

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/HB 1617 Behavioral Health Teaching Hospitals

SPONSOR(S): Health & Human Services Committee, Garrison

TIED BILLS: IDEN./SIM. **BILLS:** SB 330

| REFERENCE | ACTION | ANALYST | STAFF DIRECTOR or BUDGET/POLICY CHIEF |
|--------------------------------------|------------------|------------|--|
| 1) Health & Human Services Committee | 20 Y, 0 N, As CS | DesRochers | Calamas |
| 2) Appropriations Committee | | | |
| 3) Education & Employment Committee | | | |

SUMMARY ANALYSIS

Demand for physicians across the United States is projected to grow faster than supply leading to a potential nationwide shortfall of as many as 124,000 full-time employee physicians in 2034. This includes a projected shortage of between 17,800 and 48,000 primary care physicians, between 15,800 and 30,200 surgeons, between 3,800 and 13,400 internal medicine and pediatric specialists, and between 10,300 and 35,600 physicians across the other specialties.

Current challenges to the recruitment and retention of behavioral health providers include financial limitations (e.g., resources, reimbursement rates, student debt), educational limitations (e.g., lack of training to serve diverse populations, barriers to enter workforce), and workplace limitations (e.g., shortages in rural areas, high workloads that lead to burnout). To increase the overall supply of behavioral health professionals, some states may choose to act through partnerships with educational institutions and residency programs. These partnerships can encourage students and early career professionals to practice in rural and underserved communities.

CS/HB 1617 establishes the behavioral health teaching hospitals in Florida. The bill authorizes a hospital to apply to AHCA for designation as a behavioral health teaching hospital if the hospital meets certain criteria, and establishes criteria for a hospital to maintain a designation and the process for renewal. The bill awards certain integrated workforce development program funds to designated behavioral health teaching hospitals subject to legislative appropriation. The bill creates a grant program to fund certain activities at behavioral health teaching hospitals.

The bill establishes the Florida Center for Behavioral Health Workforce (Center) at the Louis de la Parte Florida Institute for Mental Health at the University of South Florida. The bill authorizes the Center to perform original research, policy analysis, and evaluation and to develop and share best practices that advance the behavioral health professions.

Finally, the bill requires DCF to study the state's need for involuntary inpatient services.

The bill has a significant, indeterminate, negative fiscal impact on AHCA and DCF and no fiscal impact on local government.

The bill provides an effective date of July 1, 2024, except for the provision related to the DCF studies, which is effective upon becoming law.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Background

Mental Health Safety Net Services

In February 2023, over 32.3% of adults in the Florida self-reported symptoms of anxiety and or depression. Mental illnesses can be acute or chronic and are diagnosable conditions that affect an individual's emotional, psychological, and social well-being, and often their behavior. These conditions include depression, anxiety, schizophrenia, and mood or personality disorders, among others.¹ Magnifying the mental health crisis undercurrent, Florida's drug overdose deaths per 100,000 people increased from 15.4 in 2011 to 37.5 in 2021. Similarly, suicide is often linked to underlying mental health conditions. Florida's age-adjusted suicide rate in 2021 was 14.0 per 100,000 people.²

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the U.S. Department of Health and Human Services' agency that leads public health efforts to advance the behavioral health of the nation.³ Congress established SAMHSA in 1992 to make substance use and mental disorder information, services, and research more accessible. To this end, state mental health agencies (SMHAs) compile and report annual data as part of their application package for SAMHSA's Community Mental Health Block Grant.

The Department of Children and Families (DCF) Office of Substance Abuse and Mental Health is Florida's SMHA. The table below itemizes the federal block grants for mental health-related funding that Florida received the last three years:⁴

| Federal SAMHSA Block Grants Funding: FFY 2021-2022 through 2022-2023 (in \$ millions) | | |
|--|---|---|
| | Substance Abuse Prevention and Treatment Block Grant | Community Mental Health Services Block Grant |
| Award Year (Oct 1 – Sept 30) | FFY 2021-2022 | FFY 2022-2023 |
| Recurring 2021 | \$111,389,890 | \$47,760,577 |
| Recurring 2022 | \$112,320,687 | \$55,973,788 |
| Recurring 2023 | \$116,814,207 | \$65,481,738 |

The DCF table below records the number of unduplicated individuals served in community mental health settings, state psychiatric hospitals, and residential treatment settings:⁵

Number of Unduplicated Individuals Served in the Community

¹ *Mental Health in Florida*, KFF (Mar. 2023) <https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/florida> (last visited Dec. 16, 2023).

² *Id.*

³ Substance Abuse and Mental Health Services Administration, *About Us*, <https://www.samhsa.gov/about-us> (last visited Dec. 16, 2023).

⁴ *Comprehensive, Multi-Year Review of the Revenues, Expenditures, and Financial Positions of the Managing Entities Including A System of Care Analysis*, Office of Substance Abuse and Mental Health, Florida Department of Children and Families, p. 13 (Nov. 1, 2023) <https://www.myflfamilies.com/services/samh/publications> (last visited Dec. 16, 2023).

⁵ *Id.* at p. 14.

| | 07/01/2021 – 06/30/2022 | | 07/01/2022 – 06/30/2023 | |
|-----------------------------|-------------------------|-------------|-------------------------|-------------|
| Service Setting | Total | Percentage | Total | Percentage |
| Community Mental Health | 196,328 | 94.2% | 242,849 | 93.6% |
| State Psychiatric Hospitals | 4,436 | 2.1% | 5,153 | 2.0% |
| Residential Treatment | 7,640 | 3.7% | 11,365 | 4.4% |
| Total | 208,404 | 100% | 259,367 | 100% |

For FY 2022, Florida's total SMHA mental health expenditures were \$914,342,441. This total amounts to \$41.98 per capita. Florida's SMHA system served 147,804 clients in community settings with 4,523 of those served in state hospitals. The 147,804 total clients represent a utilization rate of 6.8 per 1,000 people.⁶

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. DCF provides services based upon state and federally-established priority populations, administered by regional managing entities under contract with the Department of Health.

Behavioral Health Managing Entities

Managing entities are local, not-for-profit organizations with community boards that hold service providers accountable for quality service delivery and leverage local resources to meet each county's behavioral health needs. Managing entities adapt and tailor funding from the state and federal governments in response to evolving community trends on prevention, intervention, crisis support, opioid, medication-assisted treatment, residential treatment, and outpatient services for adults, children, and families.⁷ Managing entities provide SAMH services to over 320,000 Floridians, including:⁸

- Substance-abusing mothers and women who are pregnant.
- Families in the foster care system.
- People who inject drugs.
- Substance abusers who are infected with HIV.
- Individuals with a serious mental illness.
- Youth in the juvenile justice System.
- Veterans.
- Incarcerated individuals.
- Chronically homeless individuals.

