

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/HB 1071 Substance Abuse and Mental Health
SPONSOR(S): Children, Families & Seniors Subcommittee, Grant, M.
TIED BILLS: **IDEN./SIM. BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Children, Families & Seniors Subcommittee	11 Y, 0 N, As CS	Morris	Brazzell
2) Health Care Appropriations Subcommittee	10 Y, 0 N	Fontaine	Clark

SUMMARY ANALYSIS

The 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).

CS/HB 1071 makes a variety of changes to laws relating to substance abuse and mental health services.

Specifically, the bill:

- Aligns the statutory definitions of “mental illness;”
- Adds two Community Action Treatment (CAT) teams;
- Revises statutes relating to the composition and duties of the Criminal Justice, Mental Health, and Substance Abuse Statewide Grant Review Committee;
- Revises the method of procurement for the school substance abuse prevention partnership grant;
- Requires continuing education every three years on specified topics for court-appointed forensic evaluators; and
- Repeals the requirement for DCF to develop a certification process for community substance abuse prevention coalitions.

The bill has a negative fiscal impact on DCF. See Fiscal Analysis & Economic Impact Statement.

The bill provides an effective date of July 1, 2020.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Background

Mental Illness and Substance Abuse

Mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her community.¹ The primary indicators used to evaluate an individual's mental health are:²

- **Emotional well-being-** Perceived life satisfaction, happiness, cheerfulness, peacefulness;
- **Psychological well-being-** Self-acceptance, personal growth including openness to new experiences, optimism, hopefulness, purpose in life, control of one's environment, spirituality, self-direction, and positive relationships; and
- **Social well-being-** Social acceptance, beliefs in the potential of people and society as a whole, personal self-worth and usefulness to society, sense of community.

Mental illness is collectively all diagnosable mental disorders or health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress or impaired functioning.³ Thus, mental health refers to an individual's mental state of well-being whereas mental illness signifies an alteration of that well-being.

Mental illness affects millions of people in the United States each year. One in five adults experiences mental illness in a given year,⁴ and one in five children ages 13-18 have or will have a serious debilitating mental illness at some point during their life.⁵ Half of all lifetime cases of mental illness begin by age 14, and scientists are discovering that changes in the body leading to mental illness may start much younger, before any symptoms appear.⁶ Suicide is the third leading cause of death in youth age 10 to 24 and the tenth leading cause of death in adults, and research indicates that 90 percent of people who die by suicide have an underlying mental illness.⁷

Substance abuse also affects millions of people in the United States each year. Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs.⁸ Substance abuse disorders occur when the chronic use of alcohol or drugs causes significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.⁹ Repeated drug use leads to changes in the brain's structure and function that can make a person more susceptible to developing a substance abuse disorder.¹⁰ Brain imaging studies of persons with substance abuse disorders show physical changes in areas of the brain that are critical to judgment, decision making, learning and memory, and behavior control.¹¹

¹ World Health Organization, *Mental Health: Strengthening Our Response*, <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response> (last visited Jan. 21, 2020).

² Centers for Disease Control and Prevention, *Learn About Mental Health*, <http://www.cdc.gov/mentalhealth/basics.htm> (last visited Jan. 21, 2020).

³ Id.

⁴ National Alliance on Mental Illness, *Mental Health Facts in America*, <http://www.nami.org/NAMI/media/NAMI-Media/Infographics/GeneralMHFacts.pdf> (last visited Jan. 21, 2020).

⁵ National Alliance on Mental Illness, *Mental Health Facts: Children & Teens*, <http://www.nami.org/NAMI/media/NAMI-Media/Infographics/Children-MH-Facts-NAMI.pdf> (last visited Jan. 21, 2020).

⁶ National Institute of Mental Health, *Children and Mental Health*, <https://www.nimh.nih.gov/health/publications/treatment-of-children-with-mental-illness-fact-sheet/index.shtml> (last visited Jan. 21, 2020).

⁷ *Supra*, note 5.

⁸ World Health Organization, *Substance Abuse*, http://www.who.int/topics/substance_abuse/en/ (last visited Jan. 21, 2020).

⁹ Substance Abuse and Mental Health Services Administration, *Substance Use Disorders*, <http://www.samhsa.gov/disorders/substance-use> (last visited Jan. 21, 2020).

