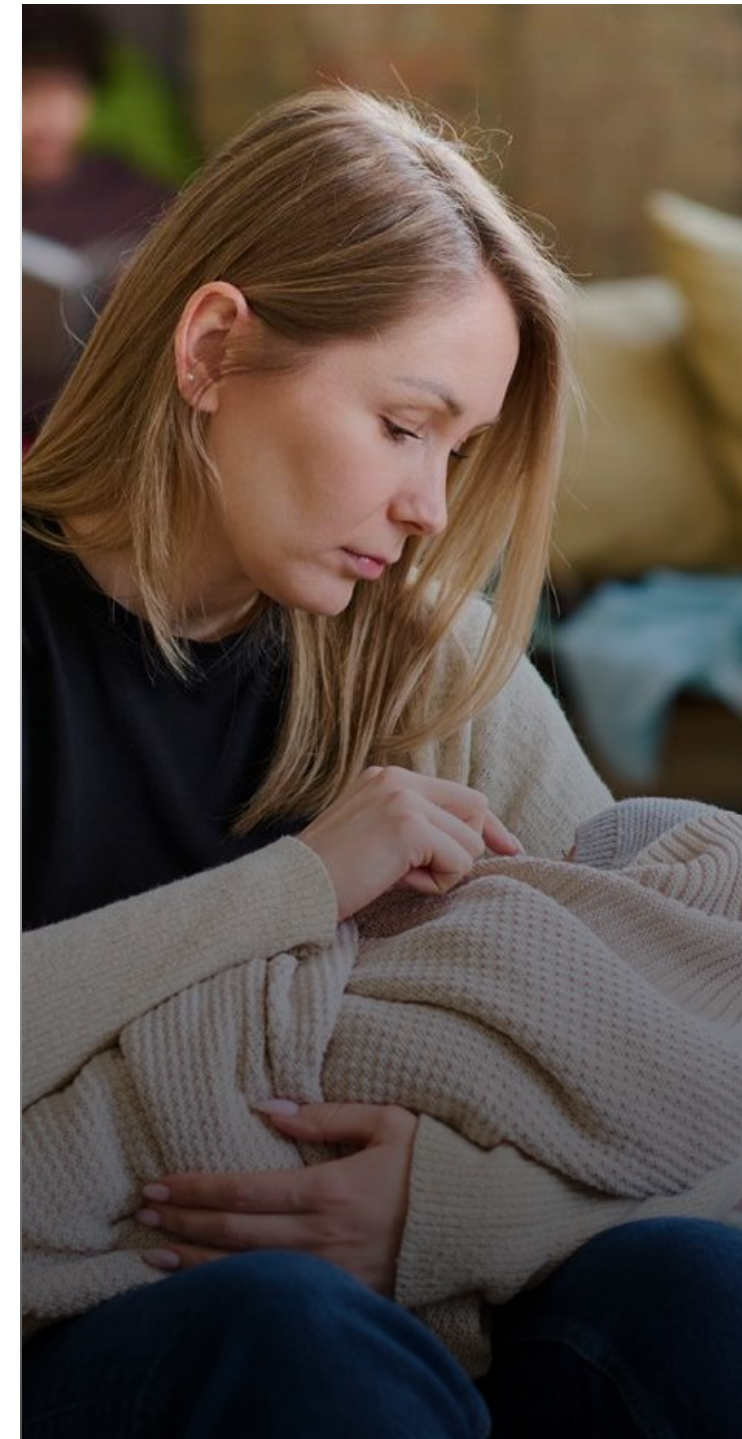
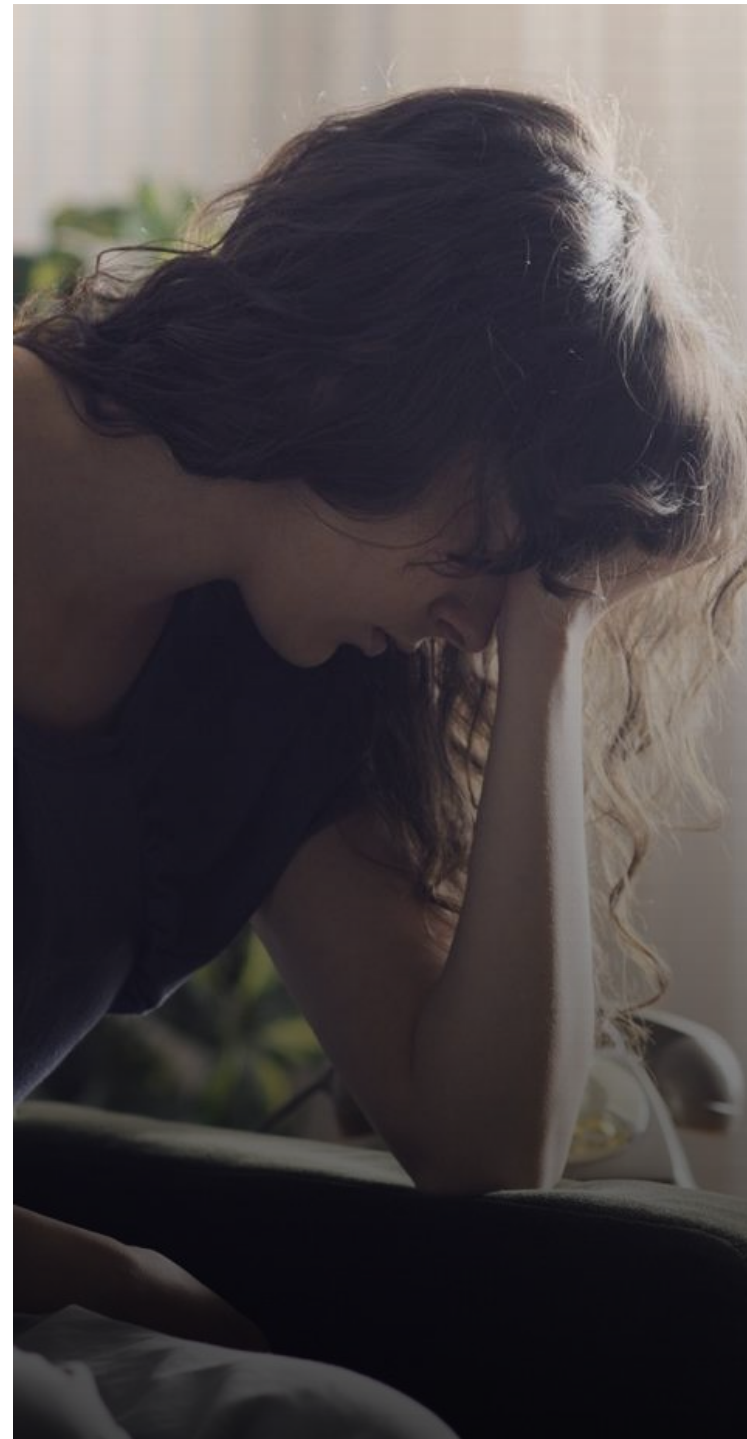




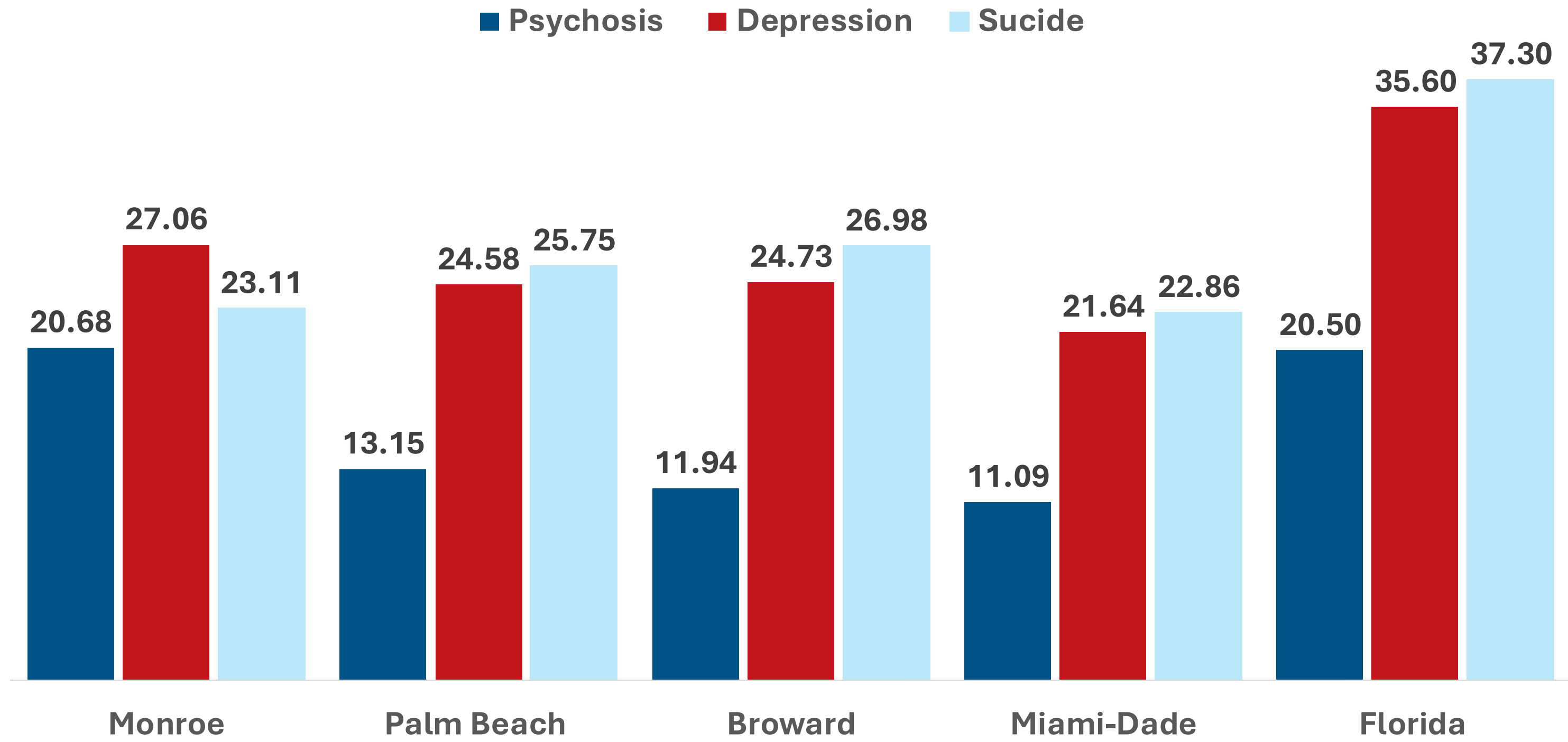
Kate's Place Clubhouse



Who Does Mental Health Affect?

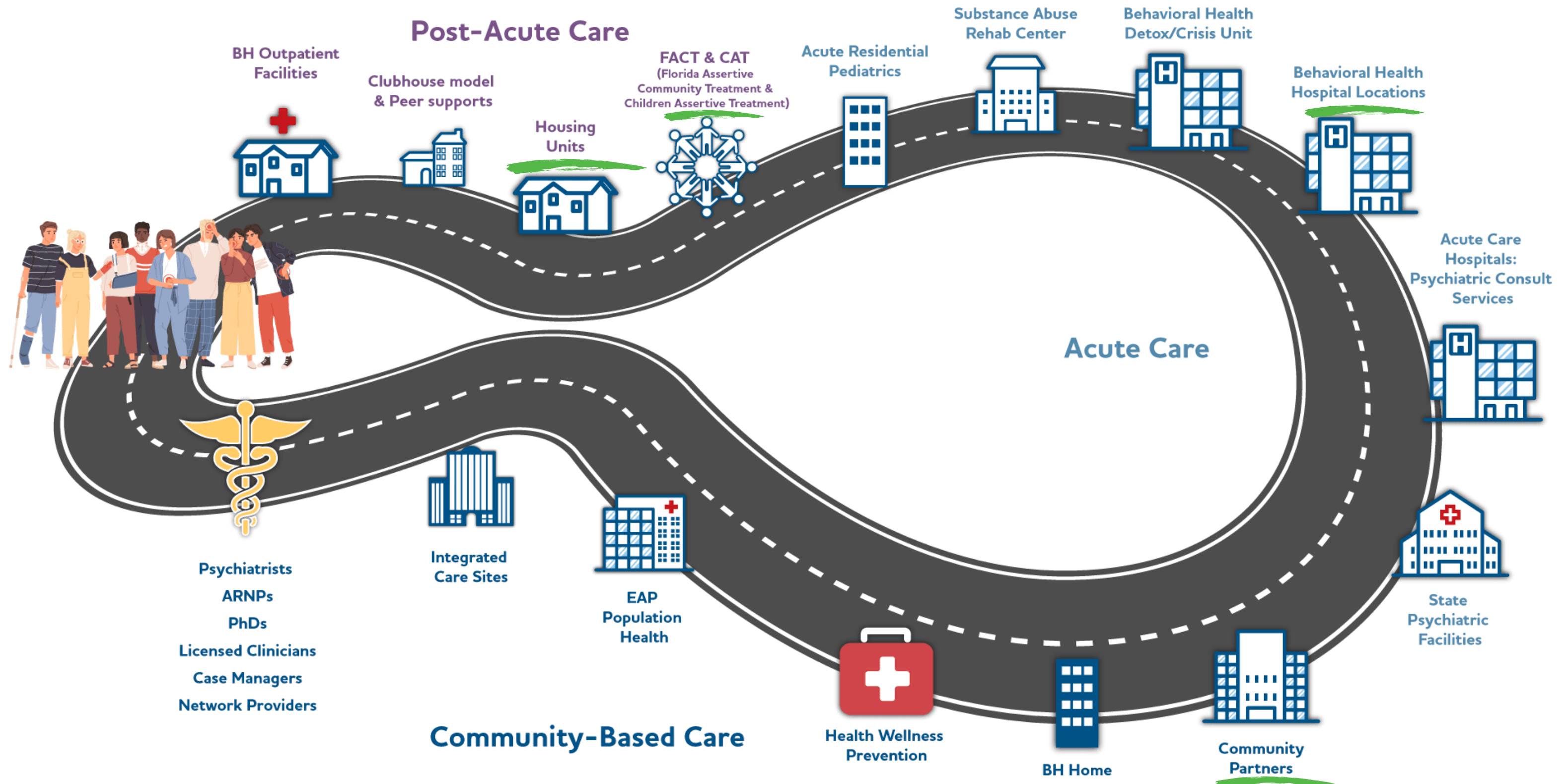


Prevalence By County per 100k Population



Source: Mental Health America Risk Assessment

The right care, the right place, the right time





Inadequate mental health services in communities can have long-lasting consequences

Olmstead Impact

- *Olmstead v. L.C.* is a historic case whose central focus was on the “unjustified isolation” of two women in a psychiatric hospital, who remained there even though they could have been served in the community.
- The court found that **states are required to provide community-based services** that enable individuals with disabilities, including those with serious mental illness (SMI) and serious emotional disturbance (SED), to live in the most integrated setting appropriate to them.
- Over the years, several states have faced legal action related to the sufficiency of transition services for individuals with SMI or SED being served in psychiatric hospitals, adult care homes, or nursing homes, as well as a lack of community-based services.
- The outcomes have typically been improved discharge planning, expansion of community-based services, and reductions in admissions.

Recent Lawsuits

During 2022, DOJ individually informed Alabama, Alaska, Maine, and Nevada (see pre-filing section of case summaries) that the inadequacy of community-based behavioral health services in each state resulted in unnecessary institutionalization in psychiatric hospitals, residential treatment facilities, and/or juvenile detention.

*Source: SAMHSA Final Report: Update on Olmstead , May 2023

Risk of Institutionalization

Individuals who are at risk of institutionalization due to a lack of community-based services are entitled to relief under the ADA and Olmstead

Example

United States v. Mississippi 2018, the court found that Mississippi violated the ADA because people who were at serious risk of state hospital admission did not have access to needed community-based mental health services that could prevent hospitalizations. As a result, they cycled in and out of state hospitals. The court continues to monitor compliance.