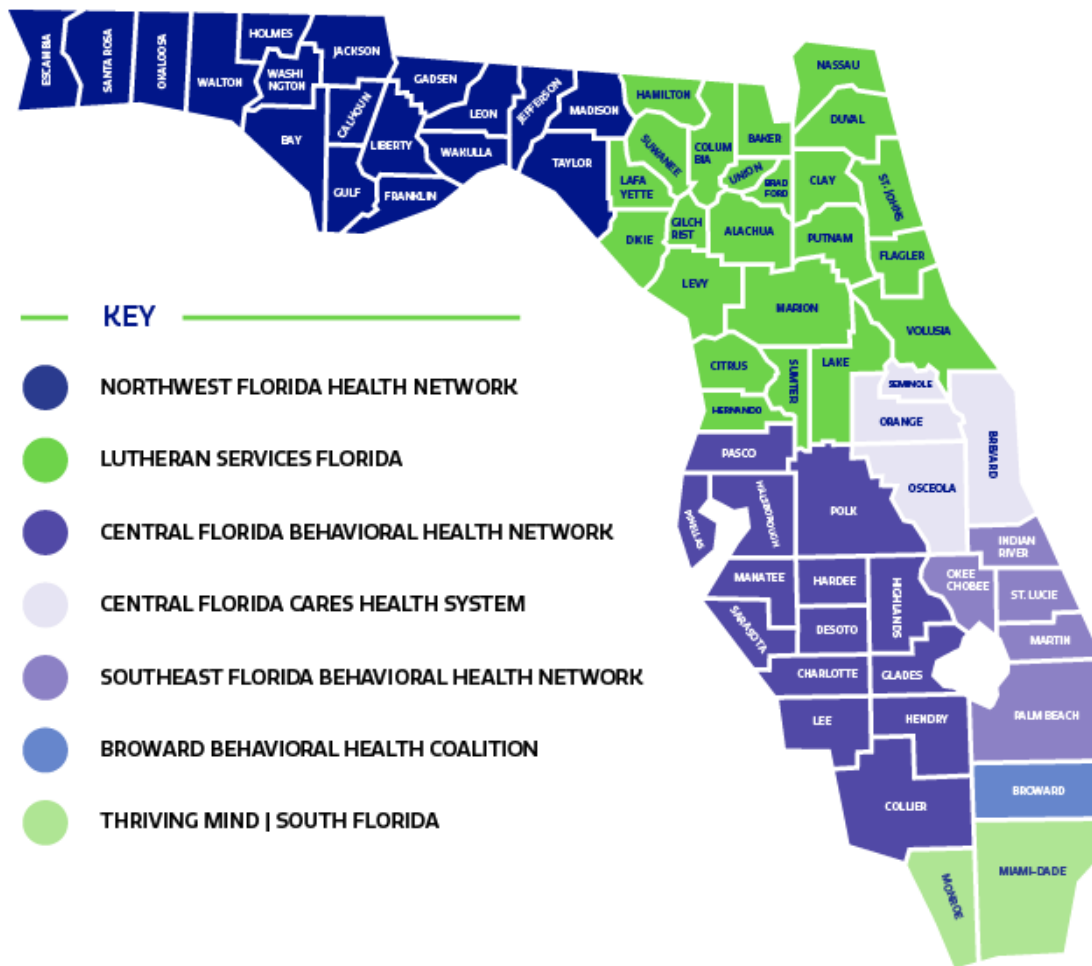
As the map below illustrates, DCF currently contracts with seven behavioral health managing entities for the delivery of local SAMH services throughout Florida.⁹

⁶ 2022 Uniform Reporting System (URS) Table for Florida, Substance Abuse and Mental Health Services Administration, p. 3 (Nov. 21, 2023), <https://www.samhsa.gov/data/report/2022-uniform-reporting-system-urs-table-florida> (last visited Dec. 16, 2023).

⁷ The Florida Association of Managing Entities, *Who We Are*, <https://flmanagingentities.com/who-we-are/> (last visited Feb. 11, 2024).

⁸ The Florida Association of Managing Entities, *Who We Help*, <https://flmanagingentities.com/who-we-help/> (last visited Feb. 11, 2024).

⁹ Florida Association of Managing Entities, *Map*, <https://flmanagingentities.com/map/> (last Feb. 11, 2024); Florida Department of Children and Families, *Managing Entities*, <https://www.myflfamilies.com/services/samh/providers/managing-entities> (last visited Feb. 11, 2024).



Managing entities must submit detailed plans to enhance crisis services based on the no-wrong-door model¹⁰ or to meet specific needs identified in DCF’s assessment of behavioral health services in this state.¹¹ DCF must use performance-based contracts to award grants.¹²

Managing entities are required to conduct a community behavioral health care needs assessment once every three years in the geographic area served by the managing entity, which identifies needs by sub-region.¹³ The assessments must be submitted to DCF for inclusion in the state and district substance abuse and mental health plan.¹⁴

The Baker Act: Involuntary Commitment

The Florida Mental Health Act, commonly referred to as the Baker Act¹⁵, focuses on crisis services for individuals with mental illness, much like an emergency department serves individuals experiencing a medical emergency.¹⁶ Under the Baker Act, DCF designates hospitals and crisis stabilization units as receiving facilities to provide emergency mental health treatment.¹⁷ The purpose of a crisis stabilization unit is to stabilize and redirect a patient to the most appropriate and least restrictive community setting

¹⁰ The no-wrong-door model means a model for the delivery of acute care services to persons who have mental health or substance use disorders, or both, which optimizes access to care, regardless of the entry point to the behavioral health care system. s . 394.4573(1)(d), F.S.

¹¹ S. 394.4573(3), F.S.

¹² *Id.*

¹³ S. 394.9082(5)(b), F.S.

¹⁴ S. 394.75(3), F.S.

¹⁵ The Baker Act is contained in Part I of ch. 394, F.S.

¹⁶ The Florida Department of Children and Families, *The Baker Act*, <https://www.myflfamilies.com/crisis-services/baker-act> (last visited Feb. 11, 2024).

¹⁷ Florida Department of Children and Families, *Baker Act Resources for Individuals & Families*, <https://www.myflfamilies.com/crisis-services/baker-act/baker-act-resources-individuals-families> (last visited Feb. 11, 2024).

available. Similar to a hospital's emergency department, a crisis stabilization unit provides services regardless of a person's ability to pay.¹⁸

Emergency mental health examination and stabilization services may be provided on a voluntary or involuntary basis.¹⁹ 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, 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 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.²⁰

In FY 2021-22, hospitals and crisis stabilization units in Florida conducted 170,048 involuntary examinations for 115,239 individuals. As the table below indicates, the number of involuntary examinations for FY 2021-22 is significantly less than the prior four years.²¹

| Baker Act Involuntary Examinations for the Past Five Fiscal Years | | | |
|--|--------------------------|------------------------------------|-------------------|
| Fiscal Year (FY) | Involuntary Exams | Year-to-Year Percent Change | |
| | | Involuntary Exams | Population |
| 2021-2022 | 170,048 | -12.65% | 1.45% |
| 2020-2021 | 194,680 | -3.91% | 1.75% |
| 2019-2020 | 202,598 | -3.98% | 1.74% |
| 2018-2019 | 210,992 | 2.53% | 1.80% |
| 2017-2018 | 205,781 | 2.92% | 1.62% |

While researchers cannot extrapolate from the data the reasons why the number of involuntary examinations decreased, they emphasize that this decrease in involuntary examinations should not be read to automatically erase some of the need for mental health crisis services. Instead, researchers recommend an additional study to determine the impact of the following possible factors:²²

- An increase in the use of DCF-funded services such as Care Coordination and Mobile Response Teams;
- Collaboration between DCF and the Administration for Health Care Administration (AHCA) to identify and address high utilizers of crisis services;
- Changes to law enforcement and designated receiving facility transportation processing procedures;
- An increase in the percentage of involuntary examinations by Crisis Intervention Team (CIT) trained law enforcement officers; and
- Workforce shortage for health professionals of all types.

The Commission on Mental Health and Substance Abuse

In 2021, the legislature created the Commission on Mental Health and Substance Abuse (Commission).²³ The Commission consists of 19 members, which include the Secretaries of DCF and

¹⁸ S. 394.875(1)(a), F.S.

¹⁹ Ss. 394.4625 and 394.463, F.S.

²⁰ S. 394.463(1), F.S.

²¹ Annette Christy, Kevin Jenkins, Sara Rhode, Sarah Bogovic, Lillian Deaton, and Charles Dion, *Baker Act Reporting Center Fiscal Year 2021-2022 Report*. University of South Florida, Department of Mental Health Law and Policy, Baker Act Reporting Center, p. 4 (2023) https://www.usf.edu/cbcs/baker-act/documents/ba_usf_annual_report_2021_2022.pdf (last visited Feb. 12, 2024).

²² *Id.* at 5.

²³ See Chapter 2021-170, L.O.F.

the Agency of Health Care Administration (AHCA). The remaining members are appointed by the Governor, the President of the Senate, and the Speaker of the House of Representatives.²⁴

Under current law, DCF is required to provide administrative and staff support services to the Commission as it carries out its statutory functions.²⁵ State agencies are also required to assist the Commission in a timely manner when needed.²⁶ The duties of the Commission include:

1. Conducting a review and evaluation of the management and functioning of existing publicly supported mental health and substance abuse systems in DCF, AHCA, and all other relevant state departments;
2. Considering the unique needs of people who are dually diagnosed;
3. Addressing access to, financing of, and scope of responsibility in the delivery of emergency behavioral health care services;
4. Addressing the quality and effectiveness of current service delivery systems and professional staffing and clinical structure of services, roles, and responsibilities of public and private providers;
5. Addressing priority population groups for publicly funded services, identifying the comprehensive delivery systems, needs assessment and planning activities, and local government responsibilities for funding services;
6. Reviewing the implementation of ch. 2020-107, Laws of Fla.;²⁷
7. Identifying gaps in the provision of mental health and substance abuse services;
8. Providing recommendations on how managing entities may promote service continuity;
9. Making recommendations about the mission and objectives of state-supported mental health and substance abuse services and the planning, management, staffing, financing, contracting, coordination, and accountability of mechanisms best suited for the recommended mission and objectives; and
10. Evaluating and making recommendations regarding the establishment of a permanent, agency-level entity to manage mental health, behavioral health, substance abuse, and related services statewide.

In January 2024, the Commission released their annual interim report to address statewide behavioral health challenges. The Commission offered the following 12 recommendations:²⁸

1. Complete a gap analysis to provide a clear picture of the state's behavioral health infrastructure.
2. Expand patient-centered behavioral health clinics to enable coordinated, comprehensive access to behavioral healthcare services.
3. Establish regional collaboratives to address ongoing challenges at the local level.
4. Get the school districts and the managing entities to negotiate a memorandum of understanding to coordinate a behavioral healthcare approach tailored for students.
5. Designate a single state agency to create a Multi-Agency Continuum of Care Collaborative.
6. Establish a statewide policy that recognizes the 988 Florida Suicide & Crisis Lifelines and network providers (e.g., mobile response teams and crisis stabilization units) as part of the behavioral health system of care.
7. Organize peer specialists so that they participate throughout the crisis care continuum.
8. Amend s. 394.462, F.S., to require transportation plans to address the protocols for transitions between 988 providers, mobile response teams., and designated receiving facilities.

²⁴ S. 394.9086(3), F.S.

²⁵ S. 394.9086(1), F.S.

²⁶ S. 394.9086(4)(b), F.S.

²⁷ 2020 House Bill 945 (Silvers) requires managing entities to implement of a coordinated system of mental health care for child ren and expands the use of mobile response teams (MRT) across the state. It requires the Florida Mental Health Institute within the University of South Florida to develop a model protocol for school use of MRTs. The bill also requires AHCA and DCF to identify children and adolescents who are the highest users of crisis stabilization services and take action to meet the needs of such children. Lastly, the bill requires AHCA to continually test the Medicaid managed care provider network databases to ensure behavioral health providers are accepting enrollees and confirm that enrollees have access to behavioral health systems.

²⁸ The Commission on Mental Health and Substance Use Disorder, *Annual Interim Report* (Jan. 1, 2024)

<https://www.myflfamilies.com/services/samh/commission-mental-health-and-substance-use-disorder> (last visited Feb. 12, 2024).

9. Enhance the state system of data collection and create a publicly accessible data dashboard for 988 services.
10. Explore opportunities that support the regionalized expansion of Health Information Exchange platforms that allow healthcare professionals and patients access medical records electronically.
11. Establish a Florida Behavioral Healthcare Data Repository.
12. Review the statutory requirements that direct the fiscal management process for behavioral health services.

The Louis de la Parte Florida Mental Health Institute at the University of South Florida

The Florida Legislature established the Louis de la Parte Florida Mental Health Institute (FMHI) at the University of South Florida (USF) in 2002.²⁹ FMHI provides technical assistance and support services to mental health agencies and mental health professionals.³⁰ As a behavioral health services research center, FMHI sponsors USF faculty or staff members pursuing applied research projects relating to mental, addictive, or development disorders.^{31, 32} In addition, FMHI provides direct services to other government agencies.³³ Most recently, following the incident of mass violence at Marjory Stoneman Douglas High School, the Florida Legislature directed FMHI to develop a statewide model protocol for mobile response teams serving the mental health emergencies of children and adolescents at schools.³⁴

Florida’s Behavioral Health Workforce

The United States Department of Health and Human Services (HHS) designates Health Professional Shortage Areas (HPSAs) to identify areas and population groups that are experiencing a shortage of health professionals. HPSAs measure the ratio of psychiatrists to the population; they do not account for mental health services provided by clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists.³⁵

A prerequisite to a HPSA designation is an analysis of the population-to-provider ratio. For mental health, the ratio threshold must be at 30,000 to 1 for a HPSA designation. As indicated by the chart below, more than 10 million Floridians live in shortage areas:³⁶

| Location | Total Mental Health Care HPSA Designations | Population of Designated HPSAs | Percent of Need Met | Practitioners Needed to Remove HPSA Designation |
|----------|--|--------------------------------|---------------------|---|
| Florida | 228 | 10,207,269 | 21.8% | 587 |

The number of psychiatrists currently working in Florida’s HPSAs only meets 21.8% of the need for mental health services in those HPSAs. Therefore, Florida needs 587 more psychiatrists to eliminate all 228 HPSA designations in Florida.

²⁹ Ch. 2002-387, Laws of Fla.

³⁰ S. 1004.44(1), F.S.

³¹ Louis de la Parte Florida Mental Health Institute, *Affiliates*, College of Behavioral & Community Sciences, <https://www.usf.edu/cbcs/fmhi/affiliates/index.aspx> (last visited Jan. 7, 2024).

³² Louis de la Parte Florida Mental Health Institute, *Research*, College of Behavioral & Community Sciences, <https://www.usf.edu/cbcs/fmhi/research/index.aspx> (last visited Jan. 7, 2024). FMHI’s applied research covers adult mental health, autism and development disabilities, child welfare, children’s mental health systems of care, behavioral health in the criminal justice system, integrated care, HIV/AIDS, elder mental health, substance use, trauma and violence, and veterans’ behavioral health and homelessness.

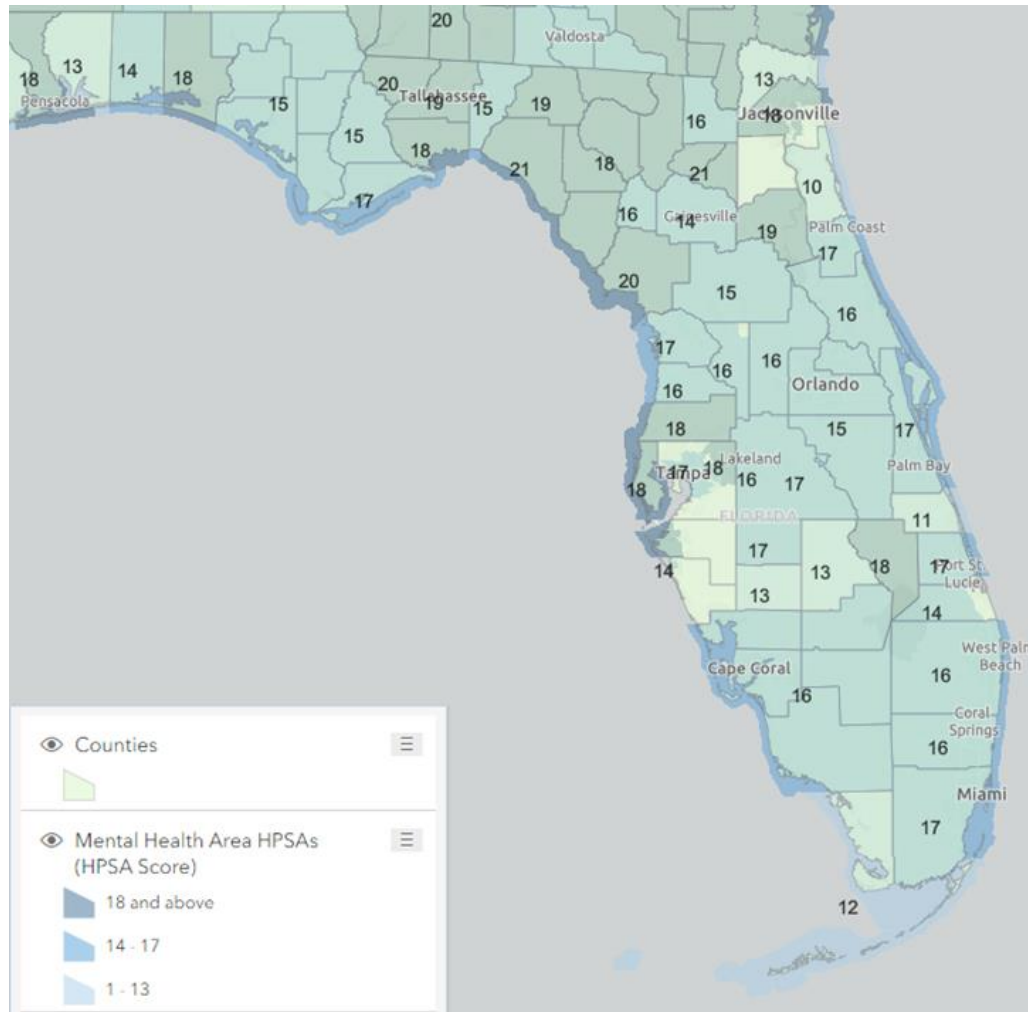
³³ S. 1004.44(3), F.S.

³⁴ See S. 1004.44(4), F.S.

³⁵ *Mental Health Care Health Professional Shortage Areas (HPSAs)*, KFF (last revised Nov. 1, 2023) <https://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22florida%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D> (last visited Dec. 16, 2023).

³⁶ *Id.*

As the graphic below illustrates, HHS overlaid a county map of Florida with current HPSA scores. The higher the score, the greater the need for psychiatrists.³⁷



³⁷ Health Resources and Services Administration, *HRSA Map Tool*, United States Department of Health and Human Services, <https://data.hrsa.gov/maps/map-tool/> (last visited Feb. 12, 2024); Health Resources and Services Administration, *Health Professional Shortage Areas (HPSA) – Mental Health Map* (last updated Feb. 12, 2024) <https://data.hrsa.gov/ExportedMaps/MapGallery/HPSAMH.pdf> (last visited Feb. 12, 2024).

Graduate Medical Education

Background

Graduate medical education (GME) refers to the training residents complete after medical school graduation to develop clinical and professional skills required to practice medicine. During this education, residents train in a specialty (e.g., general surgery, pediatrics, or internal medicine).³⁸ All medical school graduates must complete a period of GME, or residency training, to be licensed to practice medicine in the United States. GME comprises the second phase, after medical school, of the formal education that prepares doctors for medical practice. During residency, doctors learn skills and techniques specific to their chosen specialty under the supervision of attending physicians and serve as part of a care team.³⁹

GME programs include residencies and fellowships. First year GME students fill categorical or preliminary resident positions. Categorical residents begin a multi-year program with a sponsoring institution during their first year of GME training. During their first year, preliminary residents receive prerequisite training. After receiving prerequisite training, preliminary residents transfer to categorical resident programs. After completing a residency program, physicians may also pursue advanced GME training by completing a fellowship in a subspecialty program, such as cardiology or vascular surgery.⁴⁰

Graduate Medical Education Accreditation

The Accreditation Council for Graduate Medical Education (ACGME) accredits allopathic GME programs, and the American Osteopathic Association (AOA) accredits osteopathic GME programs. The ACGME is a private, 501(c)(3), not-for-profit organization that accredits GME (physician residency and fellowship) and certain medically related post-doctoral fellowship programs and the institutions that sponsor them in the United States.⁴¹ ACGME accreditation is overseen by a Review Committee made up of volunteer specialty experts from the field that set accreditation standards and provide peer evaluation of Sponsoring Institutions and specialty and subspecialty residency and fellowship programs. In academic year 2022-2023, there were approximately 886 ACGME-accredited institutions sponsoring approximately 13,000 residency and fellowship programs in 182 specialties and subspecialties.⁴²

The AOA is the primary certifying body for osteopathic physicians and the accrediting agency for all osteopathic medical schools. The AOA represent more than 186,000 osteopathic physicians and medical students across the United States. The AOA accredits Osteopathic Postdoctoral Training Institutions, which train residents in community-based settings.⁴³ With osteopathic residency programs, a college of osteopathic medicine serves as the academic sponsor and has an agreement with a base institution.

Residents in these programs train at base institutions, which are most often hospitals. The base institution maintains administrative and financial responsibility.⁴⁴

³⁸ Office of Program Policy Analysis and Government Accountability, *Florida's Graduate Medical Education System (Report No. 14-08)*, available at <https://oppaga.fl.gov/Documents/Reports/14-08.pdf> (last visited Feb. 12, 2024).

³⁹ Association of American Medical Colleges, *State-by-State Graduate Medical Education Data*, available at <https://www.aamc.org/advocacy-policy/state-state-graduate-medical-education-data> (last visited Feb. 12, 2024).

⁴⁰ *Id.*

⁴¹ Accreditation Council for Graduate Medical Education, *ACGME Frequently Asked Questions (FAQs)*, available at <https://www.acgme.org/about/acgme-frequently-asked-questions> (last visited Feb. 12, 2024).

⁴² Accreditation Council for Graduate Medical Education, *Overview*, <https://www.acgme.org/about/overview/> (last visited Feb. 12, 2024).

⁴³ American Osteopathic Association, *About Us*, available at <https://osteopathic.org/about/> (last visited Feb. 12, 2024).

⁴⁴ Agency for Health Care Administration, *Florida KidCare, Florida KidCare Enrollment Report, March 2023* (on file with the Senate Appropriations Committee on Health and Human Services).

Florida Medicaid Graduate Medical Education

Medicaid is the health care safety net for low-income Floridians. The Medicaid program is a medical assistance program funded jointly between the state and federal governments. The program provides health care coverage for over 4.8 million low-income families and individuals, the elderly, and individuals with disabilities in Florida, including 3.4 million recipients who receive their services through a managed care plan.⁴⁵

AHCA administers the Florida Medicaid program authorized under Title XIX of the federal Social Security Act and Ch. 409, F.S. The AHCA administers the program through the managed care model,⁴⁶ under contracts with managed care plans in the 11 regions across the state. The program operates under two separate federal Medicaid waivers: Section 1115 waiver for primary and acute care services called the Managed Medical Assistance (MMA) program and Long-Term Care (LTC) services waiver under Sections 1915(b) and (c) of the Social Security Act.⁴⁷

Florida's Medicaid GME program provides funding to qualified participating hospitals involved in providing resources for the education and training of physicians in specialties which are in a statewide supply-and-demand deficit. Florida Medicaid GME currently consists of eight programs, the largest of which is the Statewide Medicaid Residency Program, and the newest of which is the Slots for Doctors Program.⁴⁸

Statewide Medicaid Residency Program

AHCA makes payments to hospitals licensed under Chapter 395 and the federally qualified health centers (FQHC)⁴⁹ accredited by the ACGME for the purpose of graduate medical education associated with the Medicaid program.⁵⁰ On or before September 15 of each year, AHCA must calculate an allocation fraction from a statutory formula as the basis for distributing funds each quarter during the fiscal year to participating hospitals and FQHCs.⁵¹ The General Appropriation Act sets forth the annual funds appropriated for the Statewide Medicaid Residency Program, and each participating hospital and FQHC receives an annual allotment calculated by multiplying the total funds by the allocation fraction.⁵² For FY 2022-23, AHCA distributed \$97,300,000 to 81 Medicaid participating hospitals and FQHCs in Florida through the Statewide Medicaid Residency Program to fund 7,017 residents.⁵³

The Slots for Doctors Program

Alongside the Statewide Medicaid Residency Program, the Slots for Doctors Program exists specifically to alleviate the physician workforce shortage in Florida. The Florida Legislature created the Slots for

⁴⁵ Agency for Health Care Administration, *Comprehensive Medicaid Managed Care Enrollment Reports (December 31, 2023)* available at <https://ahca.myflorida.com/medicaid/medicaid-finance-and-analytics/medicaid-data-analytics/medicaid-monthly-enrollment-report> (last visited January 31, 2024).

⁴⁶ The vast majority of Medicaid enrollees receive services through the managed care model; those with limited benefits (such as the family planning program) are not, and some populations (such as enrollees in the home and community-based waiver for persons with developmental disabilities) may choose managed care or the fee-for-services model. S. 409.965, F.S.

⁴⁷ S. 409.964, F.S.

⁴⁸ Florida Agency for Health Care Administration, *Florida Medicaid: Graduate Medical Education Overview (Presentation the Florida Senate Health Policy Committee)*, (Nov. 14, 2023) https://ahca.myflorida.com/content/download/23696/file/Graduate%20Medical%20Education%20Program%20Overview%20Final_.pdf (last visited Feb. 12, 2024).

⁴⁹ A federally qualified health center (FQHC) is a federally funded nonprofit health center or clinic that serves medically underserved areas and populations. FQHCs provide primary care services regardless of a patient's ability to pay. Health Insurance Marketplace, *Federally Qualified Health Center (FQHC)*, U.S. Centers for Medicare & Medicaid Services, U.S. Department of Health & Human Services, <https://www.healthcare.gov/glossary/federally-qualified-health-center-fqhc/> (last visited Feb. 12, 2024).

⁵⁰ s. 409.909(1), F.S.

⁵¹ s. 409.909(2), F.S.

⁵² s. 409.909(4), F.S.

⁵³ Florida Agency for Health Care Administration, *SFY 2022-23 Statewide Medicaid Residency Program Distribution* (Nov. 3, 2022), https://ahca.myflorida.com/content/download/20370/file/SFY_22-23_GME_SMRP_Calculation_FINAL_DRAFT.pdf (last visited Feb. 11, 2024).

Doctors Program through Chapter 2023-243, Laws of Fla.,⁵⁴ as a specific means to increase the supply of highly trained physicians by creating new resident positions to increase access to care and improve health outcomes for Medicaid recipients.⁵⁵

To this end, AHCA must annually allocate \$100,000 to hospitals and FQHCs for each newly created resident position that is first filled on or after June 1, 2023, and filled thereafter. However, each newly created resident position must first be accredited by the ACGME 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 General Appropriations Act identifies which physician specialties and subspecialties are in a statewide supply-and-demand deficit.⁵⁶

The resident positions created through the Slots for Doctors Program are not eligible for concurrent funding alongside the Statewide Medicaid Residency Program. For this reason, the Slots for Doctors Program receives a separate funding allocation apart from the Statewide Medicaid Residency Program. Furthermore, any funds received under the Slots for Doctors Program may not be used for resident positions that previously received funding through the Statewide Medicaid Residency Program.⁵⁷

For FY 2023-24, AHCA distributed \$25,500,000 to 31 Medicaid participating hospitals and FQHCs in Florida through the Slots for Doctors Program to fund 255 new residency slots.⁵⁸

Physician Shortage

Despite enhanced GME funding having a positive impact, due to a growing population and an aging physician workforce, signs indicate a physician shortage is looming in Florida. Florida's physician licensure data suggests that in 2019 there were 55,083 full-time equivalent (FTE) physicians actively practicing in Florida. Of these physicians, the average age is 51 and approximately 26 percent are over the age of 60 years old.⁵⁹

Florida's 2019 physician supply was approximately 3,835 FTEs lower than estimated demand, meaning that Florida's supply was only able to meet 93 percent of estimated demand relative to national averages. However, the report suggests that if current trends continue, Florida's projected 2035 supply and demand could yield a shortfall of approximately 17,924 FTE physicians with supply sufficient to meet only 77 percent of projected demand.⁶⁰

Demand for physicians across the United States is projected to grow faster than supply leading to a potential nationwide shortfall of as many as 124,000 FTE physicians in 2034. This includes a projected shortage of between 17,800 and 48,000 primary care physicians, between 15,800 and 30,200 surgeons, between 3,800 and 13,400 internal medicine and pediatric specialists, and between 10,300 and 35,600 physicians across the other specialties.⁶¹

Current challenges to the recruitment and retention of behavioral health providers include financial limitations (e.g., resources, reimbursement rates, student debt), educational limitations (e.g., lack of training to serve diverse populations, barriers to enter workforce), and workplace limitations (e.g., shortages in rural areas, high workloads that lead to burnout).⁶²

⁵⁴ Ch. 23-243, Laws of Fla.; see also Florida House of Representatives, Staff Final Bill Analysis of 2023 Senate Bill 2510 (Jun. 19, 2023).

⁵⁵ s. 409.909(6), F.S.

⁵⁶ *Id.*

⁵⁷ *Id.*

⁵⁸ Bureau of Medicaid Program Finance, *SFY 2023-24 Graduate Medical Education Slots for Docs Program Distribution*, Agency for Healthcare Administration (Dec. 5, 2023) <https://ahca.myflorida.com/content/download/23699/file/SFY%2023-24%20GME%20S4D%20Model.pdf> (last visited Feb. 10, 2024).

⁵⁹ HIS Market, *Florida Statewide Regional Physician Workforce Analysis: 2019 to 2023* (Dec. 21), available at <https://safetynetsflorida.org/wp-content/uploads/Florida-Physician-Workforce-Analysis.pdf> (last visited Feb. 12, 2024).