¹⁰ National Institute on Drug Abuse, *Drugs, Brains, and Behavior: The Science of Addiction*, <https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/drug-abuse-addiction> (last visited Jan. 21, 2020).

¹¹ Id.

According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, a diagnosis of substance abuse disorder is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria.¹² The most common substance abuse disorders in the United States are from the use of alcohol, tobacco, cannabis, stimulants, hallucinogens, and opioids.¹³

Mental illness and substance abuse commonly co-occur. Approximately 7.9 million adults have co-occurring disorders.¹⁴ In fact, more than half of all adults with severe mental illness are further impaired by substance use disorders (abuse or dependence related to alcohol or other drugs).¹⁵ Drug abuse can cause individuals to experience one or more symptoms of another mental illness.¹⁶ Additionally, individuals with mental illness may abuse drugs as a form of self-medication.¹⁷ Examples of co-occurring disorders include the combinations of major depression with cocaine addiction, alcohol addiction with panic disorder, alcoholism and drug addiction with schizophrenia, and borderline personality disorder with episodic drug abuse.¹⁸

Mental Illness and Substance Abuse Treatment in Florida

For the purpose of the public safety-net system of mental health treatment, s. 394.455(28), F.S., defines mental illness as “an impairment of the mental or emotional processes that exercise conscious control of one’s actions or of the ability to perceive or understand reality, which impairment substantially interferes with the person’s ability to meet the ordinary demands of living.” The definition further excludes a developmental disability, intoxication, or conditions manifested only by antisocial behavior or substance abuse are excluded from this definition. This means that individuals with dementia or TBI (neither of which are a mental illness) who do not have a co-occurring mental illness can be subject to involuntary treatment under the Baker Act, disrupting them from their normal environment and possibly exacerbating their condition.

For the purpose of criminal procedure relating to mentally ill and intellectually disabled defendants, s. 916.106(14), F.S., defines mental illness as “an impairment of the emotional process that exercises conscious control of one’s actions, or of the ability to perceive or understand reality, which impairment substantially interferes with the defendant’s ability to meet the ordinary demands of living.” The statute specifically excludes an intellectual disability, autism, intoxication, or conditions manifested only by antisocial behavior or substance abuse impairment from being considered a mental illness. This means that defendants with dementia or TBI who lack a co-occurring mental illness continue to be committed to forensic facilities, even though a state mental health treatment facility is not an appropriate setting for such a population.

The Florida Mental Health Act, otherwise known as the Baker Act, was enacted in 1971 to revise the state’s mental health commitment laws.¹⁹ The Act provides legal procedures for mental health examination and treatment, including voluntary and involuntary examinations. It additionally protects the rights of all individuals examined or treated for mental illness in Florida.²⁰

In the early 1970s, the federal government furnished grants for states to develop continuums of care for individuals and families affected by substance abuse.²¹ The grants provided separate funding streams and requirements for alcoholism and drug abuse. In response, the Florida Legislature enacted ch. 396, F.S., (alcohol) and ch. 397, F.S. (drug abuse).²² In 1993, legislation combined ch. 396 and ch. 397,

¹² *Supra*, note 9.

¹³ *Id.*

¹⁴ National Institute on Mental Illness, *Dual Diagnosis*, <https://www.nami.org/learn-more/mental-health-conditions/related-conditions/dual-diagnosis> (last visited Jan. 21, 2020).

¹⁵ Psychology Today, *Co-Occurring Disorders*, <https://www.psychologytoday.com/conditions/co-occurring-disorders> (last visited Jan. 21, 2020).

¹⁶ *Comorbidity: Addiction and Other Mental Illnesses*, National Institute on Drug Abuse, NIH Publication Number 10-5771, September 2010. <https://www.drugabuse.gov/sites/default/files/rcomorbidity.pdf> (last visited Jan. 21, 2020).

¹⁷ *Id.*

¹⁸ *Id.*

¹⁹ Sections 394.451-394.47892, F.S.

²⁰ Section 394.459, F.S.

²¹ Department of Children and Families, *Baker Act and Marchman Act Project Team Report for Fiscal Year 2016-2017*, p. 4-5. (on file with Children, Families, and Seniors Subcommittee staff).

