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DATE: May 7, 1999

****FINAL ACTION****

****SEE FINAL ACTION STATUS SECTION****

**HOUSE OF REPRESENTATIVES
AS FURTHER REVISED BY THE COMMITTEE ON
CHILDREN & FAMILIES
FINAL ANALYSIS**

BILL #: HB 2003 (formerly PCB CF 99-02; Chapter #: 99-396, Laws of Florida)

RELATING TO: Children's Substance Abuse Services

SPONSOR(S): Committee on Children & Families and Representative Murman

COMPANION BILL(S): SB 2546 (identical), SB 242 (Compare) SB 1946 (compare), and CS/SB 2388 (compare)

ORIGINATING COMMITTEE(S)/COMMITTEE(S) OF REFERENCE:

- (1) CHILDREN & FAMILIES YEAS 8 NAYS 0
- (2) GOVERNMENTAL OPERATIONS YEAS 4 NAYS 0
- (3) HEALTH AND HUMAN SERVICES APPROPRIATIONS YEAS 8 NAYS 0
- (4)
- (5)

I. FINAL ACTION STATUS:

06/18/99 Approved by Governor; Chapter No. 99-396

II. SUMMARY:

House Bill 2003 substantially rewords Part X of Chapter 397, F.S., to create a comprehensive policy framework for Children's Substance Abuse Services. The bill requires the development and implementation of services, programs, and initiatives which relate specifically to substance abuse services for children. The purpose of this bill is to improve access to services at the local level relative to the targeted populations. Children with complex needs would be given increased attention through a strengthened case management capability at the local level. Demonstration models would be implemented for delivering substance abuse services to the targeted populations through local networks involving experienced and effective service providers. This would provide the impetus for the development and implementation of uniform procedures and standards for the various levels and types of available services. Contingent upon the availability of funds, a utilization management process would be implemented to assess the use and allocation of resources within networks while districts of the department would implement a formal quality assurance program to assess the quality of services provided to children generally.

House Bill 2003 creates a school substance abuse prevention partnership grant program to encourage the development of effective substance abuse prevention and early intervention strategies with school-age children. This is a departure from the way prevention and intervention initiatives have historically been approached because it involves a full partnership effort among the state agencies of the Department of Children & Family Services, the Department of Education, the Department of Juvenile Justice, and community-based organizations. Another innovation is the development and implementation of an Internet web site for school-age children and others which would provide immediate access, consistent with the Florida Cooperative Initiative, to information on numerous topics related to prevention specifically and substance abuse generally.

In addition, provisions in the bill direct that strategies and community alternatives be defined in each service district of the Department of Children and Family Services for diverting from the criminal justice system to the civil Baker Act system persons with mental illness who are arrested for a misdemeanor. The Louis de la Parte Florida Mental Health Institute is directed to review strategies in Florida and other states and to recommend to the Legislature those strategies that are most effective.

House Bill 2003 also creates the Commission on Mental Health and Substance Abuse and specifies the duties of the Commission and the membership that is appointed by the President of the Senate, Speaker of the House of Representatives, and the Governor. An interim report to the Governor and the Legislature is due no later than March 1, 2000, and the final report with statutory modifications is due to the Governor and the Legislature no later than December 1, 2000.

III. SUBSTANTIVE ANALYSIS:

A. PRESENT SITUATION:

Cost Reimbursement Contracting

Part IV of chapter 394, F.S., is known as "The Community Alcohol, Drug Abuse, & Mental Health Services Act" and includes provisions for planning, defining, operating, financing, contracting, and managing the district alcohol, drug abuse, and mental health (ADM) services delivery system. Section 394.74, F.S., authorizes the department to contract for the establishment and operation of local ADM programs with hospitals, clinics, laboratories, institutions or other appropriate service providers. Since 1976, ADM has used a cost reimbursement contracting system where payment to providers is based on reimbursable expenditures. A study was completed in 1989 of the ADM financial reimbursement system by the department's Inspector General concluding that the cost reimbursement contracting policy in chapter 394, F.S., lacks accountability. The Inspector General recommended the performance contracting system with uniform accounting and service reporting and that performance-based guidelines be established for providers. This recommendation to implement performance contracting was made again in 1990 in a legislatively mandated study of the ADM reimbursement system. Consistent with these studies, chapter 91-158, Laws of Florida, required that the department implement an integrated, unit cost based budgeting system and specified that ADM begin this system during FY 1991-92. Based on these recommendations and consistent with departmental policy to improve accountability, the department, in 1990, began requiring that providers report the number of units of services they provide and the identified client populations to be served.

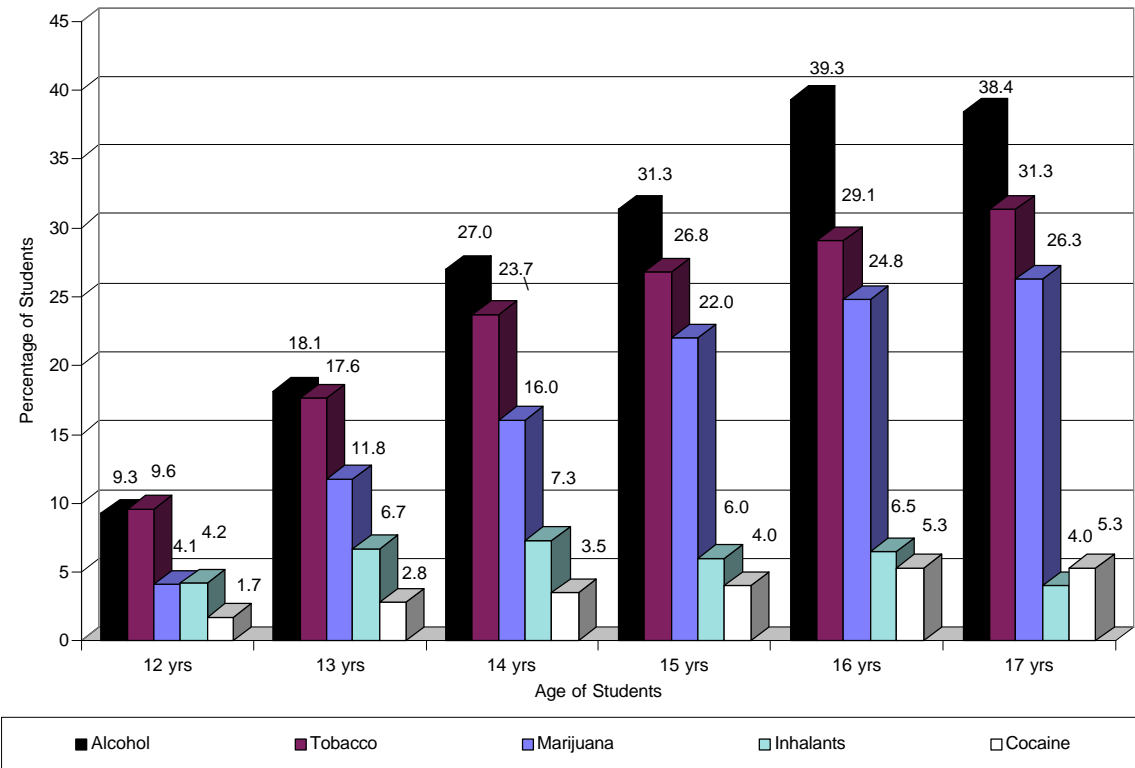
THE SCOPE OF THE CHILDREN'S SUBSTANCE ABUSE PROBLEM

Florida Substance Abuse Prevalence Rates

Information regarding the scope of the substance abuse problem is hard to get. Schools, the primary source for prevalence rate information, do not uniformly participate in surveys attempting to identify the scope of the substance abuse problem in the state. The decentralized nature of Florida's school system precluded a state-level mandate for an across-the-board sample in every school district/county. From the information that does exist, the substance abuse problem increases with age. The biggest jump in reported use is between the ages of 12 and 13. The most widely used substances are in order:

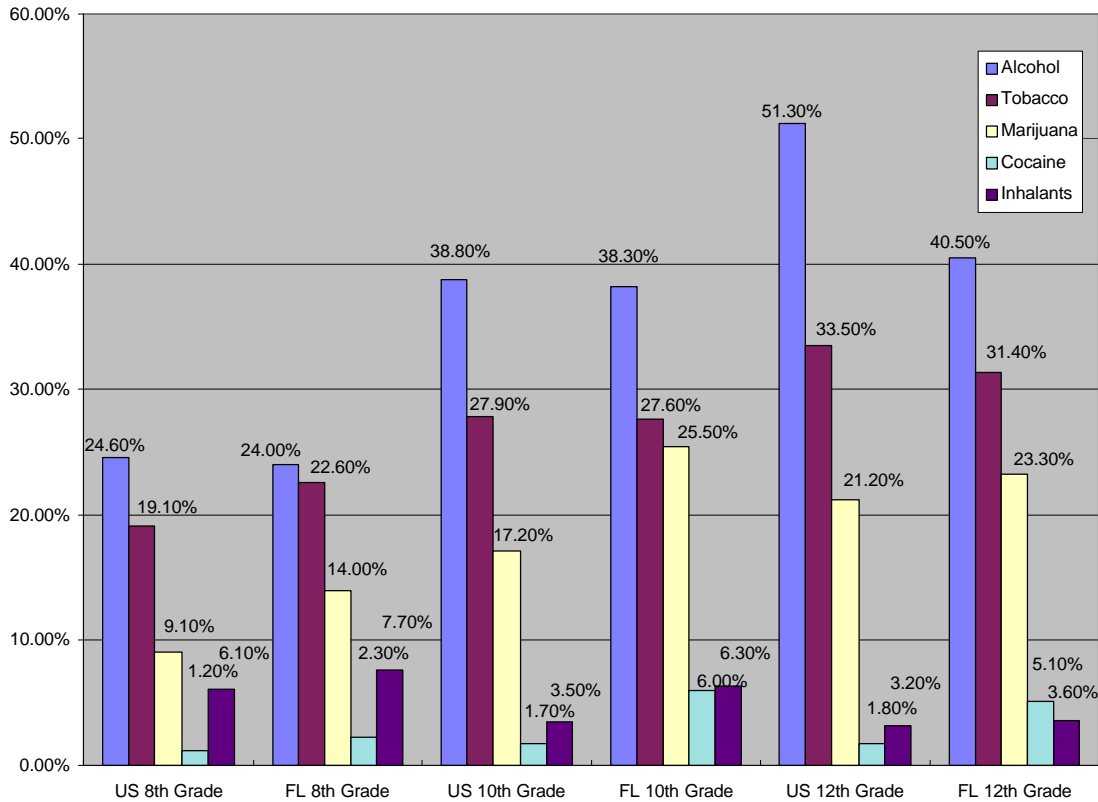
- ▶ Alcohol
- ▶ Tobacco
- ▶ Marijuana
- ▶ Inhalants
- ▶ Cocaine

The following chart shows how drug use increases with age among youth 12-17 years of age. Alcohol is the most used substance followed by tobacco and marijuana.



The following chart shows the Florida drug use rates are similar to national rates by grade level.

Comparison of National and Florida Monthly Drug Use by Grade Level



Service Delivery System

The service delivery system for children’s substance abuse services is highly privatized. Program services are provided by community substance abuse agencies under contract with the Department of Children & Families’ 15 service districts. Districts provide policy oversight and program monitoring of services. District offices also license public and private substance abuse programs. The following services are available:

- ▶ Intervention services identify children at risk of substance abuse problems and provide short-term counseling and referral to the children and their families.
- ▶ Targeted prevention services consist primarily of programs designed to increase educational achievement and reduce substance abuse risk factors of students in grades 4 through 8. Family services are also included to address family risk and protective factors. These programs, known as Alpha and Beta programs, are provided through community agencies in partnership with county school boards.
- ▶ Universal or non-targeted prevention services are designed to reach communities, groups or the population at large with strategies designed to forestall the experimentation and use of alcohol, tobacco, and other drugs.
- ▶ Case management ensures that services are comprehensive, coordinated, and meet client needs on an ongoing basis.
- ▶ Outpatient services include assessment, and individual, group, and family counseling.

Funding

For children with a substance abuse problem, current funding is \$62.5* million (\$28.3 million General Revenue, \$21.1 million trust funds including federal block grant, and \$13.1 million in Medicaid and local match). \$52.3 millions of these funds are used for treatment services for children abusing substances.

For children at risk of a substance abuse problem, current funding is \$6.1 million used for prevention services to 3,000 targeted children who are at risk of abusing substances. \$4.1 million is used for prevention services for the general population, reaching approximately 107,000 children.

Staff Resources

The Legislature appropriates funds for district staff to administer services for the community-based client groups served by Alcohol, Drug Abuse & Mental Health Services programs. Statewide, 117 administrative positions were authorized in 1997-98; 24 of these staff members oversee children's substance abuse programs. Funds are not appropriated for staff to provide direct services, since services are primarily provided by third-party agencies under contract with the 15 districts.

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Performance Contracting: In July 1996 the Department of Children & Families began integrating performance measures into its annual contracts with the community-based agencies that provide client services. For FY 1998-99, the department is collecting information about the following indicators of the effectiveness of its contracted services for children with, or at risk of, substance abuse problems:

- completion of treatment;
- increased consumer and client satisfaction;
- improved educational achievement in reading and mathematics; and
- perception of substance abuse as harmful.

The department recommended additional program measures, as indicators of program effectiveness, that are also included in the General Appropriations Act for 1998-99: reduced readmissions for substance abuse, and decreased commitment or recommitment to the Department of Juvenile Justice. These measures are not incorporated yet in the provider contracts. In addition, an annual survey assessing community partner satisfaction with departmental services was implemented in 1998. This survey assesses the satisfaction of community partners such as law enforcement, judicial, county and city governments, school boards and vocational-technical centers, and foster parents' associations that work with the Department of Children & Families. It focuses, in part, on the areas of timeliness, accessibility, and competency.

STATUTORY AUTHORITY

Chapter 397, Florida Statutes, provides the basic statutory authority and framework for the Department of Children & Family Services' substance abuse program. The chapter does not distinguish between adult and children's services except in s. 397.811, s. 397.821 and part X.

Section 397.811, F.S., requires the state comprehensive plan for substance abuse impairment to contain a section on juvenile substance abuse impairment prevention and early intervention. In order to implement that plan, it requires the development of positive alternatives to substance abuse for juveniles and cooperative agreements between counties and public and private agencies.

Section 397.821, F.S., allows judicial circuits to establish a juvenile substance abuse impairment prevention and early intervention council composed of at least 12 members, to identify the needs of its community in juvenile substance abuse impairment prevention and early intervention, identifies priorities for providers and services, proposes methods of coordination of services to ensure effectiveness and avoid duplication and fragmentation, and develops recommendations to address the identified needs.

Part X of ch. 397 delineates the framework for juvenile addiction receiving facilities. These facilities are designed to provide substance abuse impairment treatment services and

community-based detoxification, stabilization, and short-term treatment and medical care to juveniles found impaired, in need of emergency treatment as a consequence of being impaired, or incapable of making an informed decision about their need for care. There are currently eight such facilities in Florida.

Baker Act

Florida's mental health law, ch. 394 (Part I), F.S., the Baker Act, encourages local communities to provide mental health treatment to persons who exhibit nonviolent criminal behavior rather than place them in the criminal justice system. Section 394.462, (1)(f) F.S., requires that a law enforcement officer who has custody of a person because of noncriminal or minor criminal behavior who meets the involuntary examination criteria in s. 394.463(1), F.S., transport that person to the nearest Baker Act receiving facility for a psychiatric examination. Transporting to receiving facilities does not always occur as many of these persons with mental health problems are taken to county jails. Data are not available, however, that specify the number or percentage of these persons who are taken to Baker Act receiving facilities as opposed to a county detention facility.

Chapter 98-92, Laws of Florida, amended the Forensic Client Services Act, ch. 916, F.S., by restricting commitment to the department to defendants charged with a felony who have been found to be incompetent to proceed due to mental illness, retardation, or autism or who have been acquitted of felonies by reason of insanity. Section 916.106(4), F.S., defines "court" as circuit court which excludes county court judges from having commitment authority.

Misdemeanants with Mental Illness

The issue of community safety and appropriate treatment alternatives for misdemeanants with mental illness is of great concern to Florida's county judges. Judges and other professionals in Florida's criminal system and mental health system find that many persons with mental illnesses who commit misdemeanors cycle in and out of the county jails because these persons do not have access to the appropriate mental health treatment and support services.

In the case of *Onwu v. Florida*, 692 So.2d 881 (Fla. 1997), the Florida Supreme Court ruled that only a circuit court as defined in s. 916.106(2), F.S., may commit a person to the department for services under ch. 916, F.S. Many county court judges continue to want the option of committing misdemeanants to the department under ch. 916, F.S. Prior to April 1997, approximately 60 to 80 persons with mental illness who committed misdemeanors were committed to the Department of Children and Family Services each year by the county courts for placement in Florida's secure forensic units under the authority of ch. 916, F.S.

According to information gathered for the Committee's interim project, community experts believe that persons with mental illness continue to commit misdemeanors for the following reasons: (1) many persons are not diagnosed and treated in jail immediately after arrest, (2) many persons who are stabilized in jail or in a mental health facility decompensate quickly when returning to their home because the appropriate psychiatric medications or other treatment modalities that help maintain mental stability are discontinued, and (3) there is insufficient management and monitoring of the client in the community to assure that service needs are being met. Poor coordination of existing resources and the lack of integration of mental health and criminal justice programs are cited by many experts as a major problem that hampers services to this population. The majority of the respondents to the Senate survey believe that placing misdemeanants with mental illness in secure expensive forensic facilities with persons who have committed serious offenses would "criminalize" persons with mental illness in order to obtain mental health services.

In-jail Mental Health Services

Counties are responsible for providing mental health care to jail inmates based on: (1) tort liability because the inmate is involuntarily detained and therefore cannot seek the required care and (2) minimum constitutional standards of care in correctional facilities through case law interpretation of the U.S. Constitution pursuant to the 8th amendment (cruel and unusual punishment) and the 14th amendment (due process of law).

Mental Health Court

In an attempt to expedite treatment services for the misdemeanant with mental illness, in May 1997, Chief Judge Dale Ross in the 19th Judicial Circuit appointed Ginger Lerner-Wren an acting circuit court judge in all matters relating to mental health, substance abuse, and developmental disabilities. This specialized court in Broward County focuses upon persons arrested for misdemeanor offenses who are mentally ill or mentally retarded and their need for appropriate treatment in a therapeutic environment as well as insuring the protection of the public. This mental health court meets daily for the judge to determine whether each defendant requires immediate psychiatric treatment in a hospital setting, whether mental competency is an issue, the specific types of community mental health services that may be needed, and whether there are public safety issues.

Research has not been conducted on the mental health court concept to determine its effectiveness with the misdemeanant mentally ill, but research conducted on drug courts by Columbia University's National Center on Addiction and Substance Abuse found that drug courts provide closer, more comprehensive supervision and much more frequent monitoring of the client's behavior than other forms of community supervision. Drug use and criminal behavior were found to be substantially reduced while offenders are participating in drug court.

Court Jurisdiction

States have been searching for effective strategies to engage persons with serious and persistent mental illness in community treatment, enhance compliance with treatment plans, and thereby prevent relapse and rehospitalization in the more costly inpatient programs. The costs of housing and treating these persons with mental illnesses who commit misdemeanors are a major responsibility for counties because these persons are usually detained in jail facilities. Some states are using court-ordered community treatment or involuntary outpatient treatment to enforce treatment compliance. No studies have examined the extent to which outpatient commitment affects compliance and treatment when essential community services such as case management are consistently and aggressively provided.

B. EFFECT OF PROPOSED CHANGES:

House Bill 2003 substantially rewords Part X of Chapter 397, F.S., to create a comprehensive policy framework for Children's Substance Abuse Services. The bill requires the development and implementation of services, programs, and initiatives which relate specifically to substance abuse services for children. The purpose of this bill is to improve access to services at the local level relative to the targeted populations. Children with complex needs would be given increased attention through a strengthened case management capability at the local level. Demonstration models would be implemented for delivering substance abuse services to the targeted populations through local networks involving experienced and effective service providers. This would provide the impetus for the development and implementation of uniform procedures and standards for the various levels and types of available services. Contingent upon the availability of funds, a utilization management process would be implemented to assess the use and allocation of resources within networks while districts of the department would implement a formal quality assurance program to assess the quality of services provided to children generally.

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arrested for a misdemeanor. The Louis de la Parte Florida Mental Health Institute is directed to review strategies in Florida and other states and to recommend to the Legislature those strategies that are most effective.

House Bill 2003 also creates the Commission on Mental Health and Substance Abuse and specifies the duties of the Commission and the membership that is appointed by the President of the Senate, Speaker of the House of Representatives, and the Governor. An interim report to the Governor and the Legislature is due no later than March 1, 2000, and the final report with statutory modifications is due to the Governor and the Legislature no later than December 1, 2000.

C. APPLICATION OF PRINCIPLES:

1. Less Government:

a. Does the bill create, increase or reduce, either directly or indirectly:

(1) any authority to make rules or adjudicate disputes?

Yes. The Department of Children and Family Services is required, by rule, to establish standards for contract budgeting, methods of payment, and accounting fees.

The department is directed to propose statutory revisions to ch. 394, F.S., and to develop and implement a quality assurance program as part of the contract management process.

(2) any new responsibilities, obligations or work for other governmental or private organizations or individuals?

Yes. The bill establishes several additional responsibilities for the Department of Children & Family Services and providers who contract with the department for substance abuse services.

(3) any entitlement to a government service or benefit?

The department is required to provide services such as: district wide comprehensive children's substance abuse information and referral networks; a Children's Network of Care Demonstration Models for children with substance abuse problems, or who are at-risk; and the development of a publicly available substance abuse prevention Internet website targeting youth, parents, teachers and other stakeholders.

b. If an agency or program is eliminated or reduced:

(1) what responsibilities, costs and powers are passed on to another program, agency, level of government, or private entity?

N/A

(2) what is the cost of such responsibility at the new level/agency?

N/A

(3) how is the new agency accountable to the people governed?

N/A

2. Lower Taxes:

a. Does the bill increase anyone's taxes?

No.

b. Does the bill require or authorize an increase in any fees?

No.

c. Does the bill reduce total taxes, both rates and revenues?

No.

d. Does the bill reduce total fees, both rates and revenues?

No.

e. Does the bill authorize any fee or tax increase by any local government?

No.

3. Personal Responsibility:

a. Does the bill reduce or eliminate an entitlement to government services or subsidy?

No.

b. Do the beneficiaries of the legislation directly pay any portion of the cost of implementation and operation?

No.

4. Individual Freedom:

a. Does the bill increase the allowable options of individuals or private organizations/associations to conduct their own affairs?

No.

b. Does the bill prohibit, or create new government interference with, any presently lawful activity?

No.

5. Family Empowerment:

a. If the bill purports to provide services to families or children:

(1) Who evaluates the family's needs?

Substance abuse providers under contract with the Department of Children & Family Services.

(2) Who makes the decisions?

Substance abuse providers under contract with the Department of Children & Family Services.

(3) Are private alternatives permitted?

Yes. The substance abuse system is completely privatized.

(4) Are families required to participate in a program?

Unless it is court ordered, families are not required to participate.

(5) Are families penalized for not participating in a program?

Unless it is court ordered, families are not penalized for not participating.

b. Does the bill directly affect the legal rights and obligations between family members?

No.

c. If the bill creates or changes a program providing services to families or children, in which of the following does the bill vest control of the program, either through direct participation or appointment authority:

(1) parents and guardians?

N/A

(2) service providers?

The bill allows service providers within the parameter established by law, policy, rules and contract requirements to operate programs.

(3) government employees/agencies?

N/A

D. STATUTE(S) AFFECTED:

Amends ss. 394.66, 394.74, 394.78, chapter 397, part X, and 397.419, F.S.; Creates ss. 397.92, 397.93, 397.94, 397.95, 397.951, 397.96, 397.97, 397.98, 397.99, 397.997, and 397.998, F.S.

E. SECTION-BY-SECTION ANALYSIS:

Section 1 - Amends s. 394.66, F.S.

Amends 394.66, F.S., conforming statutory references to the Department of Children and Family Services.

Section 2 - Amends 394.74, F.S.: allowing the Department of Children & Family Services to use unit cost methods of payment in contracts for purchasing mental health and substance abuse services.

Section 3 - Amends 394.78, F.S. 1998 Supplement, requiring the Department of Children & Family Services to establish standards by rule to address patient fees that are earned on behalf of a specific client.

Section 4 - Creates the Commission on Mental Health and Substance Abuse and specifies the duties of the Commission and the membership that is appointed by the President of the Senate, Speaker of the House of Representatives, and the Governor. The Legislature intends for this Commission to conduct a systematic review of the overall management of the state's mental health and substance abuse system for updating chapter 394, part IV, F.S. An interim report to the Governor and the Legislature is due no later than March 1, 2000, and the final report with statutory modifications is due to the Governor and the Legislature no later than December 1, 2000.

Section 5 - Amends s. 397.419, F.S., expanding the quality assurance program for substance abuse services; and providing that a quality assurance program is to be implemented as part of the department's contract management process. The quality assurance program includes the following components:

- ▶ tracking performance measures and standards established by the Legislature;
- ▶ providing a framework for evaluating outcomes separate from the performance-based process;
- ▶ providing a system of analyzing those factors which have an effect on performance at the local level;
- ▶ providing a system of reporting results of quality assurance reviews; and
- ▶ incorporating best practice models for use in improving performance in those areas which are deficient.

Establishes a peer review process, to include program reviews of providers by department district staff and other providers, and reviews of individual district programs by other districts. Creates a quality assurance coordinator position, contingent upon specific appropriations, within each service district to oversee the implementation and operation of the quality assurance program.

Section 6 - Retitles part X of ch. 397, F.S., as JUVENILE EMERGENCY PROCEDURES AND CHILDREN'S SUBSTANCE ABUSE SERVICES.

Section 7 - Creates s. 397.92, F.S., delineating general performance outcomes for the children's substance abuse service system. These performance outcomes include:

- ▶ Improvement in the child's or adolescent's ability to function in the family, school and community with minimum supports.
- ▶ Reducing behaviors that may be linked to substance abuse, such as unintended pregnancy, delinquency, sexually transmitted diseases, smoking, and other negative behaviors;

Requiring the department to annually develop performance outcomes and performance measures to assess the performance of the children's substance abuse service system in relation to these performance outcomes.

Section 8 - Creates s. 397.93, F.S., specifying the target populations to whom the Department of Children & Families will provide services; and defining target populations by using a frequency of drug use taxonomy that aligns with the continuum of program intervention from prevention to long-term residential treatment. The target populations include:

- ▶ Children at risk due to regular or periodic exposure to negative factors related to the family, community, school, self, or peers.
- ▶ Children at risk due to experimental and social use of substances.
- ▶ Children who use substances on a daily, weekly, or monthly basis.
- ▶ Children with substance dependency or addiction.

Section 9 - Creates s. 397.94, F.S., requiring each district of the Department of Children & Family Services to develop a children's substance abuse information and referral network by July 1, 2000.

Requires the children's substance abuse information and referral network to be incorporated into the district's child and adolescent mental health information and referral network provided for under s. 394.4985 and, by July 1, 2000, renamed the referral network the children's substance abuse and mental health information and referral network.

Requires districts to develop a plan for the information and referral network and submit the plan to the secretary of the department. Allows districts to determine the most cost-effective method for delivering the service. Districts can select new providers or utilize existing providers with a record of success in providing information and referral services; and establishing the requirements for the information system.

Section 10 - Creates s. 397.95, F.S., requiring that all districts provide the following substance abuse services for children:

- ▶ Screening
- ▶ Intake
- ▶ Assessment
- ▶ Enrollment
- ▶ Service Planning
- ▶ Case management

Section 11 - Creates s. 397.951, F.S., delineating sanctions available, which are intended to force participation and completion of treatment; and provides that the department of Children and Family Services is responsible for ensuring providers employ these sanctions when appropriate.

Section 12 - Creates s. 397.96, F.S., providing case management services for children considered complex cases.

Defines complex cases as those involving children who receive services from several agencies addressing substance abuse problems and declares the primary function of case management is to coordinate services

Delineates the activities associated with case management, and allowing the department to establish rules for these activities.

Section 13 - Creates s. 397.97, F.S., creating the Children & Adolescent Network of Care Demonstration Models to operate for four years for children and adolescents who are at risk of or who have substance abuse problems;

Provides that the purpose of demonstration models is to encourage collaboration among the Department of Children & Family Services, the Agency for Health Care Administration, the Department of Education, the Department of Health, the Department of Juvenile Justice, local government agencies, and any other interested party by entering into a partnership agreement.

Provides that the objective of partnership agreements is to provide a locally organized system of care for children, adolescents and their families to maximize the effectiveness of resources. The specific criteria to achieve this objective includes:

- ▶ developing uniform procedures regarding screening, intake, assessment, enrollment, service planning, case management, and utilization management;
- ▶ eliminating duplication of services;
- ▶ employing natural supports in the family and the community to help meet the service needs of the child or adolescent who is at risk of or has a substance abuse problem;
- ▶ improving interagency planning efforts through greater collaboration between public and private community-based agencies;

- ▶ testing creative and flexible strategies for financing the care of children and adolescents who are at risk of or have a substance abuse problem; and
- ▶ sharing information about the child or adolescent with appropriate community agencies.

Delineates the governance structure of demonstration models and specifying other requirements that must be met. The governance structure is made up of a multi-agency consortium of state and county agencies, referred to as the purchasing agent, or other public agency that purchases individualized services for children and adolescents who are at risk of or have a substance abuse problem.

Provides the secretary of the department with the authority to approve model proposals based on criteria developed by the department.

Section 14 - Creates s. 397.98, F.S., establishing a utilization management system for services provided in the demonstration models. Utilization management is the process used to authorize care and analyze the services provided in the demonstration models (s. 397.97). This process includes:

- ▶ monitoring the appropriateness of admission;
- ▶ monitoring duration of care; and
- ▶ developing patterns of care and profiles of providers.

The utilization management process is subject to approval by the secretary and contingent on the availability of funds.

Section 15 - Creates s. 397.99, F.S., establishing a school substance abuse prevention partnership grant program to encourage the development of effective substance abuse prevention and early intervention strategies with middle-school-age children. The program allows schools, or community-based organizations in partnership with schools to submit a grant proposal for funding or continued funding to the department by March 1 of each year.

The department is required to establish grant application procedures. The section describes basic requirements for programs applying for a grant. The department is required to coordinate a review of program proposals with the Department of Education and the Department of Juvenile Justice and make a determination no later than June 30 of each year.

Section 16 - Creates s. 397.997, F.S., requiring the department to develop a publicly available prevention Internet web site that targets youth, their parents, teachers, and other stakeholders; and requiring the Internet web site to contain, at a minimum, the following components:

- ▶ the nature of Florida's current youth alcohol, tobacco, and other drug use concerns;
- ▶ the health, social, and legal effects of alcohol, tobacco, and other drug use on individuals, families, schools, and the economy;
- ▶ national, state, and local prevention and treatment resources; and classroom, home, and individual instructional activities and games geared to teach targeted youth about of the harmful effects of alcohol, tobacco, or other drug use; refusal and other prevention skills; and how to get help for someone using drugs.

Section 17 - Creates s. 397.998, F.S., creating the Drug-free communities support match grants. The grants are designed to assist local community coalitions to secure federal drug-free communities support grants by providing needed match.

The support match grants supply match funds or in-kind match. The federal requirements for Drug Free Communities Support Program grants under Public Law 105-20 call for a dollar for dollar match by communities.

This section also delineates application procedures and requirements. Match grant funds are released as required by federal regulations to community coalitions upon documentation that a community coalition has secured a Drug Free Communities Support Program Grants.

Requiring the department to establish rules specifically to address procedures necessary to administer the Drug Free Communities Match Grants.

Section 18 - Directs the Department of Children and Family Services to enter into cooperative agreements and develop strategies and community alternatives in each service district for diverting from the criminal justice system to the civil Baker Act system persons with mental illness who are arrested for a misdemeanor. Each district's strategies are to be developed through written cooperative agreements between the department, the judicial and criminal justice systems, and the local mental health providers. The Louis de la Parte Florida Mental Health Institute is directed to review strategies in Florida and other states and to recommend to the Legislature those strategies that are most effective.

Section 19 - Directs the Department of Children and Family Services and Department of Law Enforcement to recommend improvements in the training curriculum and training efforts for law enforcement officers in identifying mental illness as delivered by the Criminal Justice Standards and Training Commission and the Department of Children and Family Services.

Section 20 - Directs the Department of Children and Family Services and the Louis de la Parte Florida Mental Health Institute to study the concept of increasing court jurisdiction and supervision over persons with mental illness who are arrested for or convicted of a misdemeanor to assure compliance with an approved individualized treatment or service plan.

Section 21 - Directs the Louis de la Parte Florida Mental Health Institute and district forensic coordinators to assess the provision of in-jail mental health diagnostic and treatment services and reporting to the Legislature.

Section 22 - Requires all study reports generated in Sections 18, 19, 20 & 21 to be submitted to the Legislature by December 31, 1999.

Section 23 - Directs the Louis de la Parte Florida Mental Health Institute to evaluate the effectiveness of the specialized mental health court established in Broward County to determine client and system outcomes and cost efficiencies and proposing recommendations for establishing similar special courts in other judicial circuits.

Section 24 - Provides an appropriation of \$100,000 for the studies.

Section 25 - Provides an effective date of July 1, 1999.

IV. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT:

A. FISCAL IMPACT ON STATE AGENCIES/STATE FUNDS:

1. Non-recurring Effects:

1. Quality Assurance Program.
Non-recurring funds: \$71,200

2. Internet Website.
Non-recurring funds: \$5,000

3. Utilization Management
Non-recurring funds: \$43,415

4. Studies
Non-recurring funds: \$100,000

2. Recurring Effects:

a. Quality Assurance Program.

Costs are associated with the development and implementation of a formal quality assurance program and creation of a quality assurance coordinator position in each district of the department and the Substance Abuse Program Office. First year costs are as follows:

Recurring funds: \$1,549,473

b. Internet Website.

Costs are associated with an Internet web site which will provide immediate access to information on prevention and other substance abuse services. First year costs are as follows:

Recurring funds: \$30,000

c. Substance Abuse Partnership Grant Program

Costs are associated with 45 projects, administration of projects, and staff for technical assistance and evaluation. First year costs are as follows:

Recurring funds: \$4,803,750

d. Information and Referral Services

These are new services for all 15 district children's substance abuse systems of care. The costs are based on expanding the current Information and Referral Services being provided.

Recurring funds: \$1,328,746

e. Utilization Management

These are costs for 17 FTEs to monitor the care to approximately 3,000 adolescents that are high users or at risk of multiple readmissions.

Recurring funds: \$1,053,664

3. Long Run Effects Other Than Normal Growth:

None.

4. Total Revenues and Expenditures:

Unknown.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS AS A WHOLE:

1. Non-recurring Effects:

None.

2. Recurring Effects:

None.

3. Long Run Effects Other Than Normal Growth:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

1. Direct Private Sector Costs:

None.

2. Direct Private Sector Benefits:

None.

3. Effects on Competition, Private Enterprise and Employment Markets:

None.

D. FISCAL COMMENTS:

(1) Quality Assurance Program	\$1,620,673
(2) Partnership Grant Program	\$4,803,750
(3) Internet Web Site	\$35,000
(4) Information and Referral	\$1,044,976
(5) Utilization Management	<u>\$790,230</u>
Estimated Total	\$8,294,629

All required levels of funding are from the Temporary Assistance to Needy Families (TANF) funds.

V. CONSEQUENCES OF ARTICLE VII, SECTION 18 OF THE FLORIDA CONSTITUTION:

A. APPLICABILITY OF THE MANDATES PROVISION:

This bill does not require counties or municipalities to spend funds or to take an action requiring the expenditure of funds.

B. REDUCTION OF REVENUE RAISING AUTHORITY:

This bill does not reduce the authority that municipalities or counties have to raise revenues in the aggregate.

C. REDUCTION OF STATE TAX SHARED WITH COUNTIES AND MUNICIPALITIES:

This bill does not reduce the percentage of a state tax shared with counties or municipalities.

VI. COMMENTS:

None.

VII. AMENDMENTS OR COMMITTEE SUBSTITUTE CHANGES:

At its meeting on April 14, 1999, the Committee on Governmental Operations adopted two amendments.

The first amendment replaced the date June, 30, 2000, with the date June 30, 2001, as the date through which the department could use unit cost methods of payment in contracts for purchasing mental health and substance services.

The second amendment replaces the entire bill Section 4. Section 4 directed the department to make financing and contracting structure revision recommendations to the Legislature relative to part IV of ch. 394, F.S. The replacement Section 4, is entitled, "Commission on Mental Health and Substance Abuse."

This new section contains legislative findings language, and legislative intent language, relative to the management of the state's substance abuse and mental health services system, as delineated in part IV of ch. 394, F.S.

The amendment creates the Commission on Mental Health and Substance Abuse (commission), and describes duties, membership, organization, meetings and reports.

The amendment requires the commission to submit interim and final reports to the Governor, President of the Senate, and Speaker of the House of Representatives.

The amendment provides for appropriations of \$150,000 per annum for fiscal years 1999-2000, and 2000-2001. The General Revenue Fund, and Title XIX - Social Security Act (Medicaid) would each provide \$75,000.

The amendment provides that authorization for the commission will expire effective May 15, 2001.

At its meeting on April 20, 1999, the Health and Human Services Appropriations Committee adopted two amendments.

The first amendment was an amendment to an amendment which deleted the section providing for appropriations for the commission on mental health and substance abuse.

The second amendment provided for an appropriation for the program of \$8,294,629 in the Temporary Assistance for Needy Families (TANF) funding source.

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VIII. SIGNATURES:

Committee on Children & Families:

Prepared by:

Bob Barrios

Staff Director:

Bob Barrios

AS REVISED BY THE COMMITTEE ON GOVERNMENTAL OPERATIONS:

Prepared by:

Russell J. Cyphers, Jr.

Staff Director:

Jimmy O. Helms

AS FURTHER REVISED BY THE COMMITTEE ON HEALTH AND HUMAN SERVICES
APPROPRIATIONS:

Prepared by:

Robert Wagner

Staff Director:

Lynn Dixon

FINAL ANALYSIS PREPARED BY THE COMMITTEE ON CHILDREN & FAMILIES:

Prepared by:

Bob Barrios

Staff Director:

Bob Barrios