⁶⁰ *Id.*

⁶¹ *Id.*

⁶² The National Institute for Health Care Management (NIHCM) Foundation, *The Behavioral Health Care Workforce*, (June 8, 2023), <https://nihcm.org/publications/the-behavioral-health-care-workforce-shortages-solutions> (last visited Dec. 17, 2023).

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

The TEACH Funding Program is created in SB 7016 (2024). 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 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.

SB 7016 (2024) appropriates \$25 million in recurring General Revenue to AHCA for the TEACH Funding Program.

The Executive Office of Reimagining Education and Career Help

Section 14.36, F.S. authorizes the Governor's Office of Reimagining Education and Career Help to facilitate coordination among the departments of Economic Opportunity and Education, and CareerSource Florida, Inc., to develop and expand apprenticeship, pre-apprenticeship, and other work-based learning models and streamline efforts to recruit and onboard new apprentices, pre-apprentices, students, and employers. The office must also to develop criteria and display public information that will assist the public in making informed decisions when deciding to access the local workforce board or one-stop career center.⁶³

Behavioral Health Teaching Hospitals

To increase the overall supply of behavioral health professionals, some states may choose to act through partnerships with educational institutions and residency programs.⁶⁴ These partnerships can encourage students and early career professionals to practice in rural and underserved communities.⁶⁵

Other states may support new and existing behavioral health educational initiatives at behavioral health teaching hospitals with grant funding. For example, Massachusetts pledged at least \$20 million for FY 2024 to establish new, or enhance existing, clinical supervision of students pursuing degrees in behavioral health and behavioral health providers-in-training pursuing certification or licensure. Massachusetts's clinical supervision incentive program provides grants to clinical supervisors working in community-based settings who also provide unreimbursed supervision to students and clinicians-in-training. Administered by the Executive Office for Health and Human Services, the grant program prioritizes providers of diverse backgrounds and providers who practice in underserved and geographically isolated areas.⁶⁶

McLean Hospital (Massachusetts) Model

A member of Mass General Brigham, McLean Hospital is an international mental health facility for psychiatric treatment, education, and research.⁶⁷ Founded in 1811, McLean Hospital is the largest psychiatric affiliate of Harvard Medical School and treats mental health conditions, such as depression,

⁶³ s. 14.35, F.S.; Office of Program Policy Analysis and Government Accountability, *Executive Office of the Governor: Updates*, <https://oppaga.fl.gov/ProgramSummary/ProgramDetail?programNumber=6105> (last visited Feb. 23, 2024)

⁶⁴ National Conference of State Legislatures, *State Strategies to Recruit and Retain the Behavioral Health Workforce*, (last updated May 20, 2022), <https://www.ncsl.org/health/state-strategies-to-recruit-and-retain-the-behavioral-health-workforce> (last visited Dec. 17, 2023).

⁶⁵ *Id.*

⁶⁶ Commonwealth of Massachusetts Session Law 2023-28, Line Item 4000-0054, <https://malegislature.gov/Laws/SessionLaws/Acts/2023/Chapter28> (last visited Jan. 7, 2024).

⁶⁷ Mass General Brigham, *International Patient Care: About McLean Hospital*, <https://www.massgeneralbrigham.org/en/patient-care/international/about/mclean> (last visited Dec. 17, 2023).

anxiety, personality disorders, and substance use disorders.⁶⁸ The U.S. News & World Report currently ranks McLean Hospital as the country's best hospital for psychiatry.⁶⁹

McLean Hospital, in partnership with Harvard Medical School, provides clinical supervision of the following persons through residencies,⁷⁰ fellowships,⁷¹ and other educational training programs⁷²:

- Graduate and undergraduate students pursuing degrees in behavioral health fields, including psychiatric nursing.
- College graduates interested in pursuing a career in mental health.
- Post-doctoral professionals pursuing advanced competencies in treating addiction, older adult mental health care, neurology and neuropsychiatry, and women's mental health.
- Clinical social workers pursuing advanced competencies in patient assessment, treatment, crisis intervention, aftercare planning, and case management.
- Theological students and spiritual leaders who provide mental health chaplaincy services.

University of Washington Behavioral Health Teaching Hospital

Washington State recently enacted legislation focused on behavioral health care access and workforce development to alleviate barriers to access and workforce shortages. In 2019, the Washington State Legislature and the University of Washington School of Medicine partnered to pass House Bill 1593,⁷³ which established a Behavioral Health Teaching Facility (BHTF) to treat patients with behavioral health needs and train an integrated behavioral health workforce. The state allocated \$33.25 million to initiate the design and building of the new teaching facility and budgeted a total of \$224.5 million over four years for the completion of BHTF.⁷⁴

Scheduled to open its doors in June 2024, the Behavioral Health Teaching Facility at the University of Washington Medical Center Northwest Campus will be a new 191,000 square foot facility with 150 inpatient beds, a neuromodulation suite⁷⁵ serving both inpatient and outpatient needs, consultation rooms to provide state-wide telepsychiatry consultation, and graduate medical education workspaces.⁷⁶

Tampa General Hospital and The University of South Florida

Tampa General Hospital (TGH) is a private, not-for-profit hospital licensed for 1,040 beds. TGH employs more than 8,000 people and is one of the region's largest employers. The U.S. News & World Report for 2023-24 ranks TGH as among the top 50 hospitals nationwide in six specialties. TGH

⁶⁸ *Id.*

⁶⁹ U.S. News and World Report, *McLean Hospital*, <https://health.usnews.com/best-hospitals/area/ma/mclean-hospital-6142120#rankings> (last visited Jan. 7, 2024).

⁷⁰ McLean Hospital, *Residencies*, <https://www.mcleanhospital.org/training/residencies> (last visited Dec. 17, 2023). McLean offers Adult Psychiatry Residency Training in the fields of community psychiatry, global psychiatry, law and psychiatry, clinical research, mind-body medicine, medical education, and psychodynamic psychotherapy. In addition, McLean offers Child and Adolescent Psychiatry Residency Training to prepare students through clinical rotations at Mass General Hospital, McLean Hospital, Boston Juvenile Court Clinic, and the local public-school systems.

⁷¹ McLean Hospital, *Psychiatry Fellowships*, <https://www.mcleanhospital.org/training/psychiatry-fellowships> (last visited Dec. 17, 2023).

⁷² McLean Hospital, *Mental Health Clinical Pastoral Education Program*, <https://www.mcleanhospital.org/training/cpe> (last visited Dec. 21, 2023).

⁷³ Chapter 19-323, Laws of Washington State. https://lawfilesext.leg.wa.gov/biennium/2019-20/Pdf/Bills/Session%20Laws/House/1593-S2_SL.pdf?q=20240209102341 (last visited Feb. 9, 2024).

⁷⁴ The University of Washington, *Executive Summary: UW Behavioral Health Teaching Facility/Project Definition Report* (Oct. 23, 2020), https://facilities.uw.edu/files/media/uw-bhtf-project-definition-executive-summary_2020_1130.pdf (last visited Feb. 9, 2024); Hannelore Sudermann, *Crisis State*, *The University of Washington Magazine*, (Sept. 2021)

<https://magazine.washington.edu/feature/mental-health-needs-have-washington-in-a-state-of-crisis/> (last visited Feb. 9, 2024).

⁷⁵ Neuromodulation is the process by which certain brain areas are activated electrically so that they may influence other brain areas to reduce the tendency for seizures. Department of Neurology, *Neuromodulation*, The University of Florida, <https://neurology.ufl.edu/divisions/epilepsy/neuromodulation-vns-rns-dbs/> (last visited Feb. 9, 2024); see also College of Medicine, *FSU Neuromodulation Lab*, The Florida State University, <https://med.fsu.edu/kozellab/fsu-neuromodulation> (last visited Feb. 9, 2024).

⁷⁶ The University of Washington, *Executive Summary: UW Behavioral Health Teaching Facility/Project Definition Report* (Oct. 23, 2020), https://facilities.uw.edu/files/media/uw-bhtf-project-definition-executive-summary_2020_1130.pdf (last visited Feb. 9, 2024).

partners with the USF Morsani College of Medicine to train more than 700 physician residents and fellows assigned to TGH for specialty training.⁷⁷

In 2023, Florida appropriated \$10,000,000 in nonrecurring General Revenue to establish Tampa General Behavioral Health Hospital,⁷⁸ which is to be a new 96-bed inpatient behavioral health hospital at TGH with the capacity to expand to 120 beds.⁷⁹ The appropriation contemplated that the USF Morsani College of Medicine would provide the requisite faculty to help staff the behavioral health hospital to provide inpatient and outpatient care, advance graduate medical education, and conduct research.⁸⁰

Effect of Proposed Changes

Designated Behavioral Health Teaching Hospitals

Acquiring, Maintaining, and Renewing the Designation

HB 1617 creates the behavioral health teaching hospital designation for hospitals in Florida. The bill requires a Florida-licensed hospital desiring designation as a behavioral health teaching hospital to apply and submit documentation in a manner determined by AHCA. To qualify, the hospital must:

- Operate as a teaching hospital, as defined in s. 408.07, F.S.;⁸¹
- Offer a psychiatric residency program accredited through the Residency Review Committee of the Accreditation Council of Graduate Medical Education;
- Offer an accredited postdoctoral clinical psychology fellowship program;
- Provide behavioral health services;
- Affiliate with a university in Florida to create and maintain integrated workforce development programs for students of the university's colleges and schools of medicine, nursing, psychology, social work, and public health related to the entire continuum of behavioral health;
- Develop a plan to create and maintain integrated workforce development programs with the affiliated university's colleges or schools and to supervise clinical care provided by students participating in those programs.

Once AHCA grants a hospital the designation as a behavioral health teaching hospital, the bill requires the hospital to maintain the designation by performing the following tasks.

Within 90 days after designation, the hospital must establish two agreements.

First, the bill requires the hospital to develop and maintain a consultation agreement with the Florida Center for Behavioral Health Workforce (Center) within the Louis de la Parte Florida Mental Health Institute at USF. The bill requires the consultation agreement to establish best practices related to integrated workforce development programs for the behavioral health professions, a term which the bill defines.

Second, the hospital must enter into an agreement with DCF to provide state treatment facility beds, as DCF finds necessary.

⁷⁷ *About Tampa General Hospital*, Tampa General Hospital, <https://www.tgh.org/about-tgh> (last visited Dec. 21, 2023).

⁷⁸ The Florida House of Representatives, *Conference Report on Senate Bill 2500*, p. 124-25, Line Item 474B, (May 2023) https://www.myfloridahouse.gov/Sections/Documents/loaddoc.aspx?FileName=CRA_.pdf&DocumentType=Amendments&BillNumber=2500&Session=2023 (last visited Dec. 21, 2023).

⁷⁹ The Florida House of Representatives, *Appropriations Project Request— Fiscal Year 2023-24: HSE Form # 1969 Tampa General Behavioral Health Hospital*, p. 3 (Feb. 13, 2023) <https://www.myfloridahouse.gov/api/document/apr?sessionId=99&name=1969AR.pdf> (last visited Dec. 21, 2023).

⁸⁰ *Id.*

⁸¹ "A 'Teaching hospital' means any Florida hospital officially affiliated with an accredited Florida medical school which exhibits activity in the area of graduate medical education as reflected by at least seven different graduate medical education programs accredited by the Accreditation Council for Graduate Medical Education or the Council on Postdoctoral Training of the American Osteopathic Association and the presence of 100 or more full-time equivalent resident physicians. The Director of the Agency for Health Care Administration shall be responsible for determining which hospitals meet this definition." s. 408.07(46), F.S.

Designated behavioral health teaching hospitals must also collaborate with DCF and the regional managing entities to identify gaps in the regional continuum of behavioral health care that are appropriate for the hospital to address, either independently or in collaboration with other organizations providing behavioral health services. The collaboration must focus on gaps that facilitate the implementation of the hospital's integrated workforce development plan.

Each designated behavioral health teaching hospital must also provide data related to the hospital's integrated workforce development programs and the services provided and determined by ACHA, DCF, or the Executive Office of Reimaging Education and Career Help.

The bill establishes a two-year term for the behavioral health teaching hospital designation. If a Florida-licensed hospital elects to renew the designation, the bill requires the hospital to apply for renewal to AHCA at least 90 days prior to the two-year expiration date of the designation. The bill subjects the renewal process to the time periods and tolling provisions of the Florida Administrative Procedure Act to prevent a hospital from losing a designation at no fault of its own.

The bill authorizes AHCA to deny, revoke, or suspend a hospital's designation as a behavioral health teaching hospital if the hospital fails to comply with the statutory requirements to keep the designation.

Financial Awards and Grant Program

Once AHCA grants a Florida-licensed hospital the designation as a behavioral health teaching hospital, the bill requires AHCA to award the hospital certain funds, subject to legislative appropriation. Specifically, AHCA must provide funding for up to 10 newly created resident positions through the Slots for Doctors Program and funding through the Training, Education, and Clinicals in Health (TEACH) Funding Program to offset the costs of maintaining integrated workforce development programs.

The bill establishes a grant program exclusively for the benefit of designated behavioral health teaching hospitals. Beginning October 1, 2024, and subject to the availability of funds, the bill requires AHCA to hold an annual open application period to receive special project requests from the designated behavioral health teaching hospitals. The bill authorizes grant funding to be used for operations, expenses, and fixed capital outlay projects (e.g., facility building, renovations, and upgrades). The bill requires each grant applicant to include a detailed spending plan with its application.

The bill requires AHCA, in consultation with DCF, to evaluate, rank, and recommend the applications for grant funding based on the quality of:

- The hospital's plan to create and maintain integrated workforce development programs with the affiliated university's colleges or schools and to supervise clinical care provided by students participating in those programs.
- The hospital's implementation plan to achieve the purposes of the behavioral health teaching hospital program.

Once AHCA and DCF evaluate, rank, and recommend the applications for grant funding, the bill requires AHCA to submit the evaluation and grant award recommendations to the President of the Senate and the Speaker of the House of Representatives within 90 days after the close of the open application period.

The bill authorizes AHCA to submit budget amendments for grant funding distribution.⁸² The bill authorizes AHCA to submit budget amendments relating to capital improvement projects under the grant program only within 90 days after the close of the open application period. The bill authorizes a maximum carry forward period of 5 years for unspent, appropriated general revenue funds for which a

⁸² The bill exempts AHCA from current statutory limitations on the use of budget amendments in ss. 216.177, 216.181, and 216.292, F.S., to accomplish the bill's purpose.

contract exists to spend grant funds or for which a commitment exists to spend grant funds by end of the state fiscal year (June 30) in which the Legislature appropriated the grant funds.^{83, 84}

Reporting

The bill requires a designated behavioral health teaching hospital to annually report to AHCA and DCF the current status of the designated behavioral health teaching hospital program. The bill requires the annual report, due by each December 1, to address at a minimum the following quantitative and qualitative information.