²² *Id.*

F.S., into a single law, the Hal S. Marchman Alcohol and Other Drug Services Act (“the Marchman Act”).²³ The Marchman Act supports substance abuse prevention and remediation through a system of prevention, detoxification, and treatment services to assist individuals at risk for or affected by substance abuse.

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 based upon state and federally-established priority populations.²⁴

DCF contracts for behavioral health services through regional systems of care called managing entities. The 7 managing entities, in turn, contract with and oversee local service providers for the delivery of mental health and substance abuse services throughout the state.²⁵ Treatment for substance abuse through this community-based provider system includes detoxification, treatment and recovery support for adolescents and adults affected by substance misuse, abuse or dependence.²⁶

- **Detoxification Services:** Medical and clinical procedures to assist individuals and adults as they withdraw from the physiological and psychological effects of substance abuse.²⁷
- **Treatment Services:** Assessment, counseling, case management, and support that are designed to help individuals who have lost their abilities to control their substance use on their own and require formal, structured intervention and support. Some of these services may also be offered to the family members of the individual in treatment.²⁸
- **Recovery Support:** Transitional housing, life skills training, parenting skills, and peer-based individual and group counseling, offered during and following treatment to further assist individuals in their development of the knowledge and skills necessary to maintain their recovery.²⁹

Community Action Treatment Teams

According to the National Institute of Mental Health (NIMH), half of all lifetime cases of mental health disorders have begun by age 14 and three quarters have begun by age 24.³⁰ Successful transition between the children and adult systems is critical; many individuals with mental health disorders fall through the gaps between the children and adult mental health systems during a critical time in their lives.³¹ In 2003, the New Freedom Commission on Mental Health released a report that identified further gaps in the mental health system and recommended transforming the mental health system through community-based services to help individuals with mental illnesses live successfully in their communities.³² The CAT teams model is an example of a comprehensive service approach that allows

²³ Ch. 93-39, s. 2, Laws of Fla., codified in ch. 397, F.S.

²⁴ 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.

²⁵ Department of Children and Families, *Managing Entities*, <https://www.myflfamilies.com/service-programs/samh/managing-entities/> (last visited on Jan. 24, 2020).

²⁶ Department of Children and Families, *Treatment for Substance Abuse*, <https://www.myflfamilies.com/service-programs/samh/substance-abuse.shtml>, (last visited Jan. 24, 2020).

²⁷ Id.

²⁸ Id. Research indicates that persons who successfully complete substance abuse treatment have better post-treatment outcomes related to future abstinence, reduced use, less involvement in the criminal justice system, reduced involvement in the child-protective system, employment, increased earnings, and better health.

²⁹ Id.

³⁰ Kessler, Berglund, Demler, Jin, Merikangas, and Walters, *Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication*, Archives of General Psychiatry. June 2005, <https://www.ncbi.nlm.nih.gov/pubmed/15939837> (last visited Jan. 24, 2020).

³¹ Maryann Davis and Bethany Hunt, *State efforts to expand transition supports for young adults receiving adult public mental health services*. Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, 2005, https://pdfs.semanticscholar.org/40ae/063ae28b3273f498eb7c7b609677b1e5be92.pdf?_ga=2.44077420.995818869.1579903552-877004500.1579903552 (last visited Jan. 24, 2020).

³² Letter from The President’s New Freedom Commission on Mental Health to President George W. Bush, July 22, 2002, <http://govinfo.library.unt.edu/mentalhealthcommission/reports/FinalReport/downloads/FinalReport.pdf> (last visited Jan. 24, 2020).

young people with mental illnesses who are at risk or out-of-home placements to receive services and remain in their communities with their caregivers.³³

CAT teams are intended to be a safe and effective alternative to out-of-home placement for children with a mental health condition and characteristics that impact their ability to function well in the community.³⁴ The goals of CAT teams are to:³⁵

- Strengthen the family and support systems for youth and young adults to assist them to live successfully in the community;
- Improve school related outcomes such as attendance, grades and graduation rates;
- Decrease out-of-home placements;
- Improve family and youth functioning;
- Decrease substance use and abuse;
- Decrease psychiatric hospitalizations;
- Transition into age appropriate services; and
- Increase health and wellness.

To be eligible for services through a CAT team, the individual must be a child or young adult, up to 21 years old, with a mental health or co-occurring substance abuse diagnosis and specified accompanying characteristics, the requirements for which vary by age.³⁶ If the child is less than 11 years old he or she must meet two of the following accompanying characteristics; however, individuals aged 11-21 must only meet one of the following accompanying characteristics:³⁷

- The individual is at-risk for out-of-home placement as demonstrated by repeated failures at less intensive levels of care;
- The individual has had two or more hospitalizations or repeated failures;
- The individual has had involvement with DJJ or multiple episodes involving law enforcement; or
- The individual has poor academic performance and/or suspensions.

The CAT model is an integrated service delivery approach that utilizes a team of individuals to comprehensively address the needs of the young person, and his or her family.³⁸ The CAT team includes a full-time team leader, mental health clinicians, a psychiatrist or advanced registered nurse practitioner (ARNP), a registered or licensed practical nurse, a case manager, therapeutic mentors, and support staff.³⁹ They work collaboratively to deliver the majority of behavioral health services, coordinate with other service providers when necessary, and assist the family in developing or strengthening its natural support system.⁴⁰

CAT teams have greater flexibility than traditional mental health providers, which is intended to promote a “whatever it takes” approach to assisting young people with mental health or co-occurring substance use disorders and their families to achieve their goals.⁴¹ One of the differences between CAT teams and traditional mental health services is that services are provided or coordinated by the multidisciplinary team; these services are individualized and often do not fit into the standard of medical necessity, and are typically not reimbursed by Medicaid or private insurance.⁴² The number of sessions and the frequency at which they are provided is set through collaboration rather than service limits.⁴³ In addition, the family is treated as a unit, and the CAT team addresses all family members’ needs.⁴⁴

³³ Department of Children and Families, *Community Action Team Evaluation Report*, February 1, 2014, p. 6, https://www.myflfamilies.com/service-programs/samh/publications/docs/CAT_Team_Evaluation_January_31_2014.pdf (last visited Jan. 24, 2020).

³⁴ Department of Children and Families, *Fiscal Year 2017-18 Managing Entity Templates, Guidance 32 – Community Action Treatment (CAT) Team*, Effective January 1, 2018, p. 1 (Guidance Document on file with Health and Human Services Committee).

³⁵ *Id.* at 1-2.

³⁶ *Id.* at 2.

³⁷ *Id.*

³⁸ *Id.*

³⁹ *Id.*

⁴⁰ *Id.*

⁴¹ *Supra*, note 33, at 8.

⁴² *Id.*

⁴³ *Id.*

⁴⁴ *Id.* at 9.

CAT teams provide services in the family's home or in other community locations that are convenient for the family being served. The mix of services and supports the CAT team provides to the individual and his or her family should be developmentally appropriate for the young person and serve to strengthen him or her and his or her family.⁴⁵ Examples of services provided by the CAT team are ⁴⁶

- **Crisis Intervention and 24/7 On-call Coverage:** Assists the family with crisis intervention, referrals, or supportive counseling;
- **Family Education:** Families are educated on topics related to their treatment goals, including effective parenting skills and behavior management; and
- **Therapy:** Provides and coordinates individual, group, and family therapy services. The type, frequency and location of therapy provided are based on their individual needs.

In addition to the services the CAT team provides, it also encourages the young person and his or her family to develop connections to natural supports⁴⁷ within their own network of associates, such as friends and neighbors; through connections with the community; through service and religious organizations; and through participation in clubs and other civic activities.⁴⁸

Use of CAT Teams in Florida

In 2005, the Florida Legislature funded the first CAT team as a behavioral healthcare pilot project for children, adolescents, and young adults with significant mental health needs in Manatee County.⁴⁹ Manatee Glens, a non-profit behavioral health provider, implemented the first CAT team pilot project with the goal of diverting children and youth with significant behavioral health needs from residential mental health treatment, foster care, and juvenile detention facilities.⁵⁰

