

# oppaga

# Progress Report



September 2002

Report No. 02-46

## Mental Health Institutions Program Acted on Three OPPAGA Recommendations

### *at a glance*

In response to our 2000 report, the Department of Children and Families' Mental Health Institutions Program has acted to implement our recommendations. The department has

- expanded community-based services for clients in civil institutions and placed clients in more appropriate settings;
- increased forensic bed capacity; and
- established priorities for forensic facility capital improvement projects.

However, the lack of specific community forensic service funds has limited the department's ability to divert individuals from incarceration and commitment to a forensic hospital. Forensic admissions continue to increase and outpace the department's ability to admit individuals within the statutorily required time frame of 15 days.

### Purpose

According to state law, this progress report describes action by the Department of Children and Families (DCF) in response to a 2000 OPPAGA report.<sup>1,2</sup> It assesses the extent to which the department has

addressed findings and recommendations included in our report.

### Background

The Mental Health Institutions Program provides inpatient hospital treatment to adults with severe and persistent mental illness. The program comprises two subprograms, civil institutions, and forensic hospitals. Civil institutions provide treatment to enable residents to manage their psychiatric symptoms so that they can return to the community. In addition, they provide residential and basic care, rehabilitation services, and non-psychiatric medical services.

Forensic hospitals aim to restore the mental competency of adults who have been charged with a felony so that they can proceed through the judicial system. They provide similar services to the civil institutions with an added emphasis on security.

During Fiscal Year 2001-02, the Mental Health Institutions Program served 2,314 clients in civil institutions and 1,913 clients in forensic institutions.

For Fiscal Year 2002-03, the Legislature appropriated \$260.6 million for the program and authorized 4,356.5 FTEs to administer the program. Seventy-four percent of the budget was general revenue.<sup>3</sup>

<sup>1</sup> Section 11.45(7)(f), F.S.

<sup>2</sup> [Justification Review of the Mental Health Institutions Program within the Department of Children and Families, Report No. 00-13, October 2000.](#)

<sup>3</sup> Appropriations decreased in the Adult Mental Health Treatment Facilities Budget Entity because the Legislature closed GPW. The Legislature transferred funds from the operation of GPW to help implement the statewide system redesign of the Community Mental Health System.

## Prior Findings

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Our 2000 report concluded that the program generally was effective in providing inpatient hospital treatment to adults with severe and persistent mental illness. Both the civil institutions and the forensic hospitals improved clients' mental health status, indicating that treatment effectively reduced the severity of their psychiatric symptoms. For Fiscal Year 1998-99, the forensic hospitals exceeded their legislative performance standard to restore competency at an average of 195 days by doing so at an average of 178 days. While the civil institutions did not meet their legislative performance standard of discharging 50% of clients to the community, the standard had not been based on reliable data.

Although the Mental Health Institutions Program was reasonably effective, we identified the need for the department to expand community-based services for clients in civil institutions to place clients in more appropriate settings; expand community-based services for forensic clients and increase forensic bed capacity to decrease admissions and discharge delays; and prioritize capital improvement projects for the forensic facilities.

### ***Expand community-based services to place clients in more appropriate and less costly settings***

We concluded that the department's proposal to close G. Pierce Wood Memorial Hospital (GPW) to offset the loss of federal Medicaid funding was reasonable. However, to ensure successful closure, the department needed to expand community-based mental health services in order to place clients in more appropriate and less costly settings.

Legislative intent is that, when possible, the mentally ill should be cared for in a community setting. Community-based care is both less restrictive and less expensive than institutional care. The average annual cost to service individuals in Florida's state mental institutions in Fiscal Year 1998-99 was \$72,000 per client, while the department's highest estimated cost of serving individuals in the community was \$44,000 per client annually.

Our report noted that some clients in civil institutions either could be diverted from institutional care or discharged more quickly if more community-based resources were available. We also noted that some clients in civil institutions could be more appropriately served in community settings or alternative placement. For example, department staff had identified more than 300 clients that were geriatric or without a primary diagnosis of mental illness that would be more appropriately placed in

nursing homes or assisted living facilities. These other placement options are either less expensive or are eligible for Medicaid funding.

The department anticipated that closure of GPW would be complete by April 2002. To make the closure successful, we recommended that the department identify the type and number of clients that could be served in the community and the community services that would be needed to support these clients. We also recommended that the department identify clients who could be served in alternative settings and develop specific strategies to facilitate the transition of those clients into those appropriate placements. Finally, we recommended the department develop strategies to mitigate the effects that closure of GPW would have on DeSoto County.

### ***Decrease admission and discharge delays for forensic clients***

We concluded that the forensic hospitals experienced delays in admitting patients who received commitment orders and in releasing patients to be placed in community treatment.

