

**CS/SB 330** by **CJ, Dean**; Missing Persons with Special Needs

135856 D S CF, Dean Delete everything after 04/08 08:43 AM

**CS/SB 344** by **ED, Sobel**; Mental Health Education

**CS/SB 476** by **HP, Grimsley**; (Similar to CS/CS/H 0335) Mental Health

**SM 1426** by **Abruzzo**; (Identical to H 1171) Supportive Housing for the Elderly Program

**The Florida Senate**  
**COMMITTEE MEETING EXPANDED AGENDA**

**CHILDREN, FAMILIES, AND ELDER AFFAIRS**

**Senator Sobel, Chair**  
**Senator Altman, Vice Chair**

**MEETING DATE:** Thursday, April 9, 2015  
**TIME:** 9:00 —11:00 a.m.  
**PLACE:** 301 Senate Office Building

**MEMBERS:** Senator Sobel, Chair; Senator Altman, Vice Chair; Senators Dean, Detert, Garcia, and Ring

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	<b>CS/SB 330</b> Criminal Justice / Dean	Missing Persons with Special Needs; Providing immunity from civil liability for certain persons who comply with a request to release information concerning missing persons with special needs to appropriate agencies; specifying who may submit a report concerning a missing person with special needs, etc.	CJ 03/02/2015 Fav/CS JU 03/17/2015 JU 03/24/2015 Favorable CF 04/09/2015 AP
2	<b>CS/SB 344</b> Education Pre-K - 12 / Sobel	Mental Health Education; Requiring the Department of Education to provide public school districts with information to maximize grants for mental health education, awareness, and training; requiring the department to post such information on its website and to provide annual electronic notification of such grants to school districts, etc.	ED 03/31/2015 Fav/CS CF 04/09/2015 AED AP
3	<b>CS/SB 476</b> Health Policy / Grimsley (Similar CS/CS/H 335, Compare CS/H 547, S 7070)	Mental Health; Adding a psychiatric nurse as a person at a receiving facility authorized to perform a required examination of certain patients; prohibiting the release of a patient from a receiving facility that is owned or operated by a hospital or health system without specified approvals; authorizing the release of a patient by a psychiatric nurse under certain circumstances; prohibiting a psychiatric nurse from releasing a patient if the involuntary examination was initiated by a psychiatrist without the psychiatrist's approval, etc.	HP 03/23/2015 Fav/CS CF 04/09/2015 RC

**COMMITTEE MEETING EXPANDED AGENDA**

Children, Families, and Elder Affairs

Thursday, April 9, 2015, 9:00 —11:00 a.m.

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TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
4	<b>SM 1426</b> Abruzzo (Identical HM 1171)	Supportive Housing for the Elderly Program; Urging Congress to restore and provide adequate funding for the Supportive Housing for the Elderly Program, etc.	
		CF     04/09/2015 CA RC	
5	Update on Recent Child Abuse Deaths		
Other Related Meeting Documents			

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**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

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Prepared By: The Professional Staff of the Committee on Children, Families, and Elder Affairs

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BILL: CS/SB 330

INTRODUCER: Criminal Justice Committee and Senator Dean

SUBJECT: Missing Persons with Special Needs

DATE: April 3, 2015

REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Erickson</u>	<u>Cannon</u>	<u>CJ</u>	<u>Fav/CS</u>
2.	<u>Brown</u>	<u>Cibula</u>	<u>JU</u>	<u>Favorable</u>
3.	<u>Preston</u>	<u>Hendon</u>	<u>CF</u>	<u>Pre-meeting</u>
4.	_____	_____	<u>AP</u>	_____

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**Please see Section IX. for Additional Information:**

COMMITTEE SUBSTITUTE - Substantial Changes

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**I. Summary:**

CS/SB 330 expands the definition of the term “missing endangered person” in ch. 937, F.S., which establishes requirements for state and local law enforcement agencies in responding to and investigating reports of missing endangered persons. Specifically, the definition is expanded to include “a missing person with special needs who is at risk of becoming lost or is prone to wander due to autism spectrum disorder, a developmental disability, or any other disease or condition.”

The bill also:

- Authorizes any person to submit a missing endangered person report concerning a missing person with special needs to the Missing Endangered Persons Information Clearinghouse (MEPIC) if certain conditions are met; and
- Grants civil immunity to specified persons and entities responding to a law enforcement agency’s request to release information relating to a missing person with special needs.

The bill would have a fiscal impact to the state and has an effective date of July 1, 2015.

## II. Present Situation:

### Missing Endangered Person

Chapter 937, F.S., establishes a variety of requirements relating to how state and local law enforcement agencies respond to and investigate reports of missing endangered persons. A “missing endangered person” is:

- A missing child;<sup>1</sup>
- A missing adult<sup>2</sup> younger than 26 years of age;
- A missing adult 26 years of age or older who is suspected by a law enforcement agency of being endangered or the victim of criminal activity; or
- A missing adult who meets the criteria for activation of the Silver Alert Plan of the Florida Department of Law Enforcement (FDLE).<sup>3</sup>

### Missing Endangered Person Information Clearinghouse

The Missing Endangered Person Information Clearinghouse (MEPIC) within the FDLE serves as a central repository of information for missing endangered persons. Such information shall be collected and disseminated to assist in the location of missing endangered persons.<sup>4</sup>

The MEPIC must establish a system of intrastate communication of information relating to missing endangered persons; provide a centralized file for the exchange of this information; and collect, process, maintain, and disseminate this information. Every state, county, or municipal law enforcement agency must submit to the MEPIC information concerning missing endangered persons.

Any person having knowledge may submit a missing endangered person report to the MEPIC concerning a child or adult younger than 26 years of age whose whereabouts is unknown, regardless of the circumstances, as long as he or she has reported the child or adult missing to the appropriate law enforcement agency within the county in which the child or adult became

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<sup>1</sup> Section 937.0201(3), F.S., defines the term “missing child” as a person younger than 18 years of age whose temporary or permanent residence is in, or is believed to be in, this state, whose location has not been determined, and who has been reported as missing to a law enforcement agency.

<sup>2</sup> Section 937.0201(2), F.S., defines the term “missing adult” as a person 18 years of age or older whose temporary or permanent residence is in, or is believed to be in, this state, whose location has not been determined, and who has been reported as missing to a law enforcement agency.

<sup>3</sup> Section 937.021(4), F.S. According to the FDLE, “[t]he Florida Silver Alert Plan outlines two levels of Silver Alert activation: Local and State. Local and State Silver Alerts engage the public in the search for the missing person and provide a standardized and coordinated community response.” “Silver Alert Activation,” Florida Department of Law Enforcement, available at <http://www.fdle.state.fl.us/Content/Silver-Alert-Plan/Menu/Activation-Steps.aspx> (last visited on February 17, 2015). “... [E]ach agency may have their own criteria for activation of a Local Silver Alert,” but “the Florida Silver Alert Support Committee recommends that agencies use” the following criteria “as a guideline when issuing a Local Silver Alert”: “[t]he person is 60 years and older”; “[t]he person is 18-59 and law enforcement has determined the missing person lacks the capacity to consent and that a Local Silver Alert may be the only possible way to rescue the missing person”; “[t]he person has an irreversible deterioration of intellectual faculties (e.g. Alzheimer’s disease or dementia) that has been verified by law enforcement.” *Id.* Further, there are special criteria that must be met for issuance of a State Silver Alert for persons with dementia who go missing in a vehicle with an identified tag. *Id.*

<sup>4</sup> Section 937.022, F.S. All additional information in this section of the analysis regarding the MEPIC is from s. 937.022, F.S., unless otherwise noted.

missing, and the law enforcement agency has entered the report into the Florida Crime Information Center (FCIC) and the National Crime Information Center (NCIC) databases. This report is included in the MEPIC database.

Only the law enforcement agency having jurisdiction over the case may:

- Submit a missing endangered person report to the MEPIC involving a missing adult age 26 years or older who is suspected by a law enforcement agency of being endangered or the victim of criminal activity; and
- Make a request to the MEPIC for the activation of a state Silver Alert involving a missing adult if circumstances regarding the disappearance have met the criteria for activation of the Silver Alert Plan.

The person responsible for notifying the MEPIC or a law enforcement agency about a missing endangered person must immediately notify the MEPIC or the agency of any child or adult whose location has been determined.

The law enforcement agency having jurisdiction over a case involving a missing endangered person must, upon locating the child or adult, immediately purge information about the case from the FCIC or the NCIC databases and notify the MEPIC.

The FDLE notes: “While there are no provisions that specifically define “missing person with special needs” or identify a particular protocol regarding such individuals under any section of Chapter 937 Missing Person Investigations, the Missing Endangered Persons Information Clearinghouse (MEPIC) currently includes within its processes of reporting missing endangered persons any missing individual with any special needs (i.e. any persons with autism spectrum disorder, developmental disability, Alzheimer’s disease or other form of dementia, or any other such disease or condition), or any person missing and suspected by a law enforcement agency of being endangered due to any circumstance or status of being. (see F.S. 937.0201(4)(c)).”<sup>5</sup>

### **Civil Immunity Relating to Missing Persons Reporting**

Law enforcement agencies that receive a report of a missing child, missing adult, or missing endangered person must submit information about the report to other local law enforcement agencies and to the FDLE.<sup>6</sup> In an effort to locate the missing person, the law enforcement agency that originally received the report may request other specified entities (e.g., the FDLE, local law enforcement entities, radio and television networks, etc.) to broadcast information about the missing person to the public.<sup>7</sup>

Currently, specified persons or entities responding to such requests are granted immunity from civil liability if the broadcasted information relates to a missing adult, missing child, or a missing

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<sup>5</sup> Analysis of SB 330 (January 28, 2015), Florida Department of Law Enforcement (on file with the Senate Committee on Criminal Justice). This analysis is further cited as “FDLE Analysis of SB 330.”

<sup>6</sup> Sections 937.021 and 937.022, F.S.

<sup>7</sup> The decision to record, report, transmit, display, or release information is discretionary with the agency, employee, individual, or entity receiving the information. Section 937.021(5)(e), F.S.

adult who meets the criteria for activation of the Silver Alert Plan.<sup>8</sup> Current law does not specifically provide such civil immunity from damages to persons or entities responding to a request to broadcast information relating to a missing person with special needs (as defined in the bill).

### III. Effect of Proposed Changes:

**Section 1** of the bill amends s. 937.0201, F.S., to expand the definition of the term “missing endangered” person to include a “missing person with special needs who is at risk of becoming lost or is prone to wander due to autism spectrum disorder, a developmental disability, or any other disease or condition.” Accordingly, information submitted about missing persons will include information about missing persons with special needs, which will be collected, processed, maintained, and disseminated by the MEPIC.

**Section 2** of the bill amends s. 937.021(5), F.S., to grant immunity from civil liability to certain entities responding to a request to release information concerning a missing person with special needs, as defined in statute. The bill mirrors existing immunity provisions contained in the statute and:

- Affords those entities a legal presumption that they acted in good faith in releasing the missing person with special needs information;
- Specifies that the presumption is not overcome if a technical or clerical error is made by the entity, or if the information that was broadcast is incomplete or incorrect because the information received from the local law enforcement agency was incomplete or incorrect; and
- Specifies that the entity is not obligated to release information regarding a missing person with special needs.

**Section 3** of the bill amends s. 937.022, F.S., relating to the MEPIC. Any person is authorized to submit a missing endangered person report concerning a missing person with special needs to the MEPIC. Before doing so, the person must report the person with special needs missing to the appropriate law enforcement agency in the county where the person with special needs went missing and the agency must enter the missing person with special needs into the FCIC and NCIC databases.

**Section 4** of the bill provided an effective date of July 1, 2015.

### IV. Constitutional Issues:

#### A. Municipality/County Mandates Restrictions:

None.

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<sup>8</sup> These entities are afforded a legal presumption that they acted in good faith in broadcasting the missing person information. This presumption is not overcome if a technical or clerical error is made by any entity acting at the request of the local law enforcement agency, or if the missing child, missing adult, or Silver Alert information is incomplete or incorrect because the information received from the local law enforcement agency was incomplete or incorrect. Section 937.021(5), F.S.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

**V. Fiscal Impact Statement:**

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The FDLE would incur costs to modify their existing database. The cost would be \$215,460.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

The FDLE states “[e]xisting definitions in 937.0201(4)(a), (b), (c), and (d), capture all missing persons, children and adults, that may be endangered. Additionally, the Florida Crime Information Center defines missing categories of ‘Disabled’ or ‘Endangered’ to specifically identify missing disabled individuals.”<sup>9</sup> The department also “currently issues Missing Child Alerts for all missing children with an autism spectrum disorder.” The FDLE further comments that “[s]pecifying individual types of disabilities and circumstances that may limit an individual’s capacity for self-care, ability to make sound choices, seeking help when needed, or protect themselves from harm in statute may result in unintended consequences of restricting certain missing person investigative services from others who do not meet the proposed, specified criteria, but who are nonetheless missing and endangered.”

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<sup>9</sup> *Id.*



**VIII. Statutes Affected:**

This bill substantially amends the following sections of the Florida Statutes: 937.0201, 937.021, and 937.022.

**IX. Additional Information:**

- A. **Committee Substitute – Statement of Substantial Changes:**  
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

**CS by Criminal Justice on March 2, 2015:**

- Removes provisions relating to electronic monitoring of certain persons with special needs.
- Removes a provision requiring the Criminal Justice Standards and Training Commission to incorporate training of law enforcement officers in the retrieval of missing persons with special needs.

- B. **Amendments:**

None.



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LEGISLATIVE ACTION

Senate

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House

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The Committee on Children, Families, and Elder Affairs (Dean)  
recommended the following:

**Senate Amendment (with title amendment)**

Delete everything after the enacting clause  
and insert:

Section 1. Section 937.041, Florida Statutes, is created to  
read:

937.041 Missing person with special needs pilot program.-

(1) There is created a pilot program in Baker, Columbia,  
Hamilton, and Suwannee Counties to be known as Project Leo for  
the purpose of providing personal assistive technology devices



11 to aid search and rescue efforts for persons with special needs  
12 in the case of elopement.

13 (2) Participants for the pilot program shall be selected  
14 based on criteria developed by the Center for Autism and Related  
15 Disabilities at the University of Florida. Criteria for  
16 participation must include, at a minimum, the individual's risk  
17 of elopement. The qualifying participants shall be selected on a  
18 first-come, first-served basis by the center to the extent of  
19 available funding within the center's existing resources. The  
20 pilot program shall be voluntary and free to participants.

21 (3) Under the pilot program, personal devices to aid search  
22 and rescue efforts that are attachable to clothing or otherwise  
23 worn shall be provided by the center to the sheriff's offices of  
24 the participating counties. The devices shall be distributed to  
25 participants by the county sheriff's offices in conjunction with  
26 the center. The center shall fund any costs associated with  
27 monitoring the devices.

28 (4) The center shall submit a preliminary report by  
29 December 1, 2015, and a final report by December 15, 2016, to  
30 the Governor, the President of the Senate, and the Speaker of  
31 the House of Representatives describing the implementation and  
32 operation of the pilot program. At a minimum, the report must  
33 include the criteria used to select participants, the number of  
34 participants, the age of the participants, the nature of the  
35 participants' special needs, the number of participants who  
36 elope, the amount of time taken to rescue participants following  
37 elopement, and the outcome of any rescue attempts. The final  
38 report must also provide recommendations for modification or  
39 continued implementation of the pilot program.



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40           (5) The pilot program shall operate to the extent of  
41 available funding within the center's existing resources.

42           (6) This section expires June 30, 2017.

43           Section 2. This act shall take effect July 1, 2015.

44 ===== T I T L E   A M E N D M E N T =====

45 And the title is amended as follows:

46           Delete everything before the enacting clause  
47 and insert:

48   A bill to be entitled  
49           An act relating to missing persons with special needs;  
50           creating s. 937.041, F.S.; establishing a pilot  
51           program in specified counties for the purpose of  
52           providing personal assistive technology devices to  
53           persons with special needs to aid in certain search  
54           and rescue efforts; providing for administration of  
55           the pilot program; requiring submittal of certain  
56           reports to the Governor and the Legislature by  
57           specified dates; providing for expiration of the pilot  
58           program; providing an effective date.

By the Committee on Criminal Justice; and Senator Dean

591-01821-15

2015330c1

1 A bill to be entitled  
 2 An act relating to missing persons with special needs;  
 3 amending s. 937.0201, F.S.; revising the definition of  
 4 the term "missing endangered person" to include  
 5 certain persons with special needs; amending s.  
 6 937.021, F.S.; providing immunity from civil liability  
 7 for certain persons who comply with a request to  
 8 release information concerning missing persons with  
 9 special needs to appropriate agencies; providing a  
 10 presumption that a person recording, reporting,  
 11 transmitting, displaying, or releasing such  
 12 information acted in good faith; amending s. 937.022,  
 13 F.S.; specifying who may submit a report concerning a  
 14 missing person with special needs; providing an  
 15 effective date.

16  
 17 Be It Enacted by the Legislature of the State of Florida:

18  
 19 Section 1. Paragraphs (c) and (d) of subsection (4) of  
 20 section 937.0201, Florida Statutes, are amended, and paragraph  
 21 (e) is added to that subsection, to read:

22 937.0201 Definitions.—As used in this chapter, the term:

23 (4) "Missing endangered person" means:

24 (c) A missing adult 26 years of age or older who is  
 25 suspected by a law enforcement agency of being endangered or the  
 26 victim of criminal activity; ~~or~~

27 (d) A missing adult who meets the criteria for activation  
 28 of the Silver Alert Plan of the Department of Law Enforcement;  
 29 or

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**CODING:** Words ~~stricken~~ are deletions; words underlined are additions.

591-01821-15

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30 (e) A missing person with special needs who is at risk of  
 31 becoming lost or is prone to wander due to autism spectrum  
 32 disorder, a developmental disability, or any other disease or  
 33 condition.

34 Section 2. Present paragraphs (d) and (e) of subsection (5)  
 35 of section 937.021, Florida Statutes, are amended, and a new  
 36 paragraph (d) is added to that subsection, to read:

37 937.021 Missing child and missing adult reports.—

38 (5)

39 (d) Upon receiving a request to record, report, transmit,  
 40 display, or release information about a missing person with  
 41 special needs, as described in s. 937.0201(4)(e), from the law  
 42 enforcement agency having jurisdiction over the missing person,  
 43 the Department of Law Enforcement, any state or local law  
 44 enforcement agency, and the personnel of these agencies; any  
 45 radio or television network, broadcaster, or other media  
 46 representative; any dealer of communications services as defined  
 47 in s. 202.11; or any agency, employee, individual, or entity is  
 48 immune from civil liability for damages for complying in good  
 49 faith with the request and is presumed to have acted in good  
 50 faith in recording, reporting, transmitting, displaying, or  
 51 releasing information pertaining to the missing person with  
 52 special needs.

53 (e)-(d) The presumption of good faith is not overcome if a  
 54 technical or clerical error is made by any agency, employee,  
 55 individual, or entity acting at the request of the local law  
 56 enforcement agency having jurisdiction, ~~or~~ if the information  
 57 regarding an Amber Alert, Missing Child Alert, Silver Alert,  
 58 missing child information, missing adult information, or missing

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**CODING:** Words ~~stricken~~ are deletions; words underlined are additions.

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59 person with special needs Silver Alert information is incomplete  
60 or incorrect because the information received from the local law  
61 enforcement agency was incomplete or incorrect.

62 ~~(f)(e)~~ Neither this subsection nor any other provision of  
63 law creates a duty of the agency, employee, individual, or  
64 entity to record, report, transmit, display, or release the  
65 information regarding an Amber Alert, Missing Child Alert,  
66 Silver Alert, missing child information, missing adult  
67 information, or missing person with special needs Silver Alert  
68 information received from the local law enforcement agency  
69 having jurisdiction. The decision to record, report, transmit,  
70 display, or release information is discretionary with the  
71 agency, employee, individual, or entity receiving the  
72 information.

73 Section 3. Paragraph (b) of subsection (3) of section  
74 937.022, Florida Statutes, is amended to read:

75 937.022 Missing Endangered Persons Information  
76 Clearinghouse.—

77 (3) The clearinghouse shall:

78 (b) Provide a centralized file for the exchange of  
79 information on missing endangered persons.

80 1. Every state, county, or municipal law enforcement agency  
81 shall submit to the clearinghouse information concerning missing  
82 endangered persons.

83 2. Any person having knowledge may submit a missing  
84 endangered person report to the clearinghouse concerning a  
85 child, an ~~or~~ adult younger than 26 years of age, or a person  
86 with special needs, as described in s. 937.0201(4)(e), whose  
87 whereabouts are ~~is~~ unknown, regardless of the circumstances,

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88 subsequent to reporting such child, ~~or~~ adult, or person with  
89 special needs missing to the appropriate law enforcement agency  
90 within the county in which the child, ~~or~~ adult, or person with  
91 special needs went ~~became~~ missing, and subsequent to entry by  
92 the law enforcement agency of the child or person into the  
93 Florida Crime Information Center and the National Crime  
94 Information Center databases. The missing endangered person  
95 report shall be included in the clearinghouse database.

96 3. Only the law enforcement agency having jurisdiction over  
97 the case may submit a missing endangered person report to the  
98 clearinghouse involving a missing adult age 26 years or older  
99 who is suspected by a law enforcement agency of being endangered  
100 or the victim of criminal activity.

101 4. Only the law enforcement agency having jurisdiction over  
102 the case may make a request to the clearinghouse for the  
103 activation of a state Silver Alert involving a missing adult if  
104 circumstances regarding the disappearance have met the criteria  
105 for activation of the Silver Alert Plan.

106 Section 4. This act shall take effect July 1, 2015.

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**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

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Prepared By: The Professional Staff of the Committee on Children, Families, and Elder Affairs

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BILL: CS/SB 344

INTRODUCER: Education Pre-K - 12 Committee and Senator Sobel

SUBJECT: Mental Health Education

DATE: April 3, 2015

REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Bailey</u>	<u>Klebacha</u>	<u>ED</u>	<u>Fav/CS</u>
2.	<u>Crosier</u>	<u>Hendon</u>	<u>CF</u>	<u>Pre-meeting</u>
3.	_____	_____	<u>AED</u>	_____
4.	_____	_____	<u>AP</u>	_____

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**Please see Section IX. for Additional Information:**

COMMITTEE SUBSTITUTE - Substantial Changes

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**I. Summary:**

CS/SB 344 requires the Department of Education to provide each public school district with comprehensive information to maximize federal and private grants for mental health education, awareness, and training, or similar programs.

The department must post information on the front page of the website, provide annual notification of available federal and private grants, send information to school districts electronically, provide assistance upon request, and encourage school districts to research and apply for grants. The department must have information available to districts no later than September 30, 2015, and annually thereafter.

The bill takes effect on July 1, 2015.

**II. Present Situation:**

Untreated behavioral health disorders constitute major health problems, are an economic burden, and place demands on juvenile and adult criminal justice, child welfare, and health care systems.<sup>1</sup> One in four families has at least one member suffering from mental illness.<sup>2</sup> About 12

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<sup>1</sup> Section 394.9082, F.S.

<sup>2</sup> *Mental Illness: The Invisible Menace: More impacts and facts*, <http://www.mentalmenace.com/impactsfacts.php> (last visited April 5, 2015).

million children under the age of 18 suffer from mental disorders.<sup>3</sup> In addition, suicide is the third leading cause of death for people between the ages of 15 and 24.<sup>4</sup>

### **Current Legislative Findings and Intent**

The Legislature finds that behavioral health disorders respond to appropriate treatment, rehabilitation, and supportive intervention.<sup>5</sup> It is the intent of the Legislature to recommend that mental health programs and services are available to help support and strengthen families so the family can more adequately meet the mental health needs of the family's child or adolescent.<sup>6</sup> Current law provides for support services, that are integrated and linked with schools, residential child-caring agencies, and other child related agencies and programs, to be available for children and adolescents.<sup>7</sup> Community-based networks work to educate people to recognize emotional disturbance in children and adolescents and provide information for obtaining access to appropriate treatment and support services.<sup>8</sup>

### **Mental Health Program**

The state mental health program provides services to reduce the occurrence and disabling effects of mental health problems.<sup>9</sup> State funded mental health services are provided through the Department of Children and Families and serve nearly 200,000 individuals in four client groups.<sup>10</sup> The program serves:<sup>11</sup>

- Adults with a mental illness who live in the community;
- Children with emotional disturbances;
- Adults served in mental health treatment facilities; and
- Sexually violent predators.

The Department of Children and Families (DCF) provides a comprehensive statewide service program of mental health, including community services, receiving and treatment facilities, child services, research, and training.<sup>12</sup> Private, non-profit mental health centers provide community-based mental health services through a contract with regional behavioral health managing entities.<sup>13</sup> Institutional services are provided at six mental health treatment facilities, three of which are operated by DCF and three of which are operated under contract with providers.<sup>14</sup>

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<sup>3</sup> *Id.*

<sup>4</sup> *Id.*

<sup>5</sup> Section 394.9082, F.S.

<sup>6</sup> Section 394.491(8), F.S.

<sup>7</sup> Section 394.491(9), F.S.

<sup>8</sup> Section 394.491(14), F.S.

<sup>9</sup> Section 394.453, F.S.

<sup>10</sup> OPPAGA, *FGAR, DCF Mental Health Services Program*, available at <http://www.oppaga.state.fl.us/profiles/5045/>.

<sup>11</sup> *Id.*

<sup>12</sup> Section 394.457(2)(a), F.S.

<sup>13</sup> OPPAGA, *FGAR, DCF Mental Health Services Program*, available at <http://www.oppaga.state.fl.us/profiles/5045/>.

<sup>14</sup> *Id.*



### ***Children's Mental Health Program***

Currently, the Children's Mental Health Program coordinates a network of community-based services and support that is youth-guided and family-driven to produce individualized, evidence-based, culturally, and linguistically competent outcomes for children and families.<sup>15</sup>

The program provides funding for in-home and community based services, and provides for the coordination and management of the Juvenile Incompetent to Proceed Program<sup>16</sup> to help provide a smooth transition from the children's mental health to the adult mental health system for continued age-appropriate services and supports.<sup>17</sup>

### **Substance Abuse Program**

The state substance abuse program is designed to support the prevention and remediation of substance abuse through the provision of a comprehensive system of prevention, detoxification, and treatment services to assist individuals at risk for or affected by substance abuse.<sup>18</sup>

Both the United States Congress and the Florida Legislature have recognized that substance abuse is a major health problem that leads to profoundly disturbing consequences, such as serious impairment, chronic addiction, criminal behavior, injury, and death, and contributes to spiraling health care costs.<sup>19</sup> Substance abuse impairment is a disease which affects the whole family, as well as the community, and requires effective, specialized prevention, intervention, and treatment services.<sup>20</sup>

The substance abuse program provides services to individuals to reduce the occurrence, severity, and disabling effects of substance abuse problems.<sup>21</sup> Substance abuse prevention, treatment, and other services are provided through nonprofit managing entities<sup>22</sup> to oversee networks of community-based providers.<sup>23</sup> Major functions of the substance abuse program are planning, policy development, implementation and administration, administration of funds, provision of a comprehensive and integrated system of care, and the regulation of substance abuse services and treatment facilities.<sup>24</sup>

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<sup>15</sup> Florida Department of children and Families, *Children's Mental Health*, available at <http://www.myflfamilies.com/service-programs/mental-health/childrens-mental-health-services>.

<sup>16</sup> Florida's Juvenile Incompetent to Proceed Program provides competency restoration services to juveniles who have been charged with a felony prior to their 18<sup>th</sup> birthday and do not have the ability to participate in legal proceedings due to their mental illness, mental retardation, or autism.

<sup>17</sup> Florida Department of children and Families, *Children's Mental Health*, available at <http://www.myflfamilies.com/service-programs/mental-health/childrens-mental-health-services>.

<sup>18</sup> Florida Department of Children and Families, *Program Information*, available at <http://www.myflfamilies.com/service-programs/substance-abuse/program-information>.

<sup>19</sup> OPPAGA, *FGAR, DCF Substance Abuse Program* (May 2014), available at <http://www.oppaga.state.fl.us/profiles/5057/>.

<sup>20</sup> *Id.*

<sup>21</sup> *Id.*

<sup>22</sup> Section 394.9082, F.S.

<sup>23</sup> Florida Department of Children and Families, *Managing Entities*, available at <http://www.myflfamilies.com/service-programs/substance-abuse/managing-entities>.

<sup>24</sup> OPPAGA, *FGAR, DCF Substance Abuse Program* (May 2014), available at <http://www.oppaga.state.fl.us/profiles/5057/>.

The substance abuse program services for adults and children include:<sup>25</sup>

- Prevention services;
- Intervention services;
- Assessment services;
- Residential treatment;
- Non-residential treatment; and
- Detoxification services.

### **III. Effect of Proposed Changes:**

CS/SB 344 requires the Department of Education to provide each public school district with comprehensive information to maximize federal and private grants for mental health education, awareness, and training, or similar programs.

The bill requires the Department of Education to provide information on mental health education, awareness, and training by:

- Posting information on the front page of website;
- Providing annual notification of available federal and private grants;
- Sending information to school districts electronically;
- Providing assistance upon request;
- Encouraging school districts to do research and apply for grants; and
- Requiring the department to have information available to school districts no later than September 30, 2015, and annually thereafter.

The bill takes effect on July 1, 2015.

### **IV. Constitutional Issues:**

#### **A. Municipality/County Mandates Restrictions:**

None.

#### **B. Public Records/Open Meetings Issues:**

None.

#### **C. Trust Funds Restrictions:**

None.

### **V. Fiscal Impact Statement:**

#### **A. Tax/Fee Issues:**

None.

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<sup>25</sup> *Id.*

**B. Private Sector Impact:**

None.

**C. Government Sector Impact:**

None.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill creates an undesignated section of the Florida law.

**IX. Additional Information:****A. Committee Substitute – Statement of Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

**CS by Education Pre-K – 12 on March 31, 2015:**

- The CS:
  - Modifies the title from “an act relating to the establishment of a mental health first aid training program” to “an act relating to mental health education.”
  - Removes prescriptive provisions requiring the Department of Education to establish a mental health first aid training program and contract with a statewide association.
  - Removes the appropriation of \$300,000.
  - Adds requirements for the Department of Education to provide information on federal and private grants for mental health education, awareness, and training, or similar programs to school districts and post information on its website.

**B. Amendments:**

None.

By the Committee on Education Pre-K - 12; and Senator Sobel

581-03239-15

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A bill to be entitled

An act relating to mental health education; requiring the Department of Education to provide public school districts with information to maximize grants for mental health education, awareness, and training; requiring the department to post such information on its website and to provide annual electronic notification of such grants to school districts; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. The Department of Education shall provide each public school district with comprehensive information to maximize federal and private grants for mental health education, awareness, and training, or similar programs no later than September 30, 2015, and annually thereafter. The Department of Education shall post this information on the front page of its website and provide annual notification of available grants to school districts electronically. The department shall be available for further assistance upon request. School districts are encouraged to do research and apply for these grants to enhance and improve the well-being of students throughout Florida's public education system.

Section 2. This act shall take effect July 1, 2015.

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

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Prepared By: The Professional Staff of the Committee on Children, Families, and Elder Affairs

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**BILL:** CS/SB 476

**INTRODUCER:** Health Policy Committee and Senator Grimsley

**SUBJECT:** Mental Health

**DATE:** April 3, 2015                      **REVISED:** \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Harper	Stovall	HP	<b>Fav/CS</b>
2.	Crosier	Hendon	CF	<b>Pre-meeting</b>
3.			RC	

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**Please see Section IX. for Additional Information:**  
COMMITTEE SUBSTITUTE - Substantial Changes

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**I. Summary:**

CS/SB 476 increases the qualifications for a psychiatric nurse acting pursuant to the Baker Act. The bill requires a psychiatric nurse to be an advanced registered nurse practitioner certified under s. 464.012, F.S., and to hold a national advanced practice certification as a psychiatric-mental health advanced practice nurse.

The bill authorizes expanded practice for a psychiatric nurse performing within the framework of a protocol with a psychiatrist. Such psychiatric nurses may examine a patient for whom involuntary examination has been initiated at a receiving facility.

The bill authorizes psychiatric nurses to release Baker Act patients from involuntary examination in a receiving facility only if the receiving facility is owned or operated by a hospital or health system and the psychiatric nurse is performing within the framework of an established protocol with a psychiatrist. A psychiatric nurse may only release a patient whose involuntary examination was initiated by a psychiatrist upon approval of that psychiatrist.

These modifications to the Baker Act are expected to ease staffing constraints at receiving facilities so that patients who are appropriate for release are timely released, thereby expanding capacity for others needing involuntary examination.

The bill provides an effective date of July 1, 2015.

## II. Present Situation:

### The Florida Mental Health Act

In 1971, the Florida Legislature passed the Florida Mental Health Act (also known as “The Baker Act”) to address mental health needs in the state.<sup>1</sup> Part I of ch. 394, F.S., provides authority and process for the voluntary and involuntary examination of persons with evidence of a mental illness and the subsequent inpatient or outpatient placement of individuals for treatment.

Current law provides that an involuntary examination may be initiated for a person if there is reason to believe the person has a mental illness and because of the illness:<sup>2</sup>

- The person has refused a voluntary examination after explanation of the purpose of the exam, or is unable to determine for themselves that an examination is needed; and
- The person is likely to suffer from self-neglect, cause substantial harm to himself or herself, or be a danger to himself or herself or others.

An involuntary examination may be initiated by a circuit court or a law enforcement officer.<sup>3</sup> A circuit court may enter an ex parte order stating a person meets the criteria for involuntary examination. A law enforcement officer, as defined in s. 943.10, F.S., may take a person into custody who appears to meet the criteria for involuntary examination and transport that person to a receiving facility for examination. In addition, the following professionals, when they have examined a person within the preceding 48 hours, may issue a certificate stating that the person meets the criteria for involuntary examination:<sup>4</sup>

- A physician licensed under ch. 458, F.S., or ch. 459, F.S., who has experience in the diagnosis and treatment of mental and nervous disorders.
- A physician employed by a facility operated by the United States Department of Veterans Affairs which qualifies as a receiving or treatment facility.
- A clinical psychologist, as defined in s. 490.003(7), F.S., with 3 years of postdoctoral experience in the practice of clinical psychology, inclusive of the experience required for licensure, or a psychologist employed by a facility operated by the United States Department of Veterans Affairs that qualifies as a receiving or treatment facility.
- A psychiatric nurse licensed under part I of ch. 464, F.S., who has a master’s degree or a doctorate in psychiatric nursing and 2 years of post-master’s clinical experience under the supervision of a physician.
- A mental health counselor licensed under ch. 491, F.S.
- A marriage and family therapist licensed under ch. 491, F.S.
- A clinical social worker licensed under ch. 491, F.S.

The Department of Children and Families (DCF) administers the Baker Act through receiving facilities which provide for the examination of persons with evidence of a mental illness.

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<sup>1</sup> Section 1, ch. 71-131, L.O.F.

<sup>2</sup> Section 394.463(1), F.S.

<sup>3</sup> Section 394.463(2)(a), F.S.

<sup>4</sup> *Id.* and s. 394.455, F.S.

Receiving facilities are designated by DCF and may be public or private facilities which provide the examination and short-term treatment of persons who meet criteria under the Baker Act.<sup>5</sup>

A patient taken to a receiving facility must be examined by a physician or clinical psychologist. Upon the order of a physician, the patient may be given emergency treatment if it is determined that such treatment is necessary.<sup>6</sup> Subsequent to examination at a receiving facility, a person who requires further treatment may be transported to a treatment facility. Treatment facilities designated by DCF are state hospitals (e.g., Florida State Hospital) which provide extended treatment and hospitalization beyond what is provided in a receiving facility.<sup>7</sup>

To be released by the receiving facility, the patient must have documented approval from a psychiatrist, clinical psychologist, or, if the receiving facility is a hospital, by an attending emergency department physician.<sup>8</sup> The statute does not allow the release of a patient by a psychiatric nurse. However, receiving facilities are prohibited from holding a patient for involuntary examination for longer than 72 hours.<sup>9</sup>

### **Psychiatric Nurses**

In Florida, a psychiatric nurse is a registered nurse licensed under part I of ch. 464, F.S., who has a master's degree or a doctorate in psychiatric nursing and 2 years of post-master's clinical experience under the supervision of a physician.<sup>10</sup> Currently, there are 590 psychiatric nurses in Florida.<sup>11</sup>

### ***Psychiatric–Mental Health Nurse Practitioner Certification***

In Florida, psychiatric nurses are not required to hold a national advanced practice certification. However, if a nurse chooses to become certified as a Psychiatric–Mental Health Nurse Practitioner, he or she must meet certain eligibility requirements as determined by the American Nurses Credentialing Center (ANCC). To be eligible for national certification an individual must:<sup>12</sup>

- Hold a current, active RN license;
- Hold a master's, postgraduate, or doctoral degree from an accredited family psychiatric-mental health nurse practitioner program;
- Have a minimum of 500 faculty-supervised clinical hours in the nursing program;
- Complete specified graduate-level courses; and
- Complete clinical training in at least two psychotherapeutic treatment modalities.

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<sup>5</sup> Section 394.455(26), F.S.

<sup>6</sup> Section 394.463(2)(f), F.S.

<sup>7</sup> Section 394.455(32), F.S.

<sup>8</sup> Section 394.463(2)(f), F.S.

<sup>9</sup> *Id.*

<sup>10</sup> Section 394.455(23), F.S.

<sup>11</sup> Florida House of Representatives, Health & Human Services Committee, *CS/CS/HB 335 Staff Analysis*, (Mar. 16, 2015), available at <http://www.flsenate.gov/Session/Bill/2015/0335/?Tab=Analyses> (last visited April 5, 2015).

<sup>12</sup> American Nurses Credentialing Center; Psychiatric-Mental Health Nurse Practitioner Certification Eligibility Criteria, (2014), available at <http://www.nursecredentialing.org/FamilyPsychNP-Eligibility.aspx> (last visited April 5, 2015).

Eligible candidates may take a national certification examination developed by the ANCC. If certified, the individual must provide 1,000 clinical hours of patient care and log 75 hours of continuing education every 5 years. Certified psychiatric nurses must be recertified every 5 years.<sup>13</sup>

### **Advanced Registered Nurse Practitioners**

Part I of ch. 464, F.S., governs the licensure and regulation of nurses in Florida. Nurses are licensed by the Department of Health (DOH) and are regulated by the Board of Nursing (board). Licensure requirements to practice advanced and specialized nursing include completion of education requirements,<sup>14</sup> demonstration of passage of a DOH approved examination, a clean criminal background screening, and payment of applicable fees. Renewal is biennial and contingent upon completion of certain continuing medical education requirements. For an applicant to be eligible to be certified as an ARNP, the applicant must:<sup>15</sup>

- Hold a current, active registered nurse (RN) license;
- Hold a master's degree in a nursing clinical specialty area with preparation in specialized practitioner skills; and
- Submit proof to the board that the applicant holds a current national advanced practice certification from a board-approved nursing specialty board.

Current law defines three categories of ARNPs: certified registered nurse anesthetists, certified nurse midwives, and nurse practitioners.<sup>16</sup> All ARNPs, regardless of practice category, may only practice within the framework of an established protocol and under the supervision of an allopathic or osteopathic physician or a dentist.<sup>17</sup>

ARNPs may carry out treatments as specified in statute, including:<sup>18</sup>

- Monitoring and altering drug therapies;
- Initiating appropriate therapies for certain conditions;
- Performing additional functions as may be determined by rule in accordance with s. 464.003(2), F.S.; and
- Ordering diagnostic tests and physical and occupational therapy.

In addition to the above allowed acts, ARNPs may also perform other acts as authorized by statute and within his or her specialty.<sup>19</sup> Further, if it is within the ARNPs established protocol, the ARNP may evaluate behavioral problems, diagnose, and make treatment recommendations.<sup>20</sup>

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<sup>13</sup> American Nurses Credentialing Center, *FAQs about Advanced Practice Psychiatric Nurses*, (2009) available at <http://www.apna.org/i4a/pages/index.cfm?pageid=3866> (last visited April 5, 2015).

<sup>14</sup> Rule 64B9-4.003, F.A.C., provides that an Advanced Nursing Program shall be at least 1 year long and shall include theory in the biological, behavioral, nursing and medical sciences relevant to the area of advanced practice in addition to clinical expertise with a qualified preceptor.

<sup>15</sup> Section 464.012(1), F.S., and Rule 64B9-4.002, F.A.C.

<sup>16</sup> Section 464.012(2), F.S.

<sup>17</sup> Section 464.012(3), F.S.

<sup>18</sup> *Id.*

<sup>19</sup> Section 464.012(4), F.S.

<sup>20</sup> Section 464.012(4)(c)5, F.S.



### III. Effect of Proposed Changes:

**Section 1** amends s. 394.455, F.S., by redefining “psychiatric nurse” to mean:

An advanced registered nurse practitioner certified under s. 464.012, F.S., who has a master’s degree or doctoral degree in psychiatric nursing, holds a national advanced practice certification as a psychiatric-mental health advanced practice nurse, and has 2 years of post-master’s clinical experience under the supervision of a physician.

A psychiatric nurse is currently authorized in part I of ch. 394, F.S., to perform:

- Assessment of a mental health resident and determination of appropriateness for the mental health resident to reside in an assisted living facility that holds a limited mental health license.<sup>21</sup>
- Initiation of an involuntary examination by executing a certificate stating that he or she has examined a person within the preceding 48 hours and finds that the person appears to meet the criteria for involuntary examination and stating the observations upon which that conclusion is based.<sup>22</sup>
- Providing a second opinion in support of a recommendation for involuntary outpatient placement of a patient if the receiving facility is in a county having a population of fewer than 50,000 and a facility administrator certifies that a psychiatrist or clinical psychologist is not available to provide the second opinion.<sup>23</sup>
- Deeming services in an involuntary outpatient treatment plan to be clinically appropriate.<sup>24</sup>
- Providing a second opinion in support of a recommendation for involuntary inpatient placement of a patient if the receiving facility is in a county having a population of fewer than 50,000 and a facility administrator certifies that a psychiatrist or clinical psychologist is not available to provide the second opinion.<sup>25</sup>

These functions will now be performed by an ARNP who holds a national advanced practice certification as a psychiatric-mental health advanced practice nurse.

**Section 2** amends s. 394.463, F.S., to authorize psychiatric nurses to examine patients at a receiving facility and to approve the release of patients from a receiving facility within the framework of a protocol with a psychiatrist. This provision adds psychiatric nurses to the limited group of health care providers who may release a patient from a receiving facility.

A psychiatric nurse may approve the release of a patient from a receiving facility only if the receiving facility is owned or operated by a hospital or health system and the psychiatric nurse is performing within the framework of an established protocol with a psychiatrist. A psychiatric nurse may not approve the release of a patient when the involuntary examination has been initiated by a psychiatrist unless the release is approved by the initiating psychiatrist.

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<sup>21</sup> Section 394.4574, F.S.

<sup>22</sup> Section 394.463, F.S.

<sup>23</sup> Section 394.4655(2)(a)1, F.S.

<sup>24</sup> Section 394.4655(2)(a)3, F.S.

<sup>25</sup> Section 394.467(2), F.S.

**Section 3** provides an effective date of July 1, 2015.

**IV. Constitutional Issues:**

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

**V. Fiscal Impact Statement:**

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Current psychiatric nurses who are not ARNPs and/or not certified as psychiatric-mental health advanced practice nurses will incur costs in order to attain the required certification(s).

C. Government Sector Impact:

None.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill substantially amends the following sections of the Florida Statutes: 394.455 and 394.463.

**IX. Additional Information:**

- A. **Committee Substitute – Statement of Substantial Changes:**  
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

**CS by Health Policy on March 23, 2015**

The CS reinstates the term “psychiatric nurse” and revises the definition of “psychiatric nurse.” The CS authorizes a psychiatric nurse performing within the framework of an established protocol with a psychiatrist to examine a patient in a receiving facility and approve release of a patient from a receiving facility if the receiving facility is owned and operated by a hospital or a health system. The CS provides that a psychiatric nurse may not approve the release of a patient when the involuntary examination has been initiated by a psychiatrist unless the release is approved by the initiating psychiatrist.

- B. **Amendments:**

None.

By the Committee on Health Policy; and Senator Grimsley

588-02741A-15

2015476c1

1 A bill to be entitled  
 2 An act relating to mental health; amending s. 394.455,  
 3 F.S.; redefining the term "psychiatric nurse";  
 4 amending s. 394.463, F.S.; adding a psychiatric nurse  
 5 as a person at a receiving facility authorized to  
 6 perform a required examination of certain patients;  
 7 prohibiting the release of a patient from a receiving  
 8 facility that is owned or operated by a hospital or  
 9 health system without specified approvals; authorizing  
 10 the release of a patient by a psychiatric nurse under  
 11 certain circumstances; prohibiting a psychiatric nurse  
 12 from releasing a patient if the involuntary  
 13 examination was initiated by a psychiatrist without  
 14 the psychiatrist's approval; providing an effective  
 15 date.  
 16  
 17 Be It Enacted by the Legislature of the State of Florida:  
 18  
 19 Section 1. Subsection (23) of section 394.455, Florida  
 20 Statutes, is amended to read:  
 21 394.455 Definitions.—As used in this part, unless the  
 22 context clearly requires otherwise, the term:  
 23 (23) "Psychiatric nurse" means an advanced a registered  
 24 nurse practitioner certified under s. 464.012 who has a master's  
 25 or doctoral degree in psychiatric nursing, holds a national  
 26 advanced practice certification as a psychiatric-mental health  
 27 advanced practice nurse, licensed under part I of chapter 464  
 28 who has a master's degree or a doctorate in psychiatric nursing  
 29 and has 2 years of post-master's clinical experience under the

Page 1 of 2

**CODING:** Words ~~stricken~~ are deletions; words underlined are additions.

588-02741A-15

2015476c1

30 supervision of a physician.  
 31 Section 2. Paragraph (f) of subsection (2) of section  
 32 394.463, Florida Statutes, is amended to read:  
 33 394.463 Involuntary examination.—  
 34 (2) INVOLUNTARY EXAMINATION.—  
 35 (f) A patient shall be examined by a physician, ~~a or~~  
 36 clinical psychologist, or a psychiatric nurse performing within  
 37 the framework of an established protocol with a psychiatrist at  
 38 a receiving facility without unnecessary delay and may, upon the  
 39 order of a physician, be given emergency treatment if it is  
 40 determined that such treatment is necessary for the safety of  
 41 the patient or others. The patient may not be released by the  
 42 receiving facility or its contractor without the documented  
 43 approval of a psychiatrist, a clinical psychologist, or, if the  
 44 receiving facility is owned or operated by a hospital or health  
 45 system, the release may also be approved by a psychiatric nurse  
 46 performing within the framework of an established protocol with  
 47 a psychiatrist or an attending emergency department physician  
 48 with experience in the diagnosis and treatment of mental and  
 49 nervous disorders and after completion of an involuntary  
 50 examination pursuant to this subsection. A psychiatric nurse may  
 51 not approve the release of a patient when the involuntary  
 52 examination has been initiated by a psychiatrist unless the  
 53 release is approved by the initiating psychiatrist. However, a  
 54 patient may not be held in a receiving facility for involuntary  
 55 examination longer than 72 hours.  
 56 Section 3. This act shall take effect July 1, 2015.

Page 2 of 2

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**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

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Prepared By: The Professional Staff of the Committee on Children, Families, and Elder Affairs

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BILL: SM 1426

INTRODUCER: Senator Abruzzo

SUBJECT: Supportive Housing for the Elderly Program

DATE: April 3, 2015

REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Hendon	Hendon	CF	<b>Pre-meeting</b>
2.			CA	
3.			RC	

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**I. Summary:**

SM 1426 finds that the elderly population in Florida are in need of affordable housing. The memorial urges the United States Congress to provide adequate funding for the Supportive Housing for the Elderly Program.

**II. Present Situation:**

The Supportive Housing for the Elderly Program is a federal program that provides assistance to expand the supply of housing with supportive services for the elderly.<sup>1</sup> Through the program, the U.S. Department of Housing and Urban Development (HUD) provides capital advances to eligible private, and nonprofit sponsors.<sup>2</sup> The sponsor then supplies the affordable housing. The capital is interest free and does not have to be repaid so long as the housing remains available for very low-income elderly persons for at least 40 years. Project rental assistance covers the difference between the HUD-approved operating cost of the project and the tenants' contributions toward rent. Occupancy is open to very low-income households which include at least one person 62 years of age or older.<sup>3</sup>

The legal authority for the program is contained in section 202 of the Housing Act of 1959 (12 U.S.C. 1701q), as amended by section 210 of the Housing and Community Development Act of 1974 (Public Law 86-372); section 801 of the Cranston-Gonzalez National Affordable

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<sup>1</sup> U.S. Department of Housing and Urban Development website, *available at* [http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/housing/mfh/progdesc/eld202](http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/progdesc/eld202) (last visited April 4, 2015).

<sup>2</sup> Mixed-finance organizations are also eligible. For-profit limited partnerships are eligible if the sole general partner is either a nonprofit organization, or a for-profit corporation wholly owned and controlled by one or more nonprofit organizations, or a limited liability company wholly owned and controlled by one or more nonprofit organizations to finance the development of rental housing with supportive services for the elderly. *Id.*

<sup>3</sup> For the most recent income limits and their calculation methodology, see HUD, *Income Limits*, <http://www.huduser.org/portal/datasets/il.html> (last visited April 4, 2015).

Housing Act (Public Law 101-625); the Housing and Community Development Act of 1992 (Public Law 102-550); the Rescissions Act (Public Law 104-19); the American Homeownership and Economic Opportunity Act of 2000 (Public Law 106-569); the Housing and Economic Recovery Act of 2008 (Public Law 110-289); and section 202 Supportive Housing for the Elderly Act of 2010 (Public Law 111-372). Regulations may be found at 24 CFR part 891.<sup>4</sup>

### **III. Effect of Proposed Changes:**

The memorial urges the United States Congress to provide adequate funding of the Supportive Housing for the Elderly Program. The Legislature finds that the elderly population in Florida needs low-cost housing. Copies of the memorial are to be distributed to the President of the United States, to the President of the United States Senate, to the Speaker of the United States House of Representatives, and to each member of the Florida delegation to the United States Congress.

### **IV. Constitutional Issues:**

#### **A. Municipality/County Mandates Restrictions:**

None.

#### **B. Public Records/Open Meetings Issues:**

None.

#### **C. Trust Funds Restrictions:**

None.

### **V. Fiscal Impact Statement:**

#### **A. Tax/Fee Issues:**

None.

#### **B. Private Sector Impact:**

If federal funding increased, persons needing affordable housing and entities supplying affordable housing would benefit.

#### **C. Government Sector Impact:**

Additional affordable housing would likely reduce the state's costs in other areas assisting the elderly and low income persons.

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<sup>4</sup> *Id.*

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Additional Information:**

**A. Committee Substitute – Statement of Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

**B. Amendments:**

None.

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This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

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By Senator Abruzzo

25-00319A-15

20151426\_\_

1 Senate Memorial  
2 A memorial to the Congress of the United States,  
3 urging Congress to restore and provide adequate  
4 funding for the Supportive Housing for the Elderly  
5 Program.

6  
7 WHEREAS, the senior population nationwide increased  
8 dramatically from 3.1 million in 1900 to 41.4 million in 2011,  
9 and, by 2030, is projected to increase to 70 million, and

10 WHEREAS, more than 50 percent of the senior population  
11 nationwide resides in nine states, including second-ranked  
12 Florida, which, in 2011, had a senior population of 3.4 million,  
13 and

14 WHEREAS, interest rates for personal savings accounts have  
15 dropped to less than one-half of 1 percent, pension and health  
16 care payments for retirees are decreasing, and the value and  
17 security of investments in 401(k) retirement savings accounts  
18 and stocks have dramatically decreased, and

19 WHEREAS, federal funding for low-cost housing for seniors  
20 has been cut drastically, with no new construction funded in  
21 2012, and

22 WHEREAS, thousands of low-income seniors are in immediate,  
23 desperate need for low-cost housing, NOW, THEREFORE,

24  
25 Be It Resolved by the Legislature of the State of Florida:

26  
27 That the Congress of the United States is urged to assist  
28 our nation's low-income seniors by restoring and adequately  
29 funding the Supportive Housing for the Elderly Program.

Page 1 of 2

**CODING:** Words ~~stricken~~ are deletions; words underlined are additions.

25-00319A-15

20151426\_\_

30 BE IT FURTHER RESOLVED that copies of this memorial be  
31 dispatched to the President of the United States, to the  
32 President of the United States Senate, to the Speaker of the  
33 United States House of Representatives, and to each member of  
34 the Florida delegation to the United States Congress.

Page 2 of 2

**CODING:** Words ~~stricken~~ are deletions; words underlined are additions.



There are no documents under this tab.