In 2013, the Legislature funded ten pilot CAT teams through Specific Appropriation 352-A of the 2013–2014 GAA.⁵¹ The Legislature directed DCF as part of the 352-A appropriation to develop a report that evaluates the effectiveness of CAT teams in meeting the goal of offering parents and caregivers of this target population a safe option for raising their child at home rather than utilizing more costly institutional placement, foster home care, or juvenile justice services.⁵² Based on this directive, DCF published the Community Action Team Evaluation Report⁵³ on January 31, 2014. While the report was not able to provide an unequivocal conclusion as to the efficacy of the CAT team model, its assessment was positive and it found positive outcomes associated with the use of CAT teams, including diversion from out of home placement, functional improvement, improved school attendance, and an increased number of days spent in the community (i.e., not in a psychiatric hospital, juvenile detention center, residential treatment facility, or on runaway).⁵⁴

Following the positive report on CAT teams, the Legislature allocated recurring funding and non-recurring funding expanding the number of CAT teams in Fiscal Years 2014-2015 to 2019-2020.⁵⁵

As of July 1, 2019, recurring funding supports 23 CAT teams, and non-recurring funding supports 2 CAT teams (one team serving Charlotte County and one team serving Leon, Gadsden and Wakulla counties).⁵⁶

In DCF's SAMH Annual Plan for Fiscal Years 2017-2019, it identified the need to increase intensive, in-home team interventions that are available 24 hours per day, 7 days per week as part of its strategic

⁴⁵ *Supra*, note 34, at 7.

⁴⁶ *Supra*, note 33, at 9.

⁴⁷ Natural supports ease the transition from formal services and provide ongoing support after discharge.

⁴⁸ *Supra*, note 34, at 6.

⁴⁹ *Supra*, note 34, at 1.

⁵⁰ *Id.*

⁵¹ Fla. General Appropriation Act Fiscal Year 2013-2014, SB 1500 item 352-A,

http://www.myfloridahouse.gov/filestores/Adhoc/Appropriations/GAA/2013-Senate/CR_SB_1500.pdf (last visited February 26, 2018).

⁵² *Id.*

⁵³ *Supra*, note 33.

⁵⁴ *Id.* at 22-26.

⁵⁵ Fla. General Appropriation Act Fiscal Years 2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020; HB 5001 item 349, SB 2500-A item 377G, HB 5001 item 382, SB 2500 item 361A, HB 5001 item 366, SB 2500 item 367, respectively.

⁵⁶ Fla. General Appropriation Act Fiscal Year 2019-2020, SB 2500 item 367.

initiative to increase access to quality, recovery-oriented system of care, and enhance the community-based service array to shift from an acute care model to a recovery based model of care.⁵⁷ DCF identified increasing the number of CAT and mobile crisis teams as a way to meet this objective.⁵⁸

Criminal Justice, Mental Health, and Substance Abuse Statewide Reinvestment Grant Program

In 2007, the Legislature created the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program (Program). The purpose of the Program is to provide funding to counties to plan, implement, or expand initiatives that increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services for adults and juveniles who have a mental illness, substance abuse disorder, or co-occurring mental health and substance abuse disorders and who are in, or at risk of entering, the criminal or juvenile justice systems.⁵⁹

A county, non-profit community provider or managing entity designated by a county planning council or committee may apply for a one-year planning grant or a three-year implementation expansion grant under the Program.⁶⁰ The purpose of the grants is to demonstrate that investment in treatment efforts related to mental illness, substance abuse disorders, or co-occurring mental health and substance abuse disorders results in a reduced demand on the resources of the judicial, corrections, juvenile detention, and health and social services systems.⁶¹

The Program is currently funded at \$9 million annually.⁶² DCF manages 8 planning grants, 18 implementation or expansion grants, and 1 contract providing counties with technical assistance through the University of South Florida.

The Statewide Grant Review Committee (Committee) is composed of representatives from six state agencies, including DCF, and ten advocacy groups and professional and trade associations representing criminal justice professionals, behavioral health service providers, and local municipalities, each of which has varying degrees of involvement in county strategic planning and implementation of alternative service models addressing the Program's target populations. The Committee serves as an advisory body charged with reviewing policy and funding issues and advising DCF in selecting priorities for grants and investing awarded grant moneys. The Committee is also responsible for reviewing grant applications and selecting the grant recipients, as well as notifying DCF in writing of the recipients' names before DCF can issue awards.

