

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 179 Services for Veterans and Their Families

SPONSOR(S): Burgess, Jr.

TIED BILLS: IDEN./SIM. **BILLS:** SB 326

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Children, Families & Seniors Subcommittee	9 Y, 0 N	Langston	Brazzell
2) Health Care Appropriations Subcommittee			
3) Health & Human Services Committee			

SUMMARY ANALYSIS

Veterans throughout the U.S. face mental health and substance abuse issues. Depression, post-traumatic stress disorder, and suicide affect between 2 and 17 percent of veterans returning from combat.

The 2014 Legislature appropriated \$150,000 to the Florida Department of Veterans Affairs to create a pilot project expanding existing 211 (information and referral network) services to veterans in the Tampa Bay area. Through the pilot project, veterans receive information on available services, referrals to VA-funded and other community-based services, and care coordination to verify that referrals lead to successful service connections.

HB 179 creates the Florida Veteran's Care Coordination Program to provide statewide, dedicated behavioral healthcare referral services to veterans and their families through Florida's 211 Network modeled after the pilot program. The bill requires the Department of Children and Families (DCF) to contract with the managing entities to enter into agreements with Florida 211 Network participants to provide program services.

The bill also requires the program to provide peer support, suicide assessment, and treatment and resource coordination. In addition to the requirement for services, the bill requires the program team to track and follow up with callers and advertise the program.

The bill requires DCF to provide a report on the program's implementation to the Governor, President of the Senate, and Speaker of the House of Representatives by December 15, 2019, using data provided to DCF by the Florida 211 Network participants.

The bill provides a recurring appropriation of \$2,000,155 from the General Revenue Fund to implement the program.

The bill provides an effective date of July 1, 2018.

FULL ANALYSIS

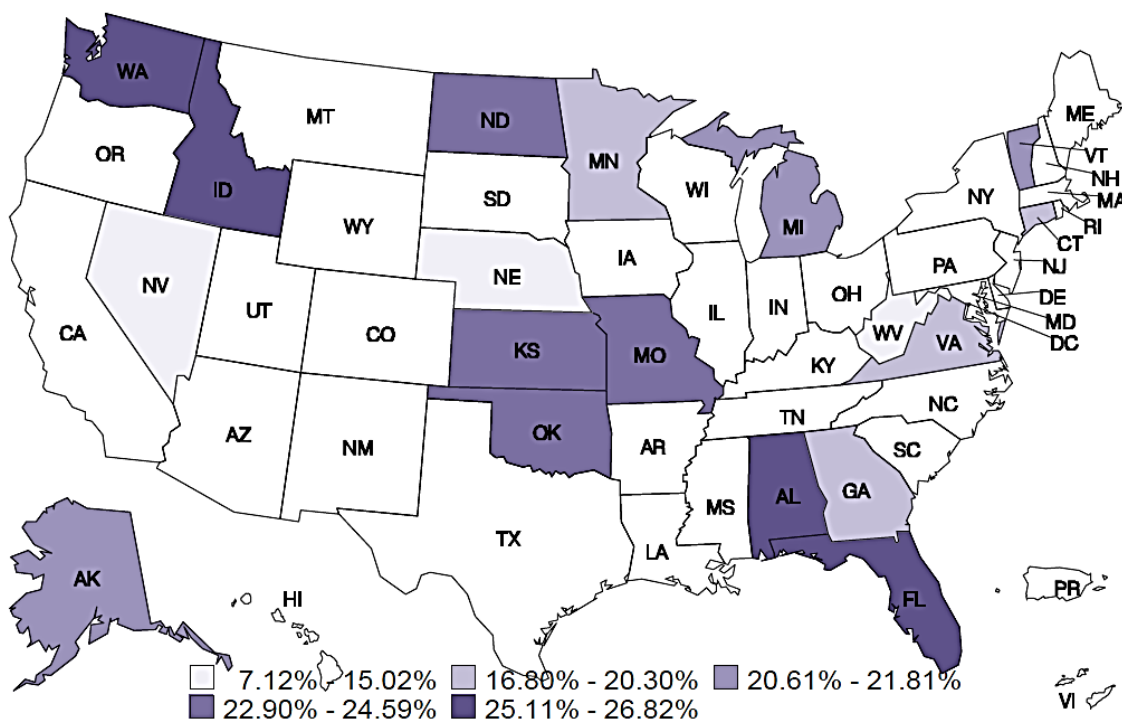
I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Depression and Suicide Among Veterans