Until Fiscal Year 1999-00, the program admitted patients in a timely manner. During Fiscal Year 1998-99, almost all (93%) of admissions were within 15 days of commitment orders, as required by Florida law. However, an increase in admissions in the first 10 months of Fiscal Year 1999-00 substantially increased admission delays. We recommended that if admissions continued to increase, the department should propose the addition of forensic hospital beds.

Discharge delays also occurred for patients who were discharged to community treatment programs. During Fiscal Year 1998-99, patients awaiting a slot in a community program typically waited for 127 days because few community programs existed for forensic patients. We noted that five DCF districts could support a forensic community treatment program and recommended that the department solicit proposals from community providers to establish these programs.

### ***Establish priorities for capital improvement projects***

The state's seven mental institutions are large facilities and have ongoing maintenance and capital improvement needs. The department's five-year capital improvement plan for the mental health facilities identified \$60.1 million in fixed capital outlay funding for the Fiscal Year 2000-01 through 2004-05 period. Given the state's limited fiscal resources, we recommended that the department set priorities for funding capital improvement projects for forensic hospitals.

## Current Status

The department has implemented most of our recommendations. It has expanded community-based services for clients in civil institutions and placed clients in more appropriate settings; increased forensic bed capacity; and prioritized capital improvement projects for the forensic facilities. However, the department has been unable to significantly increase community treatment for forensic clients.

### *The department closed G. Pierce Wood and placed 232 institutional clients in more appropriate settings*

As directed by the Legislature, the department closed GPW in February 2002, discharging 336 clients from January 2001 through February 2002. To facilitate this closure and subsequent discharges, the 2001 Legislature funded additional community-based services, specifically expanding services in the GPW catchment area (districts 5, 6, 8, 14, and 15). This enabled the department to place 232 clients from GPW into the community.<sup>4</sup> Expanded services included approximately 34 beds in crisis stabilization units, 105 beds in short-term residential treatment facilities, 62 beds in group homes, and 77 slots in adult therapeutic foster care.

Appropriations from the special session in November 2001 also allowed the department to establish three additional assertive community treatment (ACT) teams, one each to serve districts 4, 7, and 11.<sup>5</sup> As of June 2002, there were 31 ACT teams operating in Florida. Because the state closed GPW in February 2002, it is too soon to determine whether closure of this facility and increased funding in community-based resources will produce the long-term cost savings expected.

The department has also emphasized assuring that institutional admissions are appropriate. For example, of the 336 clients discharged from GPW, the department placed 24 clients in nursing homes and 47 clients in assisted living facilities.

To mitigate the effects of GPW closure on DeSoto County, the department initiated job transition activities as soon as it announced that the hospital would be closed. Job assistance activities included job fairs, training needs assessments, and distribution of public and private job vacancy announcements. In addition, the Department of

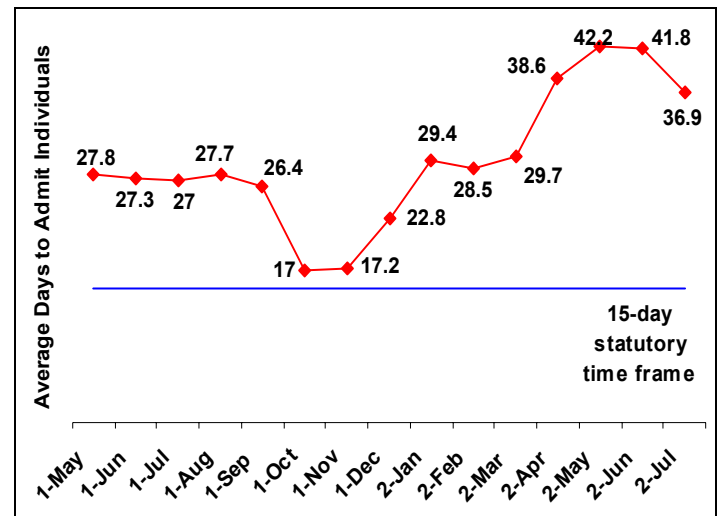
Juvenile Justice expanded the juvenile offender facility located on the GPW campus, and DCF began operating a sexually violent predator program in DeSoto County. Employees were offered first preference for positions at these facilities, as well as positions at other DCF facilities and with community providers. The department reported that as of February 2002, 78% of the employees had been placed in these positions, found other employment, retired, or chose not to take advantage of the job transition assistance.

### *Increased forensic capacity temporarily allowed the department to admit forensic clients within the statutory timeframe*

In June 2001, the department increased forensic capacity by adding 30 forensic hospital beds to Florida State Hospital and 38 FTEs to support the addition of these new beds. While the increased capacity initially improved admission wait times, a sustained increase in commitments continued to outpace the department's ability to admit individuals within the statutorily required time frame of 15 days.<sup>6</sup> The number of days to admit forensic individuals initially decreased from May 2001 through November 2001, as shown in Exhibit 1. However, in December 2001, the department's average days to admit individuals began to rise again, averaging approximately 40 days for April 2002 through July 2002.

#### Exhibit 1

#### Average Days to Admit Individuals Continues to Increase Despite Increasing Bed Capacity



Source: Department of Children and Families, Mental Health Program Office.

<sup>4</sup> Of the remaining 104 clients, 90 were transferred to one of the three other state civil institutions, 11 were transferred out of the state, and 3 were transferred out of the country.

<sup>5</sup> Assertive Community Treatment teams are multidisciplinary treatment teams that provide a variety of medical, therapeutic, and support services. ACT teams typically serve 100 clients.

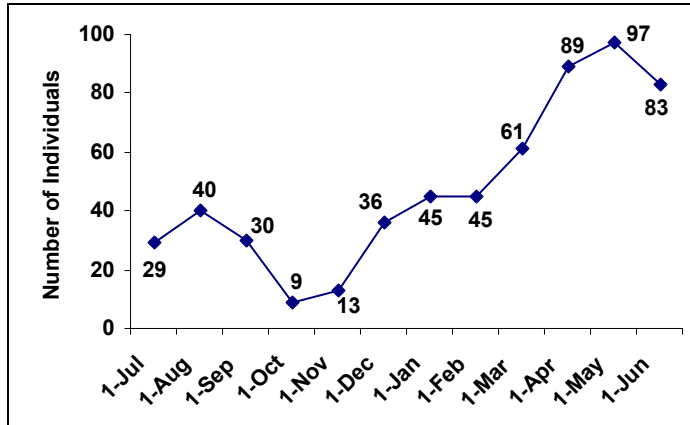
<sup>6</sup> Commitments to forensic hospitals increased by 28.6% between Fiscal Year 1998-99 and 2000-01 and stayed at this level in Fiscal Year 2001-02.

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Along with an increase in the average days to admit, the number of individuals waiting over 15 days has also gradually increased during Fiscal Year 2001-02, as shown in Exhibit 2.

### Exhibit 2

#### Number of Individuals on the Wait List for More Than 15 Days Increased in Fiscal Year 2001-02<sup>1</sup>



<sup>1</sup> The monthly figures are monthly averages calculated using the waiting list numbers from the weekly waiting list reports.

Source: Department of Children and Families, Mental Health Program Office.

The 2002 Legislature appropriated an additional \$1.9 million in general revenue and 45 positions to increase forensic bed capacity by 24 beds.<sup>7</sup> While the department suggests that this will enhance its ability to admit clients, the department cautions that it may not meet the 15-day time period if commitments continue to increase.

#### ***The department acted to divert non-violent individuals but needs to track the effect of these efforts***

While the department has taken action to divert non-violent individuals from the forensic hospitals, it has not tracked the effect of these efforts.

<sup>7</sup> The department expects to admit patients into these beds by October 2002.

The 2001 Legislature appropriated funds for three ACT teams, which can help serve non-violent individuals in less costly community settings. One of the three ACT teams was designated to specifically serve forensic clients. This team serves clients in Pinellas and Hillsborough counties and began serving clients in June 2002. The ACT team expects to enroll six or seven clients monthly, which should place the team at its maximum capacity of 100 clients during fall 2003. Also, one ACT team serving Palm Beach County, while not a designated forensic ACT team, is used almost exclusively to divert forensic individuals in the local area from jail and/or commitment to community services.

In addition to the ACT teams, approximately half of the districts have implemented diversion initiatives. These initiatives include working closely with law enforcement officials and court systems to place appropriate individuals in community placement, depending on what is available in their area.

The department plans to request funds for additional forensic community services for Fiscal Year 2003-04. While department officials believe that these funds would allow them to divert individuals from incarceration and commitment to alternative community placement, the department should track effects of current diversion initiatives and develop an estimate of individuals appropriate for diversion.

#### ***The department is maintaining the forensic hospitals in good condition by addressing priority needs***

Of the \$1.75 million 2001 fixed capital outlay appropriation for priority projects at two district offices and seven facilities, approximately \$766,000 (44%) addressed priority needs at the three forensic hospitals. The department is committed to maintaining the forensic facilities in good condition by prioritizing maintenance and repair needs and allocating fixed capital outlay funding to projects that ensure patient safety and prevent these newer facilities from deteriorating.

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