By the Committee on Health Care and Senator Myers

317-1918-98

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A bill to be entitled An act relating to children's mental health services and substance abuse services; transferring responsibility for such services from the Department of Children and Family Services to the Department of Health; amending s. 230.2317, F.S.; providing for membership of the Advisory Board for the Multiagency Service Network for Students with Severe Emotional Disturbances; amending s. 394.455, F.S.; redefining the term "department" for purposes of the Florida Mental Health Act, to include both the Department of Children and Family Services and the Department of Health; amending s. 394.67, F.S.; redefining the term "department" for purposes of community alcohol, drug abuse, and mental health services to include both the Department of Children and Family Services and the Department of Health; creating s. 394.91, F.S.; providing for alcohol, drug abuse, and mental health services responsibilities for the Department of Health; amending s. 397.311, F.S.; redefining the term "department" for purposes of alcohol and drug abuse services; amending s. 561.121, F.S.; providing for deposit of certain revenues into the Children and Adolescents Substance Abuse Trust Fund; amending s. 984.225, F.S.; providing for placement of children in need of services; amending s. 985.06, F.S.; providing membership of the interagency workgroup for

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

youth in the juvenile justice system; amending s. 985.21, F.S.; requiring employees and agents of the Department of Health to cooperate with case managers of the Department of Juvenile Justice; amending s. 985.223, F.S.; providing responsibilities of the Department of Health with respect to incompetency evaluations of children alleged to be delinquent; providing for a committee to recommend to the Department of Children and Family Services and the Department of Health the most efficient ways to accomplish the transfer of responsibility relating to children's mental health services and children's substance abuse services; providing an effective date.

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

31 Statutes, is amended to read:

Section 1. All powers, duties, functions, records, personnel, property, and unexpended balances of appropriations, allocations, and other funds of the Department of Children and Family Services relating to children's mental health and children's substance abuse are transferred by a type two transfer, as defined in section 20.06, Florida Statutes, to the Department of Health and assigned to the Division of Children's Medical Services. The Department of Health may organize, classify, and manage the positions transferred in a manner that will reduce duplication, achieve maximum efficiency, and ensure accountability.

Section 2. Subsection (2) of section 230.2317, Florida

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

230.2317 Educational multiagency services for students with severe emotional disturbance.-
(2) The Commissioner of Education, the Secretary of

Health, the Secretary of Children and Family Services, and the Secretary of Juvenile Justice shall appoint an equal number of members to the Advisory Board for the Multiagency Service Network for Students with Severe Emotional Disturbance. The duties and responsibilities of the advisory board shall include oversight of the multiagency service network to provide a continuum of education, mental health treatment, and, when needed, residential services for students with severe emotional disturbance and to assess the impact of regional projects.

Section 3. Subsection (8) of section 394.455, Florida Statutes, is amended to read:

394.455 Definitions.--As used in this part, unless the context clearly requires otherwise, the term:

- (8) "Department" means:
- (a) The Department of Children and Family Services, when referring to services provided to adults; or
- (b) The Department of Health, when referring to services provided to children and adolescents.

Section 4. Subsection (3) of section 394.67, Florida Statutes, is amended to read:

394.67 Definitions.--When used in this part, unless the context clearly requires otherwise, the term:

- (3) "Department" means:
- (a) The Department of <u>Children and Family Health and Rehabilitative</u> Services, when referring to services provided to adults; or

1	(b) The Department of Health, when referring to
2	services provided to children and adolescents.
3	Section 5. Section 394.91, Florida Statutes, is
4	created to read:
5	394.91 Alcohol, drug abuse, and mental health services
6	for children and adolescents; responsibilities of the
7	Department of Health
8	(1) The Department of Health shall, to the extent that
9	funding is available and when not in conflict with any other
10	provisions of this part, contract for the establishment and
11	operation of alcohol, drug abuse, and mental health services
12	for children and adolescents with any appropriate local
13	service provider, as defined in s. 394.67(12).
14	(2) The Department of Health shall be responsible for
15	the development of that portion of the state alcohol, drug
16	abuse, and mental health plan relating to children and
17	adolescents.
18	(3) Contracts for services must be performance-based
19	and must be consistent with the state alcohol, drug abuse, and
20	mental health plan for children and adolescents.
21	(4) Performance outcomes, measures, and standards as
22	approved by the Legislature as part of the 1998-1999 General
23	Appropriations Act shall be the responsibility of the
24	Department of Health in the execution of contracted services.
25	Section 6. Subsection (9) of section 397.311, Florida
26	Statutes, is amended to read:
27	397.311 DefinitionsAs used in this chapter, except
28	part VIII:
29	(9) "Department" means <u>:</u>
30	(a) The Department of Health, when referring to
31	services provided to minors or juveniles; or

1 (b) The Department of Children and Family Services,
2 when referring to services provided to adults and
3 Rehabilitative Services.

Section 7. Paragraph (a) of subsection (4) of section 561.121, Florida Statutes, is amended to read:

561.121 Deposit of revenue.--

- (4) State funds collected pursuant to s. 561.501 shall be paid into the State Treasury and credited to the following accounts:
- (a) Nine and eight-tenths of the surcharge on the sale of alcoholic beverages for consumption on premises shall be transferred to the Children and Adolescents Substance Abuse Trust Fund, which shall remain with the Department of Health and Rehabilitative Services for the purpose of funding programs directed at reducing and eliminating substance abuse problems among children and adolescents.

Section 8. Effective July 1, 1999, paragraph (b) of subsection (1) of section 561.121, Florida Statutes, as amended by chapter 97-213, Laws of Florida, is amended to read:

561.121 Deposit of revenue.--

- (1) All state funds collected pursuant to ss. 563.05, 564.06, and 565.12 shall be paid into the State Treasury and disbursed in the following manner:
- (b) Ten million dollars annually shall be transferred to the Children and Adolescents Substance Abuse Trust Fund, which shall remain with the Department of Health Children and Family Services for the purpose of funding programs directed at reducing and eliminating substance abuse problems among children and adolescents.

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1 Section 9. Subsection (7) of section 984.225, Florida 2 Statutes, is amended to read: 3 984.225 Powers of disposition; placement in a staff-secure shelter.--4 5 (7) If the child requires residential mental health 6 treatment or residential care for a developmental disability, 7 the court shall refer the child to the Department of Children and Family Services for the provision of necessary services. 8 9 If the child requires residential mental health treatment, the 10 court shall refer the child to the Department of Health for 11 the provision of necessary services. Section 10. Subsection (2) of section 985.06, Florida 12 13 Statutes, is amended to read: 985.06 Statewide information-sharing system; 14 15 interagency workgroup. --(2) The interagency workgroup shall be coordinated 16 17 through the Department of Education and shall include 18 representatives from the state agencies specified in 19 subsection (1), school superintendents, school district information system directors, principals, teachers, juvenile 20 court judges, police chiefs, county sheriffs, clerks of the 21 22 circuit court, the Department of Children and Family Services, the Department of Health, providers of juvenile services 23 24 including a provider from a juvenile substance abuse program, 25 and district juvenile justice managers. Section 11. Paragraph (a) of subsection (1) of section 26 27 985.21, Florida Statutes, is amended to read:

(1)(a) During the intake process, the intake counselor

985.21 Intake and case management. --

shall screen each child to determine:

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- Appropriateness for release, referral to a diversionary program including, but not limited to, a teen-court program, referral for community arbitration, or referral to some other program or agency for the purpose of nonofficial or nonjudicial handling.
- The presence of medical, psychiatric, psychological, substance abuse, educational problems, or other conditions that may have caused the child to come to the attention of law enforcement or the Department of Juvenile Justice. In cases where such conditions are identified, and a nonjudicial handling of the case is chosen, the intake counselor shall attempt to refer the child to a program or agency, together with all available and relevant assessment information concerning the child's precipitating condition.
- The Department of Juvenile Justice shall develop a case management system whereby a child brought into intake is assigned a case manager if the child was not released, referred to a diversionary program, referred for community arbitration, or referred to some other program or agency for the purpose of nonofficial or nonjudicial handling, and shall make every reasonable effort to provide continuity of case management for the child; provided, however, that case management for children committed to residential programs may be transferred as provided in s. 985.316.
- In addition to duties specified in other sections and through departmental rules, the assigned case manager shall be responsible for the following:
- Ensuring that a risk assessment instrument establishing the child's eligibility for detention has been accurately completed and that the appropriate recommendation 31 was made to the court.

- b. Inquiring as to whether the child understands his or her rights to counsel and against self-incrimination.
- c. Performing the preliminary screening and making referrals for comprehensive assessment regarding the child's need for substance abuse treatment services, mental health services, retardation services, literacy services, or other educational or treatment services.
- d. Coordinating the multidisciplinary assessment when required, which includes the classification and placement process that determines the child's priority needs, risk classification, and treatment plan. When sufficient evidence exists to warrant a comprehensive assessment and the child fails to voluntarily participate in the assessment efforts, it is the responsibility of the case manager to inform the court of the need for the assessment and the refusal of the child to participate in such assessment. This assessment, classification, and placement process shall develop into the predisposition report.
- e. Making recommendations for services and facilitating the delivery of those services to the child, including any mental health services, educational services, family counseling services, family assistance services, and substance abuse services. The delinquency case manager shall serve as the primary case manager for the purpose of managing, coordinating, and monitoring the services provided to the child. Each program administrator within the Department of Children and Family Services and each employee or agent of the Division of Children's Medical Services providing mental-health services or substance-abuse services to the child shall cooperate with the primary case manager in

carrying out the duties and responsibilities described in this section.

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The Department of Juvenile Justice shall annually advise the Legislature and the Executive Office of the Governor of the resources needed in order for the case management system to maintain a staff-to-client ratio that is consistent with accepted standards and allows the necessary supervision and services for each child. The intake process and case management system shall provide a comprehensive approach to assessing the child's needs, relative risks, and most appropriate handling, and shall be based on an individualized treatment plan.

Section 12. Section 985.223, Florida Statutes, is amended to read:

985.223 Incompetency in juvenile delinquency cases .--

- If, at any time prior to or during a delinquency case involving a delinquent act or violation of law that would be a felony if committed by an adult, the court has reason to believe that the child named in the petition may be incompetent to proceed with the hearing, the court on its own motion may, or on the motion of the child's attorney or state attorney must, stay all proceedings and order an evaluation of the child's mental condition.
- (a) All determinations of competency shall be made at a hearing, with findings of fact based on an evaluation of the child's mental condition by not less than two nor more than three experts appointed by the court. If the determination of incompetency is based on the presence of a mental illness or mental retardation, this must be stated in the evaluation. 31 addition, a recommendation as to whether residential or

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nonresidential treatment or training is required must be included in the evaluation. All court orders determining incompetency must include specific findings by the court as to the nature of the incompetency.

- (b) For incompetency evaluations related to mental illness, the Department of Health Children and Family Services shall annually provide the courts with a list of mental health professionals who have completed a training program approved by the Department of Health Children and Family Services to perform the evaluations.
- (c) For incompetency evaluations related to mental retardation, the court shall order the Developmental Services Program Office within the Department of Children and Family Services to examine the child to determine if the child meets the definition of "retardation" in s. 393.063 and, if so, whether the child is competent to proceed with delinquency proceedings.
- (d) A child is competent to proceed if the child has sufficient present ability to consult with counsel with a reasonable degree of rational understanding and the child has a rational and factual understanding of the present proceedings. The report must address the child's capacity to:
- Appreciate the charges or allegations against the child.
- 2. Appreciate the range and nature of possible penalties that may be imposed in the proceedings against the child, if applicable.
- Understand the adversarial nature of the legal process.
- 4. Disclose to counsel facts pertinent to the 31 proceedings at issue.

- 5. Display appropriate courtroom behavior.
- 6. Testify relevantly.
- (2) Every child who is adjudicated incompetent to proceed may be involuntarily committed to the Department of Health or to the Department of Children and Family Services for treatment upon a finding by the court of clear and convincing evidence that:
- (a) The child is mentally ill and because of the mental illness; or the child is mentally retarded and because of the mental retardation:
- 1. The child is manifestly incapable of surviving with the help of willing and responsible family or friends, including available alternative services, and without treatment the child is likely to either suffer from neglect or refuse to care for self, and such neglect or refusal poses a real and present threat of substantial harm to the child's well-being; or
- 2. There is a substantial likelihood that in the near future the child will inflict serious bodily harm on self or others, as evidenced by recent behavior causing, attempting, or threatening such harm; and
- (b) All available less restrictive alternatives, including treatment in community residential facilities or community inpatient or outpatient settings which would offer an opportunity for improvement of the child's condition, are inappropriate.
- (3) Each child who has been adjudicated incompetent to proceed and who meets the criteria for commitment in subsection (2), must be committed to the <u>Department of Health</u> or the Department of Children and Family Services, <u>as</u> appropriate, and that department may retain, and if it retains

 must treat, the child in the least restrictive alternative consistent with public safety. Any commitment of a child to a residential program must be separate from adult forensic programs. If the child attains competency, case management and supervision of the child will be transferred to the department in order to continue delinquency proceedings; however, the court retains authority to order the Department of Children and Family Services to provide continued treatment to maintain competency.

- (a) A child adjudicated incompetent due to mental retardation may be ordered into a program designated by the Department of Children and Family Services for retarded children.
- (b) A child adjudicated incompetent due to mental illness may be ordered into a program designated by the Department of <u>Health</u> <u>Children and Family Services</u> for mentally ill children.
- (c) Not later than 6 months after the date of commitment, or at the end of any period of extended treatment or training, or at any time the service provider determines the child has attained competency or no longer meets the criteria for commitment, the service provider must file a report with the court pursuant to the applicable Rules of Juvenile Procedure.
- (4) If a child is determined to be incompetent to proceed, the court shall retain jurisdiction of the child for up to 2 years after the date of the order of incompetency, with reviews at least every 6 months to determine competency. If the court determines at any time that the child will never become competent to proceed, the court may dismiss the delinquency petition. If, at the end of the 2-year period

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following the date of the order of incompetency, the child has not attained competency and there is no evidence that the child will attain competency within a year, the court must dismiss the delinquency petition. If necessary, the court may order that proceedings under chapter 393 or chapter 394 be instituted. Such proceedings must be instituted not less than 60 days prior to the dismissal of the delinquency petition.

- If a child who is found to be incompetent does not meet the commitment criteria of subsection (2), the court may order the Department of Health or the Department of Children and Family Services, as appropriate, to provide appropriate treatment and training in the community. All court-ordered treatment or training must be the least restrictive alternative that is consistent with public safety. Any commitment to a residential program must be separate from adult forensic programs. If a child is ordered to receive such services, the services shall be provided by the Department of Health or the Department of Children and Family Services. The department shall continue to provide case management services to the child and receive notice of the competency status of the child. The competency determination must be reviewed at least every 6 months by the service provider, and a copy of a written report evaluating the child's competency must be filed by the provider with the court and with the Department of Health or Department of Children and Family Services and the department.
- (6) The provisions of this section shall be implemented only subject to specific appropriation.

Section 13. <u>Effective July 1, 1998, the Secretary of Children and Family Services shall appoint three</u> representatives of the Department of Children and Family

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Services and the Secretary of Health shall appoint three
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     representatives of the Department of Health to a committee the
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     function of which is to recommend to the respective
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    departments the most efficient means of carrying out the
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    transfer prescribed in this act. The committee shall
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    recommend to the departments how they should fulfill their
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     shared responsibilities under chapters 394 and 397, Florida
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     Statutes. The committee shall also recommend to the
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     departments any revisions to the Florida Statutes necessary to
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    ensure the successful administration of each department's
    respective responsibilities as a result of this act. The
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    Governor shall appoint the chairman of the committee.
    committee must hold its first meeting by July 15, 1998, and
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    must report its recommendations to the respective departments
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    by November 2, 1998.
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             Section 14. Except as otherwise provided in this act,
     this act shall take effect January 1, 1999.
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              STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN COMMITTEE SUBSTITUTE FOR Senate Bill 2334
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    Deletes reference to conforming amendments to ss. 394.50 and 394.60, F.S., relating to children's treatment centers and patient transfers, respectively.
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    Creates s. 394.91, F.S., providing responsibilities for the Department of Health regarding alcohol, drug abuse, and mental
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    health services.
    Amends s. 397.311, F.S., redefining the term "department" for purposes of alcohol and drug abuse services.
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    Adds to the duties of the transition advisory committee the
    development of recommendations regarding any additional statutory revisions necessary to reflect the responsibilities resulting from this bill.
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    Incorporates technical and conforming revisions.
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