HOUSE OF REPRESENTATIVES STAFF FINAL BILL ANALYSIS

BILL #: CS/CS/HB 1081 Substance Abuse and Mental Health
SPONSOR(S): Health & Human Services Committee and Children, Families & Seniors Subcommittee, Stevenson and others
TIED BILLS: **IDEN./SIM. BILLS:**

FINAL HOUSE FLOOR ACTION: 118 **Y's** 0 **N's** **GOVERNOR'S ACTION:** Approved

SUMMARY ANALYSIS

CS/CS/HB 1081 passed the House on March 11, 2020, as CS/SB 7012 as amended. The Senate concurred in the House amendment to the Senate bill and subsequently passed the bill as amended on March 13, 2020.

CS/SB 7012 amends laws governing substance abuse and mental health services.

The bill broadens the duties of the Statewide Office of Suicide Prevention (Office) in the Department of Children and Families (DCF), requiring the Office to act as a clearinghouse for information and resources on suicide prevention. It requires the Office, DCF, and the Department of Transportation to collaborate on suicide deterrents for new infrastructure projects. It expands the scope of the Suicide Prevention Coordinating Council within DCF by requiring the Council to make recommendations on the implementation of evidence-based mental health programs and suicide risk identification training in the Council's annual report on suicide prevention. The bill creates the First Responders Suicide Deterrent Task Force, requiring it to make recommendations on how to reduce the incidence of suicide and suicide attempts among current and retired first responders.

The bill also codifies coordinated specialty care programs for individuals with early-stage psychosis, and authorizes recipients of Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grants to use that funding for those programs.

Additionally, the bill requires the notice of release for involuntary examination of minors to include information on local mobile response teams and other resources; revises the method by which forensic facilities and jails provide medication to defendants and share their medical records; and allows certain licensed health care professionals and facilities to contract with DCF and managing entities to provide substance abuse services without a separate license from DCF.

The bill has an indeterminate, insignificant, negative fiscal impact on DCF and local governments.

The bill was approved by the Governor on June 18, 2020, ch. 2020-39, L.O.F., and will become effective on July 1, 2020.

I. SUBSTANTIVE INFORMATION

A. EFFECT OF 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. Nearly one in five adults live with a mental illness.[4] An estimated 49.5% of adolescents aged 13-18 have a mental disorder.[5] Suicide is the tenth overall leading cause of death in the nation and the second leading cause of death among individuals between the ages of 10 and 24.[6] In 2018, 3,552 lives were lost to suicide in Florida.[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]

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[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 Institute on Mental Health, *Mental Illness,* https://www.nimh.nih.gov/health/statistics/mental-illness.shtml, (last visited Feb. 13, 2020).
[5] National Institute on Mental Health, *Mental Illness – Prevalence of Any Mental Disorder Among Adolescents,* https://www.nimh.nih.gov/health/statistics/mental-illness.shtml#part_155771 (last visited Feb. 13, 2020).
[6] National Institute on Mental Health, *Suicide,* https://www.nimh.nih.gov/health/statistics/suicide.shtml (last visited Feb. 13, 2020).
[7] Department of Children and Families, *Suicide Prevention Coordinating Council 2019 Annual Report,* (Jan. 16, 2020) https://www.myflfamilies.com/service-programs/samh/publications/docs/2019%20Annual%20Report%20Suicide%20Prevention%20Coordinating%20Council%20FINAL.pdf (last visited Feb. 18, 2020).
[8] *World Health Organization, Substance Abuse*, http://www.who.int/topics/substance_abuse/en/ (last visited Feb. 13, 2020).
[9] Substance Abuse and Mental Health Services Administration, *Substance Use Disorders,* http://www.samhsa.gov/disorders/substance-use (last visited Feb. 13, 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 Feb. 13, 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 9.2 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

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 and treatment. It additionally protects the rights of all individuals examined or treated for mental illness in Florida.[20]

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). 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.[21]

DCF contracts for behavioral health services through regional systems of care called managing entities (MEs). 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.[22] 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.[23]

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[12] *Supra,* note 9.
[13] Id.
[14] Substance Abuse and Mental Health Services Administration, *Key Substance Use and Mental Health Indicators in the U.S.: Results from the 2018 National Survey on Drug Use and Health,* (August 2019), https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf (last visited Feb. 13, 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/rrcomorbidity.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] 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.
[22] Department of Children and Families, *Managing Entities*, http://www.dcf.state.fl.us/service-programs/samh/managing-entities/index.shtml (last visited on Feb. 13, 2020).
[23] Department of Children and Families, *Treatment for Substance Abuse*, https://www.myflfamilies.com/service-programs/samh/substance-abuse.shtml, (last visited Feb. 13, 2020).

- **Detoxification Services:** Medical and clinical procedures to assist individuals and adults as they withdraw from the physiological and psychological effects of substance abuse.[24]
- **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. [25]
- **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.[26]

Involuntary Examination and Receiving Facilities

Individuals in an acute mental or behavioral health crisis may require emergency treatment to stabilize their condition. Emergency mental health examination and stabilization services may be provided on a voluntary or involuntary basis.[27] An involuntary examination is required if there is reason to believe that the person has a mental illness and has, because of his or her mental illness, refused involuntary examination, is likely to refuse to care for him or herself, or cause harm to him or herself or others in the near future.[28]

Involuntary patients must be taken to either a public or a private facility that has been designated by DCF as a Baker Act receiving facility. The purpose of receiving facilities is to receive and hold or refer, as appropriate, involuntary patients under emergency conditions for mental health or substance abuse evaluation and to provide treatment or transportation to the appropriate service provider.[29] A public receiving facility is a facility that has contracted with a managing entity to provide mental health services to all persons, regardless of their ability to pay, and is receiving state funds for such purpose.[30] Funds appropriated for Baker Act services may only be used to pay for services to diagnostically and financially eligible persons, or those who are acutely ill, in need of mental health services, and the least able to pay.[31]

Crisis Stabilization Units (CSUs) are specialized public receiving facilities that receive state funding to provide services to individuals showing acute mental health disorders. CSUs screen, assess, and admit for stabilization individuals who voluntarily present themselves to the unit, as well as individuals who are brought to the unit on an involuntary basis.[32] CSUs provide patients with 24-hour observation, medication prescribed by a physician or psychiatrist, and other appropriate services.[33] The purpose of a crisis stabilization unit is to stabilize and redirect a client to the most appropriate and least restrictive community setting available, consistent with the client's needs.[34] Individuals often enter the public mental health system through CSUs.[35] For this reason, crisis services are a part of the comprehensive,

[24] Id.
[25] 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.
[26] Id.
[27] Ss. 394.4625 and 394.463, F.S.
[28] S. 394.463(1), F.S.
[29] S. 394.455(39), F.S. This term does not include a county jail.
[30] S. 394.455(37), F.S
[31] Rule 65E-5.400(2), F.A.C.
[32] S. 394.875(1)(a), F.S.
[33] Id
[34] Id.
[35] Florida Senate, Budget Subcommittee on Health and Human Services Appropriations, *Crisis Stabilization Units*, (Interim Report 2012-109) (Sept. 2011), available at https://www.flsenate.gov/PublishedContent/Session/2012/InterimReports/2012-109bha.pdf (last visited Feb. 21, 2020).

integrated, community mental health and substance abuse services established by the Legislature in the 1970s to ensure continuity of care for individuals.[36]

As of September 2019, there are 122 Baker Act receiving facilities in this state, including 54 public receiving facilities and 68 private receiving facilities.[37] Of the 54 public receiving facilities, 40 are CSUs.[38]

Under the Baker Act, a receiving facility must examine an involuntary patient within 72 hours of arrival.[39] During that 72 hours, an involuntary patient must be examined by a physician or a clinical psychologist, or by a psychiatric nurse performing within the framework of an established protocol with a psychiatrist at a facility, to determine if the criteria for involuntary services are met.[40] If the patient is a minor, the examination must be initiated within 12 hours.[41]

Within that 72-hour examination period, or, if the 72 hours ends on a weekend or holiday, no later than the next business day, one of the following must happen:[42]

- The patient must be released, unless he or she is charged with a crime, in which case law enforcement will assume custody;
- The patient must be released for voluntary outpatient treatment;
- The patient, unless charged with a crime, must give express and informed consent to a placement as a voluntary patient and admitted as a voluntary patient; or
- A petition for involuntary placement must be filed in circuit court for involuntary outpatient or inpatient treatment.

Licensure of Substance Abuse Service Providers

DCF regulates substance abuse treatment by licensing individual treatment components under statute and rule.[43] All private and publicly-funded entities providing substance abuse services must be licensed for each service component they provide.[44] However, current law exempts certain entities from licensure under ch. 397, F.S.:[45]

- A hospital or hospital-based component licensed under ch. 395, F.S.;
- A nursing home facility licensed under ch. 400, F.S.;
- A substance abuse education program established under the public school system;
- A facility or institution operated by the Federal Government;
- An allopathic or osteopathic physician or physician assistant licensed under chs. 458 or 459, F.S.;
- A psychologist licensed under ch. 490, F.S.;
- A social worker, marriage and family therapist, or mental health counselor licensed under ch. 491, F.S.;
- A church or nonprofit religious organization or denomination that provides services which are solely religious, spiritual, or ecclesiastical in nature;
- A facility licensed by the Agency for Persons with Disabilities under ch. 393, F.S.;
- DUI education and screening services under the Florida Uniform Traffic Control Law; and

[36] Id. Sections 394.65-394.9085, F.S.
[37] Department of Children and Families, *Designated Baker Act Receiving Facilities*, (Sept. 9, 2019), https://www.myflfamilies.com/service-programs/samh/crisis-services/docs/baker/Baker%20Act%20Receiving%20Faciliites.pdf (last visited Feb. 21, 2020). Hospitals can also be designated as public receiving facilities.
[38] Id.
[39] S. 394.463(2)(g), F.S.
[40] S. 394.463(2)(f), F.S.
[41] S. 394.463(2)(g), F.S.
[42] S. 394.463(2)(g), F.S.
[43] Ch. 397, F.S. and R. 65D-30, F.A.C.
[44] S. 397.403, F.S.
[45] S. 397.4012, F.S.

- A facility licensed under s. 394.875, F.S., as a CSU.

Currently, this exemption from licensure does not apply if the entity provides state-funded services through the DCF managing entity system or provides services under a government-operated substance abuse program.[46]

Several entities that are exempt from licensure by DCF are currently licensed by other state agencies. The Department of Health licenses allopathic or osteopathic physicians, physician assistants, psychologists, social workers, marriage and family therapists, and mental health counselors. The Agency for Health Care Administration licenses nursing homes and designated receiving facilities, including CSUs. CSUs are a type of receiving facility designated by DCF and licensed by AHCA.[47] The Agency for Persons with Disabilities licenses facilities that serve the state's disabled population under ch. 393, F.S., including group homes. School substance abuse programs, federal government facilities and institutions, churches or religious organizations, and DUI education and screening services are not currently licensed by any state agency.

Licensed service components include a continuum of substance abuse prevention,[48] intervention,[49] and clinical treatment services.[50] Clinical treatment is a professionally directed, deliberate, and planned regimen of services and interventions that are designed to reduce or eliminate the misuse of drugs and alcohol and promote a healthy, drug-free lifestyle.[51] "Clinical treatment services" include, but are not limited to, the following licensable service components: [52]

- Addictions receiving facility;
- Day or night treatment;
- Day or night treatment with community housing;
- Detoxification;
- Intensive inpatient treatment;
- Intensive outpatient treatment;
- Medication-assisted treatment for opiate addiction;
- Outpatient treatment; and
- Residential treatment.