Veterans throughout the U.S. face mental health and substance abuse issues. According to a 2008 study, between 5 and 15 percent of veterans who served in Iraq and Afghanistan returned with post-traumatic stress disorder (PTSD), and an additional 2 to 14 percent returned with major depression.¹ PTSD attributed to combat has affected between 2 and 17 percent of all U.S. military veterans since the Vietnam War.² In 2012, the U.S. Department of Veterans Affairs (VA) released a report detailing veteran deaths from suicide from 1999 to 2009.³ Over that ten-year span, veterans comprised approximately 22.2% of all suicides. In the year 2010, on average, 22 veterans committed suicide per day.⁴ In response to these trends, the federal government, through the VA, has established programs to connect veterans to mental health services.

Percent of Suicides that Involve Veterans by State (2012)⁵



*Among states reporting Veteran status

¹ INVISIBLE WOUNDS OF WAR: PSYCHOLOGICAL AND COGNITIVE INJURIES, THEIR CONSEQUENCES, AND SERVICES TO ASSIST RECOVERY, at 433 (Terri Tanielian and Lisa H. Jaycox, Eds.) (2008), available at https://www.rand.org/content/dam/rand/pubs/monographs/2008/RAND_MG720.pdf, (last visited November 9, 2017).

² Lisa K. Richardson, B. Christopher Frueh, and Ronald Acierio, *Prevalence Estimate of Combat-Related PTSD: A Critical Review*, 44 AUSTRALIAN AND NEW ZEALAND JOURNAL OF PSYCHIATRY, at 4-19 (January 2010), available at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2891773/> (last visited November 14, 2017).

³ Janet Kemp and Robert Bossarte, *Suicide Data Report, 2012*, DEPARTMENT OF VETERANS AFFAIRS MENTAL HEALTH SERVICES SUICIDE PREVENTION PROGRAM, at 15, available at <http://www.va.gov/opa/docs/Suicide-Data-Report-2012-final.pdf> (last visited November 14, 2017).

⁴ Id.

⁵ Id.

Federal Mental Health Care Services for Veterans

An individual who served in the active military, naval, or air service, and who was not dishonorably discharged, may qualify for VA health care benefits.⁶ VA health benefits include necessary inpatient hospital care and outpatient services to promote, preserve, or restore a veteran's health. VA medical facilities provide a wide range of services, including mental health services.⁷ The VA provides specialty inpatient and outpatient mental health services at its medical centers and community-based outpatient clinics; additionally, readjustment counseling services may be available at veteran centers across the nation.⁸ For veterans with serious mental illness, VA offers care tailored to help with their specific diagnosis and to promote recovery. Serious mental illnesses include a variety of diagnoses (for example, schizophrenia, depression or bipolar disorder, PTSD, and substance use disorders) that result in significant problems functioning in the community.⁹

There is a presumptive eligibility for VA health care services for psychosis and other mental illnesses to be covered as service-connected illness when a veteran experiences them within a specified period.¹⁰ This allows certain veterans who are not otherwise eligible for VA health care to receive treatment for mental illness and other directly related conditions at no cost.¹¹ The goal is to support recovery and enable veterans who experience mental health problems to live meaningful lives in their communities and to achieve their full potential.¹²

The VA operates six medical centers in Florida located at Bay Pines, Miami, Tampa, West Palm Beach, Gainesville and Lake City.¹³ The VA also operates outpatient clinics for health care and Vet Centers for counseling throughout Florida.

Federal Veterans Crisis Line

The Veterans Crisis Line is a resource for veterans across the county developed by the VA to connect veterans and current service members in crisis and their families and friends with information from qualified responders through a confidential toll-free hotline, online chat, and text messaging service.¹⁴

The Veterans Crisis Line launched in 2007 as the National Veterans Suicide Prevention Hotline; over the course of the program, it has answered more than 1.6 million calls and made more than 45,000 lifesaving rescues.¹⁵ In 2009, the National Veterans Suicide Prevention Hotline added an anonymous online chat service and has engaged in more than 207,700 chats.¹⁶

In 2011, the "National Veterans Suicide Prevention Hotline" was re-branded as the "Veterans Crisis Line" and launched the "It's Your Call" media campaign promoting the newly-named crisis line and marketing it to both veterans and their family and friends.¹⁷ Also in 2011, the Veterans Crisis Line

⁶ U.S. DEPARTMENT OF VETERANS AFFAIRS, *Federal Benefits for Veterans, Dependents and Survivors*, http://www.va.gov/opa/publications/benefits_book/benefits_chap01.asp (last visited November 14, 2017).

