



FLORIDA HOSPITAL ASSOCIATION

POLICY DOCUMENT

COMMUNITY-BASED BEHAVIORAL HEALTH PROGRAMS

ISSUE BRIEF

JANURY 2023

Summary

The investment in behavioral health services is a priority of FHA, addressing the barriers to access by exploring legislative and institutional opportunities to support and expand access to behavioral health care. According to 2023 State of Mental Health in America report, 60% of youth with major depression do not receive mental health treatment. In Florida, nearly 62% of youth with depression did not receive care. Opportunities to expand Floridians access to treatment is investing and expanding funding opportunities in behavioral health community-based behavioral health programs such as the Florida Assertive Community Treatment (FACT), Community Action Teams (CAT), Mobile Response Teams (MAT) and Family Intensive Treatment (FIT), which are experienced teams providing community-based treatment to improve the mental health of the state.

Background

Florida has several community-based behavioral health programs intended to support individuals and families experiencing serious mental illness or substance abuse:

- Florida Assertive Community Treatment (FACT)
- Community Action Teams (CAT)
- Mobile Response Teams (MRT)
- Family Intensive Treatment (FIT)

These programs are funded with state general revenue through the Department of Children Families. Some services are covered by Medicaid for Medicaid enrollees. Seven regional managing entities are responsible for administering the programs across the state: Northwest Florida Health Network, Lutheran Services of Florida, Central Florida Cares Health System, Central Florida Behavioral Health Network, Southeast Florida Behavioral Health Network, Broward Behavioral Health Coalition, and South Florida Behavioral Health Network.

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The Legislature appropriated \$126 million in new, recurring stable funding to expand these and other programs and services in 2022. This investment provides much-needed funding for behavioral health programs and services for adults, children, and adolescents with serious mental illness and substance use disorders. The Department of Children and Families is responsible for distributing these funds. As of August 2022, \$104 million has been released to the agency, including specific amounts for:

- FACT Teams: \$3,852,792 of \$11,558,376 appropriated
- CAT Teams: \$3,601,667 of \$10,805,000 appropriated

Florida Assertive Community Treatment (FACT) Teams

FACT teams are authorized by DCF to provide intensive community and evidence-based treatment, rehabilitation, and support services for adults with severe and persistent mental illness who have not responded well to traditional treatment. Many of those served by FACT have histories of repeated hospitalizations, admissions to state hospitals, multiple emergency room visits, homelessness, or incarceration in local jails. Services are provided in homes, work sites, jails, hospitals, and community settings.

The goal of the program is to lessen or eliminate the debilitating symptoms of mental illness experienced by individuals in order for them to become productive members of our community.

Services include:

- psychiatric care
- medical referral and follow-up
- individual supportive therapy
- crisis assessment and intervention
- substance abuse services
- work-related vocational services
- support in activities of daily living
- social, interpersonal relationship and leisure time training
- case management services
- supportive services
- help obtaining affordable housing, which may include assistance with security deposits, utilities, and rent.

Currently, 33 FACT teams provide revolving 24/7 services for up to 3,300 eligible Florida residents. It is critical to increase this footprint, as data shows that 4% of adults (as many as 100,000 Floridians) live with a serious mental illness (SMI). FACT Teams are comprised of practitioners with diverse and complementary skill levels, including a full-time case manager, psychiatrists, nurses, vocational specialists, and more.

Eligibility for FACT is determined by each FACT team.

Eligible diagnoses:

- Schizophrenia Spectrum and Other Psychotic Disorders
- Bipolar and Related Disorders
- Depressive Disorders
- Anxiety Disorders
- Obsessive-Compulsive and Related Disorders
- Dissociative Disorders
- Somatic Symptom and Related Disorders
- Personality Disorders
- In addition, the recipient must meet at least one of the following seven clinical criteria:
 - More than three crisis stabilization unit or psychiatric inpatient admissions within one year
 - History of psychiatric inpatient stays of more than 90 days within one year
 - History of more than three episodes of criminal justice involvement within one year
 - Referred by one of the state's correctional institutions for services upon release
 - Referred from an inpatient detoxification unit with documented history of cooccurring disorders
 - Referred for services by one of Florida's state hospitals
 - High risk for hospital admission or readmission
- The recipient also must meet at least three of the following five characteristics:
 - Inability to consistently perform the range of practical daily living tasks required for basic adult interactional roles in the community without significant assistance from others.
 - Inability to maintain employment at a self-sustaining level or inability to consistently carry out the homemaker role (e.g., household meal preparation, washing clothes, budgeting or child-care tasks and responsibilities)
 - Inability to maintain a stable living situation (repeated evictions, loss of housing, or no housing), or homeless, or at risk of being homeless
 - Co-occurring substance use disorder of significant duration (greater than six months) or co-occurring mild intellectual disability
 - Destructive behavior to self or others

Community Action Team (CAT)

The Community Action Team (CAT) program provides comprehensive community-based treatment to families with youth and young adults, ages 11 up to 21, who are at risk of out-of-home placement due to a mental health or co-occurring disorder and related complex issues for whom traditional services are not/have not been adequate. ¹

The program purpose is to serve as a safe and effective alternative treatment solution that is centered around the family. The program provides tools for the child and family to strengthen the communication, decrease hospitalization and out of home placements to increase health and wellness of the child.

¹ [Community Action Treatment \(CAT\) Teams](#)

Currently, 43 teams provide intensive family centered care to youth and young adults that have a co-occurring disorder. The team includes a full-time teacher, mental health clinician, psychiatrist or registered nurse, a case manager, therapeutic mentors, and support staff.

