

Tab 3	SB 720 by Young (CO-INTRODUCERS) Campbell ; (Identical to H 00449) Children's Initiatives
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Tab 4	SB 960 by Baxley ; (Similar to H 00721) Mental Health and Substance Abuse
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The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA

CHILDREN, FAMILIES, AND ELDER AFFAIRS
Senator Garcia, Chair
Senator Torres, Vice Chair

MEETING DATE: Tuesday, January 9, 2018
TIME: 4:00—5:30 p.m.
PLACE: James E. "Jim" King, Jr. Committee Room, 401 Senate Office Building

MEMBERS: Senator Garcia, Chair; Senator Torres, Vice Chair; Senators Broxson, Campbell, and Steube

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	Implementation of SB 12 from the 2016 legislative session and HB 807 from the 2017 legislative session by John Bryant, Assistant Secretary, Department of Children and Families		Discussed
2	Task Force on Involuntary Examination of Minors by John Bryant, Assistant Secretary, Department of Children and Families		Discussed
3	SB 720 Young (Identical H 449)	Children's Initiatives; Creating the Tampa Sulphur Springs Neighborhood of Promise Success Zone within the City of Tampa in Hillsborough County and the Overtown Children and Youth Coalition within the City of Miami in Miami-Dade County; providing for the projects to be managed by not-for-profit corporations that are not subject to control, supervision, or direction by any department of the state, etc. CF 01/09/2018 Favorable CA RC	Favorable Yeas 5 Nays 0
4	SB 960 Baxley (Similar H 721)	Mental Health and Substance Abuse; Deleting a provision requiring the Department of Children and Families to develop a certification process by rule for community substance abuse prevention coalitions; requiring the department to request a defendant's medical information from a county jail within a certain timeframe after receiving a completed commitment packet order and other required documentation, etc. CF 01/09/2018 Fav/CS AHS AP	Fav/CS Yeas 5 Nays 0

Other Related Meeting Documents



SAMH Update to the Senate Children, Families, and Elder Affairs Committee

John N. Bryant, Assistant Secretary
Substance and Abuse and Mental Health

January 9, 2018

SB 12 Implementation



FLORIDA DEPARTMENT
OF CHILDREN AND FAMILIES

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SB 12 Overview

SB 12 is the result of a two-year effort to:

- Reduce barriers identified by law enforcement, courts, and families in accessing mental health and substance abuse treatment
- Develop a system of care that is more responsive to Florida's most vulnerable
- Coordinate care across community agencies
- Address the need for a clearly-identified system of acute-care services with a “no wrong door” concept



Major Provisions

- Defines elements of a system of care
- Changes to Baker and Marchman Acts
- Focuses on care coordination
- Updates Managing Entity (ME) governance
- Requires reports and recommendations
- Changes the Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant Program (Completed)



Receiving Systems

Counties and MEs were required to plan and implement receiving systems that consist of one or more facilities serving a defined geographic area by July 1, 2017.

- Responsible for assessment and evaluation (voluntary and involuntary), and for treatment, stabilization, or triage for individuals with mental health and/or substance use disorders
- Must function as a “no wrong door” model and be accompanied by a transportation plan
- Must make available to first responders an accurate inventory of providers, their capacity and limitations, and transportation plan



Central Receiving Systems Progress

- Created and distributed Behavioral Health Receiving System Plan guidance document to assist counties and MEs
- Plans submitted to and approved by Substance Abuse and Mental Health (SAMH) regional offices
- SAMH headquarters received 67 county-approved transportation plans that are under review, pending DCF's approval



Baker Act and Marchman Act

SB 12 made a number of changes to each statute, including:

- Prohibiting certain individuals from being selected as a person's representative or guardian advocate
- Adding guardian advocates to the Marchman Act
- Changing transportation requirements from nearest receiving facility to a transportation plan supporting the designated receiving system
- Changing and clarifying court procedures



Baker Act and Marchman Act

- DCF contracted with the Florida Mental Health Institute to receive and analyze Baker Act forms on behalf of DCF and prepare the annual report to the Legislature
- DCF contracted with the Florida Certification Board to develop trainings related the changes in the two acts
- Draft proposed rule publication (January 2018)
- Created mandatory Protective Custody form for law enforcement agencies (June 2016)



Care Coordination Progress

- Defined priority populations for care coordination
- Developed a care coordination framework and ME guidance contract document
- Funded a Care Coordination Learning Collaborative for providers and MEs, including 24 teams made up of 120 individuals
- Funded the Florida Alcohol and Drug and Abuse Association to conduct web-based training
- Conducted regional care coordination technical assistance site visits



Care Coordination Implementation

Between January and June 2017, approximately **1,506** individuals were engaged into care coordination. Innovative practices include:

- Developed new service options based on need
- Diverted inpatient admissions through voluntary screenings at the emergency room
- Reallocated existing case management and acute care funds to support care coordination
- Departmental care coordination implementation monitored monthly by the Secretary



Care Coordination Next Steps

- Develop a technical assistance document and webinar for MEs
- Incorporate identified training needs into the annual training plan
- Develop a rating system for ME performance and monitor performance



Remaining Tasks

- Implement new data system, including unique client identifier and new performance measures (Target Date: December 2018)
- Complete administrative rule promulgation to implement statutory changes (Target Date: February 2018)
- Expand adoption and implementation of “no wrong door” system-wide
- Six BA/MA courses and two Reference Guides are under development (Target Date: June 2018)
- Accreditation of MEs (Date: June 2019)



HB 807 Implementation



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HB 807 Overview

- HB 807 addresses unethical practices by recovery residences and substance abuse treatment providers
- DCF is responsible for licensing changes, quality of care issues, and referral components of licensed treatment providers
- Requires accreditation for all substance abuse treatment services
- Classifies violations for licensure using a tiered system
- Authorizes DCF to impose fines for violations



HB 807 Overview

- Expands background screenings to include clinical directors
- Requires DCF to develop standards for minimum staffing ratios and qualifications for all personnel
- Increases penalties for operating without a license
- Strengthens referral requirements to and from a recovery residence



DCF Actions

- Convened an internal DCF workgroup of licensure specialists and attorneys to review and update administrative rules
- Solicited input from community stakeholder groups and DCF regional staff
- Implemented background screening requirement for clinical directors
- Drafted a list of business requirements needed to update the Provider Licensing and Designation System (PLADS)
- Published Notice of Rulemaking



Pending Tasks

- Identify funding for system enhancements to PLADS
- Train DCF staff and providers on new regulations
- Submit a report on further recommendations for staff qualifications and complaints to the Legislature by December 1, 2020



Task Force on Involuntary Examination of Minors



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Task Force Overview

HB 1121 created a task force in DCF to address involuntary examination of minors 17 years and younger and submit a report on their findings. The task force was directed to explore four specific tasks:

- Analyze data on the initiation of involuntary examination of minors;
- Research the root causes of any trends in such involuntary examinations;
- Identify and evaluate options for expediting the examination process; and
- Identify recommendations for encouraging alternatives to and eliminating inappropriate initiations of such examinations.



