

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Children, Families, and Elder Affairs

BILL: CS/SB 1844

INTRODUCER: Children, Families, and Elder Affairs and Senator Rouson

SUBJECT: Mental Health and Substance Abuse Disorder Services Commission

DATE: March 24, 2021

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Delia	Cox	CF	Fav/CS
2.			AHS	
3.			AP	

I. Summary:

CS/SB 1844 creates the Commission on Mental Health and Substance Abuse (Commission) within the Department of Children and Families (the DCF). The bill directs the Commission to review and evaluate the behavioral health care system in Florida for quality and effectiveness.

The Commission must be comprised of 15 members representing numerous stakeholders and providers of behavioral health services throughout the state. Members are to serve 3-year terms at the pleasure of the officer who appointed the member (the Governor, the President of the Senate, or the Speaker of the House).

Under the bill, the Commission must:

- Review and evaluate the management and functioning of existing mental health and substance abuse disorder services and systems in the DCF, the Agency for Health Care Administration (AHCA), and all other state agencies that provide behavioral health services in the state and provide recommendations to the Governor and the Legislature;
- Address the unique individuals who have both a mental illness and a substance abuse disorder and provide recommendations to the Governor and the Legislature;
- Address access to, financing of, and the scope of responsibility in the delivery of emergency behavioral health services;
- Address the quality and effectiveness of current behavioral health delivery systems;
- Address priority population groups for publicly funded behavioral health services;
- Review the implementation of HB 945 (2020) and provide recommendations to the Governor and the Legislature;
- Identify any existing gaps in the provision of behavioral health services;
- Provide recommendations on how behavioral health managing entities may fulfill their purpose of promoting service continuity;

- Submit recommendations to the Governor and the Legislature that will best foster the mission and objectives of state-funded behavioral health services;
- Recommend a permanent, agency-level entity to manage mental health, substance abuse, and related services statewide.

The Commission may request assistance as needed from state agencies, and state agencies must provide such assistance in a timely fashion.

The bill requires the Commission to report on its findings, make recommendations for improvement, and recommend an agency-level entity to manage behavioral health services statewide. The Commission must submit an initial report on its findings and recommendations by September 1, 2022, and then annually thereafter as it deems necessary. The Commission expires, unless saved from repeal by the Legislature, on September 1, 2026.

The bill will have a negative fiscal impact on state government due to the Commission being housed within the DCF. See Section V. Fiscal Impact Statement.

The bill is effective upon becoming a law.

II. Present Situation:

Mental Health and Mental Illness

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. The primary indicators used to evaluate an individual's mental health are:

- Emotional well-being, which is described as perceived life satisfaction, happiness, cheerfulness, peacefulness;
- Psychological well-being, which includes 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, which is described as social acceptance, beliefs in the potential of people and society as a whole, personal self-worth and usefulness to society, and sense of community.¹

Mental illness encompasses 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. Thus, mental health refers to an individual's mental state of well-being whereas mental illness signifies an alteration of that well-being.²

Mental illness affects millions of people in the United States each year. Approximately one in five adults live with a mental illness and an estimated 49.5% of adolescents aged 13-18 have a

¹ See the World Health Organization, *Mental Health: Strengthening Our Response*, available at <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>; the Association for Mental Health and Wellness, *What is Mental Health?*, available at <http://mhaweek.org/what-is-mental-health/> (all sites last visited March 23, 2021).

² *Id.*

mental disorder.³ 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 24.⁴ In 2019, 3,427 lives were lost to suicide in Florida.⁵

Substance Abuse

Substance abuse is the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Substance use disorder (SUD) is determined based on specified criteria included in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).⁶ According to the DSM-5, a diagnosis of SUD is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria.⁷ SUD occurs when an individual chronically uses alcohol or drugs, resulting in significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.⁸ 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.⁹ Imaging studies of brains belonging to persons with SUD reveal physical changes in areas of the brain critical to judgment, decision making, learning and memory, and behavior control.¹⁰

In 2018, approximately 20.3 million people aged 12 or older had a SUD related to corresponding use of alcohol or illicit drugs within the previous year, including 14.8 million people diagnosed with alcohol use disorder and 8.1 million people diagnosed with drug use disorder.¹¹ The most common substance abuse disorders in the United States are from the use of alcohol, tobacco, cannabis, opioids, hallucinogens, and stimulants.¹²

³ National Institute on Mental Health (NIMH), *Mental Illness*, available at <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>; The NIMH, *Mental Illness – Prevalence of Any Mental Disorder Among Adolescents*, available at https://www.nimh.nih.gov/health/statistics/mental-illness.shtml#part_155771 (all sites last visited March 23, 2021).

⁴ National Institute on Mental Health, *Suicide*, available at <https://www.nimh.nih.gov/health/statistics/suicide.shtml> (last visited March 23, 2021).

⁵ The Department of Children and Families (The DCF), *Suicide Prevention Coordinating Council 2020 Annual Report*, p. 7. (January 1, 2021) (on file with the Senate Committee on Children, Families, and Elder Affairs).

⁶ The World Health Organization, *Mental Health and Substance Abuse*, available at <https://www.who.int/westernpacific/about/how-we-work/programmes/mental-health-and-substance-abuse>; the National Institute on Drug Abuse (NIDA), *The Science of Drug Use and Addiction: The Basics*, available at <https://www.drugabuse.gov/publications/media-guide/science-drug-use-addiction-basics> (all sites last visited March 23, 2021).

⁷ The National Association of Addiction Treatment Providers, *Substance Use Disorder*, available at <https://www.naatp.org/resources/clinical/substance-use-disorder> (last visited March 23, 2021).

⁸ The SAMSHA, *Substance Use Disorders*, <http://www.samhsa.gov/disorders/substance-use> (last visited March 23, 2021).

⁹ The NIDA, *Drugs, Brains, and Behavior: The Science of Addiction*, available at <https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/drug-abuse-addiction> (last visited March 23, 2021).

¹⁰ *Id.*

¹¹ The Substance Abuse and Mental Health Services Administration (The SAMHSA), *Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health*, p. 2, available at <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf> (last visited March 23, 2021).

¹² The Rural Health Information Hub, *Defining Substance Abuse and Substance Use Disorders*, available at <https://www.ruralhealthinfo.org/toolkits/substance-abuse/1/definition> (last visited March 23, 2021).

Managing Entities (ME)

The DCF administers a statewide system of safety-net services for substance abuse and mental health (SAMH) prevention, treatment and recovery for children and adults who are otherwise unable to obtain these services. SAMH programs include a range of prevention, acute interventions (e.g. crisis stabilization), residential treatment, transitional housing, outpatient treatment, and recovery support services. Services are provided based upon state and federally-established priority populations.¹³

In 2001, the Legislature authorized the DCF to implement behavioral health managing entities (ME) as the management structure for the delivery of local mental health and substance abuse services.¹⁴ The implementation of the ME system initially began on a pilot basis and, in 2008, the Legislature authorized DCF to implement MEs statewide.¹⁵ Full implementation of the statewide ME system occurred in 2013 and all geographic regions are now served by a managing entity.¹⁶

The DCF contracts with seven MEs as shown in the map below and summarized as follows:

- Big Bend Community Based Care (blue).
- Lutheran Services Florida (yellow).
- Central Florida Cares Health System (orange).
- Central Florida Behavioral Health Network, Inc. (red).
- Southeast Florida Behavioral Health (pink).
- Broward Behavioral Health Network, Inc. (purple).
- South Florida Behavioral Health Network, Inc. (beige).¹⁷

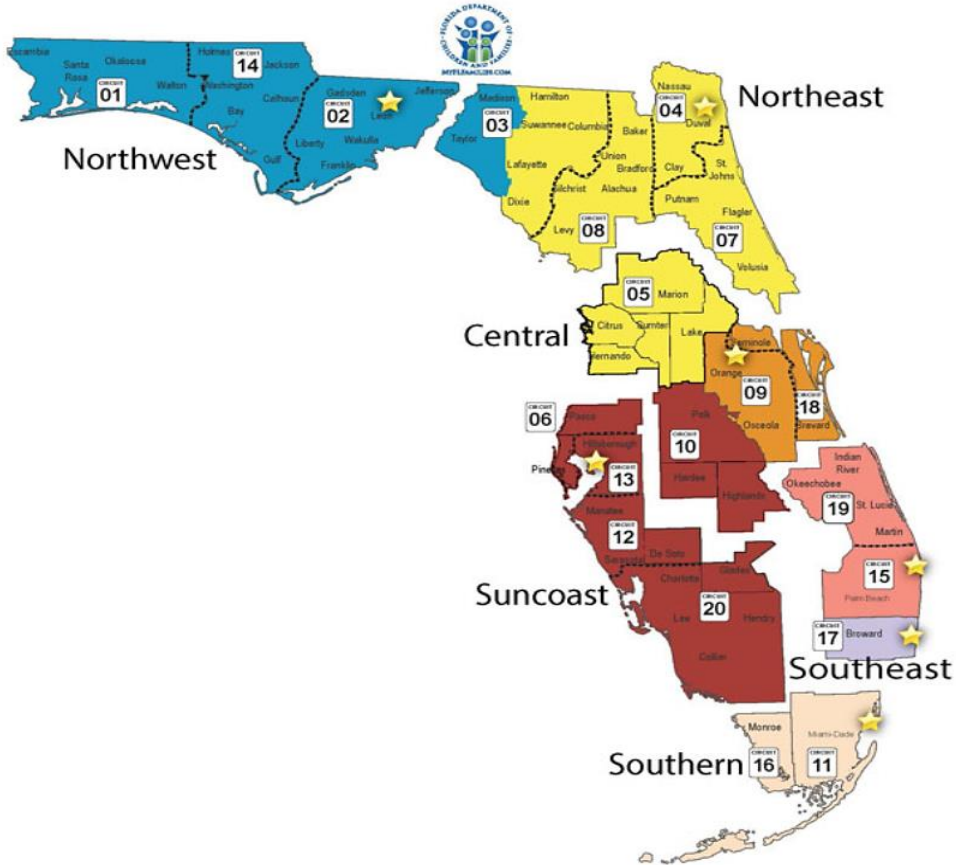
¹³ See chs. 394 and 397, F.S.

¹⁴ Chapter 2001-191, Laws of Fla.

¹⁵ Chapter 2008-243, Laws of Fla.

¹⁶ Florida Tax Watch, *Analysis of Florida's Behavioral Health Managing Entity Models*, p. 4 (March 2015) available at <https://floridataxwatch.org/Research/Full-Library/ArtMID/34407/ArticleID/15758/Analysis-of-Floridas-Behavioral-Health-Managing-Entities-Model> (last visited March 23, 2021).

¹⁷ The DCF, *Managing Entities*, <https://www.myflfamilies.com/service-programs/samh/managing-entities/> (last visited March 23, 2021).



The MEs in turn contract with local service providers for the delivery of mental health and substance abuse services.¹⁸ In Fiscal Year 2018-2019, the network service providers under contract with the MEs served 339,093 individuals.¹⁹

Coordinated System of Care

MEs are required to promote the development and implementation of a coordinated system of care.²⁰ 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 ME or by another method of community partnership or mutual agreement.²¹ A community or region provides a coordinated system of care for those suffering from 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, the DCF may award system improvement grants to MEs.²² MEs must submit detailed plans to enhance crisis services based on the no-wrong-door

¹⁸ Managing entities create and manage provider networks by contracting with service providers for the delivery of substance abuse and mental health services.

¹⁹ The DCF, *Substance Abuse and Mental Health Triennial Plan Update for Fiscal Year*, (Dec. 6, 2019) available at <https://www.myflfamilies.com/service-programs/samh/publications/docs/SAMH%20Services%20Plan%202018%20Update.pdf> (last visited March 23, 2021).

²⁰ Section 394.9082(5)(d), F.S.

²¹ Section 394.4573(1)(c), F.S.

²² Section 394.4573(3), F.S. The Legislature has not funded system improvement grants.

model or to meet specific needs identified in the DCF's assessment of behavioral health services in this state.²³ The DCF must use performance-based contracts to award grants.²⁴ There are several essential elements that make up a coordinated system of care, including all of the following:

- Community interventions.
- Case management.
- Care coordination.
- Outpatient services.
- Residential services.
- Hospital inpatient care.
- Aftercare and post-discharge services.
- Medication assisted treatment and medication management.
- Recovery support.²⁵

A coordinated system of care must include, but is not limited to, the following array of services:

- Prevention services.
- Home-based services.
- School-based services.
- Family therapy.
- Family support.
- Respite services.
- Outpatient treatment.
- Crisis stabilization.
- Therapeutic foster care.
- Residential treatment.
- Inpatient hospitalization.
- Case management.
- Services for victims of sex offenses.
- Transitional services.
- Trauma-informed services for children who have suffered sexual exploitation.²⁶

Current law requires the DCF to define the priority populations which would benefit from receiving care coordination, including considerations when defining such population.²⁷

Considerations include the number and duration of involuntary admissions, the degree of involvement with the criminal justice system, the risk to public safety posed by the individual, the utilization of a treatment facility by the individual, the degree of utilization of behavioral health services, and whether the individual is a parent or caregiver who is involved with the child welfare system.

²³ *Id.*

²⁴ *Id.*

²⁵ Section 394.4573(2), F.S.

²⁶ Section 394.495(4), F.S.

²⁷ Section 394.9082(3)(c), F.S.

Chapter 2020-107, Laws of Florida (HB 945)

On June 27, 2020, the Governor signed House Bill 945 (2020) (HB 945) into law.²⁸ HB 945 addressed the availability and coordination of children’s behavioral health services.²⁹ It required managing entities to facilitate the creation of plans that promote the development and effective implementation in local areas of a coordinated behavioral health system of care.³⁰ These systems must integrate services provided through Florida’s various child-serving systems and other systems for which children and adolescents would qualify.³¹ Plans must be completed by January 1, 2022, and implemented by January 1, 2023.³²

The bill included crisis response services provided through mobile response teams in the array of services available to children and adolescents who are members of certain target populations and specifies the elements of these services.³³ The Louis de la Parte Florida Mental Health Institute was required to develop, in consultation with specified entities, a model response protocol for schools to use mobile response teams.³⁴ It required the DCF and AHCA to identify children and adolescents who are the highest utilizers of crisis stabilization services, collaboratively take action to meet the behavioral needs of such children, and jointly submit a quarterly report to the Legislature during the following two fiscal years.³⁵ The bill also required the DCF and AHCA to assess the quality of care provided in crisis stabilization units to children and adolescents who are high utilizers of such services.³⁶

Commission under Section 20.052, F.S.

“Commission,” unless otherwise required by the Florida Constitution, is a body created by specific statutory enactment within a department, the office of the Governor, or the Executive Office of the Governor and exercising limited quasi-legislative or quasi-judicial powers, or both.³⁷

Section 20.052, F.S., provides that each advisory body, commission, board of trustees, or any other collegial body created by specific statutory enactment as an adjunct to an executive agency must be established, evaluated, or maintained in accordance with certain requirements.³⁸ The private citizen members of an advisory body that is adjunct to an executive agency must be appointed by the Governor, the head of the department, the executive director of the department, or a Cabinet officer.³⁹ Unless an exemption is otherwise specifically provided by law, all meetings of an advisory body are public meetings under s. 286.011, F.S.⁴⁰ Members of a

²⁸ Chapter 2020-107, L.O.F.

²⁹ *Id.*

³⁰ Chapter 2020-107, s. 3, L.O.F. (creating s. 394.4955(2)(b), F.S.).

³¹ Chapter 2020-107, s. 3, L.O.F. (creating s. 394.4955(1), F.S.).

³² Chapter 2020-107, s. 3, L.O.F. (creating s. 394.4955(3), F.S.).

³³ Chapter 2020-107, s. 2, L.O.F. (creating s. 394.4955(4)(q), F.S.).

³⁴ Chapter 2020-107, s. 10, L.O.F. (creating s. 1004.44(4), F.S.).

³⁵ Chapter 2020-107, s. 1, L.O.F. (creating s. 394.493(4), F.S.).

³⁶ *Id.*

³⁷ Section 20.03(10), F.S.

³⁸ Section 20.052(1), F.S.

³⁹ Section 20.052(5)(a), F.S.