Dementia and Traumatic Brain Injury

Dementia is the loss of cognitive function – thinking, remembering, and reasoning – and behavioral abilities to such an extent that it interferes with a person's daily life and activities.[53] These functions include memory, language skills, visual perception, problem solving, self-management, and the ability

[46] Id.
[47] Agency for Health Care Administration, *Crisis Stabilization Units,* https://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/Hospital_Outpatient/crisis.shtml (last visited Mar. 26, 2020). *See also* s. 394.875, F.S.
[48] S. 397.311(26)(c), F.S. Prevention is a process involving strategies that are aimed at the individual, family, community, or substance and that preclude, forestall, or impede the development of substance use problems and promote responsible lifestyles. *See also,* Department of Children and Families, *Substance Abuse: Prevention,* https://www.myflfamilies.com/service-programs/samh/prevention/ (last visited Jan. 21, 2020). Substance abuse prevention is best accomplished through the use of ongoing strategies such as increasing public awareness and education, community-based processes and evidence-based practices. These prevention programs are focused primarily on youth, and, recent years, have shifted to the local level, giving individual communities the opportunity to identify their own unique prevention needs and develop action plans in response. This community focus allows prevention strategies to have a greater impact on behavioral change by shifting social, cultural and community environments.
[49] S. 397.311(26)(b), F.S. Intervention is structured services directed toward individuals or groups at risk of substance abuse and focused on reducing or impeding those factors associated with the onset or the early stages of substance abuse and related problems.
[50] S. 397.311(25), F.S.
[51] Id.
[52] S. 397.311(25)(a), F.S.
[53] National Institute on Aging, *What is Dementia? Symptoms, Types, and Diagnosis,* https://www.nia.nih.gov/health/what-dementia-symptoms-types-and-diagnosis (last visited Feb. 18, 2020)

to focus and pay attention.[54] Some people with dementia cannot control their emotions, and their personalities may change.[55]

Traumatic brain injury (TBI) is a disruption in the normal function of the brain that can be caused by a bump, blow, or jolt to the head, or penetrating head injury.[56] TBI can range from mild to severe. Mild TBI symptoms include difficulty thinking clearly, feeling slowed down, headaches, and irritability.[57] Severe symptoms include nausea and vomiting, slurred speech, loss of coordination, and increased confusion.[58]

Neither the Baker Act[59] nor post-adjudication commitment[60] exclude dementia or TBI as a reason for subjecting an individual to involuntary treatment. The definitions in those statutes expressly exclude a developmental disability, autism, intoxication, and conditions manifested only by antisocial behavior or substance abuse, but not dementia or TBI. This means that individuals with dementia or TBI 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. This also means that defendants with dementia or TBI who lack a co-occurring mental illness can be committed to forensic facilities, even though a state mental health treatment facility is not an appropriate setting for such a population.

In 2013, the Statewide Purple Ribbon Task Force[61] recommended excluding dementia and TBI from the definition of mental illness because neither are mental illnesses.[62] This recommendation was made to keep such individuals from experiencing negative, life-impacting changes associated with being removed suddenly from a stable environment.[63]

Statewide Office of Suicide Prevention

The Statewide Office of Suicide Prevention (Office) is housed within DCF and tasked with coordinating education and training in suicide prevention efforts for law enforcement personnel, first responders, health care providers, school employees, and others who may have contact with persons at risk of suicide.[64] As required by law, the Office has developed a network of community-based programs, which works to identify and eliminate barriers to providing suicide prevention services to at-risk individuals.[65]

The Office collaborates with the Suicide Prevention Coordinating Council (Council) to prepare the statewide suicide prevention plan and the annual Council report.[66] The Council's annual report addresses Florida's suicide prevention efforts and goals, and provides an overview of national and state suicide statistics.[67] The Council has 27 voting members and one nonvoting member, representing law enforcement, mental health practitioners, suicide prevention experts, schools, family members, and

[54] Id.
[55] Id.
[56] Centers for Disease Control and Prevention, *Traumatic Brain Injury & Concussion,* https://www.cdc.gov/traumaticbraininjury/index.html (last visited Feb. 28, 2020).
[57] Id.
[58] Id.
[59] S. 394.455(28), F.S.
[60] S. 916.106(14), F.S.
[61] Chapter 2012-72, Laws of Florida, created the Purple Ribbon Task Force which conducted an interim study regarding Alzheimer's disease and dementia in the state and made findings and recommendations for a state response to Alzheimer's disease.
[62] Id.
[63] Id.
[64] S. 14.2019, F.S.
[65] Id.
[66] *Supra,* note 7.
[67] Id.

state agencies.[68] The Office and the Council also focus on providing resources and ways to seek help, suicide prevention initiatives, and increasing public awareness.[69]

First Responders

A first responder is a law enforcement officer,[70] firefighter,[71] or an emergency medical technician or paramedic[72] employed by state or local government.[73] Additionally, a volunteer law enforcement officer, firefighter, or emergency medical technician or paramedic engaged by the state or a local government is considered a first responder of the state or local government.[74]

First responders are often exposed to incidents of death and destruction that can result in post-traumatic stress disorder (PTSD), depression, and suicide.[75] A study by the Ruderman Family Foundation revealed that 35 percent of police officers have suffered from PTSD and 46.8 percent of firefighters have experienced suicidal thoughts.[76] Further, a 2015 survey of 4,000 first responders found that 6.6 percent had attempted suicide, which is more than 10 times the rate in the general population.[77] Firefighters are more likely to die by suicide than in the line of duty, according to the Firefighter Behavioral Health Alliance.[78]