⁷ U.S. DEPARTMENT OF VETERANS AFFAIRS, *Health Benefit, Medical Benefits Package*, http://www.va.gov/HEALTHBENEFITS/access/medical_benefits_package.asp (last visited November 14, 2017).

⁸ Id.

⁹ *Guide to VA Mental Health Services*, U.S. DEPARTMENT OF VETERANS AFFAIRS, at 10, available at http://www.mentalhealth.va.gov/docs/MHG_English.pdf (last visited November 14, 2017).

¹⁰ *Supra*, Note 7.

¹¹ Id.

¹² Id.

¹³ FLORIDA DEPARTMENT OF VETERANS' AFFAIRS, *Benefits and Services: Health Care*, <http://floridavets.org/benefits-services/health-care-2/> (last visited November 14, 2017).

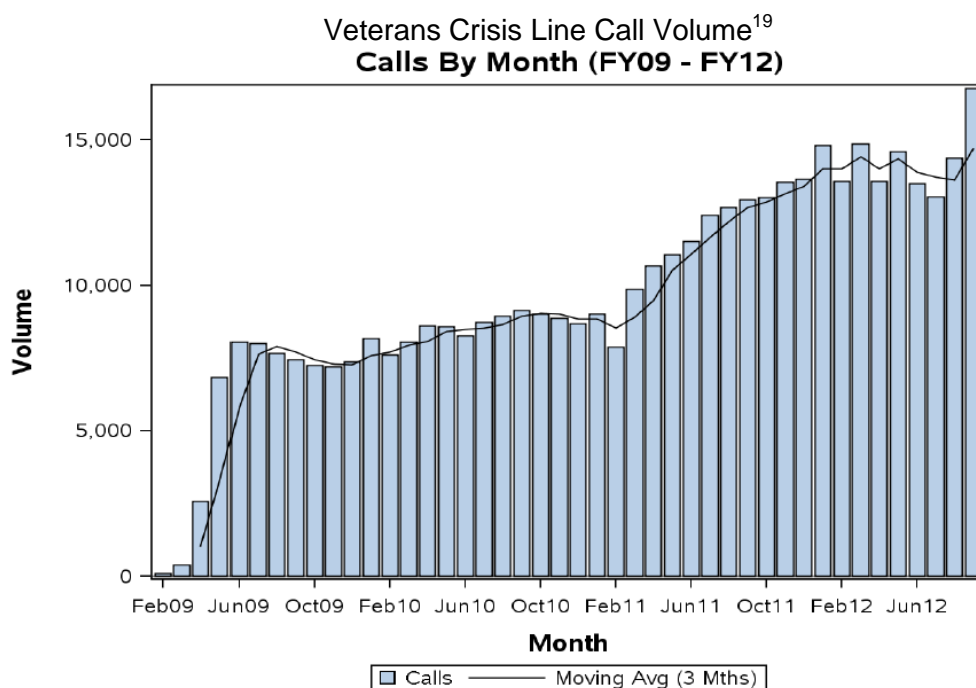
¹⁴ VETERANS CRISIS LINE, *FAQs*, <http://www.veteranscrisisline.net/About/FAQs.aspx> (last visited November 14, 2017).

¹⁵ VETERANS CRISIS LINE, *About the Veterans Crisis Line*, <http://www.veteranscrisisline.net/About/AboutVeteransCrisisLine.aspx> (last visited November 14, 2017).

¹⁶ Id.

¹⁷ *Supra*, Note 3 at 35.

introduced a text-messaging service to provide another way for veterans to connect with confidential, round-the-clock support, and since then has responded to more than 32,300 texts.¹⁸



Following the “It’s Your Call” media campaign, there was a spike in calls to the Veterans Crisis Line. Over the span of the program the number of repeat callers has steadily increased, either reflecting a change in the type of help individuals are seeking or the expanding role the Veterans Crisis Line is playing in the provision of mental health care for veterans.²⁰

Florida Department of Veterans’ Affairs

Florida has the nation’s third largest veteran population with more than 1.6 million veterans, comprising 12% of the state’s population 18 and over.²¹

In 1988, Florida citizens endorsed a constitutional amendment to create the Florida Department of Veterans Affairs (the Florida VA) as a separate agency charged with providing advocacy and representation for Florida’s veterans and to intercede on their behalf with the U.S. Department of Veterans Affairs.²² The Florida VA is the state agency that has statutory authority and responsibility for the provision of assistance to all former, present, and future members of the armed forces. Section 292.05(7), F.S. gives the Florida VA the authority and responsibility to apply for and administer any federal programs and develop and coordinate such state programs as may be beneficial to the particular interests of the veterans of this state. The Florida VA helps veterans gain access to federal benefits, including federally funded medical care, to improve their quality of life.

To receive benefits through the Florida VA as a wartime veteran, a veteran must have served in a campaign or expedition for which a campaign badge has been authorized or during a specified period of wartime service.²³ The qualifying periods of wartime service include the Second World War, the

¹⁸ Supra, Note 15.

¹⁹ Supra, Note 3 at 36.

²⁰ Id.

²¹ FLORIDA DEPARTMENT OF VETERANS’ AFFAIRS, *Our Veterans: Fast Facts*, <http://floridavets.org/our-veterans/profilefast-facts/> (last visited November 14, 2017).

²² FLORIDA DEPARTMENT OF VETERANS’ AFFAIRS, *About Us*, <http://floridavets.org/about-us/> (last visited November 14, 2017).

²³ S. 1.01(14), F.S.

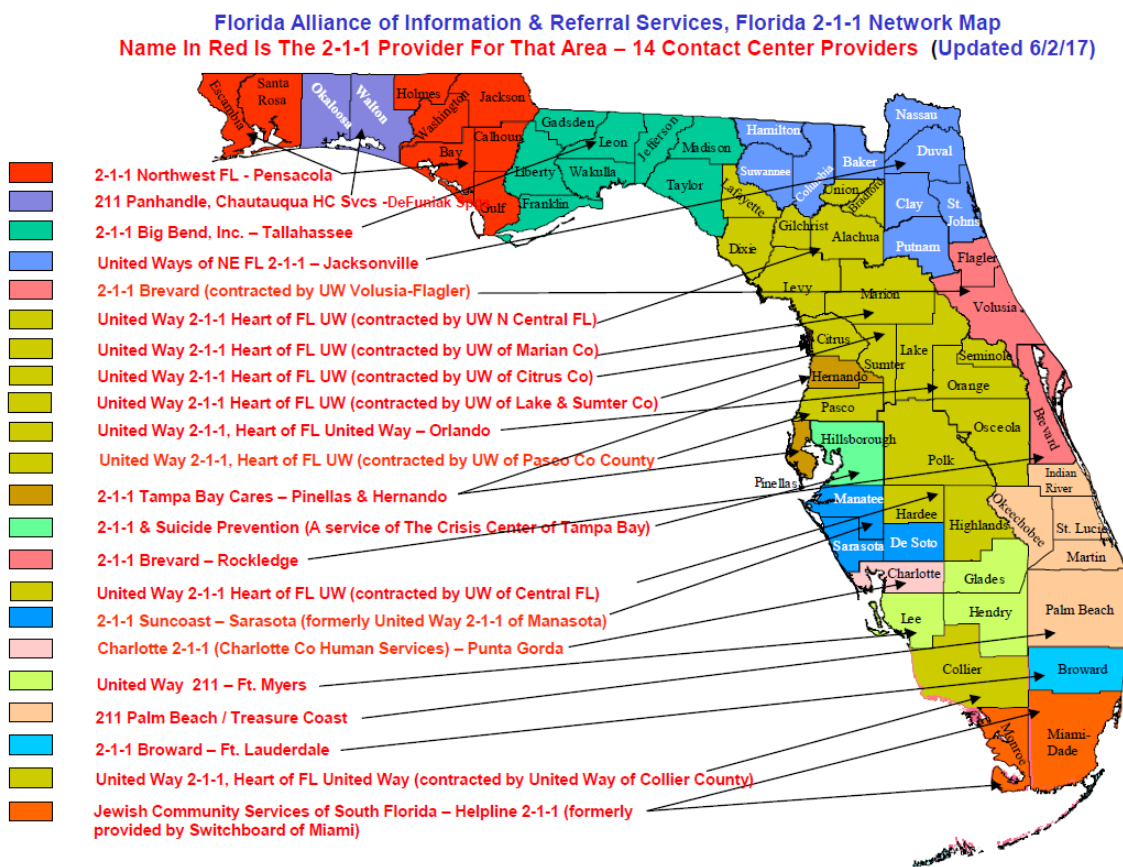
Korean War, the Vietnam War, the Persian Gulf War, Operation Enduring Freedom, and Operation Iraqi Freedom.²⁴

Florida 211 Network

Section 408.918, F.S., establishes the Florida 211 Network, authorizing the planning, development, and implementation of a statewide network to serve as the single point of coordination for information and referral for health and human services.

A 211 network is a telephone-based service offered by nonprofit and public agencies throughout Florida and the United States that provides free and confidential information and referral services 24 hours a day, 7 days a week. The network helps callers identify and connect with health and human service programs that can meet a variety of needs, including food, housing, employment, health care, crisis counseling and more.²⁵ In Florida, services are available statewide through any cell phone provider as well as through landlines in all 67 counties by dialing 2-1-1.²⁶ In order to participate in the Florida 211 Network, a 211 provider must be fully accredited by the National Alliance of Information and Referral Services or have received approval to operate, pending accreditation, from its affiliate, the Florida Alliance of Information and Referral Services.²⁷ There are a total of fourteen Florida 211 Network certified providers.²⁸

Florida 211 Network Providers²⁹



²⁴ Id.
²⁵ FLORIDA 2-1-1- ASSOCIATION, <http://www.my211florida.org/> (last visited November 14, 2017).
²⁶ Id.
²⁷ S. 408.918(2), F.S.
²⁸ Email from Randy Nicklaus, President, 2-1-1 Big Bend, Inc., RE: Florida 2-1-1 Coverage Map (November 14, 2017) (email on file with Children, Families & Seniors Subcommittee staff).
²⁹ Id.

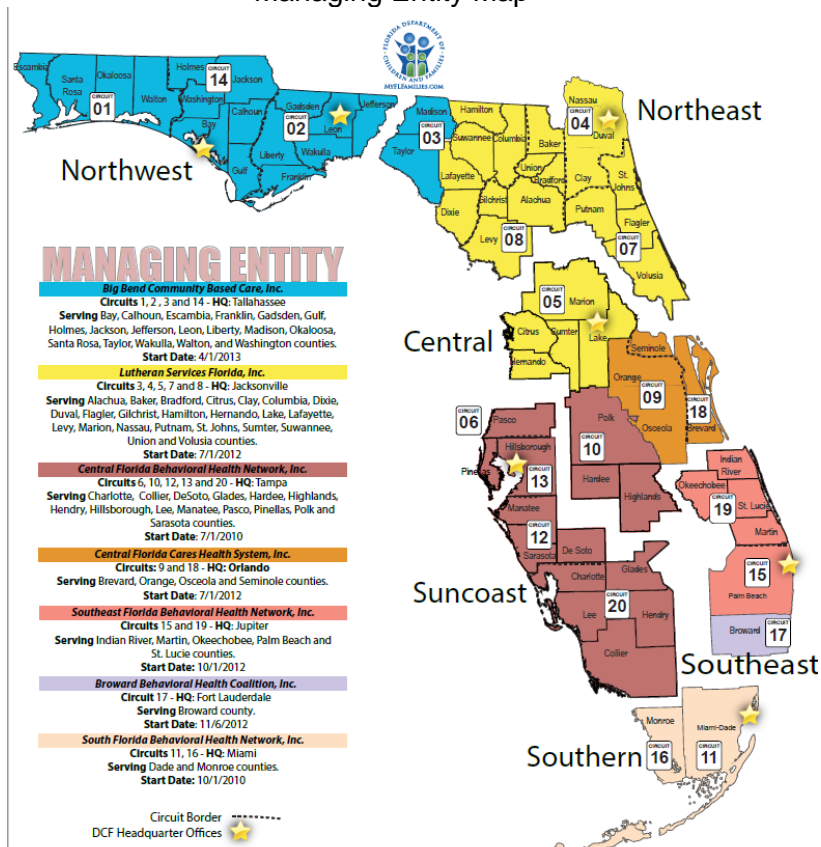
Substance Abuse and Mental Health Program

The Florida Department of Children and Families (DCF) administers a statewide system of safety-net services for substance abuse and mental health (SAMH) prevention, treatment, and recovery. It serves children and adults who are otherwise unable to obtain these services (such as individuals who are not covered under Medicaid or private insurance and do not have the financial ability to pay for the services themselves). SAMH programs include a range of prevention, acute interventions (such as crisis stabilization or detoxification), residential, transitional housing, outpatient treatment, and recovery support services. Services are provided in accordance with state and federally-established priority populations.³⁰

Behavioral Health Managing Entities

In 2001, the Legislature authorized DCF to implement behavioral health managing entities as the management structure for the delivery of local mental health and substance abuse services.³¹ This was based upon the Legislature’s decision that a management structure which places the responsibility for publicly-financed behavioral health treatment and prevention services within a single private, nonprofit entity at the local level would promote improved access to care; promote service continuity; and provide for more efficient and effective delivery of substance abuse and mental health services.³²

Managing Entity Map³³



³⁰ These priority populations include, among others, persons diagnosed with co-occurring substance abuse and mental health disorders, persons who are experiencing an acute mental or emotional crisis, children who have or are at risk of having an emotional disturbance and children at risk for initiating drug use.

³¹ Ch. 2001-191, Laws of Florida.

³² Section 394.9082, F.S.

³³ FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES, *Managing Entities Map*, available at <http://www.dcf.state.fl.us/programs/samh/docs/ManagingEntitiesMap.pdf> (last visited November 14, 2017).

The implementation of the managing entity system initially began on a pilot basis but, in 2008, the Legislature authorized DCF to implement managing entities statewide.³⁴ Full implementation of the statewide managing entity system occurred in April 2013, with all geographic regions now served by a managing entity.³⁵ DCF currently contracts with seven managing entities that in turn contract with local service providers for the delivery of mental health and substance abuse providers.³⁶ Managing entities create and manage provider networks by contracting with service providers for the delivery of substance abuse and mental health services.

The Florida BrAlve Fund

In 2008, to three community foundations in Florida³⁷ received \$15 million in grant funding to assist Florida military personnel who were serving or had served in Afghanistan and Iraq and their families.³⁸ The three foundations established a statewide initiative to share information, leverage resources, and strengthen the network of military-serving organizations across the state, the Florida BrAlve Fund.³⁹ The grant funding provided resources to nonprofit organizations throughout the state that supported efforts to help meet the needs of military personnel and their families.⁴⁰

The Florida Alliance for Information and Referral Services (FLAIRS) established the Florida BrAlve Helpline system utilizing a toll-free number (1-877-BrAlve-8) to facilitate the statewide efforts of the BrAlve Fund.⁴¹ Regional 211 call centers operated the Florida BrAlve Helpline to connect callers to live crisis counselors and offer information and provide referral services to military personnel and veterans who served in Iraq and/or Afghanistan and their families.⁴²

However, there was not a sustaining source of funding, and in late 2010 the Florida BrAlve Fund effectively ended grant making.⁴³

The Crisis Center of Tampa Bay Pilot Project

The 2014 Florida Legislature appropriated \$150,000 to create a pilot project expanding existing 211 services to veterans in Hillsborough, Pasco, Pinellas, Polk and Manatee counties.⁴⁴ In August 2014, the Crisis Center of Tampa Bay (CCTB), through the pilot project, expanded its services to veterans and launched the Florida Veterans Support Line (1-844-MYFLVET) in November 2014.⁴⁵ The expanded service is peer-based and veteran-specific. By calling the Florida Veterans Support Line, veterans in the Tampa Bay region are able to speak with a fellow veteran and offered:

³⁴ Chapter 2008-243, Laws of Florida.

³⁵ *The Department of Children and Families Performance and Accountability System for Behavioral Health Managing Entities*, OFFICE OF PROGRAM POLICY ANALYSIS AND GOVERNMENT ACCOUNTABILITY, July 18, 2014.

³⁶ *Id.*

³⁷ The Community Foundation in Jacksonville, Dade Community Foundation, and Gulf Coast Community Foundation of Venice.

³⁸ Vanessa Williamson, *Supporting Our Troops, Veterans, and Their Families: Lessons Learned and Future Opportunities for Philanthropy*, THE CALIFORNIA COMMUNITY FOUNDATION, November 2009, at 19-20, available at, https://www.calfund.org/wp-content/uploads/CCF_IADIF_abridged_report.pdf (last visited November 14, 2017).

³⁹ Department of Children and Families, *Agency Bill Analysis for 2018 House Bill 0179*, p. 2 (Nov. 3, 2017) (On file with Children, Families, and Seniors Subcommittee Staff).

⁴⁰ "Foundation Receives \$5 Million Grant to Aid Military Deployed in Afghanistan and Iraq," The Community Foundation in Jacksonville, Holiday 2008, available at, https://www.jaxcf.org/n/newsletters/tcf_holiday08_nl.pdf (last visited November 14, 2017).

⁴¹ *Supra*, note 39.

⁴² *Nonprofit News*, THE JAX DAILY RECORD, Aug. 8, 2009. https://www.jaxdailyrecord.com/showstory.php?Story_id=528798

⁴³ *Final Report: Learning, Strategizing and Creating Lasting Change for North Florida's Military Community*, The Florida BrAlve Fund, Summer 2010. https://www.jaxcf.org/file/2013-files/learn/publications/BrAlve_Fund_Final_Report.pdf (last visited November 14, 2017).

⁴⁴ Specific appropriation 595 of HB 5001, 2014-2015 General Appropriations Act.

⁴⁵ *Florida Veterans Support Line*, HELP. HOPE. HEALING., CRISIS CENTER OF TAMPA BAY BLOG, (November 10, 2014) <https://www.crisiscenter.com/florida-veterans-support-line/> (last visited November 14, 2017).

- Comprehensive information and referral to VA-funded services and other community-based services;
- Assistance and support provided by a peer who has experienced the transition from military back to civilian life; and
- Care coordination services, including system navigation, advocacy, and ongoing support.⁴⁶

Veterans receiving care coordination get ongoing suicide assessment, continuous safety planning, and support for an extended period of time. The CCTB pilot project aims to ensure veterans are not only receiving information on available services but are also enrolled, accepted, and attending VA-funded and other community-based services.⁴⁷

During fiscal year 2015, the CCTB pilot project handled 1,135 total calls; of those, 925 calls were referred to care coordination services.⁴⁸ The breakdown of total calls received during that period was:

Call Origin:	Contact Made By:	Veteran Status:	Current Use of VA Services:	Presenting Need:	Type of Service Referred:
<ul style="list-style-type: none"> • Transfer from other 211 Line: 853 (75.2%) • Florida Veterans Support Line: 257 (22.6%) • Walk-In/ Event: 25 (2.2%) 	<ul style="list-style-type: none"> • Self: 926 (81.6%) • Friend/Relative: 168 (14.8%) • Organization: 38 (3.3%) • Other: 3 (0.3%) 	<ul style="list-style-type: none"> • Veteran: 973 (85.7%) • Retired: 47 (4.1%) • Former Military (<180 Days): 20 (1.8%) • Active Duty: 20 (1.8%) • Reserve: 16 (1.4%) 	<ul style="list-style-type: none"> • Yes: 530 (46.7%) • No: 316 (27.8%) • Unknown: 273 (24.1%) • Refused: 16 (1.4%) 	<ul style="list-style-type: none"> • Financial Assistance: 292 (25.7%) • Substance Abuse Counseling: 221 (19.5%) • Shelter: 131 (11.5%) • Legal Services: 97 (8.5%) • Mental Health Counseling: 79 (7%) • Emotional Support: 66 (5.8%) • Suicide Related: 63 (5.6%) 	<ul style="list-style-type: none"> • Care Coordination Services: 626 (55.2%) • Other Community Resources: 590 (52%) • VA Services: 294 (25.9%) • Community Mental Health Services: 270 (23.8%) • No referral made: 210 (18.5%)

During fiscal years 2016 and 2017, the CCTB pilot program handled 7,343 calls; the breakdown of total calls received during that period was:⁴⁹

Age	Gender	Branch	Relationship to Service Member:	Veteran Status:	Current Use of VA Services:	Greatest Needs:
<ul style="list-style-type: none"> • 25 and Under: 6% • 26-35: 16% • 36-45: 14% • 46-55: 22% • 56-65: 20% • Over 65: 15% • Refused: 8% 	<ul style="list-style-type: none"> • Female: 32% • Male: 67% • Refused: 1% 	<ul style="list-style-type: none"> • Air Force: 12% • Army: 45% • Coast Guard: 1% • Marines: 10% • Navy: 17% • Refused: 15% 	<ul style="list-style-type: none"> • Self: 68% • Spouse: 13% • Child/ Dependent: 7% • Relative: 7% 	<ul style="list-style-type: none"> • Veteran: 70% • Retired: 9% • Former Military (<180 Days): 6% • Active Duty: 3% • Reserve: 2% • National Guard: 1% • Refused: 8% 	<ul style="list-style-type: none"> • Yes: 44% • No: 36% • Refused: 20% 	<ul style="list-style-type: none"> • Behavioral Health: 59% (Suicide: 35%) • Financial Assistance: 40% • Employment: 1%

⁴⁶ CRISIS CENTER OF TAMPA BAY, *Florida Veterans Support Line*, <https://www.crisiscenter.com/what-we-do/2-1-1-contact-center/florida-veterans-support-line/> (last visited November 9, 2017).

⁴⁷ Email from Travis Mitchell, Crisis Center of Tampa Bay, RE: 211 – HB 1193 (March 20, 2015) (email on file with Children, Families and Seniors Subcommittee staff).

⁴⁸ Carla A. Reynolds, *Florida Veterans Support Line 1-844-MYFLVET: Fiscal Year 2015 Report*, CRISIS CENTER OF TAMPA BAY (report on file with Children, Families and Seniors Subcommittee staff).

⁴⁹ *1-844-MYFLVET: Demographic Data FY 2016 and FY 2017*, CRISIS CENTER OF TAMPA BAY (data on file with Children, Families and Seniors Subcommittee staff).

Effect of Proposed Changes

HB 179 requires DCF, in consultation with FLAIRS, to create the Florida Veterans' Care Coordination Program. DCF will contract with the managing entities to provide services through Florida 211 Network providers.

The program will provide veterans and their families dedicated behavioral healthcare referral services, specifically mental health and substance abuse services, through the existing 211 infrastructure. DCF is to model the program after the pilot project conducted in 2014 by the CCTB and the Florida VA. Its goals are to:

- Prevent suicides by veterans;
- Increase the use of VA services by veterans in Florida; and
- Increase the number of veterans who make use of other available community-based services.

Program services must be made available statewide by program teams operated by the Florida 211 Network participants, as authorized by s. 408.918, F.S. The program teams must provide referral services to veterans and their families and expand the existing Florida 211 Network to include the optimal range of veterans' service organization and programs.

The bill requires the program to provide:

- Telephonic peer support;
- Crisis intervention;
- Communication of information and referral resources;
- Treatment coordination, including follow-up care;
- Suicide assessment;
- Promotion of safety and wellness of veterans and their families, including continuous safety planning and support;
- Resource coordination, including data analysis, to ensure acceptance, enrollment, and attendance by veterans and their families in VA programs and services and community-based programs and services; and
- Immediate needs assessments, including safety planning.

Additionally, the program teams must:

- Track the number of requests from callers who are veterans or family members of veterans;
- Follow-up with callers to determine whether they have acted on referrals or received the needed assistance, or if additional referrals or advocacy are needed;
- Develop and implement communication strategies (media promotions, public service announcements, print and internet stories, community presentations) to inform veterans and their families about available programs and services; and
- Document all calls and capture all necessary data to improve outreach to veterans and their families.

The bill requires DCF to report on the program's implementation to the Governor, President of the Senate, and Speaker of the House of Representatives by December 15, 2019, using data provided to DCF by the Florida 211 Network participants. The contents of the report must include, but are not limited to:

- The number of calls received;
- Demographic information of callers;
- The nature of the call;
- The outcome of the call;

- Services received as a result of the call;
- Follow-up by the program team;
- The impact of the program on veterans' quality of life; and
- Caller satisfaction with the program.

The bill provides a recurring appropriation of \$2,000,155 from the General Revenue Fund to DCF to implement the program.

B. SECTION DIRECTORY:

Section 1: Creates s. 394.9087, F.S., relating to the Florida Veterans' Care Coordination Program.

Section 2: Provides an appropriation.

Section 3. Provides an effective date.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

The bill appropriates \$2,000,155 in recurring General Revenue to DCF to implement the program.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

DCF is required to contract with the managing entities to enter into agreements with Florida 211 Network participants to provide program services. The bill provides that a Florida 211 Network participant may provide services in more than one managing entity's geographic area under a single contract.

D. FISCAL COMMENTS:

House Rule 5.14(b) requires a bill that proposes funding for an appropriations project to be filed as a stand-alone appropriations project bill. The term appropriations project, as defined in House Rule 5.14(a)(1), includes a specific appropriation that provides funding for a local government, private entity, or privately operated program. In its appropriation, the bill provides for funding that will ultimately go to private entities, the Florida 211 Network participants.

Therefore, pursuant to House Rule 5.14, an appropriations project bill may be necessary, as the bill contains an appropriation, which may be an appropriations project.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. This bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES