



# **Crisis Stabilization Services Utilization Data Implementation Status Report**

**Compliance with Legislative Annual Report  
Per Subsection 394.9082(10), Florida Statutes**

Department of Children and Families  
Office of Substance Abuse and Mental Health

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## I. Executive Summary

The Department of Children and Families (Department) is submitting this report in compliance with s. 394.9082(10), F.S., which requires the Department to collect and analyze crisis stabilization services utilization (CSSU) data from public receiving facilities within the managing entity networks and to submit an annual report as specified in the paragraph below.

*“The department shall submit a report by January 31, 2016, and annually thereafter, to the Governor, the President of the Senate, and the Speaker of the House of Representatives, which provides details on the implementation of this subsection, including the status of the data collection process and a detailed analysis of the data collected under this subsection”.*

Specifically, the statute requires this report to include the following data elements:

- 1) Current active census of total licensed beds, the number of beds purchased by the Department, the number of clients qualifying as indigent occupying those beds, and the total number of unoccupied licensed beds regardless of funding source; and
- 2) All admissions and discharges of clients receiving public receiving facility services who qualify as indigent, as defined in s. 394.4787, F.S.

It should be noted that the contract between the Department and each managing entity does not specify the number of beds purchased for crisis stabilization units. Instead, this contract specifies the total dollar amount contracted for all crisis services, including Crisis Stabilization Units (CSU) services, inpatient crisis services, as well as non-residential Baker Act crisis support/emergency services such as mobile crisis, crisis support, crisis/emergency screening, crisis telephone, and emergency walk-in. It is the subcontract between the managing entity and each CSU facility, which specifies the contracted amount for CSU services and the negotiated rate contracted per CSU bed day. The number of **CSU bed days** contracted by the managing entity per facility is derived by dividing the **CSU contracted amount** by the **negotiated rate**. Furthermore, the number of **CSU beds** contracted by the managing entity per CSU facility is derived by dividing the CSU bed days purchased by the number of days in the contract period. For example, if the CSU contracted amount is \$7,200,000 annually and the negotiated rate per CSU bed day is \$300, then the CSU bed days contracted per year would be 24,000, which reflects an average of 66 CSU beds contracted per day.

Receiving facilities, often referred to as Baker Act Receiving Facilities, may be designated by the Department as either public or private. The key difference is that public receiving facilities receive funding from the Department based on contracts with managing entities. Hence, it is the contracting process that determines which facilities are designated as public versus private. For example, as of November 19, 2015, there were 122 Baker Act Receiving Facilities in Florida<sup>1</sup>, including 53 public receiving facilities and 69 private receiving facilities. Of the 53 public receiving facilities, 39 had a contract with a managing entity to provide Crisis Stabilization Units (CSU) services. This report only includes data from these 39 CSU facilities.

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<sup>1</sup> <http://www.myflfamilies.com/service-programs/mental-health/baker-act-receiving-facilities>

The Department collaborated with managing entities and provider agencies to develop and implement the CSSU database, including standards and protocols needed for the collection, storage, submission, and analysis of these data. The data dictionary for the CSSU database has been incorporated into the Department's Pamphlet 155-2, which defines CSSU data elements and provides the file layout for uploading monthly data from managing entity databases into the Department's database.

This report provides detailed analysis of the data collected from 39 CSU facilities within seven managing entity provider networks during the July-November 2015 reporting period. This report includes data tables, which provide statistical analysis and summaries of the data per managing entity and statewide. The following are key findings as a result of this data analysis:

- ▶ **Funding for Crisis Services:** For Fiscal Year 2015-16, the Department's funding for all crisis services, including CSU services, inpatient crisis services, and non-residential Baker Act crisis support/emergency services, is \$72,738,856. **Table 1** shows the Department's total budgeted amount per managing entity and the funding for all crisis services. As shown in this table, the contracted amount for crisis services, as a percentage of the total budgeted amount, varies across managing entities from 10.6 percent for Big Bend Community Based Care to 14.2 percent for Lutheran Services Florida. Overall, the managing entities spend 12.4 percent of their budget for crisis services.
- ▶ **Licensed Beds Available and Occupied:** The statutory requirement is to report the active census of total licensed beds and the number of unoccupied licensed beds regardless of the funding source. In this report, the number of "licensed beds available" reflects the daily count of licensed beds that are operationally available for adults and for children as part of the midnight census. Rule 65E-12.106(22), F.A.C., allows adult CSU beds to be occupied by minors, who are 14 years of age and older. This rule makes the numbers of licensed CSU beds for adults and children to be "fluid" rather than "static" and, therefore, subject to change from one daily census date to another during the reporting period. For example, a CSU facility may be licensed for 15 beds, with 10 beds designated for adults and 5 beds for children. Although the total number of licensed beds doesn't change ( $n=15$ ), the ratio of adult beds to children beds that are available daily may vary, e.g., 10 to 5 or 9 to 6 or 8 to 7. Because of this "fluidity", the average (rather than the static) daily census is the metrics used for calculating the active census of licensed beds available. The number of occupied licensed beds was calculated by subtracting the total number of unoccupied beds from the total number of licensed beds. The Department's standards and protocols allow these data to be reported separately for children and adults. As shown in **Table 2**, the average daily census of licensed CSU beds as reported in the CSSU database is 1,399 during the July-November 2015 reporting period. This number only includes licensed beds in 39 CSU facilities that had a contract with one of the managing entities. Excluded are data from 69 private receiving facilities and from 14 public receiving facilities that did not have a contract with a managing entity to provide CSU services during the reporting period. Most of these beds ( $n = 1,102$  or 79%) are designated for adults. The bed occupancy rate is 77.6 percent for both adults and children, with this rate being higher for adults (84.4%) than children (52.6%). These rates vary significantly across managing entity provider networks.
- ▶ **Department Beds Purchased and Beds Occupied by Indigent Clients:** The statutory requirement is to report the number of licensed beds purchased by the Department and the number of individuals qualifying as indigent occupying all licensed beds, including those purchased by the Department. **Table 3** provides the utilization rates, average daily census of beds purchased by the Department, and average daily census of licensed beds occupied by indigent clients regardless of the funding source. As shown in this table, the utilization

rate is 111 percent for both adults and children, 119.3 percent for adults, and 58.3 percent for children. This table also provides the tabulation of these rates for adults and children per managing entity. Overall, 11 percent of licensed beds occupied daily by indigent clients are not purchased by the Department.

- ▶ **Admissions and Discharges:** The statutory requirement is to report all admissions and discharges of individuals receiving public receiving facility services who qualify as indigent, as defined in s.394.4787, F.S. **Table 4** shows an average daily census of 151.1 adults and children admitted into CSUs, including 136.9 daily admissions for adults and 14.2 daily admissions for children. As shown in this table, the average number of individuals discharged daily from CSUs is 150, including 135.9 adults and 14.1 children. Overall, the ratio of client admissions to client discharges is 1 to 1, meaning there is an average of one client discharged per one client admitted daily. This table also provides the tabulation of the average daily census for adults and children admitted and discharged per managing entity.

## II. Purpose and Scope

The 2015 Florida Legislature directed the Department to develop and implement the CSSU database by August 1, 2015. The purpose of this report is to provide the implementation status of the data collection process, including detailed data analysis to address the following statutory data requirement questions:

- 1) How many licensed CSU beds are available and how many of these beds are occupied regardless of the funding source?
- 2) How many licensed CSU beds are purchased by the Department and how many clients qualifying as indigent, as defined in s. 394.4787, F.S., occupy licensed beds, including those purchased by the Department?
- 3) How many admissions and discharges are there of clients receiving public receiving facility services who qualify as indigent, as defined in s. 394.4787, F.S.?

The data included in this report are limited in scope to daily censuses reported by 39 CSU facilities, which had contracts with managing entities during the period from July 1, 2015 through November 30, 2015. Hence, excluded are data from private receiving facilities and 14 public receiving facilities that had no contract to provide CSU services funded by the Department. Furthermore, the statute requires the Department to report data on active censuses of licensed beds, i.e., those beds that are operational during the reporting period. Therefore, licensed beds that are inactive for different reasons, e.g., due to building constructions, are not included in this report.

The conclusions of this report include recommendations for improving the accuracy and consistency of the data through provision of statewide training and improvement in data collection processes related to data reconciliation and validation.

## III. Status of Data Collection Process

The following are major milestones achieved by the Department in response to statutory requirements for statewide implementation of the CSSU database.

- Established a multidisciplinary project team, including representatives from the Department's headquarters and regional offices, managing entities, and provider agencies. Team members participated actively in the development of the standards and protocols currently used by the Department, managing entities, and public receiving facilities for data collection, submission, storage, analysis, and reporting of all the required data elements.
- Completed the development and statewide implementation of the CSSU database. This milestone included full documentation of the standards and protocols currently used by the Department, managing entities, and public receiving facilities for various CSU data processing activities, such as data validation and reconciliation, as well as data correction and resubmission.
- Completed the integration of the CSSU database into the Department's Substance Abuse and Mental Health Information System (SAMHIS). This allows managing entities to upload their data electronically into SAMHIS via a file transfer protocol (ftp) process and receive feedback on the submission status of their data.
- The statute requires public receiving facilities within each provider network to submit census data, in real time or at least daily, to their managing entity. The Department's standards and protocols require managing entities to review and reconcile these data daily and to submit reconciled data monthly, not later than the 18<sup>th</sup> following the end of the reporting month. The ftp process allows managing entities to correct and resubmit their data any time as needed during and after the reporting period.
- Developed rules to administer the above data processing activities. At the time of this report, the adoption of these rules was still in the review and promulgation phases.
- Developed a dashboard, which allows online analysis and reporting of CSSU data on a statewide basis, as well as on a managing entity and individual public receiving facility basis. However, this dashboard is currently accessible through the Department's intranet website pending migration to an internet website environment.

The current CSU data collection process includes the following steps:

- 1) CSU facilities collect and submit census data daily to their respective managing entity data systems using online input screens or in batch mode via the ftp process.
- 2) Managing entities conduct daily reviews and reconciliation of the data from public receiving facilities and use the ftp process to upload reconciled data into the Department's data system monthly. Rejected records are returned to facilities for corrections and re-submissions.
- 3) The Department runs validation edits to make sure data submitted by the managing entities are consistent with the CSSU database standards and protocols.

### III.A. DATA ANALYSIS

#### III.A.(1) Funding for Crisis Stabilization Services

The Department's funding for crisis stabilization services is designed to provide brief and intensive psychiatric intervention services, primarily for low-income individuals qualifying as indigent with acute psychiatric conditions and who, in the absence of a suitable alternative, would require hospitalization. These units operate in non-hospital settings in the community and provide services 24 hours per day, seven days per week.

The Department provides crisis stabilization services through contracts with managing entities. However, the Department's contracted amount combines funds for all crisis services, i.e., CSU services, inpatient crisis services, and non-residential Baker Act crisis support/emergency services as indicated in **Table 1**. This table shows the Department's total budgeted amount per managing entity and the funding for all crisis services during FY 2015-16. As shown in this table, the contracted amount for all crisis services, as a percentage of the total budgeted amount, varies across managing entities from 10.6 percent for Big Bend Community Based Care to 14.2 percent for Lutheran Services Florida. Overall, the Department spends 12.4 percent of its budget for all crisis services.

Table 1: FY 2015-16 Managing Entity Contracted Amounts as of March 1, 2016

Managing Entities	Total Contracted Amount	Contracted Amount for Crisis Services	Contracted Amount for Crisis Services as Percent of Total
Big Bend Community Based Care	\$52,718,021	\$5,572,464	10.6%
Broward Behavioral Health Coalition	\$51,031,682	\$5,781,842	11.3%
Central Florida Behavioral Health Network	\$176,481,544	\$20,898,634	11.8%
Central Florida Cares Health Systems	\$64,466,902	\$8,986,104	13.9%
Lutheran Services Florida	\$101,913,742	\$14,507,134	14.2%
Southeast Florida Behavioral Health Network	\$55,725,889	\$7,686,119	13.8%
South Florida Behavioral Health Network	\$82,775,614	\$9,306,559	11.2%
<b>Total</b>	<b>\$585,113,394</b>	<b>\$72,738,856</b>	<b>12.4%</b>

#### III.A.(2) Licensed Beds Available and Occupied

Rule 65E-12.104(1), F.A.C., requires every CSU to obtain a license from the Agency for Health Care Administration (AHCA) unless specifically excluded from licensure under the provisions of s. 394.875(5), F.S. Pursuant to this rule, AHCA requires every CSU to be designated as a Baker Act Receiving Facility prior to being licensed as a CSU. This report only includes data for active licensed beds in CSU facilities, which had a contract with a managing entity during the reporting period.

Section 394.9082(10)(b)(2), F.S., requires the Department to report the current active census of total licensed beds and the total number of **unoccupied** licensed beds regardless of the funding source. For the purpose of this report, the number of **occupied** licensed beds was calculated by subtracting the total number of unoccupied beds from the total number of licensed beds. The Department's standards and protocols allow these data to be reported separately for children and adults.

Furthermore, it should be noted that Rule 65E-12.106(22), F.A.C., allows adult CSU beds to be occupied by minors, who are 14 years of age and older. This rule makes the numbers of licensed CSU beds for adults and children to be "fluid" rather than "static" and, therefore, subject to change from one daily census date to another during the reporting period.

Due to this fluidity, the average daily census is the metrics used for calculating the active census of licensed beds available or occupied. The following are algorithms used in this report for calculating the average daily censuses of licensed beds available and occupied and the percentages of licensed beds occupied by clients qualifying as indigent and non-indigent regardless of the funding source.

- 1) **AVERAGE DAILY CENSUS OF LICENSED BEDS AVAILABLE:** Rule 65E-12.106(22), F.A.C., allows adult CSU beds to be occupied by minors, who are 14 years of age and older. This rule makes the numbers of licensed CSU beds for adults and children to be "fluid" rather than "static" and, therefore, subject to change from one daily census date to another during the reporting period. For example, a CSU facility may be licensed for 15 beds, with 10 beds designated for adults and 5 beds for children. Although the total number of licensed beds doesn't change ( $n = 15$ ), the ratio of adult beds to children beds that are available daily may vary, e.g., 10 to 5 or 9 to 6 or 8 to 7. Because of this "fluidity", the average (rather than the static) daily census is the metrics used for calculating the active census of licensed beds available. This average is calculated by dividing the sum of licensed beds available daily during the reporting period by the distinct count of census dates in that period. The results of this calculation are reported in **Table 2** as **LICENSED BEDS AVAILABLE** for adults and children per managing entity for the July-November 2015 reporting period.
- 2) **AVERAGE DAILY CENSUS OF LICENSED BEDS OCCUPIED:** this average is calculated by dividing the sum of licensed beds occupied daily during the reporting period by the distinct count of census dates in that period. The results of this calculation are reported in **Table 2** as **LICENSED BEDS OCCUPIED** for adults and children per managing entity for the July-November 2015 reporting period.
- 3) **PERCENTAGE OF LICENSED BEDS OCCUPIED:** this percentage is calculated by dividing the sum of licensed beds occupied daily during the reporting period by the sum of licensed beds available daily in that period and by multiplying the quotient by 100. The results of this calculation are shown in **Table 2** as **PERCENT OF BEDS OCCUPIED** for adults and children per managing entity for the July-November 2015 reporting period.

Table 2: Average Daily Census of Licensed CSU Beds Available and Occupied July-November 2015									
Managing Entity	Adults			Children			Adults and Children		
	Licensed Beds Available	Licensed Beds Occupied	Percent of Beds Occupied	Licensed Beds Available	Licensed Beds Occupied	Percent of Beds Occupied	Licensed Beds Available	Licensed Beds Occupied	Percent of Beds Occupied
Big Bend Community Based Care	94	65	69.2%	5	2	40.5%	98	67	67.8%
Broward Behavioral Health Coalition	49	42	84.5%	7	1	18.1%	56	43	76.3%
Central FL Behavioral Health Network	336	281	83.6%	40	25	61.9%	376	306	81.3%
Central Florida Cares Health System	161	132	82.4%	91	37	40.4%	252	169	67.2%
Lutheran Services Florida	215	189	87.9%	93	58	62.8%	308	247	80.3%
South FL Behavioral Health Network	119	101	85.1%	24	8	35.2%	143	110	76.7%
Southeast FL Behavioral Health Network	128	120	93.3%	37	24	66.0%	165	144	87.2%
<b>Total</b>	<b>1,102</b>	<b>930</b>	<b>84.4%</b>	<b>297</b>	<b>156</b>	<b>52.6%</b>	<b>1,399</b>	<b>1,086</b>	<b>77.6%</b>
<b>Percent Occupied</b>		<b>84.4%</b>			<b>52.6%</b>			<b>77.6%</b>	
The statutory requirement is to report the census of total licensed beds available and occupied regardless of the funding source.									
Source: CSSU Database as of 2/8/2016									

As indicated in **Table 2**, the average daily census of licensed CSU beds is 1,399 for adults and children across 39 CSU facilities and seven managing entity provider networks. Most of these beds (n = 1,102) are designated for adults. Overall, the bed occupancy rate for both adults and children is 77.6 percent, with an occupancy rate for adults (84.4%) being higher than the occupancy rate for children (52.6%). The occupancy rate varies significantly across managing entities, ranging from 67.2 percent for Central Florida Cares Health System to 87.2 percent for Southeast Florida Behavioral Health Network. It should be noted that the Department has worked with managing entities to ascertain the accuracy and consistency of these data through daily census data reconciliations and updates and via monthly data submission and validation processes.

**III.A.(3) Beds Purchased by the Department and Beds Occupied by Indigent Clients**

Section 394.9082(10)(b)(2), F.S., requires the Department to report not only the total number of licensed beds available and occupied, but also the number of these beds purchased by the Department and the number of clients qualifying as indigent occupying those beds.

The Department’s standard unit of measurement for CSU services utilization is a day as defined in Rule 65E-14.021(3). Subparagraph (a) of this rule allows either of the following criteria for determining the utilization of a CSU day:

- 1) The service provider’s capacity to provide an actual bed for a period of twenty-four hours to individuals eligible for SAMH-funded services; or
- 2) A day in which an individual receiving services is physically present at the midnight census, including the day the individual is admitted and excluding the day the individual is discharged.

It should be noted that the above financial rule also requires CSU services to be reported on the basis of availability rather than utilization. As a result, CSU beds purchased by the

Department are planned, budgeted, provided, and paid based on number of beds available rather than on number of clients occupying those beds.

The above financial rule criteria were used to determine the number of clients qualifying as indigent who occupy any licensed beds, including those purchased by the Department. The following are algorithms used in this report for calculating the average daily census of licensed beds purchased by the Department, the average daily census of licensed beds occupied by indigent clients, and the utilization rates showing the extent to which the number of licensed beds purchased is commensurate with the number of licensed beds occupied by indigent clients.

- 1) **AVERAGE DAILY CENSUS OF LICENSED BEDS PURCHASED BY THE DEPARTMENT:** this average is calculated based on total number of bed days purchased by the Department as follows. Total bed days purchased is the sum of the daily censuses of the beds purchased by the Department during the reporting period. Total beds purchased is calculated by dividing total bed days purchased by the distinct count of census dates in that period. The results of this calculation are reported in **Table 3** as **BEDS PURCHASED BY DEPARTMENT** for adults and children per managing entity for the July-November 2015 reporting period.
  
- 2) **AVERAGE DAILY CENSUS OF LICENSED BEDS OCCUPIED BY INDIGENT CLIENTS:** the midnight census of indigent clients, who are physically present in CSU beds, reflects the exact number of licensed beds occupied by these clients regardless of the funding source. The average daily census of licensed beds occupied by indigent clients is calculated by summing the results of Beginning Censuses<sup>2</sup> plus New Admissions<sup>3</sup> minus Discharges<sup>4</sup> during the reporting period and by dividing the results by the distinct count of census dates in that period. The results of this calculation are reported in **Table 3** as **BEDS OCCUPIED BY INDIGENT CLIENTS** for adults and children per managing entity for the July-November 2015 reporting period.
  
- 3) **UTILIZATION RATE:** this metric is a percentage showing the extent to which the number of licensed beds occupied by indigent clients is commensurate with the number of licensed beds purchased by the Department. This percentage is calculated by dividing the number of licensed beds occupied by indigent clients by the number of licensed beds purchased by the Department and by multiplying the quotient by 100. The results of this calculation are reported in **Table 3** as **UTILIZATION RATES** for adults and children per managing entity for the July-November 2015 reporting period.

Table 3:

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<sup>2</sup> Beginning Census includes the distinct count of indigent clients admitted prior to the census date and are physically present in CSU beds at the midnight census

<sup>3</sup> New Admissions includes the distinct count of indigent clients admitted on the census date and are physically present in CSU beds at the midnight census

<sup>4</sup> Discharges includes the distinct count of indigent clients in the beginning census or new admissions, who are discharged on the census date and are not physically present in CSU beds at the midnight census

**Table 3: Average Daily Census of Licensed Beds Purchased by the Department and Beds Occupied by Indigent Clients July - November 2015**

Managing Entities	Adults			Children			Adults and Children		
	Beds Purchased by Department	Beds Occupied by Indigent Clients	Utilization Rates	Beds Purchased by Department	Beds Occupied by Indigent Clients	Utilization Rates	Beds Purchased by Department	Beds Occupied by Indigent Clients	Utilization Rates
Big Bend Community Based Care	45	37	81.8%	5	1	17.6%	49	37	75.6%
Broward Behavioral Health Coalition	36	36	100.5%	7	1	14.8%	43	37	86.4%
Central FL Behavioral Health Network	175	184	104.8%	13	3	25.1%	188	187	99.3%
Central Florida Cares Health System	67	107	159.8%	14	6	41.2%	80	112	139.5%
Lutheran Services Florida	93	115	123.8%	25	32	126.4%	118	147	124.3%
South FL Behavioral Health Network	48	84	175.2%	9	1	16.7%	57	86	150.4%
Southeast FL Behavioral Health Network	52	53	101.8%	8	3	37.5%	61	56	92.8%
<b>Total</b>	<b>515</b>	<b>615</b>	<b>119.3%</b>	<b>81</b>	<b>47</b>	<b>58.3%</b>	<b>596</b>	<b>662</b>	<b>111.0%</b>

The statutory requirement is to report the daily census of the beds purchased by the Department and the number of indigent clients occupying those beds

Source: CSSU Database as of 2/8/2016

As shown in **Table 3**, the Department purchased 596 CSU beds for adults and children during the July-November 2015 reporting period, which is less than the 662 CSU beds actually utilized by adults and children qualifying as indigent clients during the reporting period. Overall, the utilization rate for both adults and children is 111 percent, which indicates that at least 11 percent of the beds utilized daily by indigent clients are not purchased by the Department. The utilization rate is 119.3 percent for adults and 58.3 percent for children, and this rate varies across managing entities from 75.6 percent for Big Bend Community Based Care to 150.4 percent for South Florida Behavioral Health Network. It should be noted that the Department has worked with managing entities to ascertain the accuracy and consistency of these data through daily census data reconciliations and updates and via monthly data validation processes.

**III.A.(4) Admissions and Discharges**

The statutory requirement is to report all admissions and discharges of clients receiving public receiving facility services, who qualify as indigent as defined in s.394.4787, F.S. The operational definitions of indigent client admissions and discharges are footnoted in section III.A.(3). The following are algorithms used in this report for calculating the average daily census of all admissions and discharges of clients who qualify as indigent.

- 1) **AVERAGE DAILY CENSUS OF ADMISSIONS:** this average is calculated by dividing the sum of new admissions during the reporting period by the distinct count of census dates in that period. The results of this calculation are reported in **Table 4** as **ADMISSIONS** for adults and children per managing entity for the July-November 2015 reporting period.
- 2) **AVERAGE DAILY CENSUS OF DISCHARGES:** this average is calculated by dividing the sum of discharges during the reporting period by the distinct count of census dates in that period. The results of this calculation is reported in **Table 4** as **DISCHARGES** for adults and children per managing entity for the July-November 2015 reporting period

**Table 4** shows an average daily census of 151 adults and children admitted into a CSU, with adult admissions accounting for 90.6 percent of the total. Overall, there is an average of 150 adults and children discharged daily from a CSU, or approximately a daily ratio of one discharge per one admission.

Managing Entities	Admissions			Discharges		
	Adults	Children	Adults and Children	Adults	Children	Adults and Children
Big Bend Community Based Care	8	0	9	8	0	8
Broward Behavioral Health Coalition	6	0	6	6	0	6
Central FL Behavioral Health Network	44	1	45	44	1	45
Central Florida Cares Health System	24	2	26	24	2	26
Lutheran Services Florida	28	9	37	27	9	37
South FL Behavioral Health Network	16	1	16	16	0	17
Southeast FL Behavioral Health Network	11	1	12	11	1	12
<b>Total</b>	<b>137</b>	<b>14</b>	<b>151</b>	<b>136</b>	<b>14</b>	<b>150</b>
<b>Percent of the Total</b>	<b>90.6%</b>	<b>9.4%</b>	<b>100.0%</b>	<b>90.7%</b>	<b>9.3%</b>	<b>100.0%</b>

The statutory requirement is to report the daily census of all admissions and discharges of indigent clients regardless of the funding source.

Source: CSSU Database as of 2/8/2016

## IV. Conclusions and Recommendations

- ▶ Section 394.9082(10)(b)2, F.S., data requirement is to report the number of beds purchased by the Department and the number of clients qualifying as indigent occupying those beds. However, since crisis stabilization services are planned, provided, budgeted, and paid based on availability of bed-days rather than on number of clients occupying CSU beds, the Department recommends that this legislative language be amended as follows:

*“Current active census of total licensed and utilized beds, the number of beds purchased by the Department, the number of clients qualifying as indigent who occupy any of those beds”.*

It should be noted that this amendment is one of the changes recommended by the Department as part of the Senate Bill N° CS/SB 12 for Acute Care Services Utilization Database.

- ▶ This report shows how CSU bed occupancy rates and other data metrics vary significantly between adults and children across managing entities. The utilization of CSU beds purchased by the Department and the occupancy of licensed beds regardless of the funding source are much lower for children than adults. The input from managing entities and CSU facilities indicates that the Medicaid eligibility and enrollment rates are higher for children than adults. Hence, fewer children are counted among indigent clients occupying beds funded by the Department. This variation should be considered in future program planning and budgeting of CSU services to make sure the allocation of funds is commensurate with this variation.
- ▶ It should be noted that the number of CSU beds occupied by indigent clients at midnight census regardless of the funding source may exceed the number of CSU beds purchased by the Department. This report indicates that at least 11 percent of the beds utilized daily by indigent clients are not purchased by the Department. To the extent that the Department is the payor of last resort for CSU beds occupied by indigent clients as defined in s.394.4787(4), F.S., then this overutilization reflects the unmet need for CSU beds that are

generally classified under “charity care”. The critics of this overutilization suggest that since there is greater need than supply of CSU beds, then the managing entities should allocate more funds to CSU services because they have the financial flexibility and the budget to address this issue. However, due to budget limitations, managing entities are often less flexible to allocate more money in CSU services simply because such allotment inevitably would reduce funds needed for treatment and other priority services. One of the roles and responsibilities of the managing entities is to make sure that allocated funds are spent where they are mostly needed.

- ▶ A preliminary analysis of the raw data shows instances where some clients in the beginning census, who are discharged on census date, are mistakenly being counted among admissions that occupy the CSU bed. Although, these mistakes are routinely identified and corrected as part of the monthly data validations in the CSSU database, an ongoing statewide training is recommended to mitigate the variation in business processes for collecting and reporting midnight census data pertaining to CSU bed utilization across CSU facilities within various managing entity provider networks. As part of this training, the Department’s operational definition of clients occupying CSU beds is now consistent with Rule 65E-14.021(3)(a), by limiting the beds occupied by indigent clients to those occupied by individuals who are physically present in CSU beds at midnight census, including the day the individual is admitted and excluding the day the individual is discharged.
- ▶ The fluidity in CSU bed utilization, which allows adult CSU beds to be occupied by minors, who are 14 years of age and older, creates data inconsistency and inaccuracy in reporting the active census of total licensed beds. The Department recommends that s. 65E-12.106(22), F.A.C., be amended to remove the fluidity requirement, which will improve data reporting accuracy and consistency. This amendment is one of the changes recommended by the Department as part of the Senate Bill N° CS/SB 12 for Acute Care Services Utilization Database.