

Policy Idea Statement: Preserve BHOS Services for Juvenile Justice Youth and Exclude From Managed Care

BHOS services are overlay mental health treatment and substance abuse services delivered to children in juvenile justice programs. These services are individualized and defined by individualized treatment plans approved by the appropriate level of clinician per Medicaid rules. These overlay services are in addition to room and board, 24 hour supervision and educational and vocational services. During FY09-10, 4,200 youth received specialized BHOS services. BHOS services include in varying combinations, individual and group therapy, mental health and rehabilitation day treatment, intensive therapeutic on site services and other interventions.

Any reductions will diminish the behavioral health service delivery model specifically designed in 1998 to provide a constant therapeutic environment with an identified behavioral health treatment orientation. Cuts to DJJ's Behavioral Health Overlay Services (BHOS) program will impact DJJ's ability to effectively serve the population of most vulnerable youth.

3 Key Points

1. With 70-80% of youth in the juvenile justice system suffering from mental illness and emotional problems, the Behavioral Health Overlay Services (BHOS) program was established in 1998. The current BHOS rate of \$35.00 per day has never been increased since 1998.
2. The implementation of BHOS played a significant role in allowing Florida to settle a huge class action law suit (M.E. vs. Chiles & M.E. vs. Bush). This law suit was filed in 1990 and alleged that HRS, and later both DCF and DJJ, failed to provide adequate mental health assessments and treatment in residential programs. ***The case was settled just before trial largely on the State's commitment to provide BHOS.***
3. A recent 2010 evaluation of Florida's Behavioral Health Overlay Services (BHOS) by the Louis de la Parte Florida, Mental Health Institute at USF found that children who did not receive BHOS services in DJJ programs were 62 times more likely to be placed in Statewide Inpatient Psychiatric Program at a cost of \$406 per day. Outcomes for juvenile justice involved youth who received BHOS were considerably better compared to youth who did not receive BHOS while in DJJ programs.

Fiscal Impact: *If BHOS services are maintained, Florida will benefit from cost avoidance from future higher costs.*

- The purpose of BHOS services is to address, on an individualized basis, medically necessary mental health and substance abuse treatment to avoid a more intensive (*and more expensive*) level of care. The current BHOS rate is \$35.00 per day; the rate for the Statewide Inpatient Psychiatric Program (SIPP) is \$406 daily.

Operational Impact: *Reducing BHOS services will impact state's ability to rehabilitate juvenile justice committed youth.*

- Youth in juvenile justice facilities who have persistent and chronic mental health conditions such as psychotic disorder, major depression or bipolar disorder, etc. and have risk factors related to suicidal gestures, self-injuring behaviors, physical aggression, violent behaviors, absconding, and sexual aggression or victimization will be impacted if reductions are made in funding or if BHOS become part of a managed care system.

Legislative:

- Suggested language revision for 10-03: Section 12, subsections (2) (b) [lines 653-658] – Medicaid recipients residing in residential commitment facilities operated by or through the Department of Children and Families, Substance Abuse and Mental Health or the Department of Juvenile Justice, and served by bundled rate services (Statewide Inpatient Psychiatric Program, Therapeutic Group Home, Behavioral Health Overlay Services) are exempt from mandatory managed care enrollment as required by s. 409.965.

PROS: BHOS is an effective use of Medicaid dollars.

CONS: None

Research- USF 2010 Research study
<http://home.fmhi.usf.edu/common/file/ahca/ahca2010/220-136.pdf>