There is ongoing monitoring of similar cases finding that an increase of community-based services for individuals experiencing SMI can contribute to decreased risk of institutionalization.

Institutional Closure Cases

The SAMSHA Final Report highlighted that in some cases, people with disabilities, or their representatives, have argued that closing institutions is itself discriminatory to current residents who benefit from institutional levels of care.

Residents and Families United to Save Our Adult Homes, et al. v. Zucker: the first institutional closure lawsuit involving SMI.

- The plaintiffs argue that New York's limitation of the placement of adults with SMI in adult homes, in compliance with an earlier Olmstead action, violates the rights of residents or prospective residents.

*Source: SAMHSA Final Report: Update on Olmstead , May 2023

A Revolving Door for Patients with Mental Illness

More than **70%** of people in U.S. jails and prisons have at least one diagnosed mental illness or substance use disorder or both

45% Less than half of people with a history of mental illness receive mental health treatment while in local jails.

Florida jails/prisons are **not** equipped to deal with this population. When released many rely on **hospital emergency departments**.



25%
of persons experiencing homelessness have a diagnosis of at least one serious mental illness.

The Role of Hospitals in Strengthening and Building the Behavioral Health System



37 Behavioral Health Hospitals



205,712 Inpatient Admissions



78 Hospitals are Baker Act Receiving Facilities



149,912 Emergency Department visits



27 General hospitals
(separate psychiatric units)



8,030 Total Psychiatric Beds



108 Outpatient Mental Health Facilities



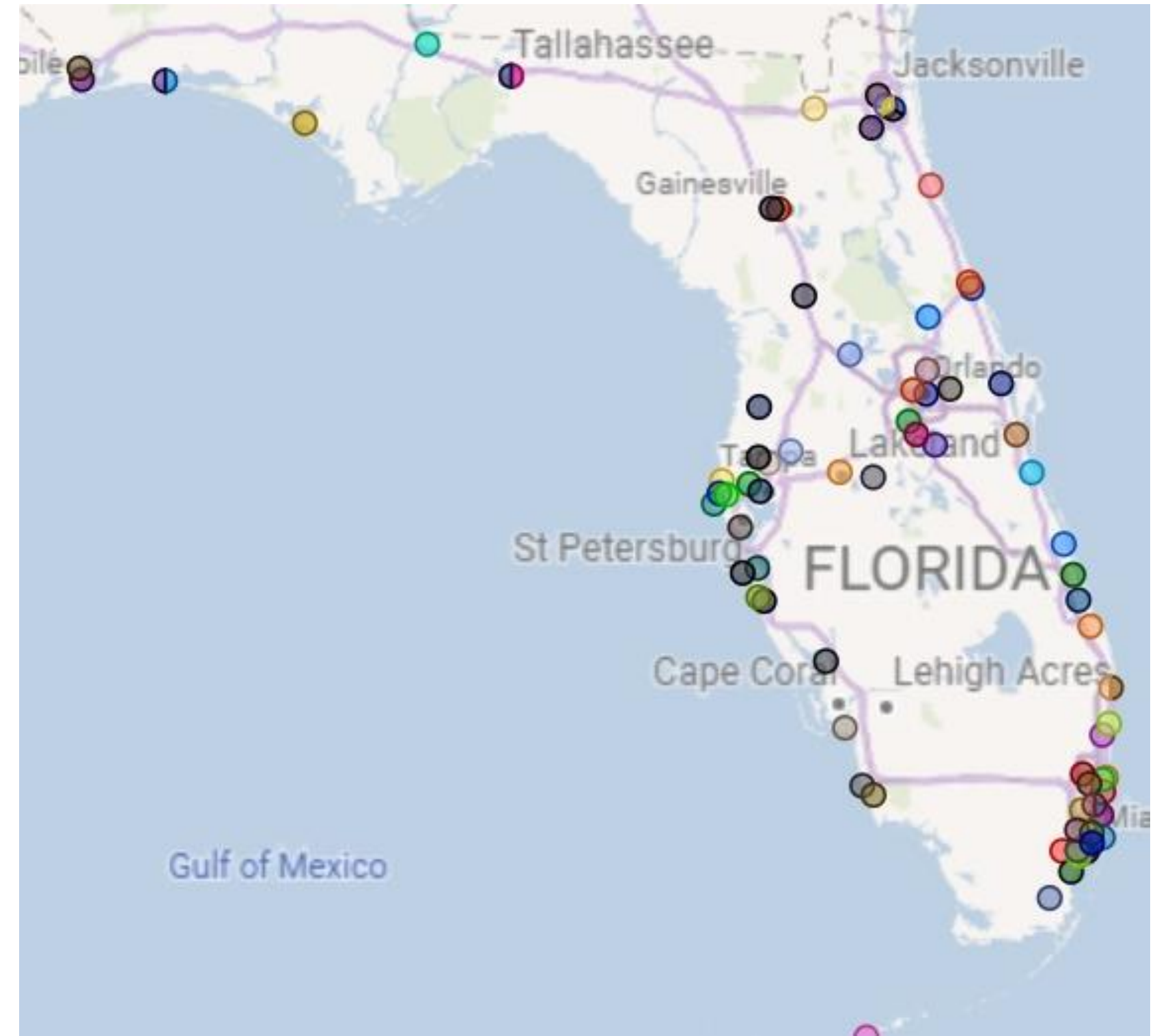
58 (1,360 Licensed Beds)
Crisis Stabilization Units

Data represents Florida Hospitals that provide behavioral health services.

Mapping the Landscape of Hospitals with Behavioral Health Services

88

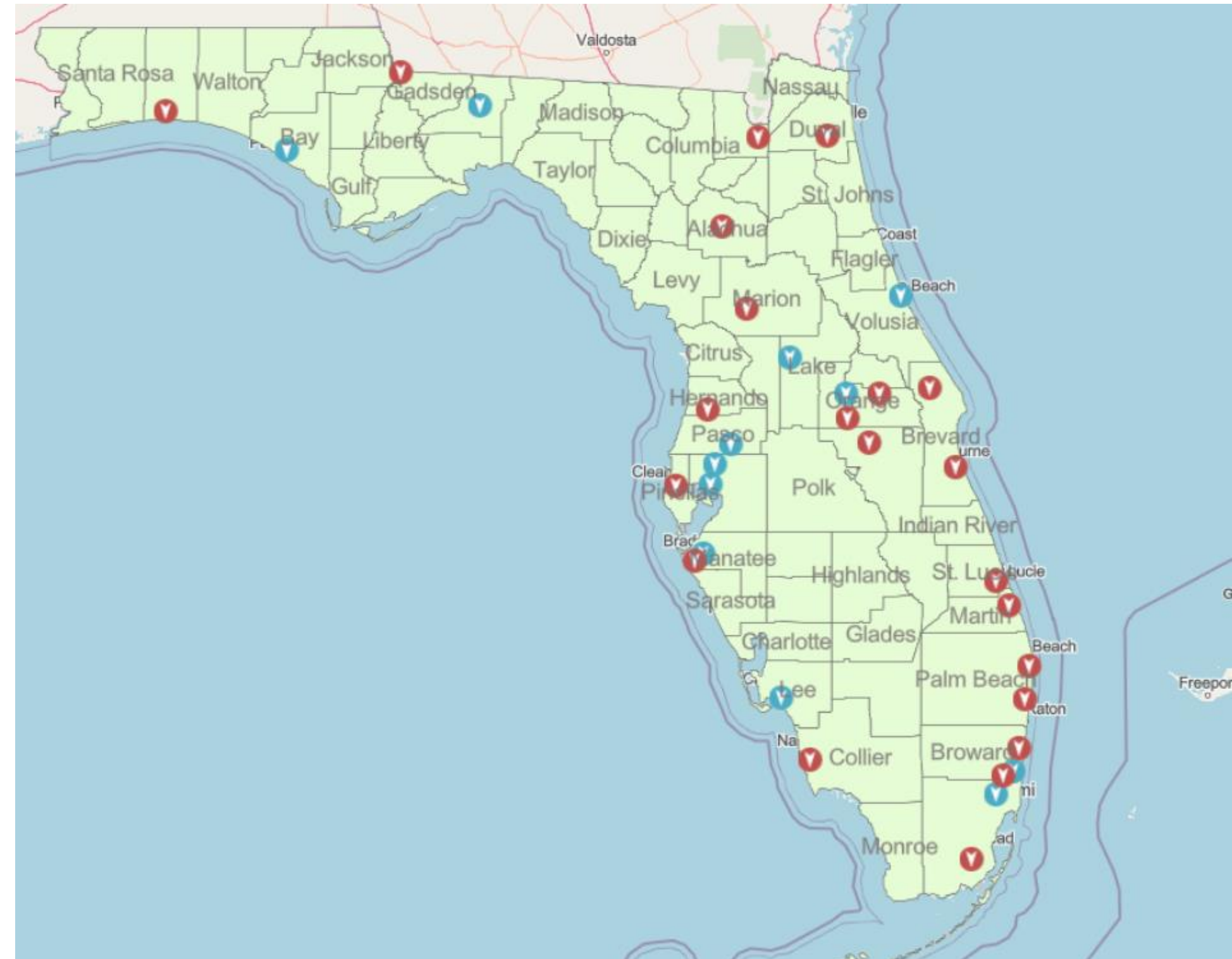
Hospitals that offer Behavioral Health Services



Mapping the Landscape of Behavioral Health Accessibility

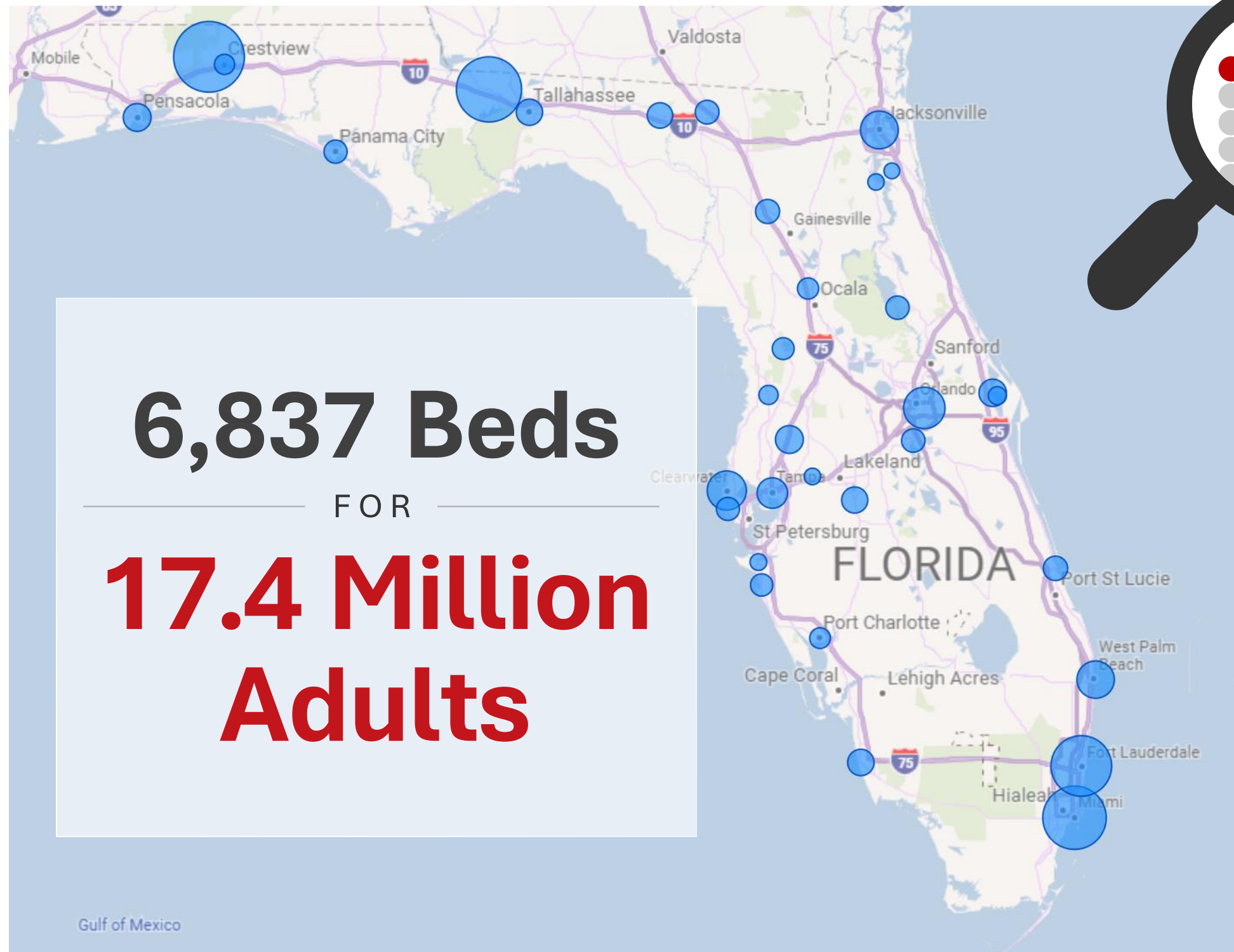
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Behavioral Health Hospitals



Source: Florida Health Finder

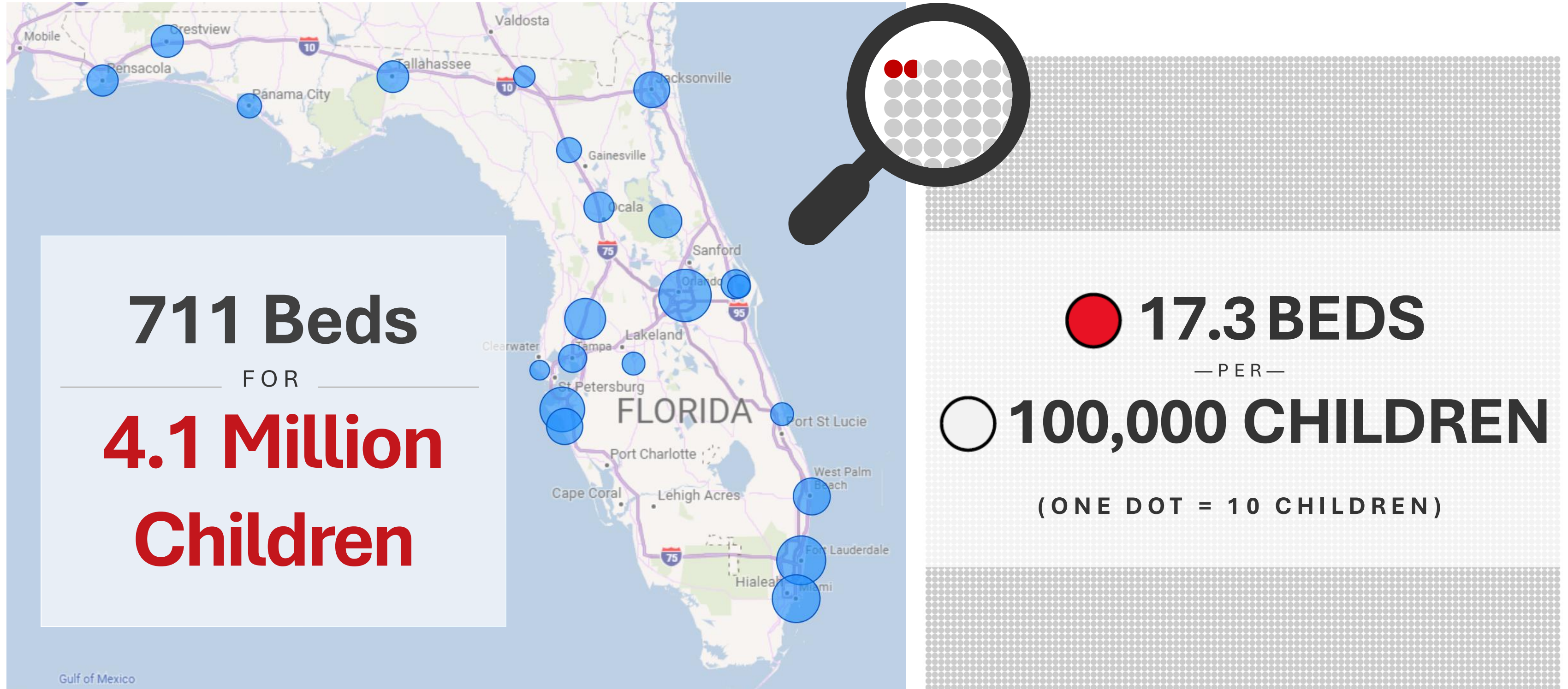
Inpatient Capacity; Issues with Length of Stay