[68] Id.
[69] Department of Children and Families, *Suicide Prevention,* https://www.myflfamilies.com/service-programs/samh/prevention/suicide-prevention/ (last visited Feb. 18, 2020).
[70] The term "law enforcement officer" means any person who is elected, appointed, or employed full time by any municipality or the state or any political subdivision thereof; who is vested with authority to bear arms and make arrests; and whose primary responsibility is the prevention and detection of crime or the enforcement of the penal, criminal, traffic, or highway laws of the state. The term includes all certified supervisory and command personnel whose duties include, in whole or in part, the supervision, training, guidance, and management responsibilities of full-time law enforcement officers, part-time law enforcement officers, or auxiliary law enforcement officers but does not include support personnel employed by the employing agency. S. 943.10, F.S.
[71] The term "firefighter" means an individual who holds a current and valid Firefighter Certificate of Compliance or Special Certificate of Compliance issued by the Division of State Fire Marshal within the Department of Financial Services. S. 633.102, F.S.
[72] The term "emergency medical technician" means a person who is certified by the Department of Health to perform basic life support. The term "paramedic" means a person who is certified by the Department of Health to perform basic and advanced life support. S. 401.23, F.S.
[73] S. 125.01045, F.S.
[74] *Id.*
[75] Miriam Heyman, Jeff Dill & Robert Douglas, *The Ruderman White Paper on Mental Health and Suicide of First Responders*, RUDERMAN FAMILY FOUNDATION 7, 9 (2018), https://issuu.com/rudermanfoundation/docs/first_responder_white_paper_final_ac270d530f8bfb (last visited Feb. 9, 2020).
[76] *Id.* at 12.
[77] Wes Venteicher, *Increasing suicide rates among first responders spark concerns*, FIRERESCUE NEWS, (Mar. 19, 2017), https://www.firerescue1.com/fire-ems/articles/222673018-Increasing-suicide-rates-among-first-responders-spark-concern/ (last visited Feb. 9, 2020).
[78] Heyman, Dill & Douglas, *supra* note 75, at 19.

State Forensic System – Mental Health Treatment for Criminal Defendants

The Due Process Clause of the 14th Amendment prohibits the states from trying and convicting defendants who are incompetent to stand trial.[79] The states must have procedures in place that adequately protect the defendant's right to a fair trial, which includes his or her participation in all material stages of the process.[80] Defendants must be able to appreciate the range and nature of the charges and penalties that may be imposed, understand the adversarial nature of the legal process, and disclose to counsel facts pertinent to the proceedings. Defendants also must manifest appropriate courtroom behavior and be able to testify relevantly.[81]

If a defendant is suspected of being incompetent, the court, counsel for the defendant, or the state may file a motion for examination to have the defendant's cognitive state assessed.[82] If the motion is well-founded the court will appoint experts to evaluate the defendant's cognitive state. The defendant's competency is then determined by the judge in a subsequent hearing.[83] If the defendant is found to be competent, the criminal proceeding resumes.[84] If the defendant is found to be incompetent to proceed, the proceeding may not resume unless competency is restored.[85]

Chapter 916, F.S., governs the state forensic system, which is a network of state facilities and community services for persons who have mental health issues, an intellectual disability, or autism and who are involved with the criminal justice system. Offenders who are charged with a felony and adjudicated incompetent to proceed[86] and offenders who are adjudicated not guilty by reason of insanity may be involuntarily committed to state civil[87] and forensic[88] treatment facilities by the circuit court,[89] or in lieu of such commitment, may be released on conditional release[90] by the circuit court if the person is not serving a prison sentence.[91] Conditional release is release into the community accompanied by outpatient care and treatment. The committing court retains jurisdiction over the defendant while the defendant is under involuntary commitment or conditional release.[92]

Sections 916.13 and 916.15, F.S., set forth the criteria under which a court may involuntarily commit a defendant charged with a felony who has been adjudicated incompetent to proceed, or who has been found not guilty by reason of insanity. If a person is committed pursuant to either statute, the administrator at the commitment facility must submit a report to the court:

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[79] *Pate v. Robinson*, 383 U.S. 375, 86 S.Ct. 836, 15 L.Ed. 815 (1966); *Bishop v. U.S.*, 350 U.S.961, 76 S.Ct. 440, 100 L.Ed. 835 (1956); *Jones v. State*, 740 So.2d 520 (Fla. 1999).
[80] Id. See also Rule 3.210(a)(1), Fla.R.Crim.P.
[81] Id. See also s. 916.12, 916.3012, and 985.19, F.S.
[82] Rule 3.210, Fla.R.Crim.P.
[83] Id.
[84] Rule 3.212, Fla.R.Crim.P.
[85] Id.
[86] "Incompetent to proceed" means "the defendant does not have sufficient present ability to consult with her or his lawyer with a reasonable degree of rational understanding" or "the defendant has no rational, as well as factual, understanding of the proceedings against her or him." s. 916.12(1), F.S.
[87] A "civil facility" is: a mental health facility established within the Department of Children and Families (DCF) or by contract with DCF to serve individuals committed pursuant to chapter 394, F.S., and defendants pursuant to chapter 916, F.S., who do not require the security provided in a forensic facility; or an intermediate care facility for the developmentally disabled, a foster care facility, a group home facility, or a supported living setting designated by the Agency for Persons with Disabilities (APD) to serve defendants who do not require the security provided in a forensic facility. Section 916.106(4), F.S. DCF oversees two state-operated forensic facilities, Florida State Hospital and North Florida Evaluation and Treatment Center, and two privately-operated, maximum security forensic treatment facilities, South Florida Evaluation and Treatment Center and Treasure Coast Treatment Center.
[88] A "forensic facility" is a separate and secure facility established within DCF or APD to service forensic clients. A separate and secure facility means a security-grade building for the purpose of separately housing persons who have mental illness from persons who have intellectual disabilities or autism and separately housing persons who have been involuntarily committed pursuant to chapter 916, F.S., from non-forensic residents. Section 916.106(10), F.S.
[89] Sections 916.13, 916.15, and 916.302, F.S.
[90] Conditional release is release into the community accompanied by outpatient care and treatment. Section 916.17, F.S.
[91] Section 916.17(1), F.S.
[92] Section 916.16(1), F.S.

- No later than 6 months after a defendant's admission date and at the end of any period of extended commitment; or
- At any time the administrator has determined that the defendant has regained competency or no longer meets the criteria for involuntary commitment.[93]

State Treatment Facilities

State treatment facilities are the most restrictive settings for forensic services. DCF oversees two state-operated forensic facilities, Florida State Hospital[94] and North Florida Evaluation and Treatment Center,[95] and two privately-operated, maximum security forensic treatment facilities.[96] The forensic facilities provide assessment, evaluation, and treatment to the individuals who have mental health issues and who are involved with the criminal justice system.[97] In addition to general psychiatric treatment approaches and environment, specialized services include:

- Psychosocial rehabilitation;
- Education;
- Treatment modules such as competency, anger management, mental health awareness, medication and relapse prevention;
- Sexually transmitted disease education and prevention;
- Substance abuse awareness and prevention;
- Vocational training;
- Occupational therapies; and
- Full range of medical and dental services.[98]

In Fiscal Year 2018-2019, there were 2,104 forensic commitments, taking an average of 10 days to admit forensic individuals into state and mental health treatment facilities.[99] Current law requires DCF to admit individuals to state forensic facilties within 15 days.[100]

Medical Information Sharing Between County Jails and DCF

Forensic clients committed to DCF's state mental health treatment facilities are transferred to the facilities directly from the county jails, and some may have medical conditions that require on-going or immediate medical treatment.[101] However, there is no statutory requirement for jail physicians to provide medical information about individuals being transferred to DCF. While DCF currently requests medical information from the county jails when a commitment packet is received from the courts,[102] there is no statutory time requirement within which DCF must make the request. According to DCF, lack of continuity of care and lack of information on the individual's medical status can result in life-threatening situations.[103]

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[93] Section 916.13(2), F.S.; section 916.15(3), F.S.
[94] Florida State Hospital has capacity for 959 individuals, of which 469 may receive forensic services. Up to an additional 245 individuals with forensic commitments (but do not require the security of a forensic setting) may occupy the hospital's civil beds. *See* Department of Children and Families, *Forensic Facilities*, https://www.myflfamilies.com/service-programs/samh/adult-forensic-mental-health/forensic-facilities.shtml (last visited Feb. 13, 2020).
[95] Id. The North Florida Evaluation and Treatment Center has 193 beds.
[96] Id. South Florida Evaluation and Treatment Center has a capacity to serve 238 individuals, and Treasure Coast Treatment Center has a contracted capacity of 208 beds.
[97] Florida Department of Children and Families, *About Adult Forensic Mental Health (AFMH)*, https://www.myflfamilies.com/service-programs/samh/adult-forensic-mental-health/forensic-facilities.shtml (last visited Feb. 13, 2020).
[98] Id.
[99] Email from John Paul Fiore, Legislative Specialist, Department of Children and Families, RE: Forensic Commitments Data (Mar. 26, 2020) (on file with Children, Families, and Seniors Subcommittee staff).
[100] S. 916.107(1)(a), F.S.
[101] Department of Children and Families, Agency Bill Analysis for 2020 House Bill 1081, (Jan. 14, 2020) (On file with Children, Families, and Seniors Subcommittee Staff).
[102] Id.
[103] Id.

Continuation of Psychotropic Medications

Current law requires jail physicians to provide a current psychotropic medication[104] order at the time a forensic client is transferred to the state mental health treatment facility or upon request of the admitting physician after the client is evaluated.[105] However, there is no statutory timeframe within which a jail physician must respond to a request by DCF for such information. When forensic clients are restored to competency and released from state mental health treatment facilities, most are returned to the county jail of the committing jurisdiction to await resolution of their court cases. Some individuals are maintained by county jails on the same psychiatric medication regimen prescribed and administered at the state mental health treatment facility, while others individuals are not.

Continuation of a forensic client's psychotropic medication treatment upon transfer from a state mental health treatment facility to a county jail may prevent negative health outcomes, including loss of competency.[106] If an individual loses competency, then the jail must return him or her to a secure forensic facility, as he or she once again becomes unable to stand trial or proceed with resolution of his or her court case.[107]

DCF defines a recidivist as an individual who is recommended as competent to the court, returned to the jail from the forensic facility, and then readmitted to the forensic facility as incompetent to proceed on the same charge for which he or she was originally found competent.[108] Over the last three years, an average of 12% of those deemed competent to proceed were readmitted to the forensic facility.[109] DCF does not collect information on the reason for the recidivism, so DCF cannot identify how often such recidivism is caused by the jail's failure to maintain the forensic client's psychotropic medication prescribed by the state mental health treatment facility.

First-Episode Psychosis

The term "psychosis" is used to describe a condition that affects the mind and generally involves some loss of contact with reality. Psychosis can include hallucinations (seeing, hearing, smelling, tasting, or feeling something that is not real), paranoia, delusions (believing something that is not real even when presented with facts), or disordered thoughts and speech.[110] Psychosis may be caused by medications or alcohol or drug abuse but can also be a symptom of mental illness or a physical condition.[111]

Psychosis affects people from all walks of life. Approximately three out of 100 people will experience psychosis at some time in their lives, often beginning when a person is in their late teens to mid-twenties.[112] Researchers are still learning about how and why psychosis develops, but it is generally thought to be a symptom of mental illness, such as schizophrenia or bipolar disorder, triggered by sleep deprivation, some general medical conditions, certain prescription medications, or the abuse of alcohol

[104] Psychotropic medication is a broad term referring to medications that affect mental function, behavior, and experience; these medications include anxiolytic/hypnotic medications, such as benzodiazepines, antidepressant medications, such as selective serotonin reuptake inhibitors (SSRIs), and antipsychotic medications. Pamela L. Lindsey, *Psychotropic Medication Use among Older Adults: What All Nurses Need to Know*, J. Gerontol Nurs., (Sept. 2009), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3128509/ (last visited Jan. 21, 2020).
[105] S. 916.107(3)(a)2.a., F.S.
[106] Id.
[107] Id.
[108] Email from Lindsey Zander, Deputy Director of Legislative Affairs, Department of Children and Families, RE: Recidivist Data, (Dec. 17, 2017) (on file with Children, Families, and Seniors Subcommittee staff).
[109] Email from John Paul Fiore, Legislative Specialist, Department of Children and Families, RE: HB 1071 and 1081 Information, (Jan. 21, 2020) (on file with Children, Families, and Seniors Subcommittee staff).
[110] National Institute of Mental Health, *Fact Sheet: First Episode Psychosis*, https://www.nimh.nih.gov/health/topics/schizophrenia/raise/fact-sheet-first-episode-psychosis.shtml (last visited Feb. 9, 2020).
[111] Id.
[112] Id.

or other drugs.[113] As such, adolescents are at a greater risk of developing psychosis when facing life stressors such as physical illness, substance use, or psychological or physical trauma.[114]

Early psychosis, known as "first-episode psychosis," is the most important time to connect an individual with treatment.[115] Studies have shown that it is common for a person to experience psychotic symptoms for more than a year before ever receiving treatment.[116] Reducing the duration of untreated psychosis is critical to improving a person's chance of recovery.

Coordinated Specialty Care Programs

One treatment for early psychosis is coordinated specialty care, which uses a team-based approach with shared decision-making that focuses on working with individuals to reach their recovery goals.[117] Programs that provide coordinated specialty care are often called first-episode psychosis programs. Key components of coordinated specialty care (CSC) programs include:[118]

- **Case Management** – Working with the individual to develop problem-solving skills, manage medication and coordinate services.
- **Family Support and Education** – Giving families information and skills to support their loved one's treatment and recovery.
- **Psychotherapy** – Using cognitive behavioral therapy to learn to focus on resiliency, managing the condition, promoting wellness, and developing coping skills.
- **Medication Management** – Finding the best medication at the lowest possible dose.
- **Supported Education and Employment** – Providing support to continue or return to school or work.
- **Peer Support** – Connecting the person with others who have been through similar experiences.

In 2008, the National Institute of Mental Health (NIMH) started the Recovery After an Initial Schizophrenia Episode (RAISE) project.[119] RAISE is a large-scale research initiative that examines different aspects of coordinated specialty care treatments for people experiencing first-episode psychosis. The RAISE project determined clients who utilize coordinated specialty care programs stayed in treatment longer and experienced greater improvement in their symptoms, interpersonal relationships, and quality of life compared to clients at typical-care sites.[120] The RAISE project also developed tools and resources for implementation of coordinated specialty care programs for first-episode psychosis in community health mental clinics.[121]
Currently, there are seven CSC programs in Florida, located in Bay, Broward, Clay, Hillsborough, Miami Dade, Orange, and Palm Beach Counties.[122]

Coordinated System of Care

[113] National Institute of Mental Health, *RAISE Questions and Answers,* https://www.nimh.nih.gov/health/topics/schizophrenia/raise/raise-questions-and-answers.shtml (last visited Feb. 9, 2020).
[114] Id.
[115] Id.
[116] *Supra* note 110.
[117] National Institute of Mental Health, *What is Coordinated Specialty Care (CSC)?,* https://www.nimh.nih.gov/health/topics/schizophrenia/raise/what-is-coordinated-specialty-care-csc.shtml (last visited Feb. 9, 2020)
[118] Id. *See also* National Institute of Mental Health, *Schizophrenia – Coordinated Specialty Care (CSC),* https://www.nimh.nih.gov/health/publications/schizophrenia/index.shtml (last visited Feb. 9, 2020)
[119] National Institute of Mental Health, *Recovery After an Initial Schizophrenia Episode (RAISE),* https://www.nimh.nih.gov/health/topics/schizophrenia/raise/index.shtml (last visited Feb. 9, 2020).
[120] *Supra,* note 113.
[121] Id.
[122] Email from John Paul Fiore, Legislative Specialist, Florida Department of Children and Families, RE: Info. Request, (Dec. 27, 2019).

Managing Entities[123] are required to promote the development and implementation of a coordinated system of care.[124] A coordinated system of care means a full array of behavioral and related services in a region or community offered by all service providers, participating either under contract with a managing entity or by another method of community partnership or mutual agreement.[125] A community or region provides a coordinated system of care for those experiencing a mental illness or substance abuse disorder through a no-wrong-door model, to the extent allowed by available resources. If funding is provided by the Legislature, DCF may award system improvement grants to managing entities.[126] Managing entities must submit detailed plans to enhance services based on the no-wrong-door model or to meet specific needs identified in DCF's assessment of behavioral health services in this state.[127] DCF must use performance-based contracts to award grants.[128]

There are several essential elements which make up a coordinated system of care, including:[129]

- Community interventions, such as prevention, primary care for behavioral health needs, therapeutic and supportive services, crisis response services, and diversion programs;
- A designated receiving system that consists of one or more facilities serving a defined geographic area and responsible for assessment and evaluation, both voluntary and involuntary, and treatment or triage of patients who have a mental health or substance use disorder, or co-occurring disorders;
- A transportation plan developed and implemented by each county in collaboration with the managing entity;
- Crisis services, including mobile response teams, crisis stabilization units, addiction receiving facilities, and detoxification facilities;
- Case management, defined as direct services to clients for assessing needs; planning; arranging services; coordinating service providers; linking the service system to a client; monitoring service delivery; and evaluating patient outcomes to ensure the client is receiving the appropriate services;
- Care coordination, defined as the implementation of deliberate and planned organizational relationships and service procedures that improve the effectiveness and efficiency of the behavioral health system by engaging in purposeful interactions with individuals who are not yet effectively connected with services to ensure service linkage;
- Outpatient services;
- Residential services;
- Hospital inpatient care;
- Aftercare and post-discharge services;
- Medication assisted treatment and medication management; and
- Recovery support, such as supportive housing, supported employment, family support and education, independent living skill development, wellness management, and self-care.

CSC programs are not currently included as an essential element of a coordinated system of care.

<u>Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program</u>

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

[123] S. 394.9082(2)(e), F.S., defines a "managing entity" as a corporation selected by and under contract with DCF to manage the daily operational delivery of behavioral health services through a coordinated system of care.
[124] S. 394.9082(5)(d), F.S.
[125] S. 394.4573(1)(c), F.S.
[126] S. 394.4573(3), F.S. As of Jan. 2, 2020, the Legislature has not funded system improvement grants.
[127] Id.
[128] Id.
[129] S. 394.4573(2), F.S.

substance abuse disorders and who are in, or at risk of entering, the criminal or juvenile justice systems.[130]

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.[131] 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.[132] Currently, there are 24 grant agreements for county programs.[133] Total funding for the 24 grant agreements over their lifetimes is $28,174,388.[134]

The Program does not currently support CSC programs.

Behavioral Health Services Annual Assessment

Managing entities are required to conduct a community behavioral health care needs assessment once every three years in the geographic area served by the managing entity, which identifies needs by sub region.[135] The assessments must be submitted to DCF for inclusion in the state and district substance abuse and mental health plan.[136]

DCF is required to submit an assessment of the behavioral health services in Florida to the Governor, the President of the Senate, and the Speaker of the House of Representatives by December 1 of each year. The report must include a compilation of all plans submitted by managing entities and DCF's evaluation of each plan.[137] At a minimum, the assessment must consider the functionality of no-wrong-door models within designated receiving systems, the availability of treatment and recovery services that use recovery-oriented and peer-involved approaches, the availability of less-restrictive services, the use of evidence-informed practices, and the needs assessments conducted by managing entities.[138]

Current law does not reqiuire DCF to assess the availability of and access to CSC programs in the state, including any gaps in availability or access that may exist.

[130] S. 394.656(1), F.S.
[131] S. 394.656(5), F.S.
[132] Id.
[133] *Florida Substance Abuse and Mental Health Plan – Triennial State and Regional Master Plan Fiscal Years 2019-2022,* Florida Department of Children and Families, p. 28, (May 2019), https://www.myflfamilies.com/service-programs/samh/publications/docs/SAMH%20Services%20Plan%202019-2022.pdf (last visited Feb. 9, 2020).
[134] Id. at 71-72.
[135] S. 394.9082(5)(b), F.S.
[136] S. 394.75(3), F.S.
[137] S. 394.4573, F.S.
[138] Id.

Effect of the Bill

Mental Health Treatment – Involuntary Examination and Receiving Facilities

The bill requires receiving facilties that release Baker Act patients who are minors to provide information regarding the availability of local mobile response teams, suicide prevention resources, social supports, and local self-help groups to the patient's guardian upon release.

Licensure of Substance Abuse Service Providers

Current law exempts certain providers from DCF substance abuse licensure, unless they receive state funds. The bill eliminates the requirement that entities obtain a substance abuse services license from DCF if they receive state funds, for some of the exempt entities. The bill allows the following entities to contract with DCF and MEs without DCF licensure:

- A hospital or hospital-based component licensed under ch. 395, F.S.;
- A nursing home facility under ch. 400, F.S.;
- An allopathic or osteopathic physician or physician assistant licensed under chs. 458 or 459, F.S.;
- A psychologist licensed under ch. 490, F.S.;
- A social worker, marriage and family therapist, or mental health counselor licensed under ch. 491, F.S.; and
- A crisis stabilization unit licensed under s. 394.875, F.S.

This will expand the number of organizations with which DCF and MEs could contract to improve access to services for individuals with substance use disorders. Maintaining the substance abuse licensure exemption for these organizations removes the requirement to be licensed by two different agencies. Each entity allowed to contact with DCF and MEs without DCF licensure under this bill are licensed by another state agency, either as a health care practitioner licensed by the Department of Health or a health care facility licensed by the Agency for Health Care Administration.[139]

The bill maintains the current licensure requirement for the other exempt entities providing state-funded services through the DCF managing entity system or under a government-operated substance abuse program:

- A substance abuse education program established under the public school system;
- A facility or institution operated by the Federal Government;
- A church or nonprofit religious organization or denomination that provides services which are solely religious, spiritual, or ecclesiastical in nature;
- A facility licensed by the Agency for Persons with Disabilities; and
- DUI education and screening services under the Florida Uniform Traffic Control Law.

Dementia and Traumatic Brain Injury

The bill redefines "mental illness" related to the Baker Act and post-adjudication commitment to exclude dementia and traumatic brain injury. This proposed change will prohibit individuals with dementia or TBI who lack a co-occurring mental illness form being inappropriately admitted for involuntary examination at receiving facilities, or being involuntary admitted to a state mental health treatment facility. However, the proposed change will not prohibit an individual who has dementia or TBI with a co-occurring mental

[139] The Department of Health licenses allopathic and osteopathic physicians and physician assistants under ch. 458 and ch. 459, F.S., psychologists under ch. 490, F.S., and social workers, marriage and family therapists, and mental health counselors under ch. 491, F.S. The Agency for Health Care Administration licenses hospitals or hospital-based components under ch. 395, F.S., and CSUs under s. 394.875, F.S.

illness who is experiencing a mental health crisis from being admitted to a receiving facility or a state mental health treatment facility for involuntary examination.

Statewide Office of Suicide Prevention

The bill creates new duties of the Office by requiring the Office to include veterans and service members when coordinating education and training in suicide prevention efforts, as current resources permit. The bill directs the Office to add veterans and service members to the network of stakeholders that advocate for suicide prevention. It also requires the Office to act as a clearinghouse for information and resources on suicide prevention by sharing evidence-based practices and collecting and analyzing data on trends in suicide. Under the bill, DCF, the Statewide Office of Suicide Prevention, and the Department of Transpotation are required to collaborate on making recommendations for suicide deterrents for new infrastructure projects.

Additionally, the bill revises the membership of the Council by adding five new members and removing a defunct organization's representative.[140] The bill broadens the scope of the Council by requiring the Council to make recommendations on suicide prevention, including the implementation of evidence-based mental health programs and suicide risk identification training in their annual report. The bill also requires the Council to work with DCF to help make the public more aware of the locations and availability of behavioral health providers. This will increase public awareness of resources available to assist those who need it to help to prevent suicides.

First Responders

The bill establishes the First Responders Suicide Deterrence Task Force (task force) adjunct to the Statewide Office for Suicide Prevention. The task force is required to make recommendations on reducing the incidence of suicide among current and retired first responders. The task force consists of representatives of the Florida Professional Firefighters, the Florida Police Benevolent Association, the Florida Fraternal Order of Police, the Florida Sheriffs Association, the Florida Police Chiefs Association, and the Florida Fire Chiefs' Association.

The bill requires the task force to identify or make recommendations on developing training programs and material to better enable first responders to cope with life and work stress and foster a supportive organizational culture among active and retired first responders that:

- Promotes mutual support and solidarity;
- Trains agency supervisors and managers to identify suicide risks;
- Improves the use and awareness of existing resources; and
- Provides education on suicide awareness and seeking help.

The task force is required to identify public and private resources to implement identified training programs and materials. It also must report on its findings and recommendations for training programs and materials to deter suicide among active and retired first responders to the Governor, President of the Senate, and Speaker of the House of Representatives annually by July 1 until 2023. The task force is repealed on July 1, 2023.

[140] *Supra,* note 7, at 28.

State Forensic System – Medical Information Sharing Between County Jails and DCF

The bill requires county jails to provide DCF all medical information for individuals in their custody who will be admitted to state mental health treatment facilities. The bill requires DCF to request this information immediately upon receipt of a completed commitment packet which is provided by the court. Upon receipt of such a request, the county jail must provide the requested information within 3 business days or at the time the defendant enters the physical custody of DCF, whichever is earlier. This proposed change will give staff at the state mental health treatment facility the required information to provide continued or necessary medical care and treatment.

State Forensic System – Continuation of Psychotropic Medication Treatment

The bill requires county jails to continue to administer the psychotropic medications prescribed by DCF at mental health treatment facilities when a forensic client is discharged and returns to the county jail, unless the jail physician documents the need to change or discontinue such medication. Additionally, the jail physician must collaborate with the DCF physician to ensure that changing medications will not adversely affect the inmate's mental health or ability to remain competent to continue with court proceedings. However, the bill makes the jail physician the final authority on medication decisions.

Coordinated Specialty Care Programs

The bill establishes CSC programs as an essential element of a coordinated system of care. To be included in the system of care, a CSC must be an evidence-based program that uses intensive case management, individual or group therapy, supported employment, family education and supports, and appropriate psychotropic medication to treat individuals, regardless of age, who are experiencing early indications of serious mental illness, especially symptoms of a first psychotic episode. The bill requires DCF to assess the availability of and access to CSC programs in the state, including any gaps in availability or access that may exist. DCF must include this assessment in the annual report to the Governor and Legislature on the assessment of behavioral health services in the state.

The bill allows three-year implementation or expansion grants under the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program to support CSC programs.

The bill makes technical and conforming changes.

The bill 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 requires DCF to conduct an assessment of, and report on, the availability and access of CSC programs in the state, including any gaps in availability or access that may exist. The increased workload on DCF is indeterminate, but likely insignificant. Current resources are adequate to absorb this workload increase.

The bill increases the duties of the Statewide Office of Suicide Prevention, but current law requires the Office to use available resources to carry out assigned duties, so the impact is insignificant.

There may be an increase of available behavioral health service providers, as the bill permits certain existing licensees an exemption from DCF licensure. An increase of providers will expand the costs upon a fixed, available revenue for these services.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

The bill may have an indeterminate, but likely insignificant, negative fiscal impact on county jails that are required to administer specific psychotropic medications that would not have otherwise been administered. The number of instances in which this will occur is unknown.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

The bill grants certain existing licensees an exemption from DCF licensure for behavioral health services which will create a savings for these providers and facilities since a second license from DCF is not required to provide behavioral health services.

D. FISCAL COMMENTS:

Currently, the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program has 24 participants with awards totaling $28.2 million (cumulated over multiple fiscal years). The bill includes CSC programs as one of the services that may be funded with these awards. It is unknown how this will affect grant awards, but is expected to be minimal given that CSC programs are one of many statutory qualifiers for this grant.