Task Force Membership

- Membership of the task force includes representatives of law enforcement, mental health providers, agencies, substance abuse providers, the courts, education entities, parents, and other stakeholders



Increases in Involuntary Examinations of Children

- An overall 86% increase in involuntary admission for children between FY 2000-01 through FY 2015-16
- During the same time, Florida's population for the 0-17 age group increased by 11%
- Analysis of the increase in involuntary examinations compared to key events could not be specifically linked or viewed as the causal factors associated with the increase in admissions



Additional Analysis Considered by the Task Force

- Rates of Baker Act examination of minors by age group by county of residence
- Repeated involuntary examination of children
- Relationship between involuntary examination and Department of Juvenile Justice arrest data
- National and Florida trends in involuntary examination
- Prevalence of and factors contributing to emotional and behavioral challenges and well-being among children and teens
- Survey results, key informants, and stakeholders



Additional Analysis Considered by the Task Force

- Unable to identify specific root causes directly linked to the increase in Baker Act examinations
- Identified the following areas of potential root causes contributing to the increase:
 - Social stressors and risk factors
 - Mental health condition among children and teens
 - Mental Health First Aid
 - Use of alternatives to expulsion or referral to law enforcement agencies
 - Crisis Intervention Training



Options for Expediting Involuntary Examination of Minors

- Expand types of professionals who can conduct initial examination
 - Adds licensed clinical social workers, licensed mental health counselors, physician assistants, and licensed marriage and family therapists
- Enhance services of mobile crisis teams to:
 - Provide statewide coverage as an alternative to initiation by law enforcement
 - Provide assistance, support, intervention, and follow-up to children, adolescents, their families, schools, and law enforcement



Alternatives to Inappropriate Initiation of Involuntary Examination of Minors

- Provide adequate network of prevention and early intervention services
- Expand access to outpatient crisis intervention services and treatment
- Create “Invest in Mental Health for our Children,” a matching grant program that can be used to establish community-based intervention and reduce Baker Act initiations
- Include school psychologists licensed under Chapter 490 to list of mental health professionals qualified to initiate a Baker Act



Questions?



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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.)

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

BILL: SB 720

INTRODUCER: Senator Young

SUBJECT: Children's Initiatives

DATE: January 8, 2018

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Preston	Hendon	CF	Favorable
2.			CA	
3.			RC	

I. Summary:

SB 720 codifies the Tampa Sulphur Springs Neighborhood Promise Zone and the Overtown Children and Youth Coalition in Miami that are currently in existence and have been designated by the Ounce of Prevention Fund (Ounce) as a Florida children's initiative pursuant to section 409.147, F.S. The bill provides that the initiatives are designed to encompass an area large enough to include all necessary components of community life, but small enough to reach every member of each neighborhood who wishes to participate.

The bill is anticipated to have no fiscal impact on the state and has an effective date of July 1, 2018.

II. Present Situation:

Harlem Children's Zone

The Harlem Children's Zone (HCZ) began in 1970 as an organization working with young children and their families as the city's first truancy-prevention program.¹ In the early 1990s, the HCZ ran a pilot project that brought a range of support services to a single block. The idea was to address all the problems that poor families were facing including crumbling apartments, failing schools, violent crime, and chronic health problems.²

Believing that for children to do well, their families have to do well, and for families to do well, their community must do well, the HCZ works to strengthen families as well as empowering them to have a positive impact on their children's development. The two fundamental principles of the HCZ are to help kids in a sustained way, starting as early in their lives as possible, and to

¹ Harlem Children's Zone, available at <http://www.hcz.org/index.php/about-us/history/> (last visited December 19, 2017). The organization was then known as the Rheedlen Centers for Children and Families.

² *Id.*

create a critical mass of adults around them who understand what it takes to help children succeed.³

The HCZ Project began as a one-block pilot in the 1990s, then following a 10-year business plan to ensure its best-practice programs were operating as planned, it expanded to 24 blocks, then 60 blocks, then ultimately 97 blocks. The HCZ became a model among nonprofits that began carefully evaluating and tracking the results of their work. Those evaluation results enabled staff to see if programs were achieving their objectives and to take corrective actions if they were not.⁴

Children's Zones in Florida

Using the Harlem Children's Zone as a model, the Legislature created children's zones in Florida in 2008.⁵ The stated policy and purpose for the zones was:

It is the policy of this state to provide the necessary means to assist local communities, the children and families who live in those communities, and the private sector in creating a sound educational, social, and economic environment. To achieve this objective, the state intends to provide investments sufficient to encourage community partners to commit financial and other resources to severely disadvantaged areas. The purpose of this section is to establish a process that clearly identifies the severely disadvantaged areas and provides guidance for developing a new social service paradigm that systematically coordinates programs that address the critical needs of children and their families and for directing efforts to rebuild the basic infrastructure of the community. The Legislature, therefore, declares the creation of children's zones, through the collaborative efforts of government and the private sector, to be a public purpose.⁶

The 2008 legislation and the amending 2009 legislation relating to children's initiatives also contained the following provisions:⁷

- Created a nominating process for areas within communities to be designated as children's zones and provided for the creation of a planning team, a strategic community plan, and focus areas to be included in the plan;
- Required the creation of a not for profit corporation to implement and govern a designated children's zone;

³ Harlem Children's Zone, available at <https://hcz.org/about-us/> (last visited December 19, 2017).

⁴ *Id.*

⁵ Chapter 2008-96, Laws of Fla. In 2009, the term "children's zone" was changed to "children's initiative." Shortly after the 2008 legislation was signed into law, the HCZ notified the Florida Legislature that they had trademarked the term "children's zone" and the state was no longer able to use the term. Chapter 2009-43, Laws of Fla.

⁶ *Id.*

⁷ Section 409.147, F.S., provides that a county or municipality or other designated area may apply to the Ounce to designate an area as a children's initiative. The area must first adopt a resolution stating that the area has issues related to poverty, that changes are necessary for the area to improve, and that resources are necessary for revitalization of the area. The county or municipality must then establish a children's initiative planning team and develop and adopt a strategic community plan. Once a county or municipality has completed these steps, they must create a not-for-profit corporation to facilitate fundraising and secure broad community ownership of the children's initiative. The Ounce is a private, nonprofit corporation dedicated to shaping prevention policy and investing in innovative prevention programs that provide measurable benefits to Florida's children, families and communities.

- Created a ten-year project within the Liberty City neighborhood in Miami to be known as the Miami Children’s Initiative (MCI); and
- Required the Department of Children and Families to contract with an existing private nonprofit corporation, incorporated for certain specified purposes, to implement the newly created Miami Children’s Initiative.⁸

Florida children’s initiatives were created to assist disadvantaged areas within the state in creating a community-based service network that develops, coordinates, and provides quality education, accessible health care, youth development programs, opportunities for employment, and safe and affordable housing for children and families living within its boundaries. There are currently three Florida children’s initiatives that have been recognized in statute; the Miami Children’s Initiative, Inc., the New Town Success Zone in Jacksonville, and the Parramore Kidz Zone in Orlando.⁹

Miami Children’s Initiative

The idea for the Miami Children’s Initiative dates back to 2006, when a group of Liberty City community leaders, local politicians and residents came together to try and determine possible solutions to perceived problems in the community. Liberty City was once a thriving neighborhood for many African Americans, but the high concentration of low-income housing projects, the exit of the area’s businesses, increased joblessness, low performing schools, growing poverty, crime, juvenile delinquency, drugs and poor health had eroded the quality of life.¹⁰

Creation of the MCI in 2008 brought residents and local business people, as well as leaders in health care, education and human services, together to begin to formulate the foundation for this community-wide initiative. Today, the initiative has grown to include early childhood programs, K-12 programs, student enrichment and development programs, an asthma initiative, a fresh food co-op, community vegetable gardens and a gym and fitness facility.¹¹

New Town Success Zone

After a trip by city officials to Harlem and a review of a number of Jacksonville neighborhoods, the New Town community was selected by community leadership of Jacksonville in 2008 as the site for a Florida children’s initiative. In 2009, a strategic plan was developed and work began on the New Town Success Zone.¹² The initiative’s mission is to provide a place-based continuum of services from prenatal to college, the military or some form of postsecondary training for the children and their families living in the neighborhood.¹³ In the first five year report to the

⁸ Chapter 2009-43, Laws of Fla.

⁹ Section 409.147, F.S.

¹⁰ Miami Children’s Initiative, available at: <http://www.iamlibertycity.org/> (last visited December 19, 2017).

¹¹ Miami Children’s Initiative, available at: <http://www.iamlibertycity.org/our-work/our-work/> (last visited December 19, 2017).

¹² The New Town Success Zone, available at: <http://jaxkids.org/afterschool-summer/new-town-success-zone/>. Also see: New Town Success Zone Five Years Later, available at: <http://www.metrojacksonville.com/article/2013-may-new-town-success-zone-five-years-later> (last visited December 19, 2017).

¹³ *Id.*

community, the New Town Success Zone has reported higher FCAT scores, an improvement in school promotion rates, and a reduction in violent crimes, theft and truancy since 2008.¹⁴

Parramore Kidz Zone

The Parramore Kidz Zone (PKZ) was launched by the City of Orlando on July 1, 2006, as part of a comprehensive effort to revitalize Orlando's highest crime, highest poverty neighborhood. The Parramore Kidz Zone replicates some aspects of the Harlem Children's Zone to create positive child-rearing conditions that will result in lower teen pregnancy rates, improved school performance, and decreased juvenile crime and child abuse rates. The Parramore Kidz Zone was implemented by a coalition of nonprofit organizations and neighborhood residents and was designated by the Ounce as a Florida children's initiative in June 2009.¹⁵ The initiative was designed to invest in those things that make a difference in children's lives, such as quality early childhood education, after school programs, programs that build family economic success, youth development programs for teenagers, access to health care, and mentoring.¹⁶

Since 2006, program evaluators have documented a 61% decline in juvenile arrests, a 56% decline in teen pregnancies, and a 38% decline in child abuse cases in the neighborhood since PKZ started, as well as across-the-board increases in the percentage of elementary, middle and high school students performing at grade level in math and reading. Every year the number of Parramore youth who attend college increases. Today, 70 PKZ youth are in college, all of whom are the first generation in their families to attend.¹⁷

III. Effect of Proposed Changes:

Section 1 amends s. 409.147, F.S., relating to children's initiatives, to add the Tampa Sulphur Springs Neighborhood of Promise Success Zone and the Overtown Children and Youth Coalition as entities designated by the Ounce of Prevention Fund as children's initiatives.

The bill provides that the initiatives are subject to Florida public records laws, public meeting laws, and procurement laws, and that the initiatives are designed to encompass an area large enough to include all necessary components of community life, but small enough to reach every member of each neighborhood who wishes to participate.

Section 2 provides an effective date of July 1, 2018.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

¹⁴ New Town Success Zone, Five Year Report to the Community, *available at*: https://issuu.com/jermynshannonel/docs/newtown_5yr_report (last visited December 19, 2017)

¹⁵ The Ounce of Prevention Fund of Florida, Parramore Kidz Zone, *available at*: https://www.ounce.org/fci_communities.html (last visited December 19, 2017).

¹⁶ City of Orlando, Parramore Kidz Zone, *available at*: <http://www.cityoforlando.net/parramorekidzzone/> (last visited December 19, 2017).

¹⁷ *Id.*

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:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

The bill substantially amends s. 409.147 of the Florida Statutes.

IX. 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.

By Senator Young

18-00403-18

2018720__

A bill to be entitled

An act relating to children's initiatives; amending s. 409.147, F.S.; creating the Tampa Sulphur Springs Neighborhood of Promise Success Zone within the City of Tampa in Hillsborough County and the Overtown Children and Youth Coalition within the City of Miami in Miami-Dade County; providing for the projects to be managed by not-for-profit corporations that are not subject to control, supervision, or direction by any department of the state; providing legislative intent; requiring the corporations to be subject to public records and public meeting requirements and to requirements for the procurement of commodities and contractual services; providing that the success zone and the coalition are designed to encompass areas large enough to include certain components but small enough to allow programs and services to reach participants; providing implementation of the coalition and the success zone; providing an effective date.

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

Section 1. Present subsection (11) of section 409.147, Florida Statutes, is redesignated as subsection (13) and amended, and a new subsection (11) and subsection (12) are added to that section, to read:

409.147 Children's initiatives.—

(11) CREATION OF THE TAMPA SULPHUR SPRINGS NEIGHBORHOOD OF

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PROMISE (SSNOP) SUCCESS ZONE.—

(a) There is created within the City of Tampa in Hillsborough County a 10-year project that shall be managed by an entity organized as a not-for-profit corporation that is registered, incorporated, organized, and operated in compliance with chapter 617. The Tampa SSNOP Success Zone is not subject to control, supervision, or direction by any department of the state in any manner. The Legislature determines, however, that public policy dictates that the corporation operate in the most open and accessible manner consistent with its public purpose. Therefore, the Legislature declares that the corporation is subject to chapter 119, relating to public records, chapter 286, relating to public meetings and records, and chapter 287, relating to procurement of commodities or contractual services.

(b) This initiative is designed to encompass an area that is large enough to include all of the necessary components of community life, including, but not limited to, schools, places of worship, recreational facilities, commercial areas, and common space, yet small enough to allow programs and services to reach every member of the neighborhood who is willing to participate in the project.

(12) CREATION OF THE OVERTOWN CHILDREN AND YOUTH COALITION.—

(a) There is created within the City of Miami in Miami-Dade County a 10-year project that shall be managed by an entity organized as a not-for-profit corporation that is registered, incorporated, organized, and operated in compliance with chapter 617. The Overtown Children and Youth Coalition is not subject to control, supervision, or direction by any department of the

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59 state in any manner. The Legislature determines, however, that
 60 public policy dictates that the corporation operate in the most
 61 open and accessible manner consistent with its public purpose.
 62 Therefore, the Legislature declares that the corporation is
 63 subject to chapter 119, relating to public records, chapter 286,
 64 relating to public meetings and records, and chapter 287,
 65 relating to procurement of commodities or contractual services.

66 (b) This initiative is designed to encompass an area that
 67 is large enough to include all of the necessary components of
 68 community life, including, but not limited to, schools, places
 69 of worship, recreational facilities, commercial areas, and
 70 common space, yet small enough to allow programs and services to
 71 reach every member of the neighborhood who is willing to
 72 participate in the project.

73 (13)(11) IMPLEMENTATION.-

74 (a) The Miami Children's Initiative, Inc., the New Town
 75 Success Zone, ~~and~~ the Parramore Kidz Zone, the Tampa SSNOP
 76 Success Zone, and the Overtown Children and Youth Coalition have
 77 been designated as Florida Children's Initiatives consistent
 78 with the legislative intent and purpose of s. 16, chapter 2009-
 79 43, Laws of Florida, and as such shall each assist the
 80 disadvantaged areas of the state in creating a community-based
 81 service network and programming that develops, coordinates, and
 82 provides quality education, accessible health care, youth
 83 development programs, opportunities for employment, and safe and
 84 affordable housing for children and families living within their
 85 boundaries.

86 (b) In order to implement this section for the Miami
 87 Children's Initiative, Inc., the Department of Children and

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88 Families shall contract with a not-for-profit corporation, to
 89 work in collaboration with the governing body to adopt the
 90 resolution described in subsection (4), to establish the
 91 planning team as provided in subsection (5), and to develop and
 92 adopt the strategic community plan as provided in subsection
 93 (6). The not-for-profit corporation is also responsible for the
 94 development of a business plan and for the evaluation, fiscal
 95 management, and oversight of the Miami Children's Initiative,
 96 Inc.

97 Section 2. This act shall take effect July 1, 2018.

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The Florida Senate
COMMITTEE VOTE RECORD

COMMITTEE: Children, Families, and Elder Affairs
ITEM: SB 720
FINAL ACTION: Favorable
MEETING DATE: Tuesday, January 9, 2018
TIME: 4:00—5:30 p.m.
PLACE: 401 Senate Office Building

FINAL VOTE		SENATORS						
Yea	Nay		Yea	Nay	Yea	Nay	Yea	Nay
X		Broxson						
X		Campbell						
X		Steube						
X		Torres, VICE CHAIR						
X		Garcia, CHAIR						
5	0	TOTALS						
Yea	Nay		Yea	Nay	Yea	Nay	Yea	Nay

CODES: FAV=Favorable RCS=Replaced by Committee Substitute TP=Temporarily Postponed WD=Withdrawn
 UNF=Unfavorable RE=Replaced by Engrossed Amendment VA=Vote After Roll Call OO=Out of Order
 -R=Reconsidered RS=Replaced by Substitute Amendment VC=Vote Change After Roll Call AV=Abstain from Voting

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.)

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

BILL: CS/SB 960

INTRODUCER: Senator Baxley

SUBJECT: Mental Health and Substance Abuse

DATE: January 10, 2018 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Delia	Hendon	CF	Fav/CS
2.			AHS	
3.			AP	

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

I. Summary:

CS/SB 960 requires jails to continue to administer psychiatric medications as prescribed at mental health treatment facilities upon a facility client's return to jail, unless the jail physician determines a change in medication will not adversely affect the defendant's mental health status or ability to continue with court proceedings.

The bill also requires the Department of Children and Families (DCF) to request an individual's medical information from jails when an individual is committed to a DCF forensic facility within certain timeframes.

The bill repeals the requirement for DCF to develop a certification process for community substance abuse prevention coalitions. These changes are a part of DCF's 2018 legislative package.

The bill is anticipated to have no fiscal impact on state government and an indeterminate, insignificant impact on local governments, and has an effective date of July 1, 2018.

II. Present Situation:

Mental Illness and Substance Abuse of Offenders in the Criminal Justice System

As many as 125,000 adults with a mental illness or substance use disorder requiring immediate treatment are arrested and booked into Florida jails each year.¹ Between 2002 and 2010, the population of inmates with mental illness or substance use disorder in Florida increased from 8,000 to 17,000 inmates.² By 2020, the number of inmates with these types of disorders is expected to reach at least 35,000.³

State Forensic System -- Mental Health Treatment for Criminal Defendants

Chapter 916, F.S., governs the state forensic system, a network of state facilities and community services for persons with mental health issues involved with the criminal justice system. The forensic system serves defendants deemed incompetent to proceed or not guilty by reason of insanity. A defendant is deemed incompetent to proceed if he or she does not have sufficient present ability to consult with his or her lawyer with a reasonable degree of rational understanding or if the defendant lacks both a rational and factual understanding of the proceedings against him or her.⁴

If a defendant is suspected of being incompetent, the court, defense counsel, or the State may file a motion to have the defendant's cognitive state assessed.⁵ If the motion is granted, court-appointed experts will evaluate the defendant's cognitive state. The defendant's competency is then determined by the judge in a subsequent hearing.⁶ If the defendant is found to be competent, the criminal proceeding resumes.⁷ If the defendant is found to be incompetent to proceed, the proceeding may not resume unless competency is restored.⁸ Competency restoration services teach defendants about the legal process, their charges, potential legal outcomes they might face, and their legal rights so as to prepare them to participate meaningfully in their own defense.⁹

Defendants may be adjudicated not guilty by reason of insanity pursuant to s. 916.15, F.S. DCF must admit a defendant adjudicated not guilty by reason of insanity who is committed to the department¹⁰ to an appropriate facility or program for treatment and must retain and treat the defendant.¹¹

Offenders who are charged with a felony and deemed incompetent to proceed and offenders adjudicated not guilty by reason of insanity may be involuntarily committed to state civil¹² and

¹ The Florida Senate, *Forensic Hospital Diversion Pilot Program, Interim Report 2011-106*, (Oct. 2010), p. 1, available at <https://www.flsenate.gov/UserContent/Session/2011/Publications/InterimReports/pdf/2011-106cf.pdf> (last visited January 4, 2018).

² *Id.*

³ *Id.*

⁴ S. 916.12(1), F.S.

⁵ Rule 3.210, Fla.R.Crim.P.

⁶ *Id.*

⁷ Rule 3.212, Fla.R.Crim.P.

⁸ *Id.*

⁹ OPPAGA, *Juvenile and Adult Incompetent to Proceed Cases and Costs*, Report No. 13-04, Feb. 2013, p. 1., available at <http://www.oppaga.state.fl.us/MonitorDocs/Reports/pdf/1304rpt.pdf> (last visited January 4, 2018).

¹⁰ The court may also order outpatient treatment at any other appropriate facility or service or discharge the defendant. Rule 3.217, Fla.R.Crim.P.

¹¹ S. 916.15(3), F.S.

¹² A "civil facility" is a mental health facility established within the Department of Children and Families (DCF) or by contract with DCF to serve individuals committed pursuant to chapter 394, F.S., and defendants pursuant to chapter 916, F.S.,

forensic¹³ treatment facilities by the circuit court,^{14, 15} or in lieu of such commitment, may be released on conditional release by the circuit court if the person is not serving a prison sentence.¹⁶

Sharing Medical Information Between County Jails and DCF

Forensic clients committed to DCF's state mental health treatment facilities are transferred to the facilities directly from the county jails, and often need immediate or continuous medical treatment.¹⁷ Jail physicians must provide a current psychotropic medication¹⁸ order at the time a forensic client is transferred to the state mental health treatment facility or upon request of the admitting physician following an evaluation.¹⁹ However, there is no timeframe within which a jail physician must respond to a request by DCF for such information, nor is there any requirement for jail physicians to provide other medical information about individuals being transferred to DCF. While DCF currently requests medical information from the county jails when a commitment packet is received from the courts, there is no time requirement within which DCF must make the request.²⁰

Continuation of Psychiatric Medications

When forensic clients are released from state mental health treatment facilities, most are returned to the county jail to await resolution of their court cases. Some individuals are maintained by county jails on the same psychiatric medication regimen prescribed and administered at the state mental health treatment facility, while others are not. One possible outcome of discontinuing the previous medication regimen is the individual again losing competency, in which case the jail must return him or her to a secure forensic facility due to an inability to stand trial or proceed with resolution of his or her court case.²¹

who do not require the security provided in a forensic facility; or an intermediate care facility for the developmentally disabled, a foster care facility, a group home facility, or a supported living setting designated by the Agency for Persons with Disabilities (APD) to serve defendants who do not require the security provided in a forensic facility. S. 916.106(4), F.S.

¹³ A "forensic facility" is a separate and secure facility established within DCF or APD to service forensic clients. A separate and secure facility means a security-grade building for the purpose of separately housing persons who have mental illness from persons who have intellectual disabilities or autism and separately housing persons who have been involuntarily committed pursuant to chapter 916, F.S., from non-forensic residents. S. 916.106(10), F.S.

¹⁴ "Court" is defined to mean the circuit court. s. 916.106(5), F.S.

¹⁵ SS. 916.13, 916.15, and 916.302, F.S.

¹⁶ S. 916.17(1), F.S.

¹⁷ Department of Children and Families, Agency Bill Analysis for 2018 House Bill 0721, available at <http://abar.laspbs.state.fl.us/ABAR/Document.aspx?id=21751&yr=2018> (last visited January 4, 2018).

¹⁸ Psychotropic medication is a broad term referring to medications that affect mental function, behavior, and experience; these medications include anxiolytic/hypnotic medications, such as benzodiazepines, antidepressant medications, such as selective serotonin reuptake inhibitors (SSRIs), and antipsychotic medications. Pamela L. Lindsey, *Psychotropic Medication Use among Older Adults: What All Nurses Need to Know*, J. GERONTOL NURS., (Sept. 2009), available at, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3128509/> (last visited January 4, 2018).

¹⁹ S. 916.107(3)(a)2.a., F.S.

²⁰ *Supra*, note 17.

²¹ *Id.*

Certification of Community Substance Abuse Prevention Coalitions

Section 397.321, F.S., requires DCF to license and regulate all substance abuse providers in the state. It also requires DCF to develop a certification process by rule for community substance abuse prevention coalitions (prevention coalitions), and DCF is currently in the rulemaking process.²²

Prevention coalitions are local partnerships between multiple sectors of the community that respond to community conditions by developing and implementing comprehensive plans that lead to measurable, population-level reductions in drug use and related problems.²³ They do not provide substance abuse treatment services, and certification is not a requirement for eligibility to receive federal or state substance abuse prevention funding. However, to receive funding from DCF, a coalition must follow a comprehensive process that includes a detailed needs assessment and plan for capacity building, development, implementation, and sustainability to ensure that data-driven, evidence-based practices are employed for addressing substance misuse for state-funded coalitions.²⁴

Some prevention coalitions choose to apply for certification from nationally-recognized credentialing entities. Additionally, the Florida Certification Board, a non-profit professional credentialing entity, offers certifications for Certified Prevention Specialists and Certified Prevention Professionals, for those individuals who desire professional credentialing.²⁵ However, Florida is the only state that requires prevention coalitions to be certified. Only one other state, Ohio, has established a certification program for prevention coalitions, and it is voluntary.²⁶

III. Effect of Proposed Changes:

Section 1 repeals subsection 16 of s. 397.321, F.S., requiring DCF to develop a certification process by rule for prevention coalitions. As a result, prevention coalitions would no longer be subject to a certification process.

Section 2 amends s. 916.13 F.S., relating to involuntary commitment of defendants adjudicated incompetent to proceed, to require jails to administer the same psychiatric medications as prescribed by the treating physician upon discharge by the mental health treatment facility, unless the jail physician documents the need to change or discontinue such medications. The bill requires that the jail physician must collaborate with the DCF treating physician to ensure any changes to the medication regimen do not adversely impact the ability of the defendant to proceed with court proceedings. The bill gives final authority for determining which medication to administer to the jail physician, and requires the jail physician to document any modifications made to psychiatric medications at the jail.

The bill also requires jails to send medical information for individuals in their custody that will be admitted to state mental health treatment facilities. DCF will be required to notify the jails

²² *Id.*

²³ *Id.*

²⁴ *Id.*

²⁵ *Id.*

²⁶ *Id.*

within two days of receipt of a commitment order and other required documents, and the jail will be required to send the medical information within three working days of DCF's notification.

Section 3 amends s. 916.15, F.S., by applying the same new requirements of the bill, regarding sharing of information between jails and DCF and continuation of psychiatric medications upon return to the jail, to instances involving involuntary commitment of defendants adjudicated not guilty by reason of insanity.

Section 4 provides an effective date of July 1, 2018.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The county/municipality mandates provision of Art. VII, section 18, of the Florida Constitution may apply because this bill will require county jails to spend funds to continue psychiatric medications, but because this fiscal impact is likely insignificant an exemption will apply.

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 bill may have an insignificant fiscal impact on county jails that would be required to cover the cost of a specific psychotropic medication that they would not have previously covered. These costs are indeterminate.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends s. 916.13 and s. 916.15 of the Florida Statutes.
This bill repeals s. 397.321(16) of the Florida Statutes.

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 Children, Families, and Elder Affairs on January 9, 2018:

- Replaces the requirement that DCF notify a jail within two days of receiving a completed commitment packet for a defendant with a requirement that DCF instead notify the jail within two days of receiving a commitment order and other required documents for a defendant.
- Requires a DCF facility physician and a jail physician to collaborate in deciding whether or not to change or stop any psychiatric medications prescribed to a defendant who has regained his or her competency and is being sent back to a jail.
- Requires this collaboration in order to ensure that changing any of the defendant's current medications will not adversely impact his or her mental status or ability to continue with court proceedings.
- Requires the jail physician in such cases to document the need to change or discontinue any psychiatric medication provided at the forensic facility.
- Requires that final authority for any change in psychiatric medication in such cases be given to the jail physician.
- Imposes all of these same requirements in cases involving defendants adjudicated not guilty by reason of insanity who are sent back to a jail.

- B. **Amendments:**



122962

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
01/09/2018	.	
	.	
	.	
	.	

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

Senate Amendment (with title amendment)

Delete lines 35 - 93
and insert:
business days after receipt of a commitment order and other
required documents as stipulated in rule, the department must
request from the jail any and all medical information pertaining
to the defendant. Within 3 business days after receipt of such a
request, the jail shall provide such information to the
department.



122962

11 (a) Within 6 months after the date of admission and at the
12 end of any period of extended commitment, or at any time the
13 administrator or his or her designee determines that the
14 defendant has regained competency to proceed or no longer meets
15 the criteria for continued commitment, the administrator or
16 designee shall file a report with the court pursuant to the
17 applicable Florida Rules of Criminal Procedure.

18 (b) A competency hearing must ~~shall~~ be held within 30 days
19 after the court receives notification that the defendant is
20 competent to proceed or no longer meets the criteria for
21 continued commitment. The defendant must be transported to the
22 committing court's jurisdiction for the hearing. If the
23 defendant is receiving psychotropic medication at a mental
24 health facility at the time he or she is discharged and
25 transferred to the jail, the administering of such medication
26 must continue unless the jail physician documents the need to
27 change or discontinue it. The jail and department physicians
28 shall collaborate to ensure that medication changes do not
29 adversely affect the defendant's mental health status or his or
30 her ability to continue with court proceedings; however, the
31 final authority regarding the administering of medication to an
32 inmate in jail rests with the jail physician.

33 Section 3. Subsections (3) and (5) of section 916.15,
34 Florida Statutes, are amended to read:

35 916.15 Involuntary commitment of defendant adjudicated not
36 guilty by reason of insanity.—

37 (3) Every defendant acquitted of criminal charges by reason
38 of insanity and found to meet the criteria for involuntary
39 commitment may be committed and treated in accordance with ~~the~~



122962

40 ~~provisions~~ of this section and the applicable Florida Rules of
41 Criminal Procedure. The department shall admit a defendant so
42 adjudicated to an appropriate facility or program for treatment
43 and shall retain and treat such defendant. No later than 6
44 months after the date of admission, prior to the end of any
45 period of extended commitment, or at any time that the
46 administrator or his or her designee determines ~~shall have~~
47 ~~determined~~ that the defendant no longer meets the criteria for
48 continued commitment placement, the administrator or designee
49 shall file a report with the court pursuant to the applicable
50 Florida Rules of Criminal Procedure. Within 2 business days
51 after receipt of a commitment order and other required documents
52 as stipulated in rule, the department must request from the jail
53 any and all medical information pertaining to the defendant.
54 Within 3 business days after receipt of such a request, the jail
55 shall provide such information to the department.

56 (5) The commitment hearing shall be held within 30 days
57 after the court receives notification that the defendant no
58 longer meets the criteria for continued commitment. The
59 defendant must be transported to the committing court's
60 jurisdiction for the hearing. If the defendant is receiving
61 psychotropic medication at a mental health facility at the time
62 he or she is discharged and transferred to the jail, the
63 administering of such medication must continue unless the jail
64 physician documents the need to change or discontinue it. The
65 jail and department physicians shall collaborate to ensure that
66 medication changes do not adversely affect the defendant's
67 mental health status or his or her ability to continue with
68 court proceedings; however, the final authority regarding the



122962

69 administering of medication to an inmate in jail rests with the
70 jail physician.

71

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

73 And the title is amended as follows:

74 Delete lines 9 - 16

75 and insert:

76 jail within a certain timeframe after receiving a
77 commitment order and other required documentation;
78 requiring the jail to provide such information within
79 a certain timeframe; requiring the continued
80 administration of psychotropic medication to a
81 defendant if he or she is receiving such medication at
82 a mental health facility at the time that he or she is
83 discharged and transferred to the jail; providing an
84 exception; requiring the jail and department
85 physicians to collaborate on a defendant's medication
86 changes for certain purposes; specifying that the jail
87 physician has the final authority regarding the
88 administering of medication to an inmate; providing an

By Senator Baxley

12-00967A-18

2018960__

A bill to be entitled

An act relating to mental health and substance abuse; amending s. 397.321, F.S.; deleting a provision requiring the Department of Children and Families to develop a certification process by rule for community substance abuse prevention coalitions; amending ss. 916.13 and 916.15, F.S.; requiring the department to request a defendant's medical information from a county jail within a certain timeframe after receiving a completed commitment packet order and other required documentation; requiring the county jail to provide such information within a certain timeframe; requiring that each defendant ordered returned to a county jail be continued on the same psychotropic medication that he or she was prescribed upon discharge from a mental health facility; providing an exception; providing an effective date.

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

Section 1. Subsection (16) of section 397.321, Florida Statutes, is amended to read:

397.321 Duties of the department.—The department shall:

~~(16) Develop a certification process by rule for community substance abuse prevention coalitions.~~

Section 2. Subsection (2) of section 916.13, Florida Statutes, is amended to read:

916.13 Involuntary commitment of defendant adjudicated incompetent.—

Page 1 of 4

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

12-00967A-18

2018960__

(2) A defendant who has been charged with a felony, ~~and who~~ has been adjudicated incompetent to proceed due to mental illness, and ~~who~~ meets the criteria for involuntary commitment under this chapter, may be committed to the department, and the department shall retain and treat the defendant. Within 2 business days after receipt of a completed commitment packet order and other required documents as stipulated in rule, the department must request from the county jail any and all medical information pertaining to the defendant. Within 3 business days after receipt of such a request, the county jail shall provide such information to the department.

(a) Within 6 months after the date of admission and at the end of any period of extended commitment, or at any time the administrator or his or her designee determines that the defendant has regained competency to proceed or no longer meets the criteria for continued commitment, the administrator or designee shall file a report with the court pursuant to the applicable Florida Rules of Criminal Procedure.

(b) A competency hearing must ~~shall~~ be held within 30 days after the court receives notification that the defendant is competent to proceed or no longer meets the criteria for continued commitment. The defendant must be transported to the committing court's jurisdiction for the hearing. Each defendant who is ordered returned to the county jail must be continued on the same psychotropic medication that he or she was prescribed upon discharge by the mental health facility, unless the jail's physician determines that there is a compelling medical reason to change or discontinue the medication for the health and safety of the defendant.

Page 2 of 4

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

12-00967A-18

2018960__

59 Section 3. Subsections (3) and (5) of section 916.15,
60 Florida Statutes, are amended to read:

61 916.15 Involuntary commitment of defendant adjudicated not
62 guilty by reason of insanity.—

63 (3) Every defendant acquitted of criminal charges by reason
64 of insanity and found to meet the criteria for involuntary
65 commitment may be committed and treated in accordance with ~~the~~
66 ~~provisions of~~ this section and the applicable Florida Rules of
67 Criminal Procedure. The department shall admit a defendant so
68 adjudicated to an appropriate facility or program for treatment
69 and shall retain and treat such defendant. No later than 6
70 months after the date of admission, prior to the end of any
71 period of extended commitment, or at any time that the
72 administrator or his or her designee determines ~~shall have~~
73 ~~determined~~ that the defendant no longer meets the criteria for
74 continued commitment placement, the administrator or designee
75 shall file a report with the court pursuant to the applicable
76 Florida Rules of Criminal Procedure. Within 2 business days
77 after receipt of a completed commitment packet order and other
78 required documents as stipulated in rule, the department must
79 request from the county jail any and all medical information
80 pertaining to the defendant. Within 3 business days after
81 receipt of such a request, the county jail shall provide such
82 information to the department.

83 (5) The commitment hearing shall be held within 30 days
84 after the court receives notification that the defendant no
85 longer meets the criteria for continued commitment. The
86 defendant must be transported to the committing court's
87 jurisdiction for the hearing. Each defendant who is ordered

Page 3 of 4

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

12-00967A-18

2018960__

88 returned to the county jail must be continued on the same
89 psychotropic medication that he or she was prescribed upon
90 discharge by the mental health facility, unless the jail's
91 physician determines that there is a compelling medical reason
92 to change or discontinue the medication for the health and
93 safety of the defendant.

94 Section 4. This act shall take effect July 1, 2018.

Page 4 of 4

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

The Florida Senate
COMMITTEE VOTE RECORD

COMMITTEE: Children, Families, and Elder Affairs
ITEM: SB 960
FINAL ACTION: Favorable with Committee Substitute
MEETING DATE: Tuesday, January 9, 2018
TIME: 4:00—5:30 p.m.
PLACE: 401 Senate Office Building

FINAL VOTE		SENATORS	1/09/2018 Amendment 122962 ¹					
Yea	Nay		Yea	Nay	Yea	Nay	Yea	Nay
X		Broxson						
X		Campbell						
X		Steube						
X		Torres, VICE CHAIR						
X		Garcia, CHAIR						
5	0	TOTALS	RCS	-				
Yea	Nay		Yea	Nay	Yea	Nay	Yea	Nay

CODES: FAV=Favorable
 UNF=Unfavorable
 -R=Reconsidered

RCS=Replaced by Committee Substitute
 RE=Replaced by Engrossed Amendment
 RS=Replaced by Substitute Amendment

TP=Temporarily Postponed
 VA=Vote After Roll Call
 VC=Vote Change After Roll Call

WD=Withdrawn
 OO=Out of Order
 AV=Abstain from Voting

Suggestions for SB 12 that would better improve upon pre-screening, access and delivery to the behavioral health system of care:

The level of access to behavioral healthcare should parallel the access to primary healthcare

Social determinants of health should be recognized (housing, community resources, social supports) as essential in addressing clinically effective and cost effective behavioral health disorders.

Substance Use Improvement Suggestions

- The consideration of social determinants of health for levels of care are especially critical to those with a substance use disorder. Strict guidelines for physical risk are currently applied to detox and residential services when the need for those services is more often driven by social determinants than medical risk from withdrawal or re-use
- Evidence based tools should be recognized as essential in making treatment decisions and in determining levels of care required
- Legislation should recognize the importance of the continuum of services outlined in section 397.111(26), F.S.
- MMA contracts should require health plans to cover all services in 397.311, F.S. in their respective service networks
- The bill should recommend priority funding to providers that provide a continuum of services
- Agencies should be licensed under a single license, versus the current practice of multiple licenses
- The SA licensure process should be streamlined to reduce duplicative processes and requirements for multiple licenses at the same location

Pre-Screening/Children Services Suggestions

Prevention and the importance of building resiliency in families and children in the early years should be recognized.

- Create an EPSDT screening mechanism in pediatrician's offices that includes behavioral health and Adverse Childhood Experiences (ACEs)
- Assess new mothers for behavioral health and depression along with physical health, encouraging evidence-based early visitation and intervention services
- Encourage integrated partnerships in the community between community behavioral health providers and:
 - a. Pre-schools, Head Start and Florida Healthy Families
 - b. Elementary/Middle/High schools to add prevention and early identification
- Collaboration with community providers would allow billing of Medicaid instead of GR
- Incorporate telehealth services for behavioral healthcare in the school systems

- Prioritize and direct future funding in the bill towards providers that provide community integrated care
- Schools should be required to leverage existing community behavioral health services with community mental health centers to prevent establishment of redundant, parallel behavioral health service systems

Uniform Credentialing for Mental Health and Substance Abuse Providers

- Credentialing should be uniform across all providers of service, and a central roster maintained by AHCA

Designation of Providers

- Community providers who offer both mental health and substance use services should be designated as “essential providers”

Look towards Low Income Pool or LIP-like model to fund Central Receiving Systems



Reflections and Recommendations on Implementation of SB 12

Major Accomplishments to Date:

- Focus on “No Wrong Door” through Central Receiving System plans and local transportation plans
- Attention to care coordination especially related to targeted populations and high utilizers of service; coordination of care across agencies
- New focus on recovery-oriented services
- Better alignment of Baker and Marchman Act timeframes and procedures; changing and clarifying certain court procedures
- Documentation of the cost and reimbursements for Medicaid covered services
- Process in place for comprehensive assessments of community needs through Managing Entities with community input

Issues that Still Need Attention:

- Consistent funding for Central Receiving Systems
- Dedicated funding for care coordination
- Marchman Act workgroup (opioid crisis) and Marchman Act funding
- Medicaid reimbursement rates for behavioral health services – a plan to obtain federal approval for increasing the availability of federal Medicaid funding for behavioral healthcare and increased reimbursement rates for behavioral health services (394.761)
- Funding mechanism and resources for System Improvement Grants (394.4573 (3))
- Department duty to review contract and reporting requirements to reduce costly, duplicative, and unnecessary administrative requirements (394.9082(3)(l))

Recommendations:

- Fund critical components of SB 12
- Utilize Florida Mental Health Institute (FMHI) to collect and analyze Marchman Act data
- A scheduled formal annual review, with feedback from all parties, on strategies to reduce costly, duplicative, and unnecessary administrative requirements
- Marchman Act workgroup to determine how to better utilize this provision with recommendations to the legislature

1/10/18



Reflections and Recommendations on Implementation of HB 807

Major Accomplishments to Date:

- Redefined conditions for licensure for substance use disorder services; more authority provided to DCF to administer licensure requirements
- 65-D-30 Rule released and under review
- Clarification of deceptive marketing practices
- Entities providing substance abuse marketing services must register with Department of Agriculture and Consumer Services; standards set for marketing; prohibition on fraudulent marketing practices
- Clarified patient brokering and authorizes Office of Statewide Prosecution to investigate and prosecute patient brokering

Issues that Need Attention:

- Impact of accreditation requirement on smaller, single service providers and timeline to accomplish accreditation
- Greater flexibility in background screening process; presumption of eligibility to work after set timeframe from offense

Recommendations:

- Clarify that providers' record of referrals to or from a recovery residence can be embedded in the clinical record
- Ensure that all licensure fees and performance fines are deposited in a dedicated trust fund to be used to implement licensure
- Extend by one year the timeframe providers solely offering outpatient services have to obtain accreditation
- Background screening disqualification criteria for mental health and substance use disorders should be revised; non-violent crimes should be given presumption for automatic exemption after set period of time (for example 10 years)
- Recovery residence background screening requirements should be no more stringent than treatment provider background screening requirements

1/10/18



Behavioral Health System Enhancement Recommendations

- ✓ Comprehensively review background screening process with the goal of creating greater access to the workforce for individuals with lived experience
- ✓ Streamline telehealth options for providers of behavioral health services; authorize limited service without prior office visit; require payors to reimburse for services delivered outside of provider offices
- ✓ Transparency of pre-authorization guidelines and medical necessity criteria utilized by health plans and other insurers
- ✓ Explore utilization of the Low Income Pool to enhance funding for behavioral health services
- ✓ Facilitate implementation and enforcement of the Mental Health Parity and Addiction Equity Act (MHPAEA) and ensure state law at a minimum is consistent with the federal law
- ✓ AHCA should establish uniform credentialing procedures for providers and a roster of those credentialed
- ✓ MMA plans should be required to cover the full continuum of substance use disorder services outline in Chapter 397
- ✓ Expand student loan forgiveness programs for behavioral health professionals

1/10/18

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

01/09/18

Meeting Date

Bill Number (if applicable)

Topic SAMH Update

Amendment Barcode (if applicable)

Name John Bryant

Job Title Assistant Secretary - Department of Children and Families

Address 1317 Winewood Blvd

Street

Phone

Tallahassee

FL

32399

City

State

Zip

Email john.bryant@myflfamilies.com

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Department of Children and Families

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/9/2018

Meeting Date

Bill Number (if applicable)

Topic SB 12 Presentation

Amendment Barcode (if applicable)

Name Dr Jay Reeve

Job Title President, Apalachee Center

Address 2634-J Capital Circle NE

Phone 850-526-3213

Street

Tallahassee

FL

32308

City

State

Zip

Email jayr@apalacheecenter.org

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Florida Council for Behavioral Healthcare

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/9/2018

Meeting Date

Bill Number (if applicable)

Topic SB 12 Presentation

Amendment Barcode (if applicable)

Name Melissa Larkin-Skinner

Job Title CEO, Centerstone

Address 391 6th Ave West

Phone 941-782-4638

Street

Bradenton

FL

34206

Email melissa.larkin-skinner@centerstone.org

City

State

Zip

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Florida Council for Behavioral Healthcare

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1-9-18
Meeting Date

SB 12/HB 807
Bill Number (if applicable)

Topic SB 12/HB 807

Amendment Barcode (if applicable)

Name MARK FONTAINE

Job Title CEO

Address 2868 MAHAN DRIVE
Street

Phone 878-2196

MILWAUKEE FL 32308
City State Zip

Email mfontaine@fadaa.org

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing FLORIDA BEHAVIORAL HEALTH ASSOCIATION

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/9/15

Meeting Date

Bill Number (if applicable)

Topic Update on HB 807

Amendment Barcode (if applicable)

Name Dave Aronberg

Job Title State Attorney

Address 401 N. Dixie Hwy

Phone 561-355-7246

Street

City

State

Zip

WRB, FL 33401

Email StateAttorney@SOS.FL.GOV

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing _____

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

01/09/2018

Meeting Date

Bill Number (if applicable)

Topic Implementation of HB 807

Amendment Barcode (if applicable)

Name Alan S Johnson

Job Title Chief Assistant State Attorney

Address 401 N. Dixie Highway

Phone 561 355 7265

Street

West Palm Beach, FL 33414

Email AJohnson@sa15.org

City

State

Zip

Speaking: For Against Information

Waive Speaking: In Support Against (The Chair will read this information into the record.)

Representing Office of the State Attorney, 15th Judicial Circuit

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/9/18

Meeting Date

960

Bill Number (if applicable)

Topic Inmates

Amendment Barcode (if applicable)

Name Alisa LaPolT AN LEE Sa

Job Title Executive Director

Address PO Box 961
Street

Phone 850-671-4445

City _____ State _____ Zip _____

Email _____

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing NAMI Florida National Alliance on

Appearing at request of Chair: Yes No

Mental Illness
Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

January 9, 2018

Meeting Date

960

Bill Number (if applicable)

Topic forensic mental health meds in jails

Amendment Barcode (if applicable)

Name Dan Hendrickson

Job Title Advocacy Committee Chair

Address 319 E Park Ave

Street

Phone 850 570 1967

Tallahassee

FL

32302

City

State

Zip

Email danbhendrickson@comcast.net

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Big Bend Mental Health Coalition

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/9/18

Meeting Date

SB 960

Bill Number (if applicable)

Topic Mental Health

Name Gene Messer

Job Title Lig. Affairs Director

Address 3100 E Park Ave

Street

Phone

Tallahassee FL 32301

City

State

Zip

Email gmesser@small

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Florida Council for Community Mental Health

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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THE FLORIDA SENATE

APPEARANCE RECORD

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1/9/18

Meeting Date

960

Bill Number (if applicable)

Topic Mental health

Amendment Barcode (if applicable)

Name Nancy Daniels

Job Title Legislative Consultant

Address 103 N. Gadsden St.
Street

Phone 850 488-6850

Tallahassee, FL 32301
City State Zip

Email nancyandaniels@gmail.com

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Florida Public Defender Association

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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THE FLORIDA SENATE APPEARANCE RECORD

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1/9/2018

Meeting Date

960

Bill Number (if applicable)

Topic Mental Health and Substance Abuse

Amendment Barcode (if applicable)

Name Matt Dunagan

Job Title Deputy Director

Address 2617 Mahan Drive

Street

Phone 850-877-2165

Tallahassee

FL

32308

Email mdunagan@flsheriffs.org

City

State

Zip

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Florida Sheriffs Association

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/9/2018

Meeting Date

960

Bill Number (if applicable)

122962

Amendment Barcode (if applicable)

Topic Mental Health and Substance Abuse

Name Matt Dunagan

Job Title Deputy Director

Address 2617 Mahan Drive

Street

Tallahassee

City

FL

State

32308

Zip

Phone 850-877-2165

Email mdunagan@flsheriffs.org

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Florida Sheriffs Association

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE
APPEARANCE RECORD

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01/09/18

Meeting Date

SB 960

Bill Number (if applicable)

Topic SB 960

Name Michael Wickersheim

Amendment Barcode (if applicable)

Job Title Legislative Affairs Director - DCF

Address 1317 Winewood Blvd

Street

Tallahassee

City

FL

State

32399

Zip

Phone _____

Email michael.wickersheim@myflfamilies.com

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Department of Children and Families

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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THE FLORIDA SENATE
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01/09/18

Meeting Date

SB 960

Bill Number (if applicable)

122962

Amendment Barcode (if applicable)

Topic SB 960

Name Michael Wickersheim

Job Title Legislative Affairs Director - DCF

Address 1317 Winewood Blvd

Street

Tallahassee

City

FL

State

32399

Zip

Phone _____

Email michael.wickersheim@myflfamilies.com

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Department of Children and Families

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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1/9/18

Meeting Date

0720

Bill Number (if applicable)

Topic FL Children's Initiative

Amendment Barcode (if applicable)

Name Winifred HEGGINS

Job Title VP - Ounce of Prevention Fund

Address 111 N. Gadsden St

Phone 850-933-2846

Street

TALLAHASSEE

Email wheggins@ounce.org

City

State

Zip

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing FLA Children's Initiative

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

CourtSmart Tag Report

Room: SB 401

Case No.:

Type:

Caption: Senate Committee Children, Families, and Elder Affairs

Judge:

Started: 1/9/2018 4:00:10 PM

Ends: 1/9/2018 5:19:17 PM Length: 01:19:08

4:00:22 PM Chair Garcia
4:00:25 PM Roll Call
4:00:28 PM Quorum Present
4:01:28 PM Tab 4 SB 960
4:02:12 PM Sen Baxley explains
4:02:48 PM Chair calls for Questions
4:02:57 PM AM 122962
4:03:36 PM Public Testimony
4:03:49 PM Michael Wichersheim, Department of Children and Families, waives in support
4:04:07 PM Matt Dungan, Florida Sheriffs Association, waives in support
4:04:31 PM AM 122962 adopted
4:07:15 PM Dan Hendrickson, Big Bend Health Coaltion, speakins in favor
4:07:49 PM Alisa Lapolt, Nami Florida , speaks in favor
4:08:28 PM Matt Dungan, Florida Sheriffs Association, waives in support
4:08:33 PM Mike Wickersheim, Department of Children and Families, waives in support
4:08:39 PM Nancy Daniels, Florida Public Defender Associaiton, waives in support
4:08:52 PM Shane Messer, Florida Council for Community Mental Health, waives in support
4:09:03 PM Debate
4:09:15 PM Roll Call
4:09:30 PM SB 960 recorded favorably
4:09:52 PM Tab 3 SB 720
4:09:57 PM Sen Young
4:12:09 PM Winifred Heggins, FI Childrens Initiative, waives in support
4:12:14 PM Debate
4:13:25 PM Roll Call
4:13:40 PM SB 720 recorded favorably
4:13:58 PM John Bryant, Assistant Secretary, Department of Children and Families, speaks to inform
4:39:03 PM State Attorney Dave Aronberg speaks to inform update on HB 807
4:42:29 PM Sen Broxson question
4:42:46 PM State Attorney responds
4:46:40 PM Secretary Bryant continues his presentation
4:59:06 PM Jay Reeves , CEO Florida Council of Behavioral Health, speaks to inform
5:05:14 PM Melissa Larkin Skinner, CEO speaks in favor and to inform(SB 12 Presentation)
5:10:16 PM Mark Fontaine, Florirda Behavioral Health Association speaks to inform
5:15:40 PM Chair calls for questions
5:16:53 PM Alan Johnson, Chief Assistant State Attorney 1st Judicial Circuit, speaks to inform
5:19:07 PM Meeting adjourned