- The number of psychiatric residents.
- The number of postdoctoral clinical psychology fellows.
- The status and details of the consultation agreement with the Center.
- The implementation status of the hospital's plan to:
 - Create and maintain integrated workforce development programs with the affiliated university's colleges or schools; and
 - Supervise clinical care provided by students participating in those programs.
- The activities, agreements, and accomplishments of the collaboration with DCF and the regional managing entities to identify and address gaps in the regional continuum of behavioral health care.
- The number of bed days and patients served at the hospital as DCF state treatment facility beds.

The bill authorizes AHCA to adopt rules necessary to implement all the facets of the designated behavioral health teaching hospital program.

The Florida Center for Behavioral Health Workforce

The bill creates the Florida Center for Behavioral Health Workforce (Center) within the Louis de la Parte Florida Mental Health Institute at the University of South Florida. The bill establishes the Center to support an adequate, highly skilled, resilient, and innovative workforce that meets the current and future human resources needs of the state's behavioral health system in order to provide high-quality care, services, and supports to Floridians with, or at risk of developing, behavioral health conditions. To this end, the bill authorizes the Center to perform original research, policy analysis, and evaluation and to develop and share best practices.

Goals of the Center

The bill creates three primary goals for the Center. The first goal relates to researching the state's current behavioral health workforce and future needs. The second goal relates to expanding the number of clinicians, professionals, and other workers involved in the behavioral health workforce. The third goal relates to enhancing the skill level and innovativeness of the workforce.

To advance these goals, the bill requires the Center to perform at least three duties.

1. Describe and analyze the current workforce and project possible future workforce demand, especially in critical roles, and develop strategies for addressing any gaps. As a means to this end, the bill authorizes the Center to produce a statistically valid biennial analysis of the supply and demand of the behavioral health workforce.
2. Work to expand pathways to behavioral health professions through enhanced educational opportunities and improved faculty development and retention. In furtherance of this duty, the bill authorizes the Center to:

⁸³ The bill exempts AHCA from current statutory limitations relating to unspent balances of appropriated funds in s. 216.301, F.S., to accomplish the bill's purpose.

⁸⁴ The bill incorporates by express reference s. 216.351, F.S., to accomplish the bill's purpose.

- a. Identify best practices in the academic preparation and continuing education of behavioral health professionals.
 - b. Facilitate and coordinating the development of academic-practice partnerships that support behavioral health faculty employment and advancement.
 - c. Develop and implement innovative projects to support the recruitment, development, and retention of behavioral health educators, faculty, and clinical preceptors.
 - d. Develop distance learning infrastructure for behavioral health education and the evidence-based use of technology, simulation, and distance learning techniques.
3. Promote the behavioral health professions. Pragmatically, the bill authorizes the Center to
- a. Conduct original research on the factors affecting recruitment, retention, and advancement of the behavioral health workforce, such as by designing and implementing a longitudinal study of the state's behavioral health workforce.
 - b. Develop and implement innovative projects to support the recruitment, development, and retention of behavioral health workers.

Conventions

The bill authorizes the Center to host conventions to assist the Center in fulfilling its purpose and accomplishing its goals. Concerning presenters and attendees, the bill advises the Center to convene at least:

- Behavioral health clinicians, professionals, and workers.
- Employers of behavioral health clinicians, professionals, and workers.
- Non-behavioral health care providers.
- Individuals experiencing behavioral health conditions, and their families.
- Leaders of business and industry.
- Policymakers.
- Educators.

Data Access

The bill authorizes the Center to request any information held by any licensing board of the Florida Department of Health (DOH) regarding a behavioral health professional licensed in Florida or licensed via a multistate license as authorized by a professional multistate licensure compact. The bill allows the Center to also request any information reported to any DOH licensing board by the employers of such behavioral health professionals. If the Center requests this category of information from a licensing board, the board must give the Center the information. However, DOH licensing boards may not share a behavioral health professional's personal identifying information.

Reporting

The bill requires the Center to submit an annual report to the Governor, the President of the Senate, and the Speaker of the House of Representatives that details the activities of the Center in pursuit of its goals and in the execution of its duties. The bill makes the annual report due by January 10 each year.

The bill requires the BOG to expeditiously adopt any necessary regulations and rules, as applicable, in consultation with the Center, to allow the Center to perform its responsibilities beginning in in the 2025-2026 fiscal year.

The bill requires the State Board of Education to expeditiously adopt any necessary regulations and rules, as applicable, in consultation with the Center, to allow the Center to perform its responsibilities beginning in in the 2025-2026 fiscal year.

DCF Study

The bill requires DCF to contract with a vendor to study the state's supply-and-demand relationship concerning involuntary inpatient services and to offer recommendations for enhancing the availability

for inpatient treatment services and for providing alternatives to such services. At a minimum, the bill requires the study to accomplish the following:

- Consider the demand for both civil and forensic inpatient placements.
- Describe, by state treatment facility:
 - The current number and allocation of beds for inpatient treatment between forensic and civil placements.
 - The number of individuals admitted and discharged annually.
 - The types and frequencies of diagnoses.
 - The lengths of stay.
- Describe, by department region:
 - The current number and allocation of beds in receiving facilities for inpatient treatment between forensic and civil placements.
 - The number of individuals admitted and discharged annually.
 - The types and frequencies of diagnoses.
 - The lengths of stay.
- Specify:
 - The current and projected future demand for civil and forensic inpatient placements at state treatment facilities and at receiving facilities, by region.
 - Any gaps in current and future availability of these services compared to current service availability.
 - The number of inpatient beds needed by facility type, region of state, and placement type to meet current and projected future demand.

The study must include policy recommendations for ensuring sufficient bed capacity for longer-term involuntary treatment, either at the state treatment facilities or receiving facilities, and enhancing services that could prevent the need for involuntary inpatient placements.

The bill provides an effective date of July 1, 2024, except for the provision related to the DCF studies, which is effective upon becoming law.

B. SECTION DIRECTORY:

Section 1: Creates Part VI of Chapter 395, F.S., to be entitled “Behavioral Health Teaching Hospitals.”

Section 2: Creates s. 395.901, F.S., relating to definitions.

Section 3: Creates s. 395.902, F.S., relating to designated behavioral health teaching hospitals.

Section 4: Amends s. 1004.44, F.S., relating to Louis de la Parte Florida Mental Health Institute.

Section 5: Creating an unnumbered section of law, relating to a study of involuntary inpatient services.

Section 6: Providing effective dates.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

The bill has a significant, indeterminate, negative fiscal impact on AHCA and DCF related to residency slots, TEACH program funding, the behavioral health teaching hospital grant program, and the inpatient services study.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not Applicable. This bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The bill provides AHCA, BOG, and the State Board of Education sufficient rulemaking authority to implement its provisions.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE CHANGES

On February 22, 2022, the Health & Human Services Committee adopted a strike-all amendment and reported the bill favorably as a committee substitute. The amendment:

- Authorizes a hospital to apply to AHCA for designation as a behavioral health teaching hospital if the hospital meets certain criteria.
- Establishes criteria for a hospital to maintain a designation as a behavioral health teaching hospital and the process for renewal of the designation.
- Awards certain integrated workforce development program funds to designated behavioral health teaching hospitals subject to legislative appropriation.
- Creates a grant program to fund certain activities at behavioral health teaching hospitals.
- Establishes a purpose for, and revises the goals and responsibilities of, the Florida Center for Behavioral Health Workforce.
- Focuses requirements for the DCF study on the state's need for involuntary inpatient services.

The analysis is drafted to the bill as amended by the Health & Human Services Committee.