This statutory responsibility of the Committee creates significant challenges implementing the grant review functions due to the affiliations of the Committee members representing the participating ten advocacy groups and professional and trade associations. Specifically, conflict of interest standards routinely interfere with participation in annual grant reviews by the non-state agency members. Four organizations represent the actual grant applicants identified in statute and are automatically excluded from participation in all grant award decisions. The remaining six organizations may or may not be excluded from some grant reviews, depending on whether their members include an applicant, an applicant's proposed sub-recipient, or proposed source of local matching funds.

DCF has conducted three grant solicitations since this Committee's membership was expanded in 2016.⁶³ In each solicitation, four advocacy groups have been excluded for conflicts and an average of seven other organizations have been unable or unwilling to participate. Five organizations have consistently declined to participate in every solicitation. As a result, the conflicts of interest and non-

⁵⁷ *Florida Substance Abuse and Mental Health Plan, Triennial State and Regional Master, Fiscal Years 2017-2019*, Department of Children and Families, Substance Abuse and Mental Health Program Office, January 31, 2016, pp. 8-9, <https://www.myflfamilies.com/service-programs/samh/publications/docs/FL-SAMH-PlanFY17-19.pdf> (last visited Jan. 24, 2020).

⁵⁸ *Id.* at 9.

⁵⁹ S. 394.656(1), F.S.

⁶⁰ S. 394.656(5), F.S.

⁶¹ *Id.*

⁶² Department of Children and Families, Agency Bill Analysis for 2020 HB 1071 (Jan. 14, 2020) (On file with Children, Families, and Seniors Subcommittee Staff).

⁶³ *Id.*

participation generate considerable inconsistency in available grant review teams and increases DCF's risk of protests or appeals following each increasingly competitive solicitation cycle.

Purple Ribbon Task Force

Chapter 2012-172, Laws of Florida, created the Purple Ribbon Task Force. The task force was composed of 18 members with 6 members appointed by the Governor, 6 members appointed by the Speaker of the House of Representatives, and 6 members appointed by the President of the Senate.⁶⁴

The law required the task force to conduct an interim study regarding Alzheimer's disease in the state.⁶⁵ This study required the task force to:⁶⁶

- Assess the current and future impact of Alzheimer's disease on the state;
- Examine existing industries, services, and resources that address the needs of persons with Alzheimer's disease;
- Develop a strategy to mobilize a state response to Alzheimer's disease; and
- Gather information on state trends and policy regarding Alzheimer's disease.

Additionally, the law required the task force to submit a report in the form of an Alzheimer's disease state plan.⁶⁷ The 2013 completed report by the task force is the State Plan on Alzheimer's disease and Related Forms of Dementia.⁶⁸ The state report included the task force's findings and recommendations. Upon submission of this report, pursuant to law, the Purple Ribbon Task force terminated.

Included in the Task Force's recommendations was to exclude dementia, Alzheimer's disease, and traumatic brain injury (TBI) from the definition of mental illness, as none of these are mental illnesses.⁶⁹ This recommendation was made to keep such individuals from experiencing negative, life-impacting changes associated with being removed suddenly from a stable environment.⁷⁰

⁶⁴ Ch. 2012-172, Laws of Fla.

⁶⁵ Id.

⁶⁶ Id.

⁶⁷ Id.

⁶⁸ Florida Department of Elder Affairs, *Purple Ribbon Task Force State Plan on Alzheimer's Disease and Related Forms of Dementia*, <https://www.alz.org/media/Documents/florida-state-plan-august-2013.pdf> (last visited Jan. 24, 2020).

⁶⁹ Id.

⁷⁰ Id.

Certification of Community Substance Abuse Prevention Coalitions

Prevention coalitions are local partnerships between multiple sectors of the community that respond to community conditions by developing and implementing comprehensive plans that lead to measurable, population-level reductions in drug use and related problems. Generally, prevention coalitions have community wide involvement including parents, youth, teachers, police, faith-based leaders and business partners.⁷¹

Section 397.321, F.S., requires DCF to license and regulate all substance abuse providers in the state. It also requires DCF to develop a certification process by rule for community substance abuse prevention coalitions (prevention coalitions). A rule has not been promulgated by DCF and as such, there is no process for state certification and no state certified providers.⁷²

Prevention coalitions do not provide licensable substance abuse clinical treatment services, and certification is not a requirement for eligibility to receive federal or state substance abuse prevention funding. However, to receive funding from DCF, a coalition must follow a comprehensive process that includes a detailed needs assessment and plan for capacity building, development, implementation, and sustainability to ensure that data-driven, evidence-based practices are employed for addressing substance misuse for state-funded coalitions.

Some prevention coalitions choose to receive certification from nationally-recognized credentialing entities through an application process. Additionally, the Florida Certification Board, a non-profit professional credentialing entity, offers certifications for Certified Prevention Specialists and Certified Prevention Professionals, for those individuals who desire professional credentialing.

Florida is the only state that statutorily requires prevention coalitions to be certified.⁷³

Forensic Evaluators

Forensic mental health evaluation is a form of evaluation performed by a mental health professional to provide relevant clinical and scientific data during civil or criminal proceedings. Florida's circuit courts are responsible for appointing mental health experts to conduct forensic evaluations of individuals with mental illnesses who are adjudicated incompetent to proceed of a felony offense or acquitted of a felony offense by reason of insanity.⁷⁴ DCF is required to provide one time training for psychiatrists, psychologists, and other mental health professionals on how to conduct evaluations for criminal courts.⁷⁵ The training program is a three day program offered through a course provided by the Louis de la Parte Florida Mental Health Institute at the University of South Florida which focuses on competence to stand trial and sanity evaluations.⁷⁶ Participants learn Florida laws and rules of criminal procedure relevant to forensic evaluation, general legal principles relevant to forensic evaluation, and assessment techniques and procedures used in competency to proceed and mental state at the time of the offense evaluations,⁷⁷ though no specific topics are required to be covered.

Because training for forensic evaluators is only a one time requirement, mental health professionals who have completed the training can remain on the list of DCF approved evaluators for years without receiving continuing education, meaning that their initial training becomes outdated as statutes and practices change over time.⁷⁸

⁷¹ Department of Children and Families, Agency Bill Analysis for 2018 HB 0721 (Nov. 30, 2017) (On file with Children, Families, and Seniors Subcommittee Staff).

⁷² Email from John Paul Fiore, Legislative Specialist, Department of Children and Families, RE: HB 1071 Question, (Jan. 24, 2020) (on file with Children, Families, and Seniors Subcommittee staff).

⁷³ Only one other state, Ohio, has established a certification program for prevention coalitions, and it is voluntary.

⁷⁴ *Supra*, note 62.

⁷⁵ S. 916.111, F.S.

⁷⁶ Department of Children and Families, *Forensic Evaluator Training and the Importance of Appointing Approved Forensic Evaluators as Experts*, <https://www.myflfamilies.com/service-programs/samh/adult-forensic-mental-health/forensic-evaluator-training-and-importance-appointing-approved-forensic-evaluators-experts.shtml> (last visited Jan. 24, 2020).

⁷⁷ *Id.*

⁷⁸ *Supra*, note 62.

Effect of Proposed Changes

Mental Illness

The bill amends s. 394.455(28), F.S., and s. 916.106(14), F.S., to exclude dementia and traumatic brain injury from the definition of “mental illness.”

This proposed change aligns the definition of “mental illness” with current language in s. 394.467(6)(b), F.S., which prohibits individuals with dementia or TBI who lack a co-occurring mental illness from being involuntarily admitted to a state mental health treatment facility. Additionally, this may also reduce the number of individuals with dementia or TBI who lack a co-occurring mental illness that are being inappropriately admitted for involuntary examination at Baker Act receiving facilities. However, the proposed change will not prohibit an individual who has dementia or TBI with a co-occurring mental illness who is experiencing a mental health crisis from being admitted to a Baker Act receiving facility for involuntary examination.

Community Action Treatment Teams

Legislative Joint Rule 2.2 states that budget items that are authorized in statute are not considered appropriations projects, and for those that do qualify as such, they may only receive nonrecurring funding.⁷⁹ The bill adds two CAT teams to the statutory list of geographic locations to be served by these teams: one serving Charlotte County and the other serving Leon, Gadsden, and Wakulla counties.

Criminal Justice, Mental Health, and Substance Abuse Statewide Reinvestment Grant Program

The bill allows county consortiums to apply for a 1-year planning or 3-year implementation or expansion grant. It allows a county planning council or committee to designate the county sheriff or local law enforcement agency to apply for a grant on behalf of the county.