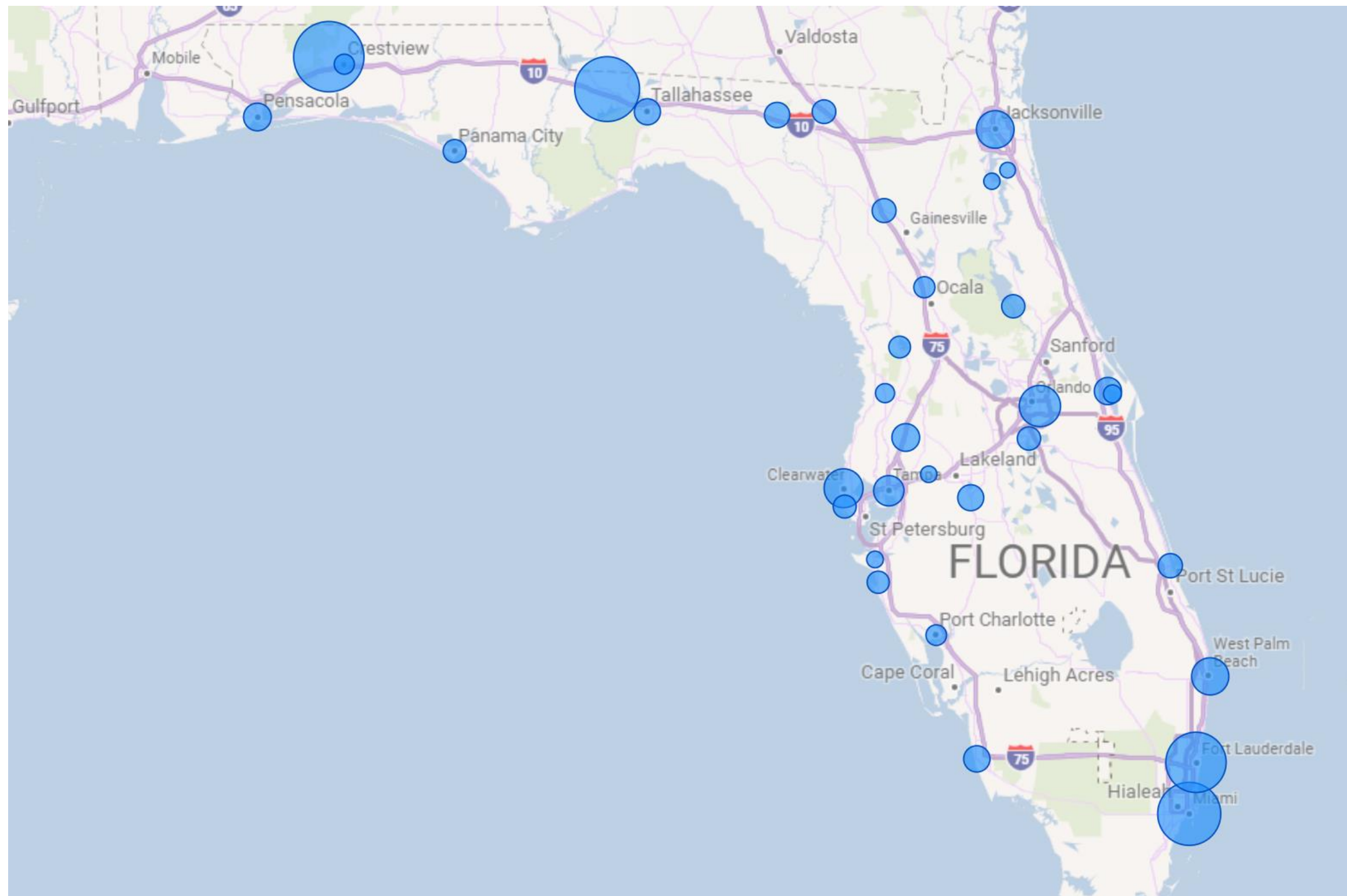
6,837 Beds
FOR
17.4 Million Adults

● 39.3 BEDS
— PER —
○ 100,000 ADULTS
(ONE DOT = 10 ADULTS)

Child Psychiatric Beds; availability of residential beds

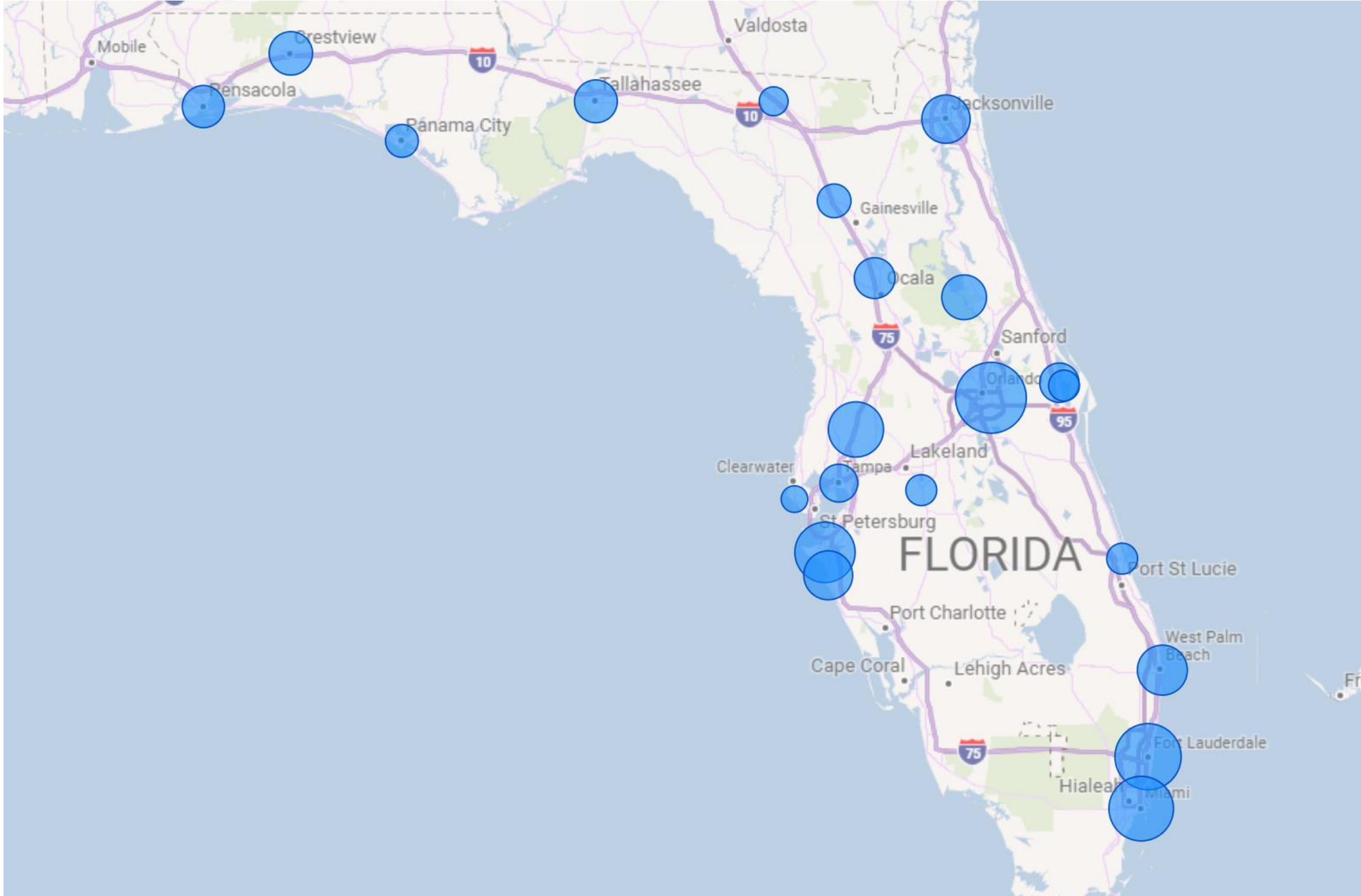


Adult Psychiatric Beds by Location



County	Adult Psychiatric Beds
Broward	806
Miami-Dade	893
Monroe	25
Palm Beach	258
Total	1,982

Child Psychiatric Beds by Location



County	Child Psychiatric Beds
Broward	74
Miami-Dade	70
Monroe	0
Palm Beach	39
Total	183

Levels of Care in Residential Mental Health Care

A long-term Mental Health Residential Treatment facility is any licensed facility that must sustain a 60-day average or greater length of stay (LOS)

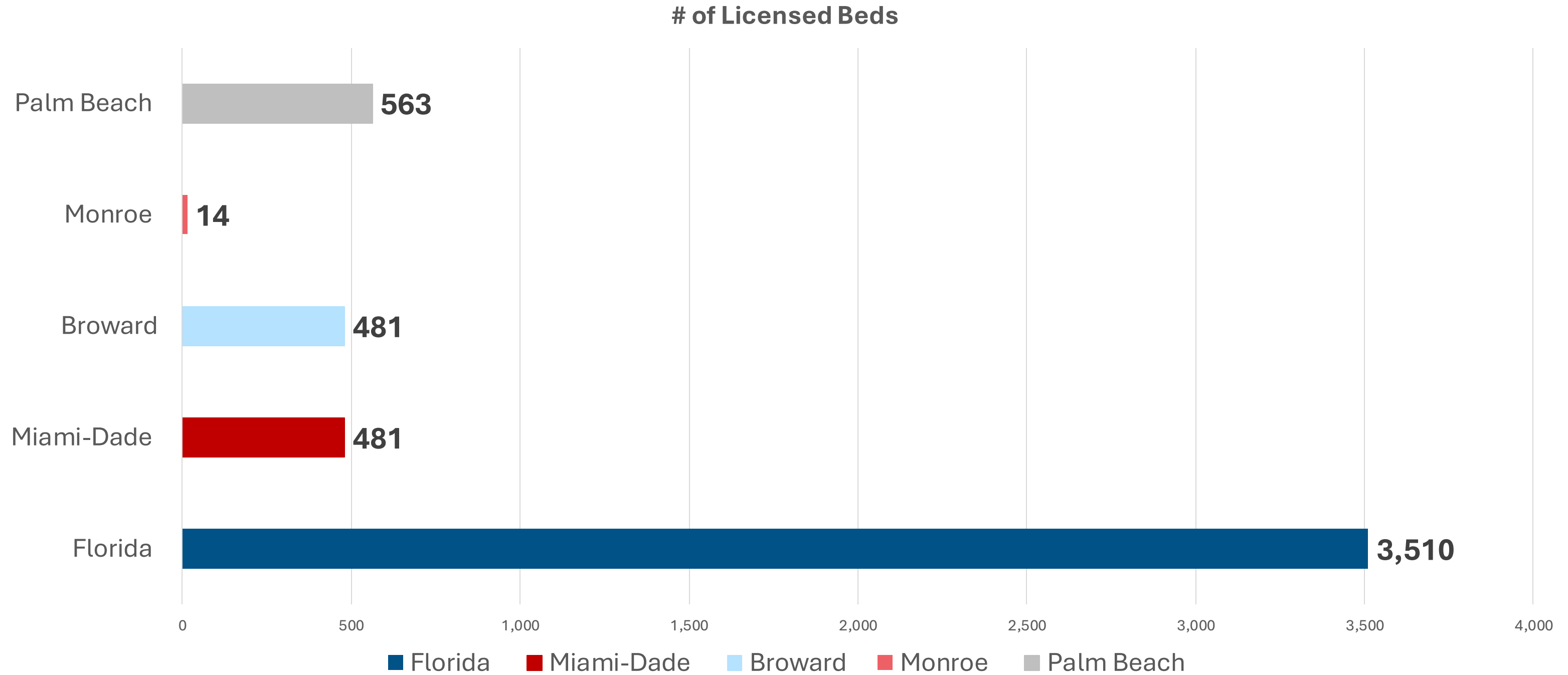
- **Level IA/IB:** A Level IA facility provides a structured group treatment setting with 24/7 supervision for residents who have major skill deficits in activities of daily living and independent living, and need intensive staff supervision, support, and assistance.
- **Level II:** A Level II facility provides a structured group treatment setting with 24/7 supervision for five or more residents who range from those who have significant deficits in independent living skills and need extensive supervision, support, and assistance to those who have achieved a limited capacity for independent living, but who require frequent supervision, support, and

assistance.

- **Level III:** A Level III facility consists of collocated apartment units with an apartment or office for staff who provide on-site assistance 24/7.
- **Level IV:** A Level IV facility provides a semi-independent, minimally structured group setting for 4 or more residents who have attained most of the skills required for independent living and require minimal staff support.
- **Level V:** A Level V facility provides a semi-independent, minimally structured apartment setting for 1 to 4 residents who have attained adequate independent living skills and require minimal staff support. The apartments in this setting are owned or leased by the service provider and rented to residents.

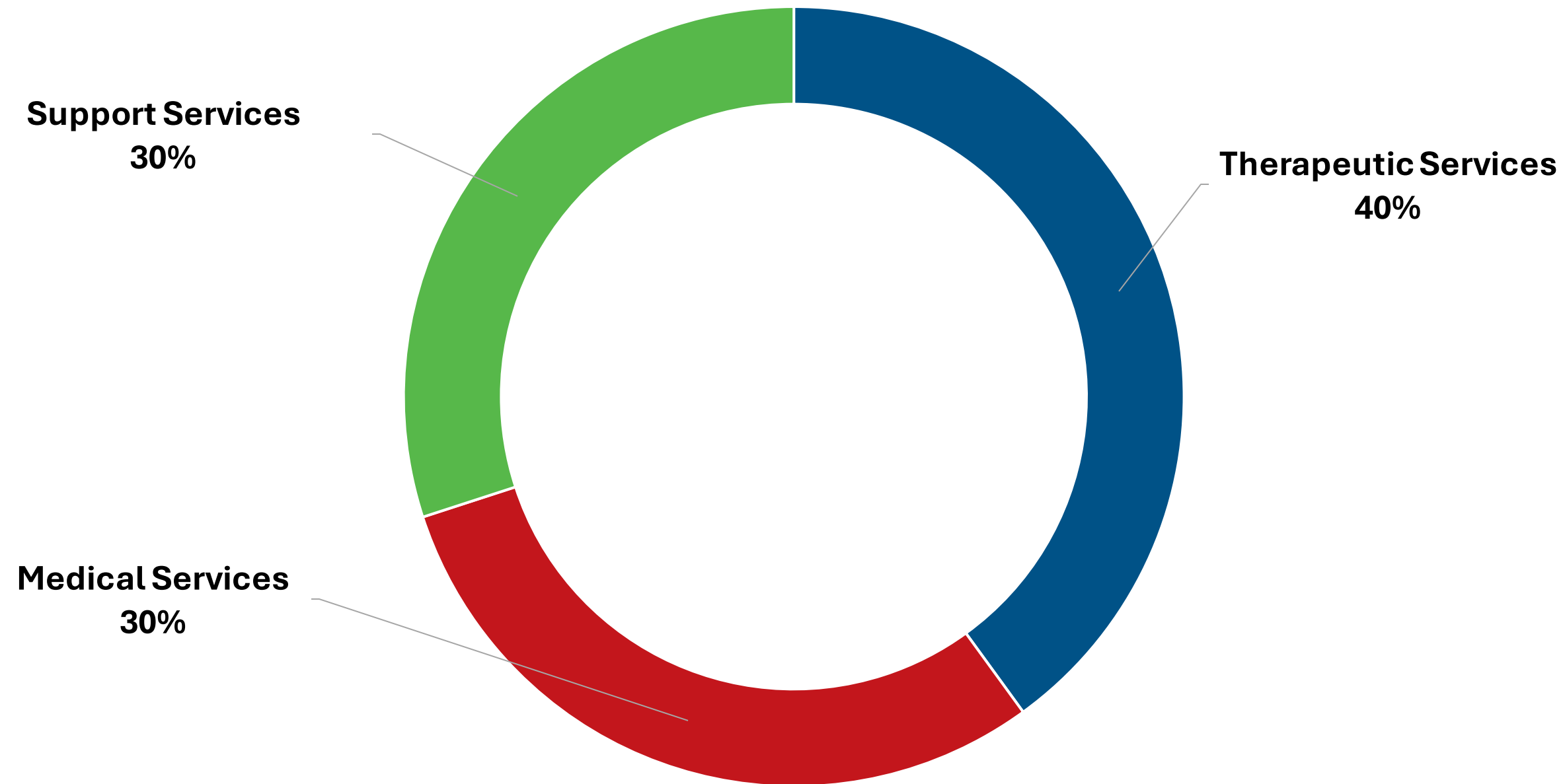


Residential Treatment Facility Licensed Beds by County



Medicaid's Role in Residential Treatment Facilities

Medicaid **does not cover the cost** of room and board.

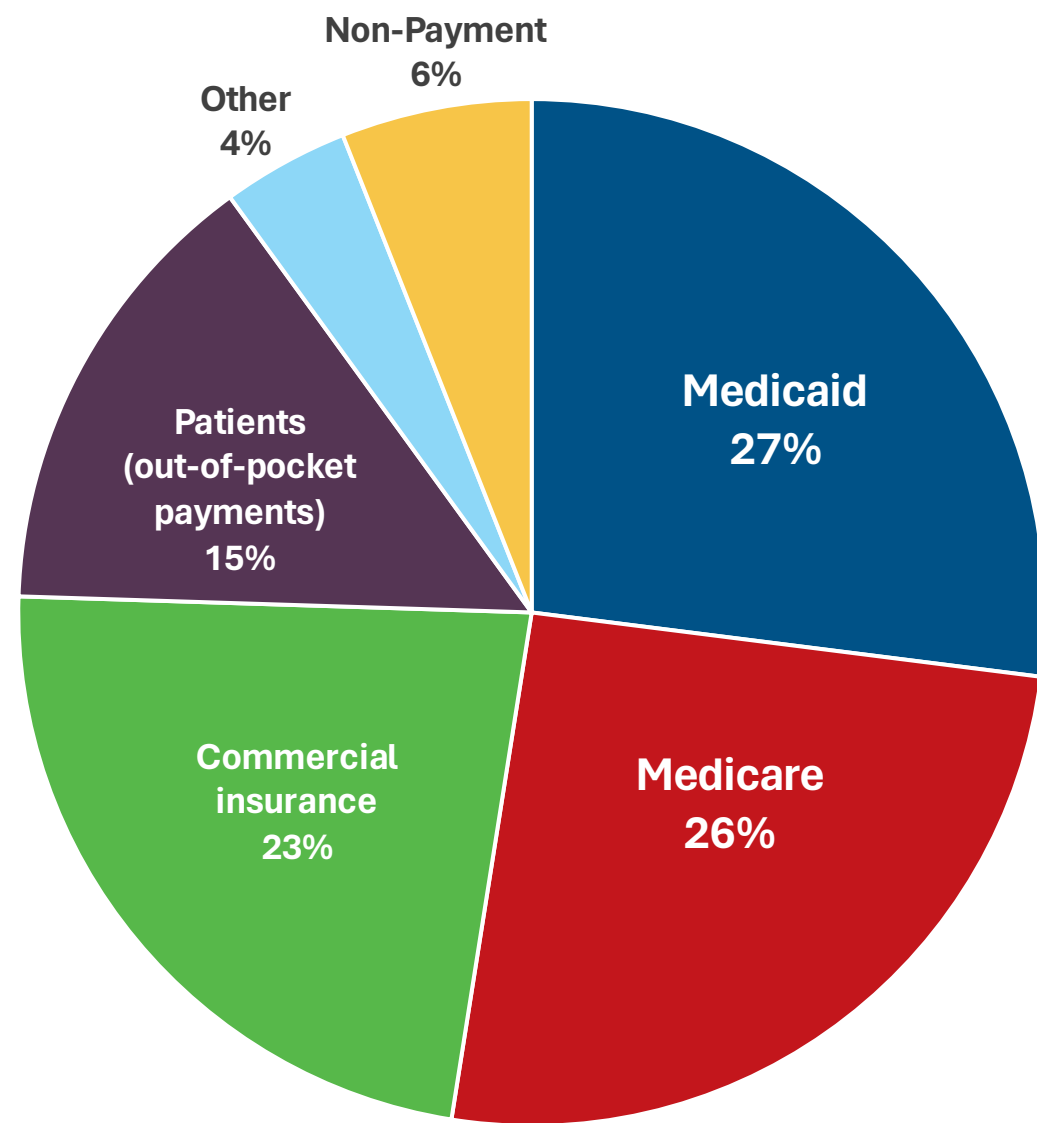


The lack of coverage for room and board presents a financial burden on the patient and facility

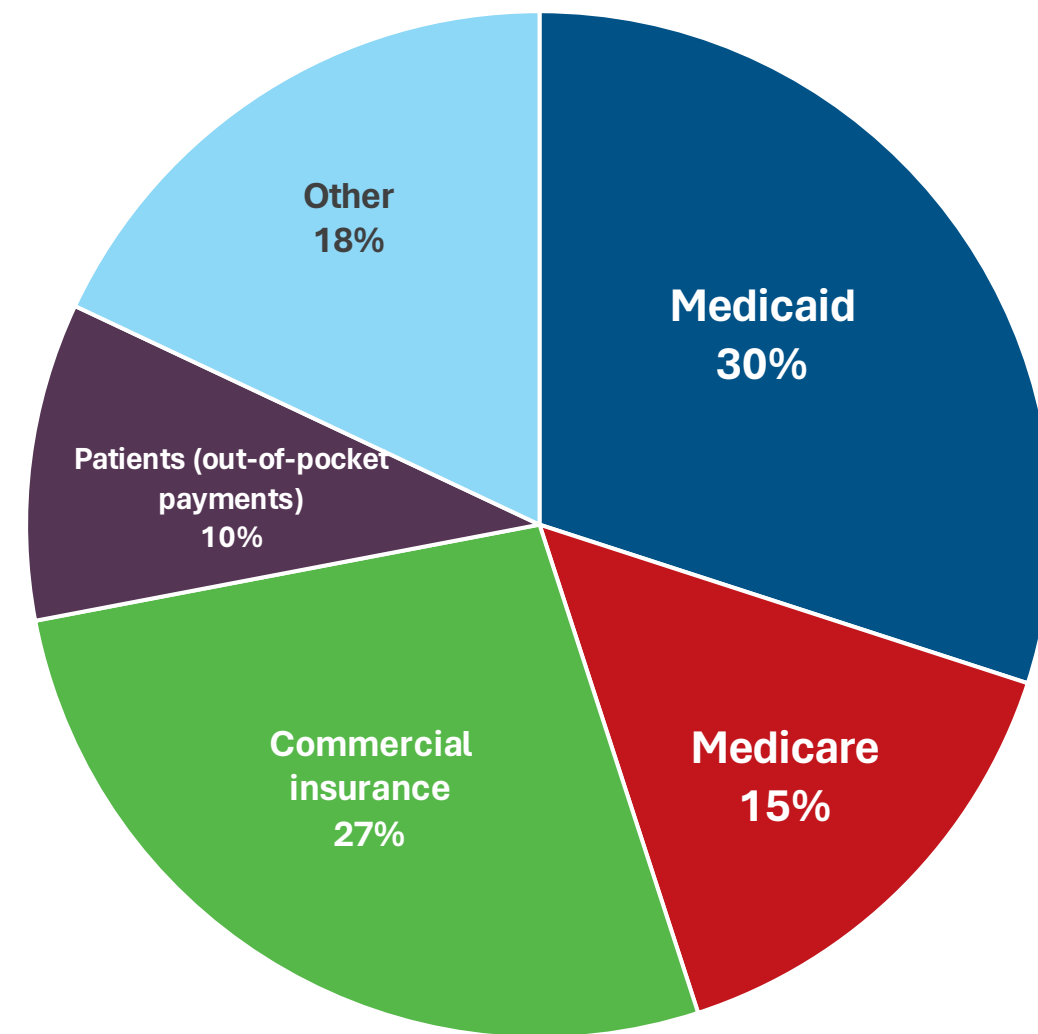
MEDICAID IS THE DOMINANT PAYOR FOR BEHAVIORAL HEALTH

Who pays for behavioral health services...

Florida

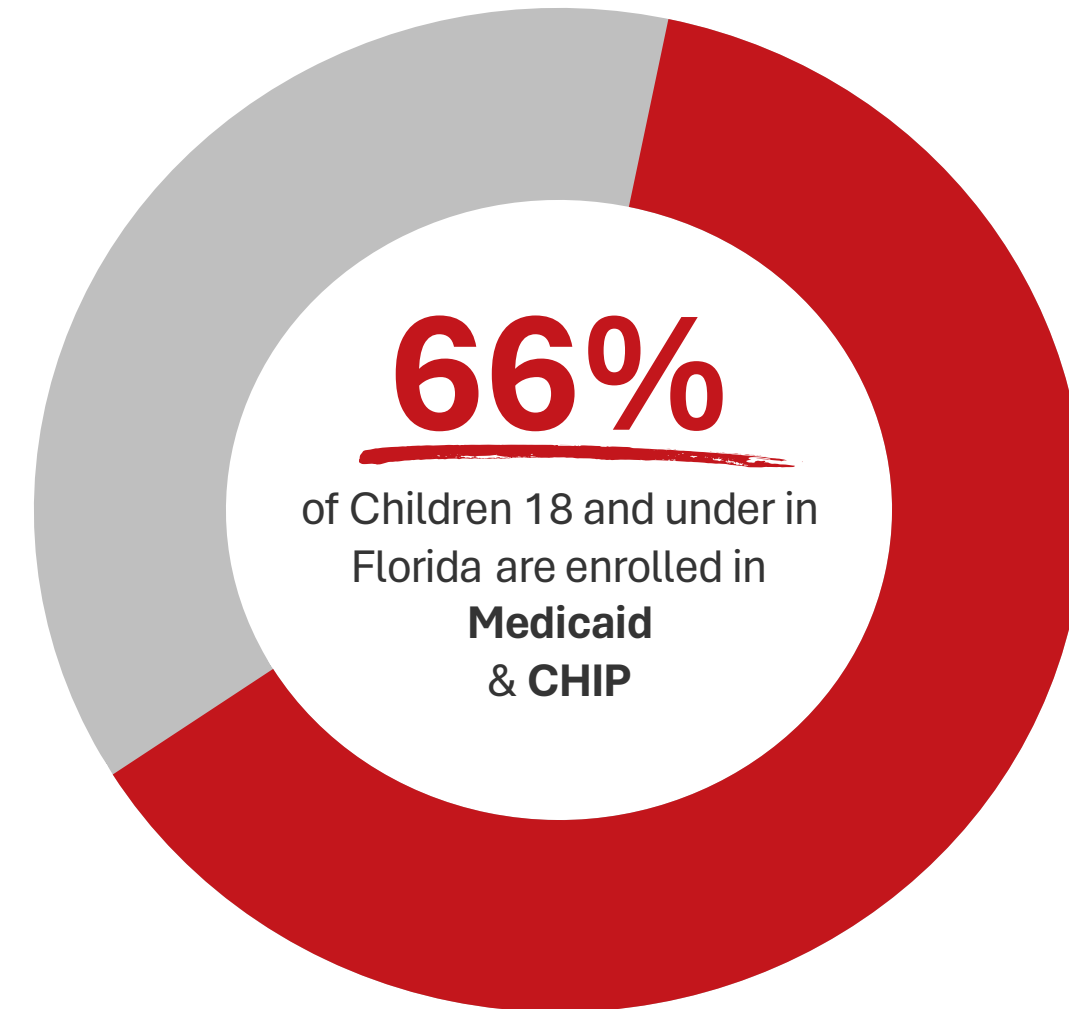


Nationwide



Source: Commonwealth Fun-Behavioral Health Care in the United States & Agency for Healthcare Administration Discharge Data

Children Constitute a Substantial Amount of Medicaid & CHIP Enrollees



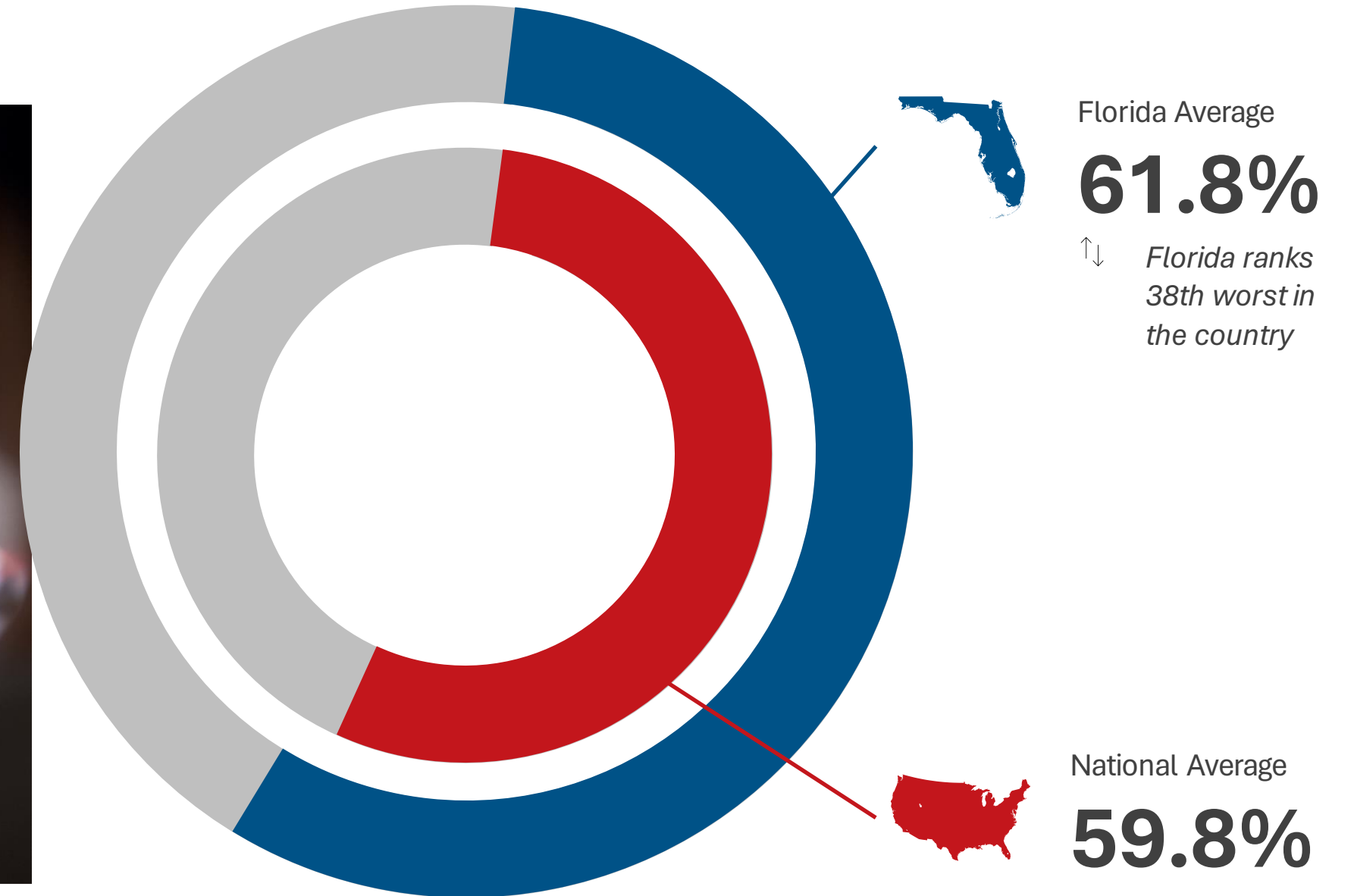
Out of all Medicaid enrollees, **59% are children**



0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

*Source: SFY 2019-2020 data ([AHCA Medicaid Eligibility Presentation](#))

The Percentage of Children With a Major Depressive Episode That Did Not Receive Treatment



*Source: [2023 State of Mental Health in America Report](#)

Spending per Capita by State

Total Amount of State Mental Health Expenditures Per Capita



Florida has the lowest amount of per capita mental health spending in the country with **\$36.05** per capita.
Maine spends **10X** more than Florida.

Source: American Addiction Centers: Mental Health Spending By State Across the US

Behavioral Health Reimbursement Rate

The reimbursement rates for Community Behavioral Health services have not seen an increase until 2023.

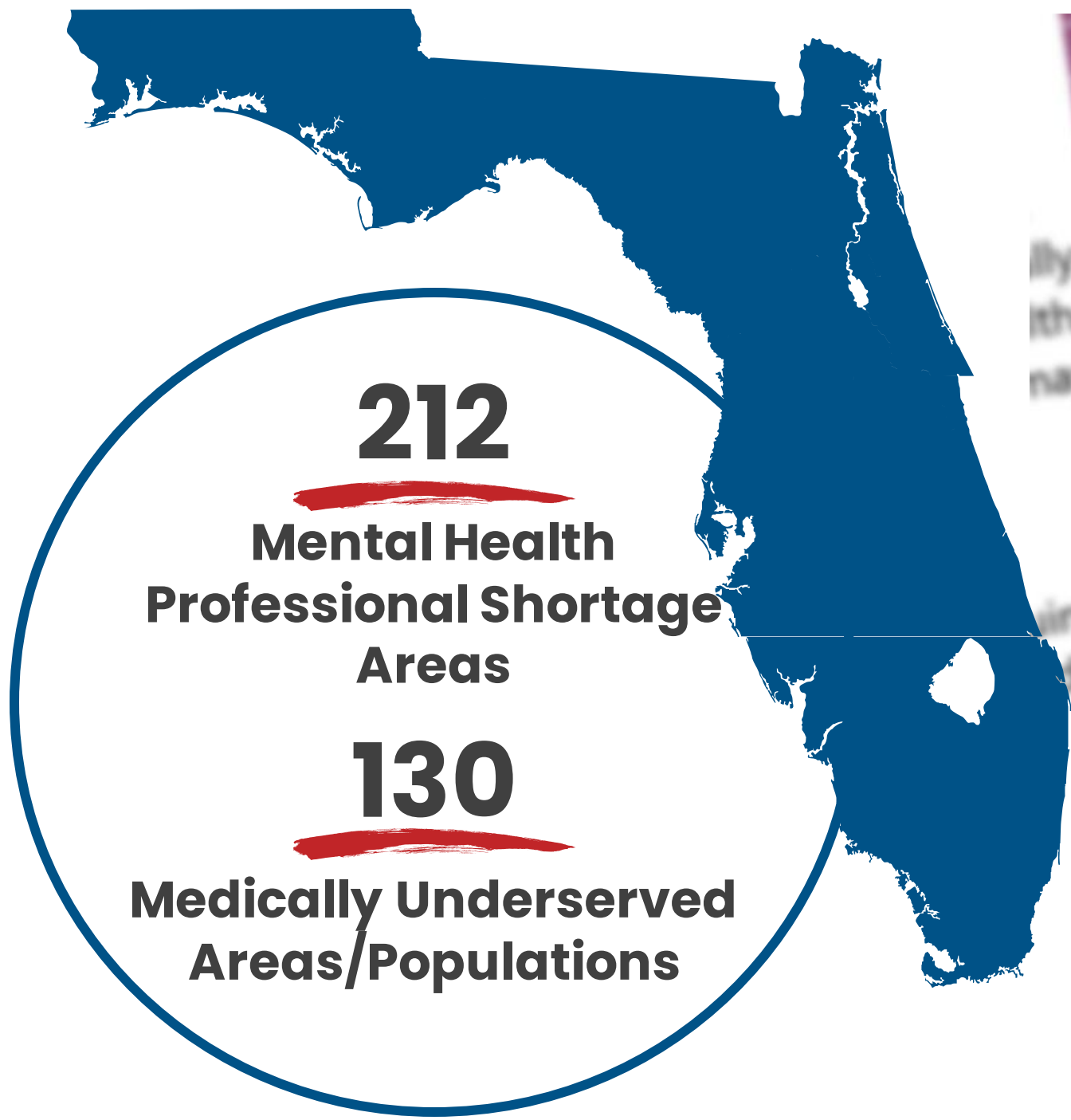
Florida Medicaid Community Behavior Health Fee Schedule	2023	2022	2021	2020	2019
Brief behavioral health status exam	\$14.79 per quarter hour	\$14.66 per quarter hour	\$14.66 per hour	\$14.66 per quarter hour	\$14.66 per quarter hour
Medication-assisted treatment services	\$68.08 weekly rate	\$67.48 weekly rate	\$67.48 weekly rate	\$67.48 weekly rate	\$67.48 weekly rate
Clubhouse services	\$5.04 per quarter hour	\$5.00 per quarter hour	\$5.00 per quarter hour	\$5.00 per quarter hour	\$5.00 per quarter hour
Florida Assertive Community Treatment	\$31.55 per day	\$27.40 per day	\$27.40 per day	n/a	n/a
Behavioral health-related medical services: medical procedures, mental health	\$10.09 per event	\$10.00 per event	\$10.00 per event	\$10.00 per event	\$10.00 per event

Source: AHCA's Florida Medicaid's Covered Services Fee Schedules



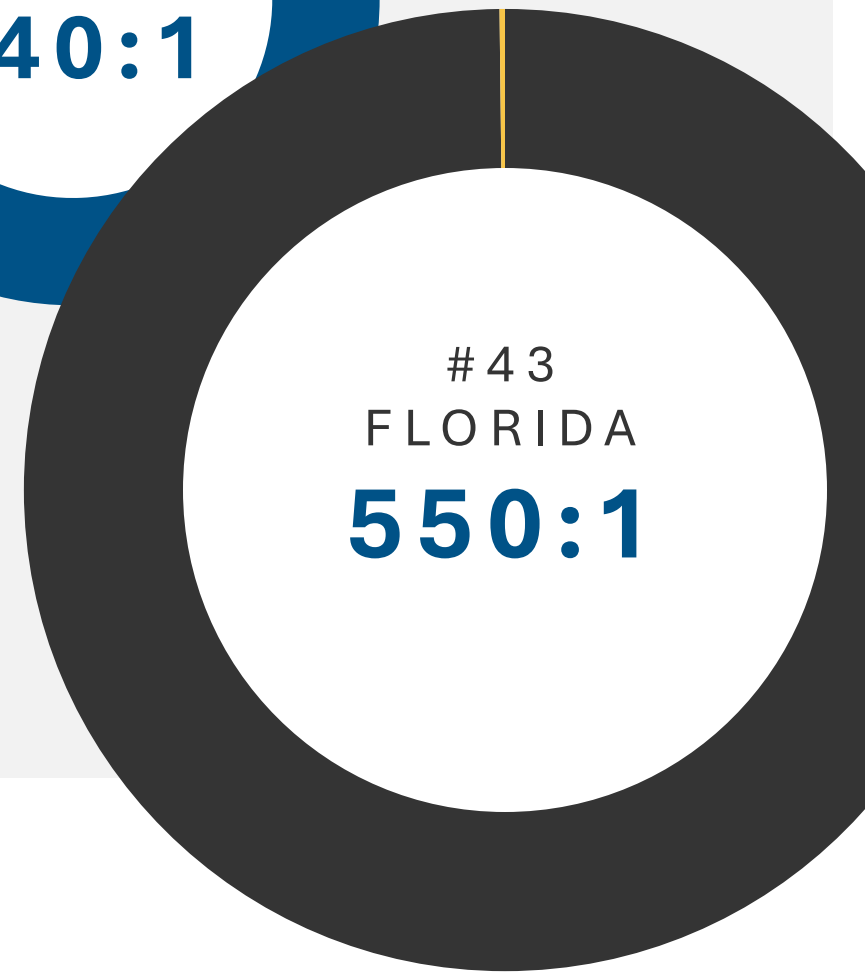
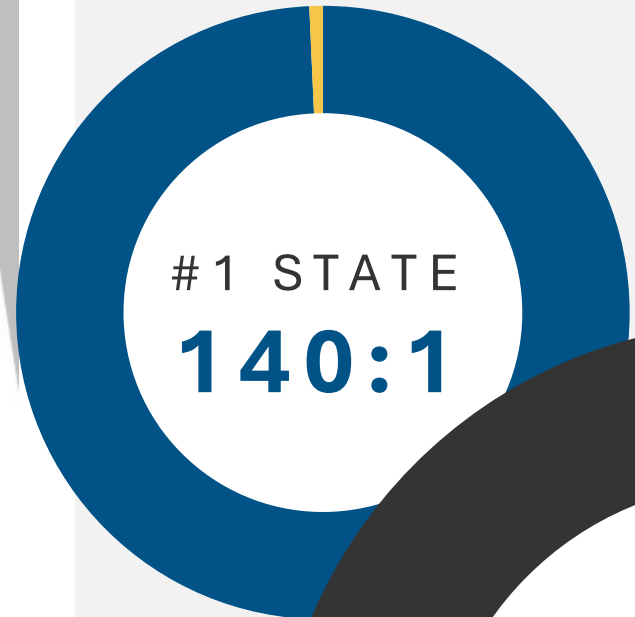
GROWING NEED BUT A DECLINING CAPACITY

Florida Ranks 43rd in Mental Health Workforce Availability



36	Missouri	470:1
37	Kansas	480:1
38	North Dakota	500:1
39	Virginia	520:1
40	South Dakota	540:1
41	South Carolina	540:1
42	Mississippi	550:1
43	Florida	560:1
44	Indiana	570:1
45	Iowa	590:1
46	Tennessee	640:1
47	Georgia	660:1
48	Arizona	670:1
	West Virginia	760:1

State Ratios of the Mental Health Workforce



*Source: [2023 State of Mental Health in America Report](#)

The Value of Community-Based Models

2 out of 3 dollars of scarce government spending on mental health is allocated to stand-alone psychiatric hospitals rather than community-based mental health services.

Yale New Haven Psychiatric Hospital implemented an Intervention Team model, which is associated with a significant reduction in length of stay (LOS) and utilization of constant companions. Findings also demonstrated a return on investment **(ROI) of 1.7:1** even with additional personnel costs.

A recent 10-year study of integrated team-based care practices demonstrated key improvements in screenings, quality, utilization, and cost when behavioral health services were integrated into primary care settings. It is estimated that the United States would save at least **\$4 billion a year in health care costs** if the model was used nationally

A Community Mental Health Center was able to **reduce ED visits by 46%, psychiatric admissions by 50%**, and medical admissions for patients with behavioral health diagnoses by nearly **17%**.

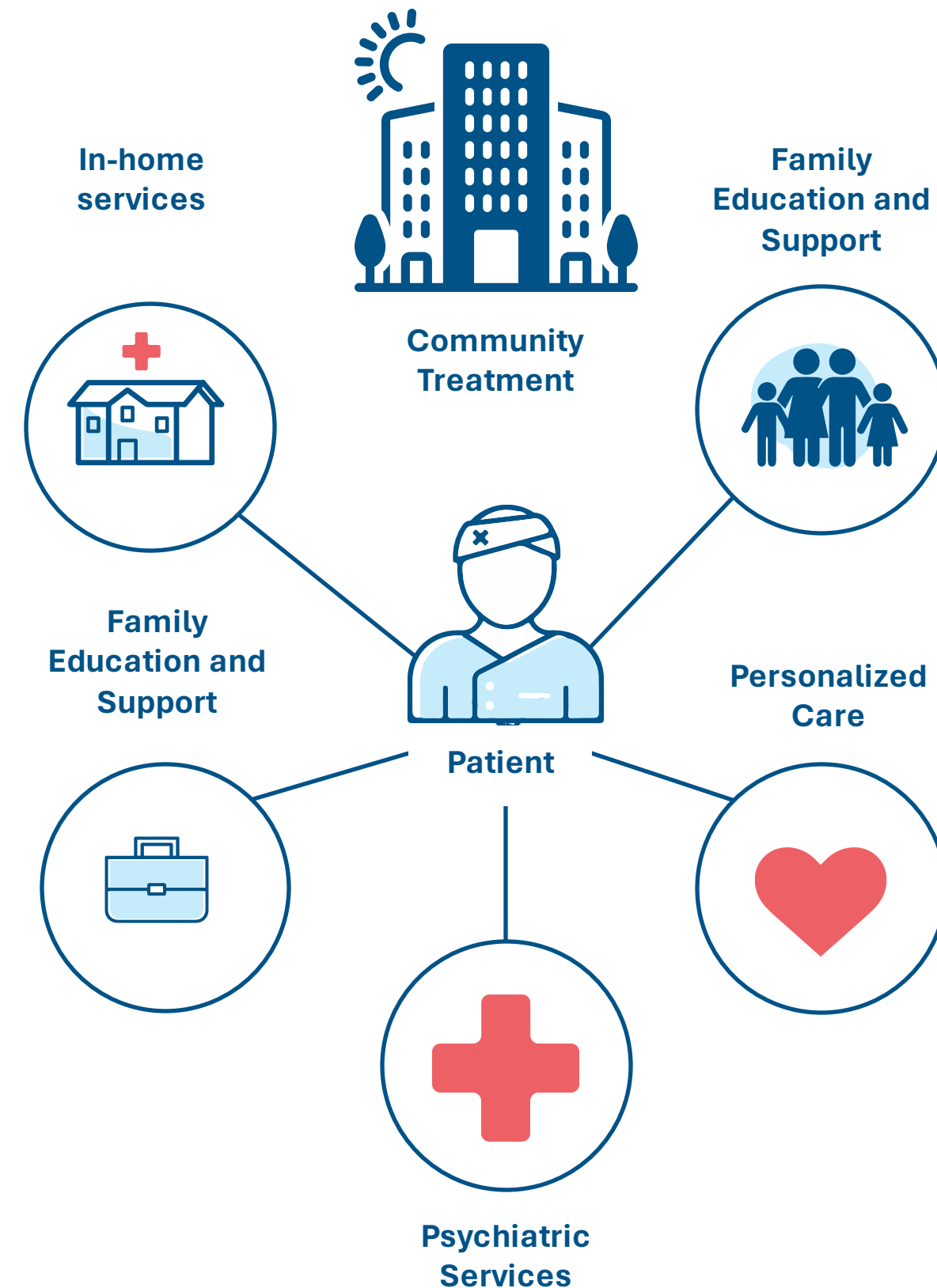
The American Psychiatric Association estimates that complete integration of mental health services with physical health care could **generate annual savings of US\$26–48 billion** for the American healthcare system.

An April 2016 World Health Organization-led study estimated a **4:1 ROI** from improved health and ability to work if the United States increased spending on treatment for depression and anxiety disorders by approximately **\$10 billion per year for 15 years**.

Florida Assertive Community Treatment Teams

A FACT team is a 24/7 community-based, multidisciplinary team providing a holistic, comprehensive, and individualized approach to services for adults who have been diagnosed with a serious mental illness.

The team's goal is to provide person-centered and long-term care and promote recovery, reduce hospitalizations, and enhance the individuals with serious mental illnesses the ability to live independently in their community.



More Cost Effective to Invest in Evidence-Based Teams

\$14,016.39

Average cost per patient
on a FACT Team

126,238.90

Average Cost Per Patient
At South Florida State
Hospital

\$117,165

Average Cost Per Patient
for Short Term Residential
Treatment (SRT)

*The average length of stay in a SRT is shorter than a year.

\$129,523.90

Average Cost Per Patient at
Treasure Coast Forensic
Treatment Center

Currently, in Florida there is 1 FACT team slot per 500 untreated adults experiencing a mental illness

Communities should develop enough ACT teams to serve approximately 50 percent of their populations of persons with severe mental illness, or roughly .06 percent of their adult populations.

\$14,016.39

Average cost per patient on a FACT Team

28 M individuals

experiencing a mental illness are going untreated.

Mental Health America 2023 Access to Care Data

1.6 M adults

in Florida experiencing a mental illness are going untreated

Mental Health America 2023 Access to Care Data

33 FACT Teams

in Florida with only up to 100 slots available on each team

*Source: Cuddeback GS, Morrissey JP, Meyer PS. How many assertive community treatment teams do we need? Psychiatr Serv. 2006 Dec;57(12):1803-6. doi: 10.1176/ps.2006.57.12.1803. PMID: 17158499.



Leveraging Federal Medicaid Reimbursement

The state of Florida has access to significant amounts of federal funding that is not currently being used.

Medicaid-covered patients are receiving Medicaid-covered services outside of the Medicaid program.

Ensure the best usage of state general revenue by maximizing federal funding to our state

	Program	State Resources Currently Spent	Potential Federal Match
Mental Health Programs in Florida	DCF Community Mental Health Funding	\$126 million general revenue	\$189 million new federal dollars
	DOE Student Mental Health	\$100 million general revenue	\$150 million new federal dollars

When dollars run through the Medicaid program, the state would see improvements in financial auditing, outcome reporting, and care management.
State agencies utilizing this match still maintain programmatic control over these services.

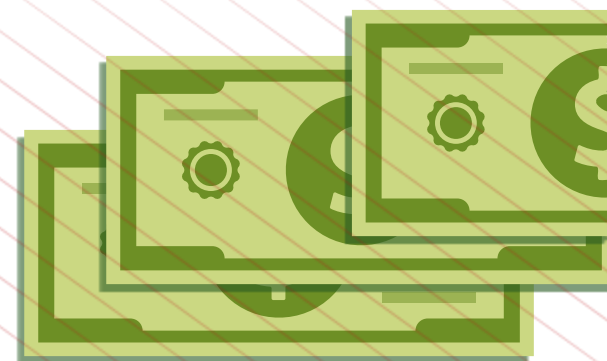
State General Revenue Investment



Matching Federal Dollars



Potential Total



Key state programs are forfeiting these new dollars to Florida.



Supported by both chambers' and was allocated \$8.3 Million

PROVEN SUPPORTS OF THE CONTINUUM

Collaborative Care

The Collaborative Care Model (CoCM) is a clinically proven healthcare delivery model that bridges the gap in care by providing a **primary care team** that works in collaboration with a psychiatrist to deliver timely treatment to vulnerable patients.

While Medicare typically reimburses for CoCM, states can implement Medicaid-reimbursable billing care codes to allow providers to bill for behavioral health services in primary care settings.

Medicaid is the single largest payor for behavioral health services, and the implementation of CoCM as a Medicaid-reimbursable service would help identify, diagnose, and treat the vast amount of Medicaid patients who require behavioral health care but may not have received it due to limited access to primary care.

Impact on Hospitals



Reduction of Health Care Cost



Improved Patient Outcomes



Reduction of Emergency Room Admissions



Reduction in Waitlist

Certified Community Behavioral Health Centers (CCBHC)

Background

CCBHCs offer 24/7 wraparound services to assist in stabilizing those experiencing a mental health crisis in welcoming and cost-effective settings. It is a working continuum of care by meeting the patient where they are and streamlining their care from the hospital to crisis services/centers and inserting follow-up care.

Grantee vs. Certified Center – influences access to sustainable Medicaid reimbursement

Legislation

To expand the CCBHC model it's imperative that the state Legislature and the Agency for Health Care Administration (AHCA) make intentional efforts to implement a state plan to allocate a prospective payment plan that incorporates appropriate Medicaid reimbursement.



Support the Expansion of CCBHC's

CCBHC's National Impact

72%

Reduction in Hospitalization

40.7%

Reduction in Homelessness

60.3%

Less Time in Jails

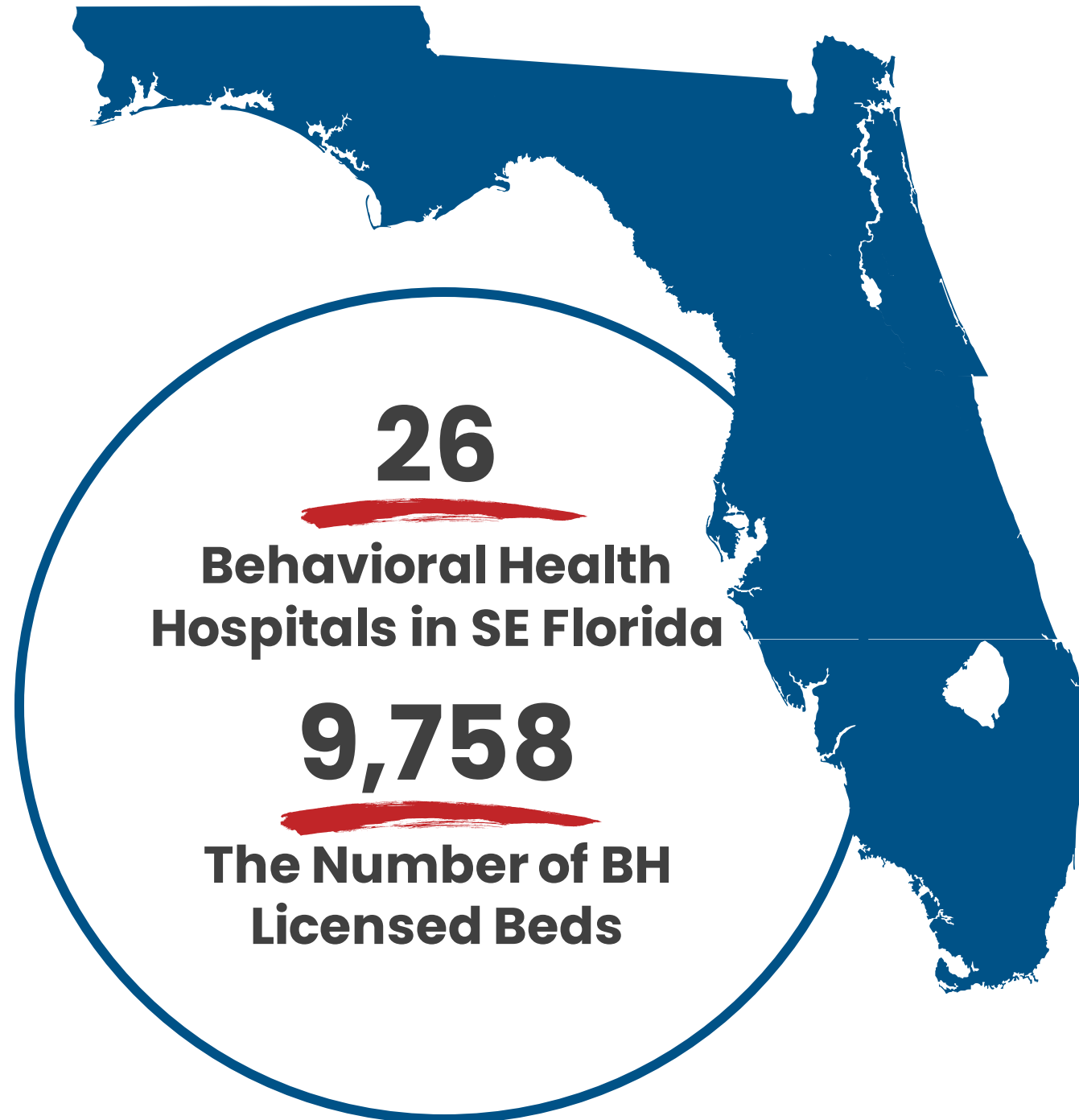
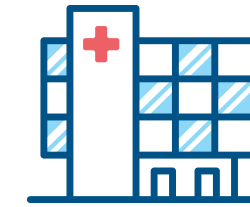
53%

Of clients who reported improvement in overall health within 6 months

11,240

Staff hired across all active CCBHCs

Availability of BH Hospitals in SE Florida



In SE Florida (This includes Palm Beach, Broward, Miami-Dade and Monroe County) there are 9,758 Licensed BH Beds, which makes up 35% of all BH beds in Florida.

*Source: Florida Health Finder

Costly Delays Impact Patient Recovery – Behavioral Health

82

patients awaiting discharge for a behavioral health reason for a total of

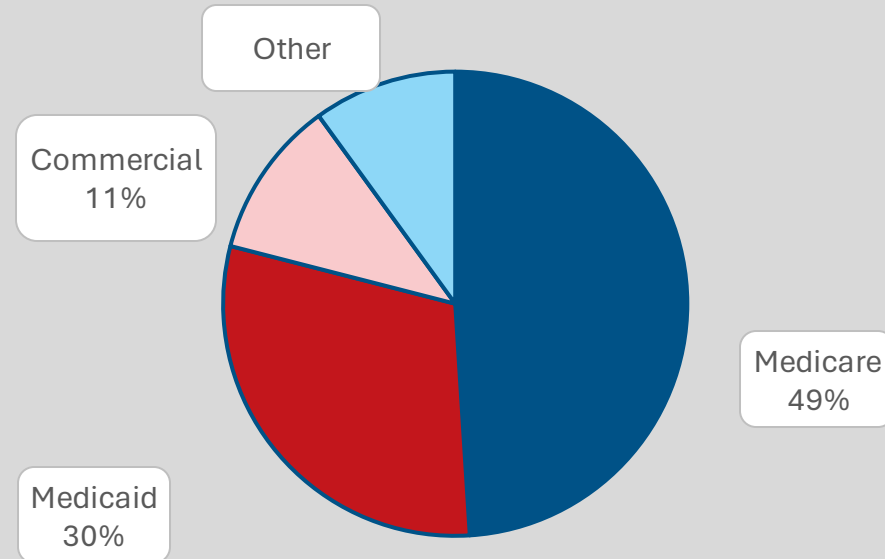
4,548 days

and an average

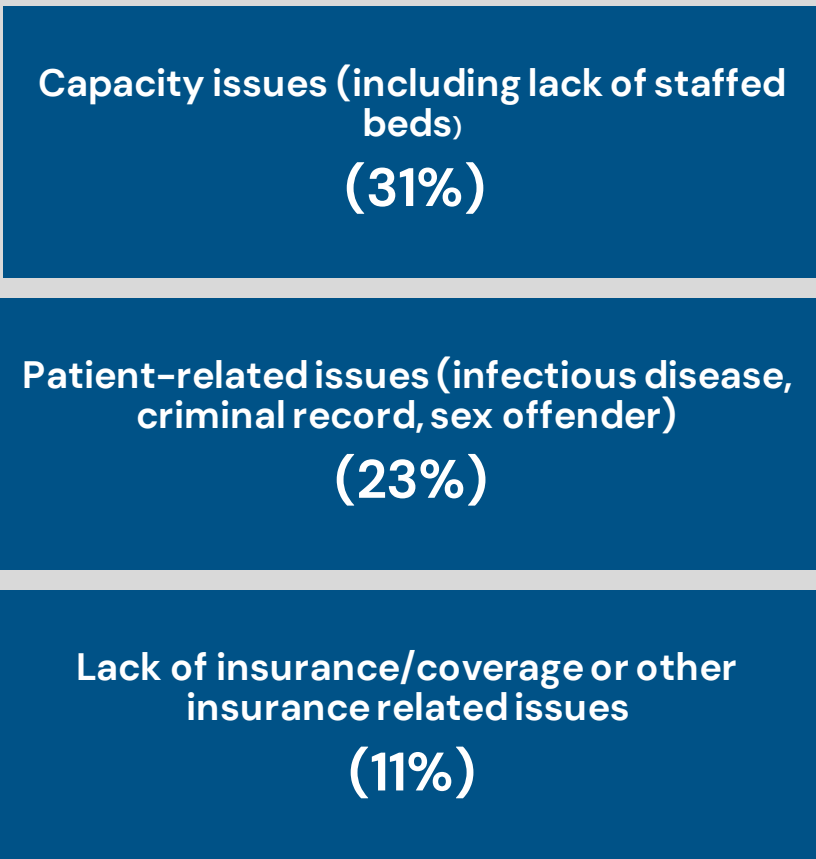
cost of \$104,306

per patient

Primary Payer for those awaiting discharge



Reason for Delay



Top 3 discharge locations patients were awaiting transfer to

SNF (45%)

Behavioral Health Facility (18%)

ALF (15%)



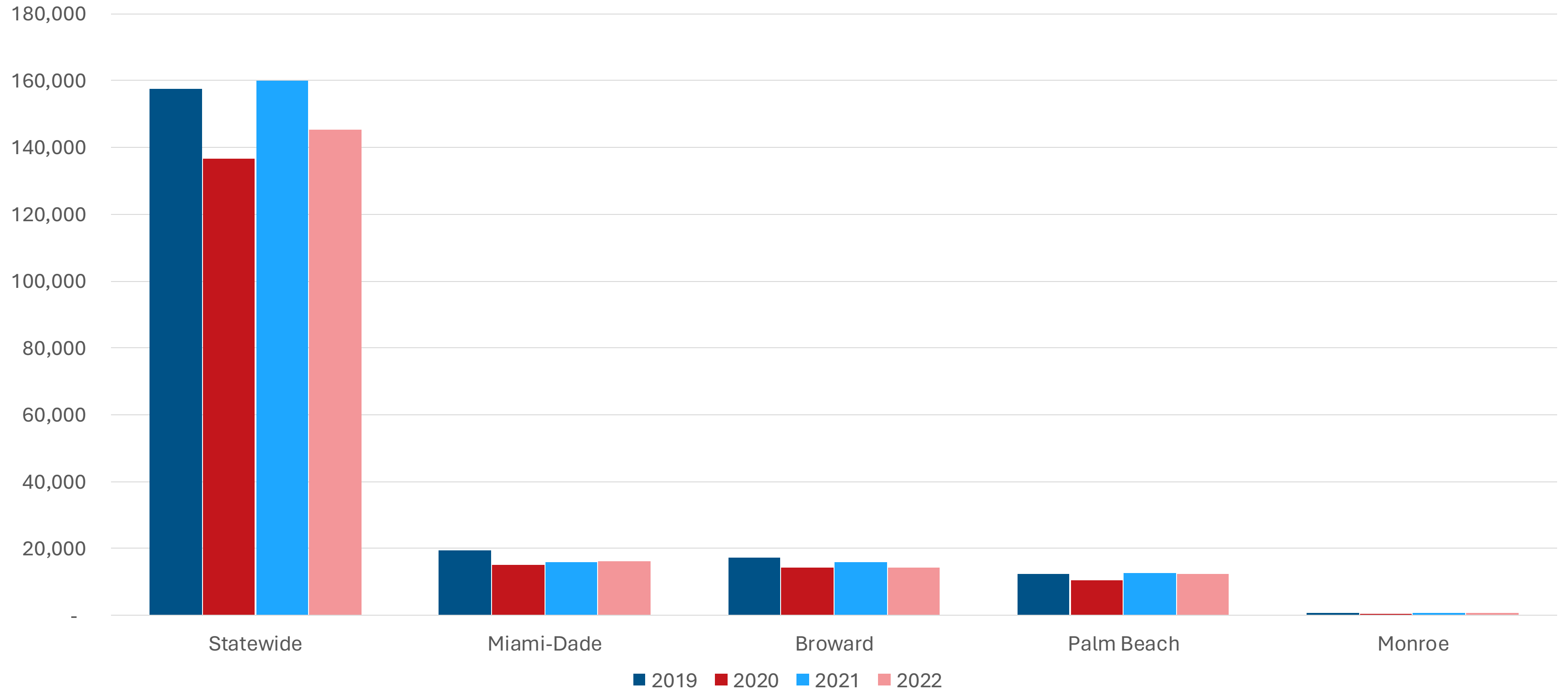
OVER \$2K
average charges by day



55 DAYS
AVERAGE LENGTH OF STAY

MENTAL HEALTH EMERGENCY DEPARTMENT VISITS STATEWIDE VS COUNTY: MIAMI-DADE, BROWARD, PALM BEACH & MONROE

Mental Health ED visits have increased since the PHE ended





While the statewide behavioral ED visits decreased, the ED utilization for behavioral health emergencies increased in Miami-Dade

Statewide Visits

2022 Q2 = **37,256**

2023 Q2 = **36,292**

A decrease of
-964 (2.59%)

Miami-Dade Visits

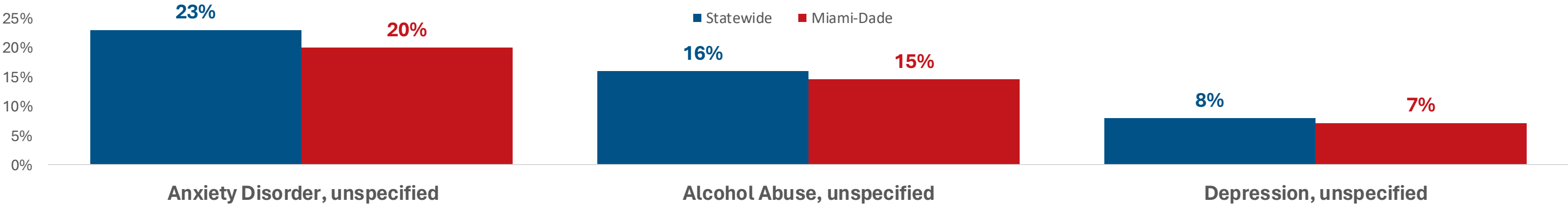
2022 Q2 Visits = **4,043**

2023 Q2 Visits = **4,551**

An increase of
+508 (12.56%)



Top 3 Reasons for an ED Visit (as a %) by Diagnoses in 2023 Q2



Potentially Preventable Emergency Department Visits – Miami-Dade

- Depression and Anxiety Disorders
- Substance Use Disorders
- Suicidal Ideation or Attempts
- Childhood Behavioral and Emotional Disorders
- Post-Traumatic Stress Disorder (PTSD)
- Eating Disorders
- Stress-Related Disorders

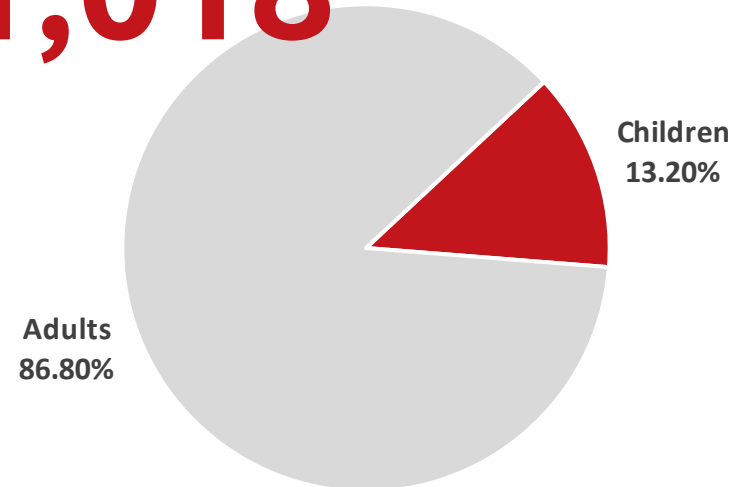
Miami-Dade Visits

2022 Q2 = 3,280

2023 Q2 = 4,298

An increase of

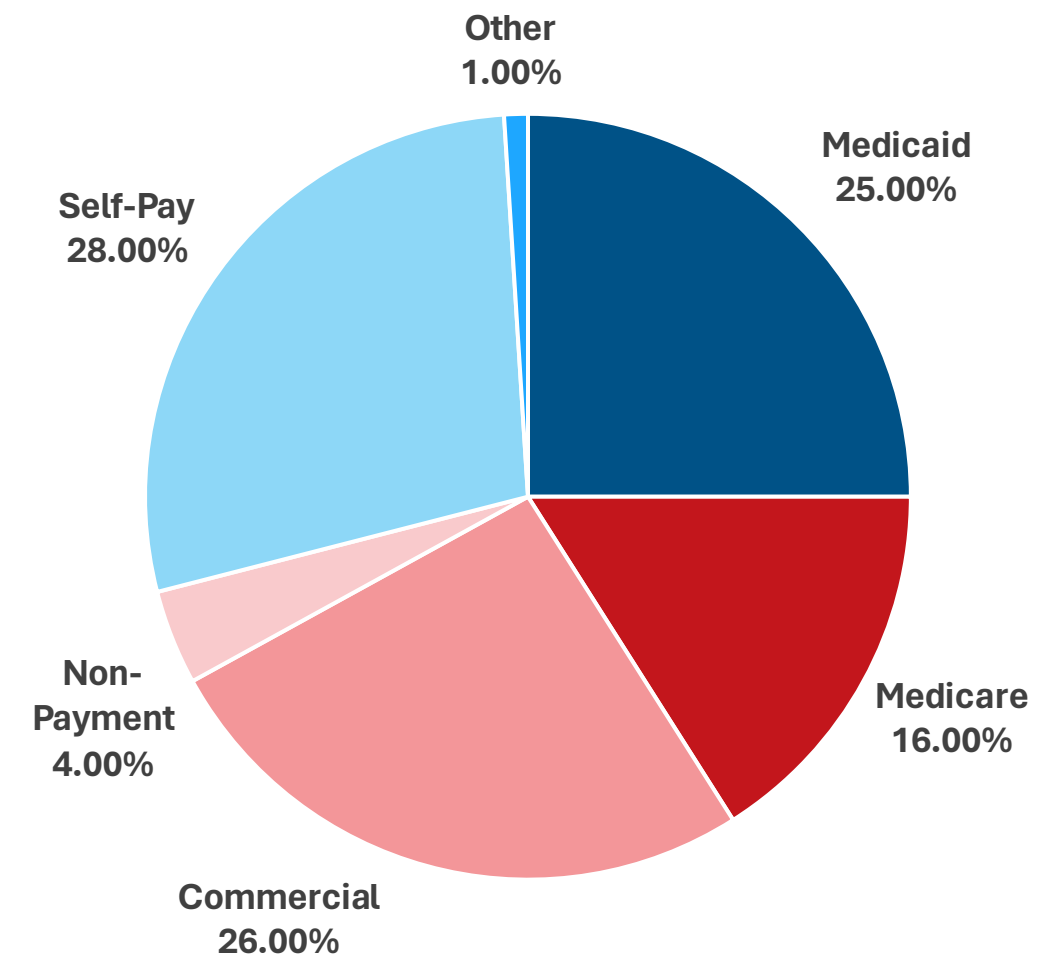
+1,018



31%

Increase in potentially preventable Mental Health visits since 2022 Q2

Payer Distribution



The rate of children with mental illness being admitted in Miami-Dade is higher compared to the Statewide percentage.

Statewide

Children represent 15.7% of all admissions

2022 Q2 Admissions = **7,924**

2023 Q2 Admissions = **7,995**

An increase of
+71 (0.9%)

Miami-Dade County

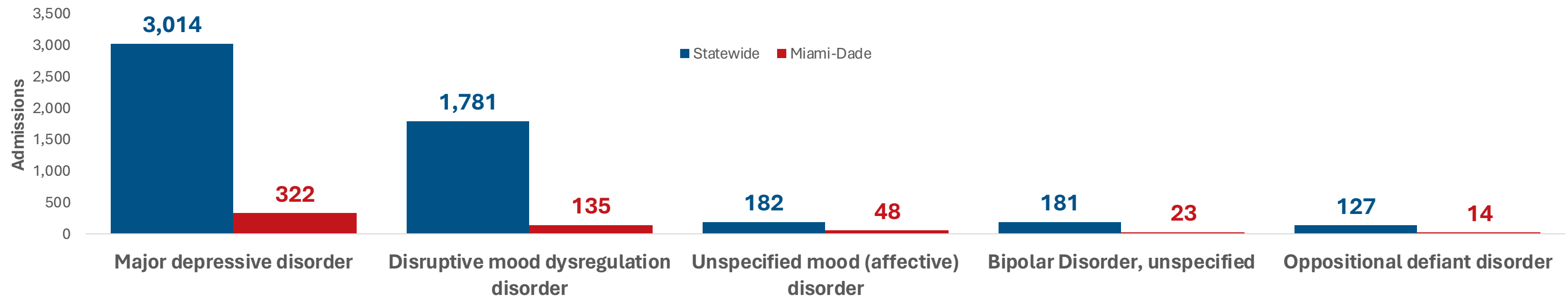
Children represent 11.9% of all admissions

2022 Q2 Admissions = **823**

2023 Q2 Admissions = **858**

An increase of
+35 (4.2%)

Top 5 Reasons for a Behavioral Health Admission 2023 Q2



The rate of adults with mental illness being admitted statewide has decreased since 2022 Q2.

Statewide

Adults represent 84.3% of all admissions

2022 Q2 Admissions = **43,302**

2023 Q2 Admissions = **42,981**

A decrease of
-321 (0.74%)

Miami-Dade County

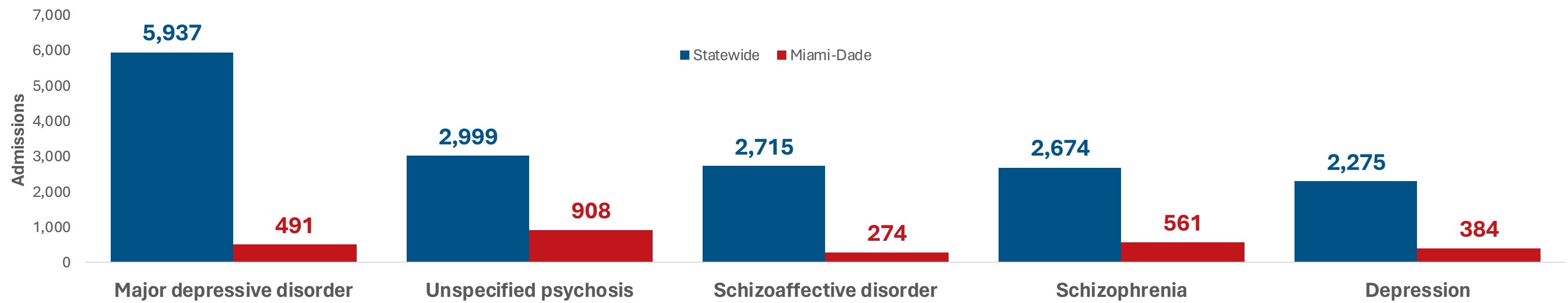
Adults represent 88.1% of all admissions

2022 Q2 Admissions = **6,976**

2023 Q2 Admissions = **6,380**

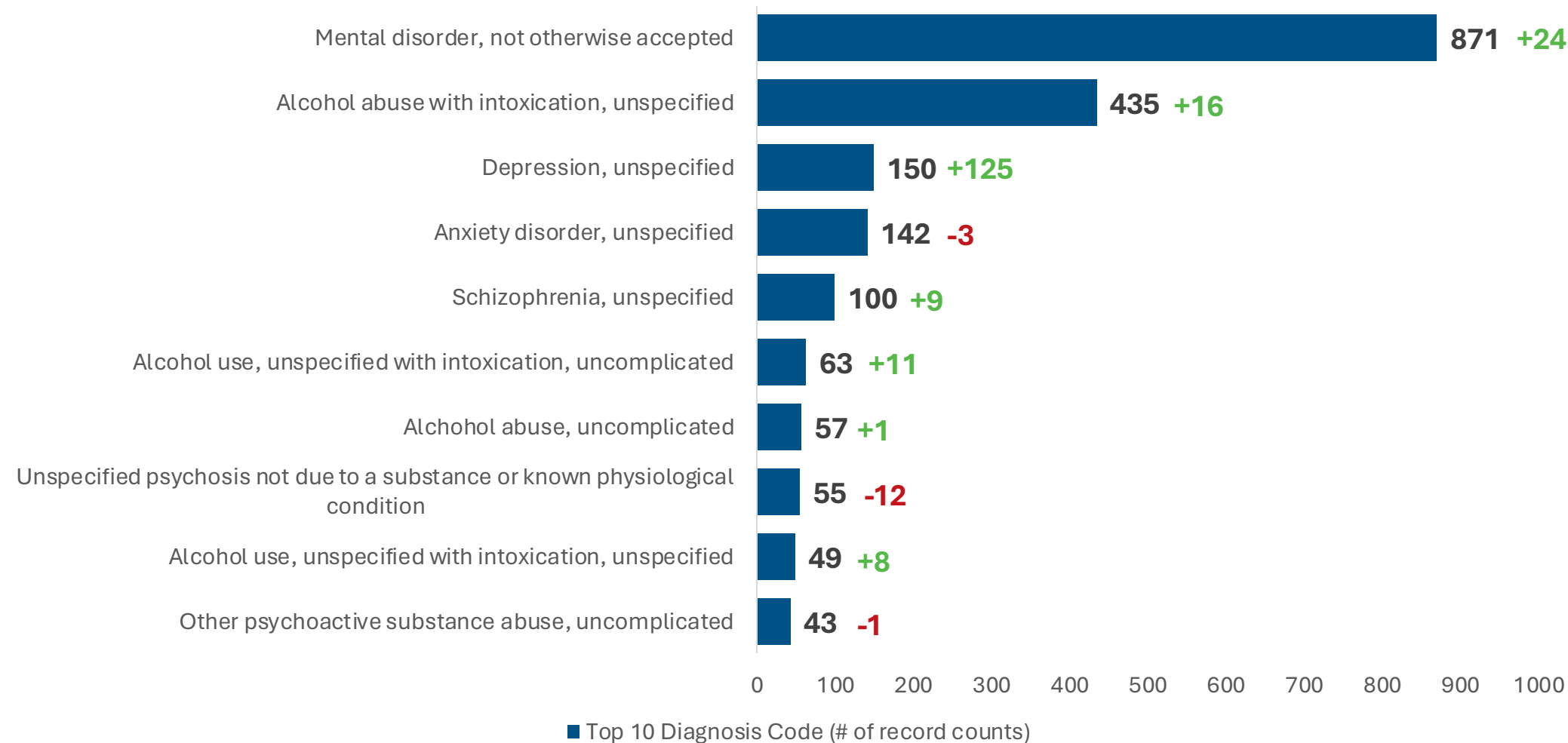
A decrease of
-596 (8.5%)

Top 5 Reasons for a Behavioral Health Admission 2023 Q2

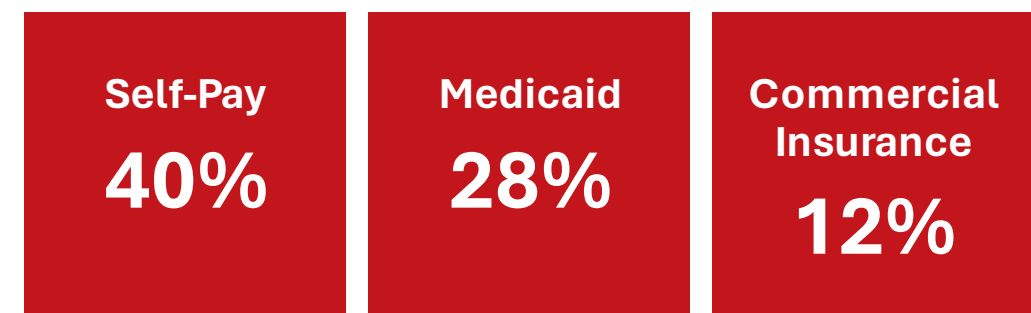


Top 10 Mental Health Emergency Department Diagnoses-Homelessness in Miami-Dade

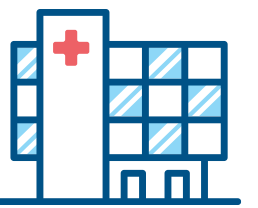
Top 10 Diagnosis Code (# of record counts)



Payer Mix



Source: Agency for Health Care Administration Discharge Data 2022



Inpatient Admissions for Homeless Patients: Miami-Dade 2022

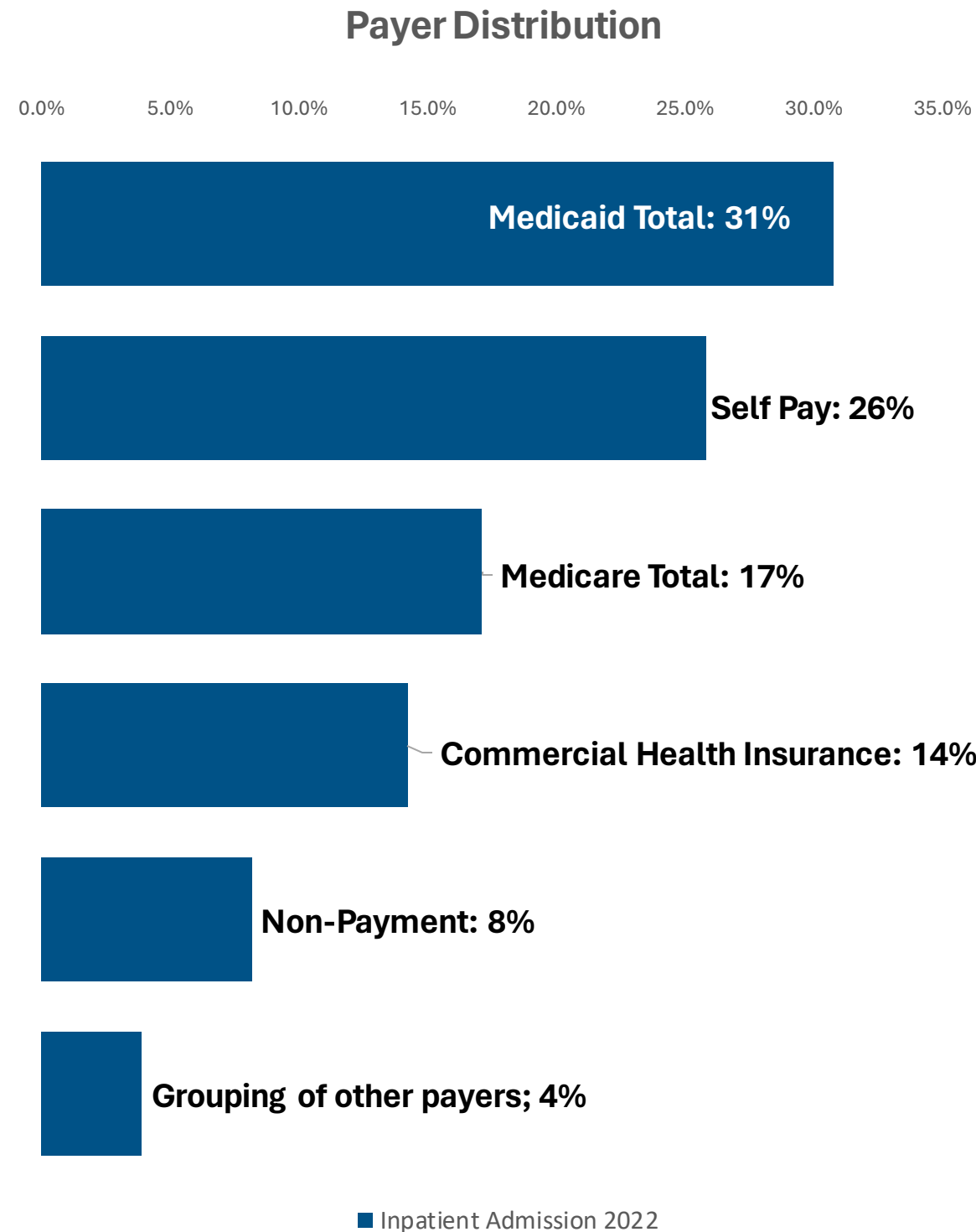
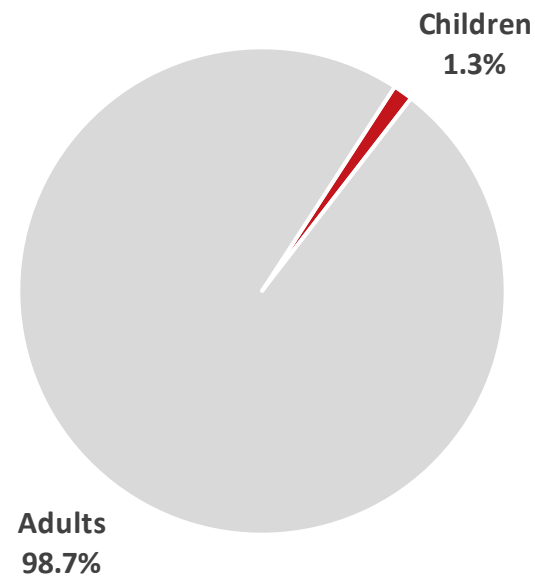
Miami-Dade
Population: 2,673,837

5,617

Homeless Admissions in 2022
-673 (-10.7%) since 2021

1.8%

of all Miami-Dade inpatient admissions



Top 3 reasons for a homeless inpatient admission in 2022

356 Admissions

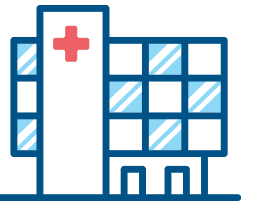
Unspecified psychosis not due to a substance

321 Admissions

Suicidal Ideations

258 Admissions

Paranoid schizophrenia



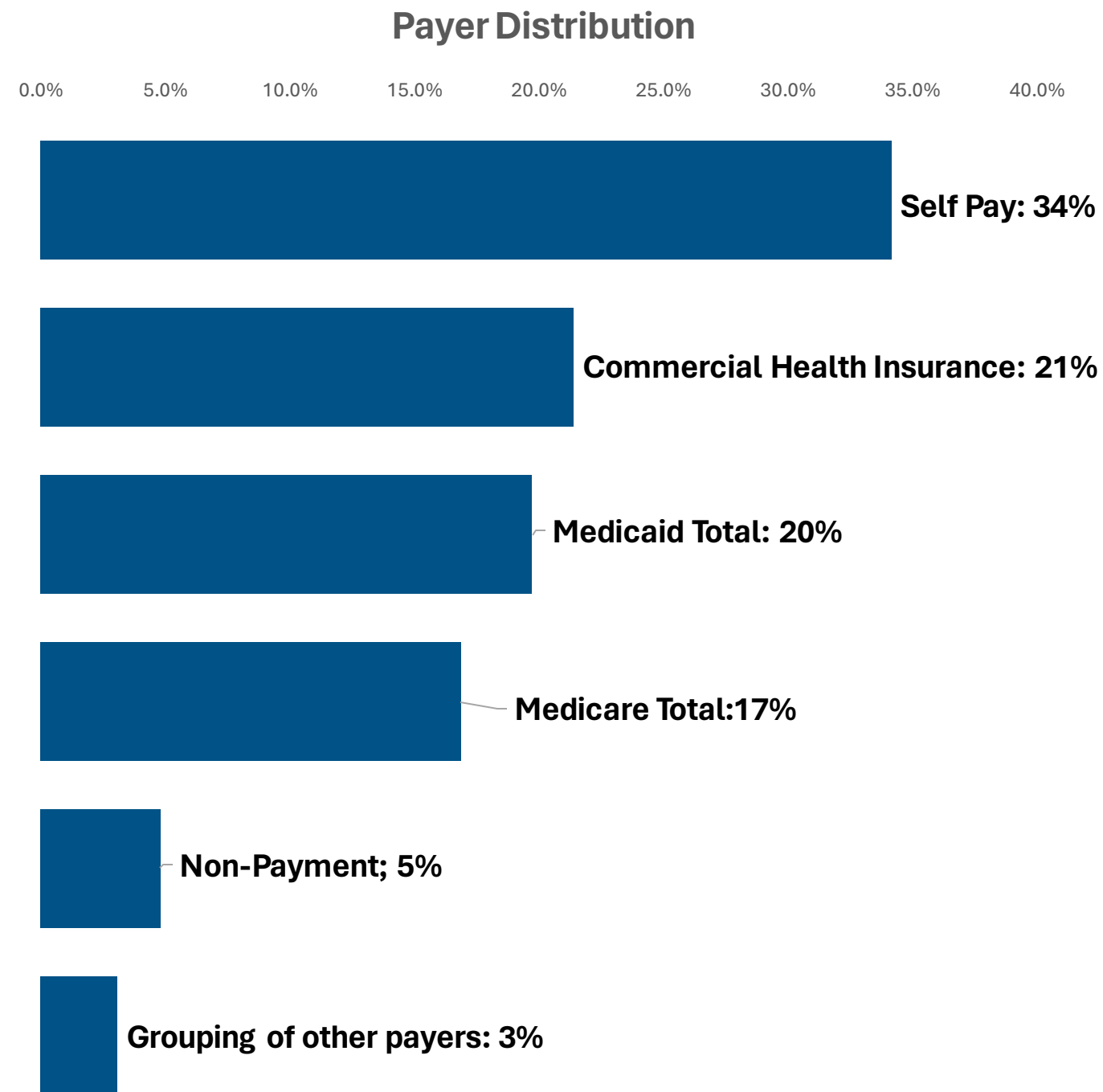
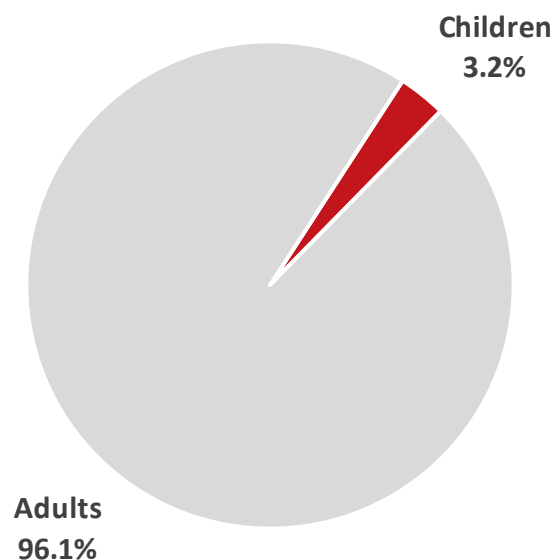
Inpatient Admissions for Homeless Patients: Broward 2022

Broward
Population: 1,947,026

1,707

Homeless Admissions in 2022
-360 (-17.4%) since 2021

0.7%
of all Broward inpatient admissions



Top 3 reasons for a homeless inpatient admission in 2022

106 Admissions

Schizoaffective disorder, bipolar type

83 Admissions

Brief psychotic disorder

70 Admissions

Schizophrenia, unspecified

■ Inpatient Admission 2022

Substance Abuse and Mental Health

Severe and Persistent Mental Illness (SPMI) and/or Substance Use Disorder (SUD) is a contributing factor to housing instability across all subpopulations, including Homeless, assessed in this analysis.

During Q2 of the fiscal year 2021, **45,723** Floridians utilized Substance Abuse and Mental Health Services. Of those, **2,685** were identified as homeless, **8,291** were independent living settings with either relatives or nonrelatives, and **702** were in correctional facilities.

Setting
the Agenda

Writing
the Play

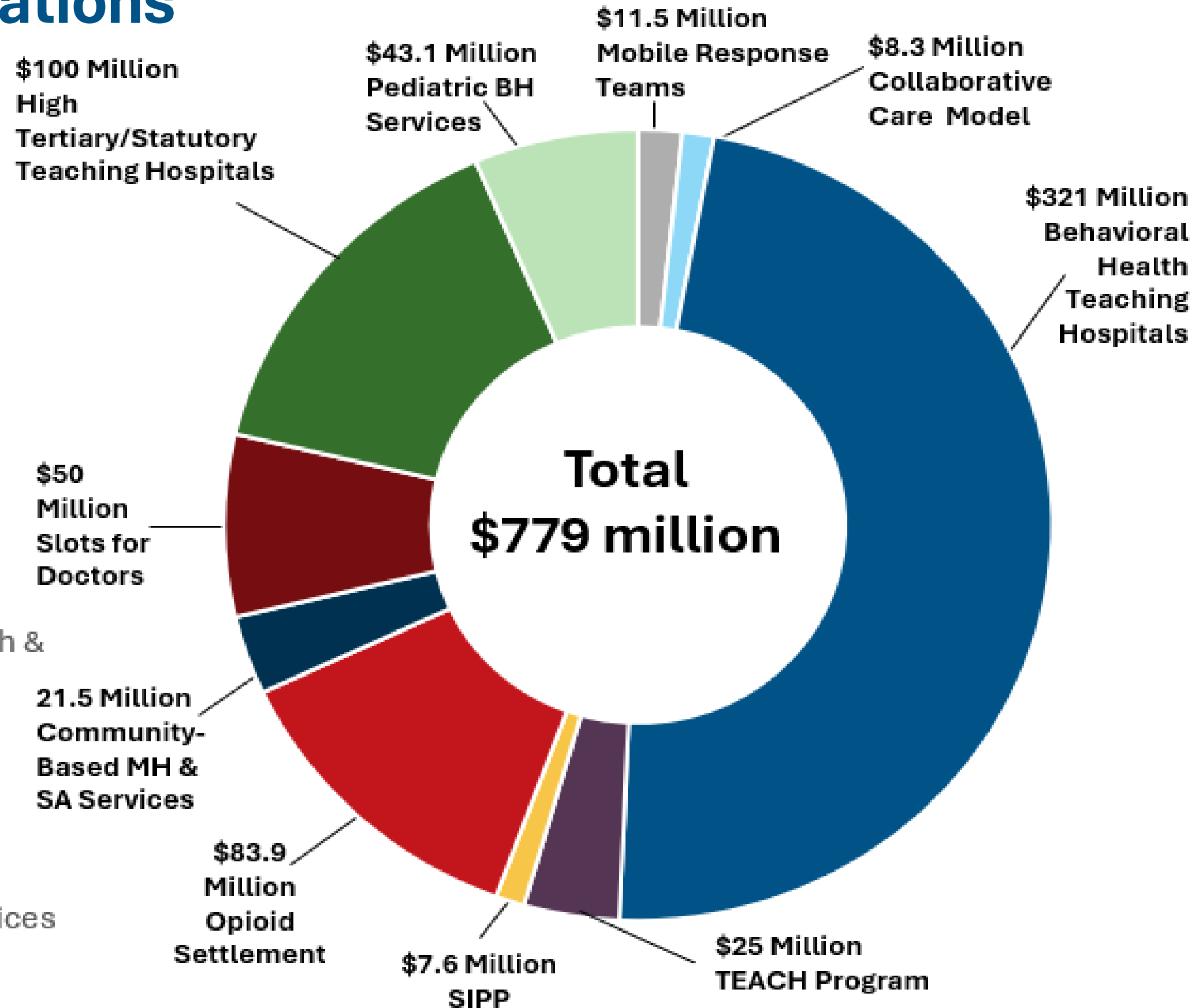
Engagement
& Execution

Legislative
Victories

Defeating
Unnecessary Regulation

Behavioral Budget Allocations

- Mobile Response Teams
- Collaborative Care Model
- Behavioral Health Teaching Hospitals
- TEACH Program
- Statewide Inpatient Psychiatric Program (SIPP)
- Opioid Settlement
- Community-Based Mental Health & Substance Abuse Services
- Slots for Doctors
- High Tertiary/Statutory Teaching Hospitals
- Pediatric Behavioral Health Services





Mission to Care. Vision to Lead.

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