In 2005, the Florida Legislature funded the first CAT program as a behavioral healthcare pilot project for children, adolescents, and young adults with significant mental health needs in Manatee County. In 2013, the Florida Legislature funded ten pilot CAT programs. In 2014, the Florida Legislature allocated recurring funding for the 10 pilot CAT programs and allocated non-recurring funding for six additional CAT programs. CAT programs are recurring funded by the Florida Legislature by appropriation 366. In the last legislative session, the program received a portion of recurring funds distributed by DCF.

Mobile Response Teams (MRTs)

Mobile response teams were enacted into law in 2017 (HB 1121) as a recommendation from the task force outlined in legislation within DCF to expand mental health coverage statewide. The 2018 shooting at Marjorie Stoneman Douglas High School served as the basis to improve and expand the mobile crisis response for youth with behavioral health challenges. The Marjorie Stoneman Douglas High School Public Safety Act, Ch. 2018-3, Laws of Florida, created a statewide network of MRTs. The Florida Legislature appropriated recurring funds to ensure reasonable access to MRT services in all Florida counties. In 2020, HB 945 expanded the use of mobile response teams to provide onsite crisis services to children, adolescents, and young adults ages 18-25 years old that meet the requirements.

Through legislation, DCF is now required to contract with the 7 managing entities to provide MRT services. Services must include:

- capacity to respond to a crisis where it is occurring.
- provision of behavioral health crisis-oriented services responsive to the needs of the person in crisis and their family.
- provision of screenings, standardized assessments, early identification, and referrals to community services.

MRTs provide on-demand crisis intervention services for individuals up to age 25 in any setting where a behavioral health crisis is occurring in collaboration with law enforcement. Settings can include homes, schools, and emergency departments. Mobile response services are available 24 hours a day by a team of professionals and paraprofessionals trained in crisis intervention skills. MRTs help resolve the crisis and help the individual and their family develop strategies to manage future crises. MRTs address a wide variety of situations, including feelings of depression, anxiety, suicidal and homicidal behaviors, individuals experiencing hallucinations or unusual thoughts, and family/peer conflicts.²

The program consists of 39 teams that are readily available 24 hours a day for immediate professional evaluation and assessment, development of safety or crisis plans, providing or facilitating stabilization services, supportive crisis counseling, education, development of coping skills, and linkage to appropriate resources. The teams have the ability to respond to a request within 60 minutes.

² [Mobile Response Teams \(MRTs\)](#)

Family Intensive Treatment (FIT) Team

The FIT program provides targeted and intensive team-based, family focused, comprehensive services for families in the child welfare system with children under the age of 10 and with parental substance abuse. The goals are to promote the safety of children and develop a safe and stable living situation for the family. and reduce the number of out-of-home placements and re-entry into the child welfare system.

To be eligible for FIT Team services, parents must have a substance abuse disorder, at least one child under the age of 10, be under judicial supervision with a goal of family reunification and be willing participants.

FIT provides a combination of wraparound care coordination that include peer coaching, case management, intensive home treatment and counseling, treatment to address substance abuse, service management, therapy, emergency contact for parents.

FIT teams consist of a minimum of two behavioral health clinicians, one case manager and one peer specialist, based on the number of clients each team services. All clients are referred by a child welfare professional or stakeholders for parents actively involved in the child welfare system.

Funding and Leveraging Opportunities

The forementioned behavioral health programs are funded through General Revenue by the state legislature. The programs services are eligible to receive federal funding. To ensure the best usage of the state general revenue is by maximizing the federal funding available through Medicaid. The use of federal funding is vitally important to improve timely and appropriate access to mental health services in the state.

Currently, the state is not leveraging federal Medicaid reimbursements for these programs. For instance, FACT services are covered by Medicaid for Medicaid enrollees through the fee-for-service program. Florida Medicaid reimburses an all-inclusive per diem rate for recipients receiving FACT services.³ The FACT program is funded through state General Revenue and Medicaid administrative matching. Increasing funding for FACT Teams will ensure they can provide care for more eligible clients in more areas of the state.

MRTs are presently not Medicaid funded program However, through managed care contracts, AHCA has provided plans flexibility to provide MRT services "in lieu of" the emergency behavioral services covered under the state plan. New Medicaid funds could help fill the unmet MRT services needs identified by all seven Florida MEs. In addition, funds could be used for community paramedicine (expanding the roles of paramedics and EMTs to respond to behavioral crisis situations).

The opportunity to provide the same programs through the state Medicaid program is to access the matching funds available for state agencies to utilize to maintain programmatic control of the behavioral health services. When dollars run through the Medicaid program, the state would see improvements in financial auditing, outcome reporting, and care management. If the state taps into the additional federal funding it may help close the gap in the access to mental health services to low-income households across the state.

³ https://ahca.myflorida.com/medicaid/review/Specific/59G-4.127_FACT_Coverage_Policy.pdf

Resources

[Florida Assertive Community Treatment \(FACT\)](#)

[2021 CCBHC State Impact Report: Transforming State Behavioral Health Systems](#)

[Community Action Team \(CAT\) Program Guidance](#)

[Broward Behavioral Health Coalition](#)

[Chapter 65D-30 Substance Abuse Services Office](#)

[AHCA Medicaid Coverage Policy](#)

[DCF 2018 Mobile Response Teams Framework](#)

[State of Florida Best Practices Response Protocol for Schools to Use Mobile Response Teams](#)

[Approved Budget Amendment Request B0059](#)