The bill revises the duties of and renames the Criminal Justice, Mental Health, and Substance Abuse Statewide Grant Review Committee (committee) to the Criminal Justice, Mental Health, and Substance Abuse Statewide Grant Advisory Committee. The bill revises the membership of the committee to:

- Remove the administrator of an assisted living facility that holds a limited mental health license; and
- Add the Florida Behavioral Health Association, to reflect the merger of the Florida Alcohol and Drug Abuse Association with the Florida Council for Community Mental Health.

The bill removes the ability of the committee to participate in the development of criteria used to review grants and in the selection of grant recipients. Instead, DCF, in collaboration with the Department of Corrections, the Department of Juvenile Justice, the Department of Elder Affairs, the Office of the State Courts Administrator, and the Department of Veterans' Affairs must establish criteria used to review applications and select the county that will be awarded a 1-year planning grant or a 3-year implementation or expansion grant.

⁷⁹ Joint Rule 2.3, Joint Rules of the Florida Legislature (2018-2020).

Repeal of Prevention Coalition Certification

The bill repeals the requirement that DCF develop a certification process by rule for community substance abuse prevention coalitions. Due to DCF having not establishing such process, this is no impact in rule.

School Substance Abuse Prevention Partnership Grants

The bill allows managing entities instead of DCF, to use a competitive solicitation process to review grant applications for the school substance abuse prevention partnership grant program.

Court-Appointed Forensic Evaluators

The bill requires court-appointed forensic evaluators to take continuing education on conducting forensic evaluations for the court every three years. At a minimum, the continuing education must provide current information on:

- Forensic statutory requirements;
- Recent changes to part II of ch. 916, F.S., relating to forensic services for persons who are mentally ill;
- Trends and concerns related to forensic commitments in the state;
- Alternatives to maximum security treatment facilities;
- Community forensic treatment providers;
- Evaluation requirements; and
- Forensic service array updates.

The bill makes technical and conforming changes.

The bill provides an effective date of July 1, 2020.

B. SECTION DIRECTORY:

- Section 1:** Amends s. 394.455, F.S., relating to definitions.
- Section 2:** Amends s. 394.495, F.S., relating to child and adolescent mental health system of care: programs and services.
- Section 3:** Amends s. 394.656, F.S., relating to criminal justice, mental health, and substance abuse reinvestment grant program.
- Section 4:** Amends s. 394.657, F.S., relating to county planning councils or committees.
- Section 5:** Amends s. 394.658, F.S., relating to criminal justice, mental health, and substance abuse reinvestment grant program requirements.
- Section 6:** Amends s. 397.321, F.S., relating to duties of the department.
- Section 7:** Amends s. 397.99, F.S., relating to school substance abuse prevention partnership grants.
- Section 8:** Amends s. 916.111, F.S., relating to training of mental health experts.
- Section 9:** Amends s. 916.115, F.S., relating to appointment of experts.
- Section 10:** Provides an effective date of July 1, 2020.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

The bill amends s. 394.495(6)(e)1, F.S., to include Charlotte, Leon, Gadsden, and Wakulla counties to the list of specified counties or regions required to be individually served by a CAT team. The Fiscal Year 2019-2020 General Appropriations Act provided \$1,500,000 (\$750,000 per team) in non-recurring General Revenue to fund two CAT teams in these counties.

The House proposed General Appropriations Act for Fiscal Year 2020-21 includes an additional, recurring \$5,250,000 to expand the number of available CAT teams.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

The bill permits a county consortium to apply for a Criminal Justice, Mental Health, and Substance Abuse Statewide Reinvestment Grant, and allows such to designate the sheriff or local law enforcement agency to apply for a grant on the county's behalf. To the extent that a county is more likely to apply for a grant if the local sheriff or law enforcement agency is the applicant, there will be an increase of applicants to a grant program that does not include an increase to the program's base appropriation.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. This bill does not appear to require counties or municipalities to spend funds or take action requiring the expenditures of funds; reduce the authority that counties or municipalities have to raise revenues in the aggregate; or reduce the percentage of state tax shared with counties or municipalities.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES