

Seizing the Opportunity: How Florida Can Leverage ARPA Funds To Support Mobile Response Teams

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Executive Summary

This is a moment of unprecedented urgency for providing crisis care. The COVID-19 pandemic has triggered skyrocketing behavioral health (mental health and substance use disorder) needs. Opioid overdose deaths have spiked, a third of Florida adults report symptoms of anxiety and/or depressive disorder, and thousands of children and youth in crisis are subject to involuntary examinations under the Baker Act.

Also, by July 16, 2022, Florida is required to have infrastructure in place to implement 988, the new national hotline for behavioral health crises. It is anticipated that this will add even more demands on an already overstretched system of care.

A critical element of crisis care is mobile response team services, which provide 24/7 on-demand, multi-disciplinary behavioral crisis intervention services in any setting, including homes, schools, and emergency departments.

The American Rescue Plan Act (ARPA), enacted on March 11, 2021, establishes a new option for states to cover these services through their Medicaid programs for a five-year period beginning April 2022.¹ It also provides an enhanced federal match covering 85 percent of the cost of these services for the first three years.

Under the new ARPA option, the state's current \$18.3 million annual investment in mobile response teams, which was made pursuant to the Marjory Stoneman Douglas High School Public Safety Act, could be used as a state Medicaid match to draw down over \$100 million new federal dollars for the first three years and more than \$28 million in subsequent years.

Introduction: The Toll of the Pandemic on Floridians' Behavioral Health

Behavioral health crises and treatment needs have significantly increased during the pandemic, putting more strain on an already overtaxed system of care. Young adults, people experiencing job loss, parents and children, essential workers, and communities of color are particularly at risk.² The numbers are alarming:

- Over 7,500 Floridians died in 2020 from opioid overdoses, an increase of 37 percent from 2019.³
- Nearly one-third of Florida adults reported symptoms of anxiety and/or depressive disorder from September 29 to October 11, 2021.⁴
- Over 35,000 Florida children and youth were subject to involuntary emergency behavioral health examinations initiated under the Baker Act in 2020.⁵

Even before the pandemic, overall depressive episodes and serious thoughts of suicide were increasing among Florida's children. In 2019, suicide was the third leading cause of death for young Floridians ages 15 to 24.⁶ Media reports⁷ and a pediatric emergency room study⁸ suggest that suicidal ideation and attempts have increased among adolescents during the pandemic.⁹

Behavioral health needs have also sharply climbed for people of color who have been disproportionately affected by the pandemic and who already faced structural barriers to care.¹⁰

Implementation of 988 National Hotline for Behavioral Health Crises

In addition to the burden of the pandemic, it is anticipated that the demand for crisis services will increase due to implementation of the new 988 national hotline for behavioral health crises. By July 16, 2022, 9-8-8 will be activated nationwide and all states must be ready to facilitate and support this initiative.¹¹ While this is a national portal for crisis care, the hotline will route callers to local centers for help. Building a strong statewide 988 mental health infrastructure will require coordination and investment across all levels of government and agencies. Additional resources are needed to support call centers as well as other crisis services statewide to screen patients and provide immediate care.¹²

Florida's Major Behavioral Health Funding and System of Care

There are two major components of the system of care and funding for community behavioral health services in Florida.

One is administered by the Department of Children and Families, Office of Substance Abuse and Mental Health (DCF). It oversees a statewide system of safety net behavioral health services for uninsured and underinsured children and adults. This safety net system of care is primarily funded through two capped federally mandated non-competitive federal grants — the Mental Health Block Grant and the Substance Abuse Block Grant — as well as other temporary federal grants and state general revenue. Nearly 25 percent of this funding is non-recurring, meaning they are funds only guaranteed for the current fiscal year or are otherwise time limited.¹³

DCF contracts with seven private not-for-profit regional “managing entities” (MEs) to implement and pay for a “coordinated system of care.”¹⁴ Florida law specifically prescribes over 20 “essential components” for this system including, but not limited to: crisis stabilization, community interventions, case management, care coordination, outpatient services, residential services, hospital inpatient care

and aftercare, medication assisted treatment, family therapy, and therapeutic foster care.¹⁵ MEs are currently serving more than 320,000 Floridians.¹⁶ For Fiscal Year (FY) 2021-22, the total budget for MEs is \$852 million.

The second larger system of care is administered by the Agency for Health Care Administration (AHCA) through the Medicaid program. Medicaid services are jointly funded by the state and federal government. The federal government pays 61 percent of the cost for Medicaid services. This means that for every dollar the state spends, the federal government pays \$1.56.¹⁷

AHCA contracts with multiple Medicaid managed care plans, which serve 4 million beneficiaries statewide, including children and adults.¹⁸ These plans are responsible for providing their enrollees a comprehensive package of medically necessary physical and behavioral health services.

For FY 2021-22, the Legislature appropriated over \$22 billion to AHCA for Medicaid managed care.¹⁹ The agency pays the MCOs on a capitated basis, meaning they are paid one flat monthly payment for each enrollee.²⁰ There is no separate line item in the state budget designated for funding of managed care behavioral health services, making it difficult for policymakers and the public at large to oversee how these funds translate into specific behavioral services provided.

Florida's Current Investment in MRTs

Mobile response teams (MRTs) provide 24/7 on-demand behavioral crisis intervention services in any setting, including homes, schools, and emergency departments. The primary goals of these multidisciplinary teams are to “lessen trauma, divert from emergency departments or the juvenile/criminal justice system and prevent unnecessary psychiatric hospitalizations.”²¹

The Florida Legislature has made key policy choices and investments to support the development and implementation of MRTs around the state. In 2017, legislation (HB 1121) was enacted that created a task force within DCF required to make a report and recommendations relating to the involuntary examination via the Baker Act of minors aged 17 years and younger.²² One of the task force recommendations was to provide funding for additional mobile crisis teams and expand coverage statewide.

In 2018 there were 12 MRTs operating in 10 counties funded through “blended” funding sources from health providers, counties, local governments, and MEs. The task force found that areas with MRTs serving children had lower rates of involuntary examination via the Baker Act.²³

What is the Baker Act?

The Florida Mental Health Act (Chapter 394, Florida Statutes, Part 1) commonly known as the “Baker Act,” provides the legal framework for mental health services in Florida. It enables families, health care providers, law enforcement, and others to seek emergency services for people who — due to mental illness — are in crisis and otherwise meet specific legal criteria for involuntary examinations and detention.

Following the 2018 high school shooting in Parkland, Florida, the Legislature passed the Marjory Stoneman Douglas High School Public Safety Act.²⁴ It included an appropriation of \$18.3 million in recurring state funds to DCF to competitively procure proposals for additional MRTs “to ensure reasonable access among all counties.”²⁵

In 2020, as part of a comprehensive child mental health bill (HB 945) the Legislature added crisis response services provided through MRTs to the array of services available within the safety net child and adolescent system of care.²⁶

DCF is required to contract with the MEs 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; and
- the provision of screenings, standardized assessments, early identification, and referrals to community services.²⁷

MRTs are also required to establish response protocols with law enforcement agencies, local community-based care lead agencies, child protective investigators, and the Department of Juvenile Justice (DJJ).²⁸

Currently, there are 39 MRTs in Florida covering 67 counties.²⁹ For FY 2020-21, the MRTs received 22,160 calls and responded either face to face or through telehealth to 16,651 of those calls. Of the 16,651 calls responded to, 3,145 resulted in an involuntary examination and 13,506 (or about 81 percent) were potentially diverted from an involuntary examination.³⁰

All the MEs have identified MRTs as a service in need of expansion and/or enhancements.³¹ Currently, there are no Medicaid funds supporting these MRTs, just state and local dollars.

On the Medicaid side of the system of care, MRTs are not covered under the Medicaid state plan. 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.³² There is no public data

Under Florida law, MRTs can respond to children, adolescents, and young adults up to age 25 who are:

- experiencing an emotional disturbance;
- experiencing an acute mental or emotional crisis;
- experiencing escalating emotional or behavioral reactions and symptoms that impact their ability to function typically within the family, living situation, or community environment; or
- are served by the child welfare system and are experiencing or are at high risk of placement instability.

Source: Section 394.495 (7)(a), Fla. Stat. (2021)

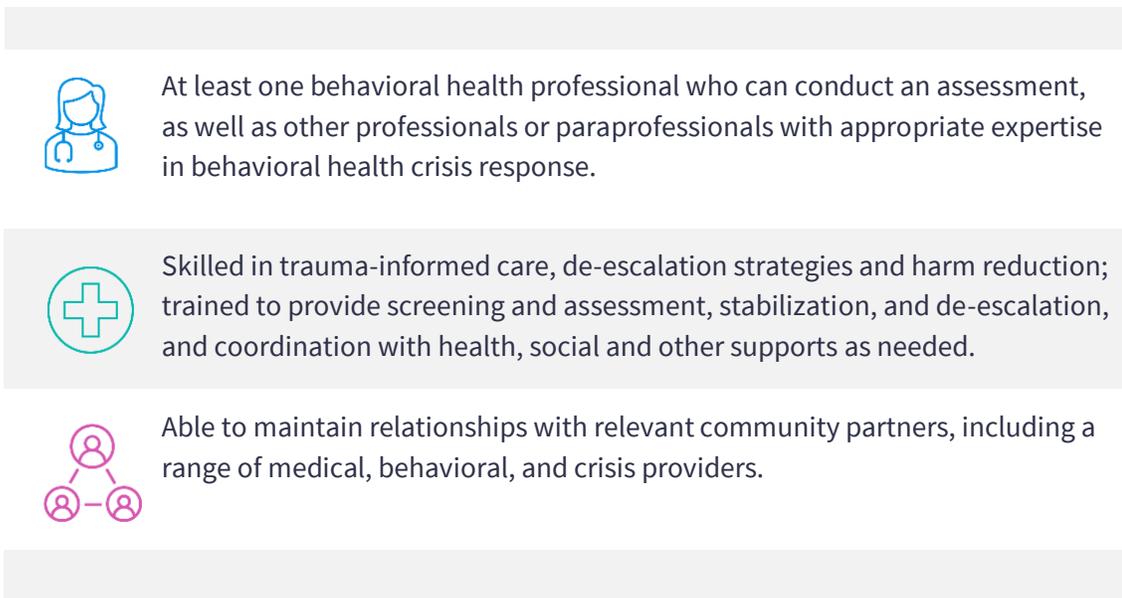
showing the number of Medicaid beneficiaries provided these “in lieu of” services or amounts paid by the plans to provide these services.

New Opportunities to Draw Down Federal Funding for MRTs

The American Rescue Plan Act (ARPA), enacted on March 11, 2021, establishes a new state Medicaid option to provide MRT services for a five-year period beginning in April 2022.³³ States opting in will receive an enhanced federal match of 85 percent for qualifying services for the first three years of coverage. (See *Fig. 1* for criteria on eligible “qualifying community mobile crisis intervention services” under ARPA.) After three years, Florida would draw down the regular 61 percent federal match it currently collects for other Medicaid covered services.³⁴

ARPA also provided \$15 million in state planning grants to support efforts to develop a Medicaid state plan amendment or waiver request to accept the new option. Florida was not among the 20 states that applied for planning grants.³⁵ However, this does not preclude Florida from taking up this new option.³⁶

Figure 1. What are “Qualifying Community Mobile Crisis Intervention Services”?



Source: American Rescue Plan Act, H.R. 1319, Section 9813

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) or co-responder programs (pairing law enforcement and behavioral health specialists to do crisis response).³⁷

The additional federal dollars could also be used to serve new populations in Florida, such as adults 25 and older, seniors, and individuals with co-occurring intellectual and developmental disabilities experiencing behavioral health crises.⁷ The ARPA funding also provides the state an opportunity to design new or enhance existing community mobile crisis intervention services to be more inclusive of the needs of Black, Latina/o, LGBTQ+, and other underserved populations.³⁸

While ARPA specifies that the additional funds under this new option “must supplement, not supplant,” current levels of state spending for these services, states otherwise have broad flexibility in designing the new services.³⁹ For example, states are not required to offer the services statewide, and they can restrict beneficiaries to certain providers to access these services.

Additionally, the state already has a recent track record in using a current state investment to match new federal Medicaid funding for multidisciplinary behavioral health teams. Specifically, for FY 2021-22, DCF is authorized to use \$9.6 million in general revenue as a state match to draw down nearly \$16 million of new federal Medicaid funds to support Florida Assertive Community Treatment (FACT) teams.⁴⁰ These are multidisciplinary teams that provide intensive treatment, rehabilitation, and support services for adults with serious mental illness.⁴¹ During FY 2019-20, FACT teams provided services to 3,273 people and more than 76 percent of these people were Medicaid recipients.⁴²

How Lawmakers Can Leverage ARPA Funding for Mobile Response Teams in Florida

Florida has in place a solid foundation for expanding MRT services, including a recurring \$18.3 million appropriation for MRTs pursuant to the Marjory Stoneman Douglas High School Public Safety Act. This investment could be used as a state match to generate an additional \$103.7 million in federal funding per year from April 2022 to April 2024. After that time, the match would drop from 85 percent to 61 percent and generate \$28.6 million per year.

Conclusion

Florida policymakers have wisely made a significant and ongoing state investment in MRTs. Just as it has done with FACT teams, the state could leverage its current investment in MRTs to tap into millions more in federal Medicaid funding under ARPA to build upon its successful MRT network. These additional funds would go a long way in meeting the needs of thousands of Floridians who are in desperate need of help yet are now falling through the cracks due to service gaps. Florida should seize this opportunity.

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