⁴⁰ Section 20.052(5)(c), F.S.

commission, unless expressly provided otherwise by specific statutory enactment, serve without additional compensation or honorarium, and are authorized to receive only per diem and reimbursement for travel expenses as provided in s. 112.061, F.S.⁴¹

The Marjory Stoneman Douglas High School Public Safety Commission

The incident of mass violence at Marjory Stoneman Douglas High School in Parkland, Florida was preceded by multiple, repeated interactions between the shooter and law enforcement agencies, social services agencies, and schools, over many years. This history was characterized by a lack of communication and coordination, preventing these many entities from understanding the whole problem and taking action to prevent the mass violence incident.

In response to this problem, the Legislature created the Marjory Stoneman Douglas High School Public Safety Commission (MSD Commission) within the Florida Department of Law Enforcement (FDLE).⁴² The MSD Commission is composed of 16 voting members and four nonvoting members.⁴³ The Governor appoints five voting members to the MSD Commission, including the chair; and the President of the Senate and the Speaker of the House of Representatives each appoint five voting members to the MSD Commission. The Commissioner of the FDLE serves as a member of the MSD Commission. The Secretary of the DCF, the Secretary of the Department of Juvenile Justice, the Secretary of AHCA, and the Commissioner of Education serve as ex officio, non-voting members of the MSD Commission.

The MSD Commission was tasked with investigating system failures in the Marjory Stoneman Douglas High School shooting and to develop recommendations for system improvements. Regarding children's behavioral health, the MSD Commission stated "serious consideration should be given to how children transition from child services into adult behavioral services, and Florida needs a better safety net for high-risk children."⁴⁴ The MSD Commission found that Florida's mental health system, specifically the Baker Act system, needs better discharge planning, master case management, and care coordination, and that no adequate or effective system exists for tracking or flagging high recidivist Baker Acts.⁴⁵

The Commission recommended:

- The Legislature should require school districts to engage community health providers that receive state funding to participate in the coordination of student treatment plans;
- Programs such as Community Action Treatment teams should be enhanced and expanded, where necessary, to provide better continuity of behavioral health services to close the gap when high-risk children transition into adulthood; and

⁴¹ Section 20.052(4)(d), F.S.

⁴² Ch. 2018-3, L.O.F.

⁴³ All members of the Commission must serve without compensation, but will be reimbursed for their per diem and travel expenses pursuant to s. 112.061, F.S.

⁴⁴ Marjory Stoneman Douglas High School Public Safety Commission, *Report Submitted to the Governor, Speaker of the House of Representatives, and Senate President* at p. 150, (November 1, 2019) available at <http://www.fdle.state.fl.us/MSDHS/msd-Report-2-Public-Version.pdf> (last visited March 23, 2021).

⁴⁵ *Id.* at p. 141.

- The Legislature should require DCF, DJJ and AHCA to develop an alert system to identify those individuals who are repeatedly Baker Acted. The responsible entity must develop a course of action to address why the person is repeatedly Baker Acted.⁴⁶

Statewide Grand Jury

Florida law provides the Governor with the ability to petition the Florida Supreme Court to impanel a statewide grand jury when doing so is deemed to be in the public interest.⁴⁷ The Governor's petition must state the general crimes or wrongs to be inquired into and that those crimes or wrongs are of a multi-circuit nature.⁴⁸ The Supreme Court may order the impaneling of a statewide grand jury, in accordance with the petition, for a term of 12 calendar months.⁴⁹ Upon petition by a majority of the statewide grand jury or by the legal adviser to the statewide grand jury, the Supreme Court, by order, may extend the term of the statewide grand jury for a period of up to 6 months.⁵⁰

The Twentieth Statewide Grand Jury

The Governor petitioned for the creation of a statewide grand jury (Grand Jury) to investigate:

- Whether refusal or failure to follow the mandates of school-related safety laws, such as the Marjory Stoneman Douglas Public Safety Act, results in unnecessary and avoidable risks to students across the state;
- Whether public entities committed – and continue to commit – fraud and deceit by accepting state funds conditioned on implementation of certain safety measures while knowingly failing to act;
- Whether school officials committed – and continue to commit – fraud and deceit by mismanaging, failing to use, and diverting funds from multi-million dollar bonds specifically solicited for school safety initiatives; and
- Whether school officials violated – and continue to violate – state law by systematically underreporting incidents of criminal activity to the Department of Education.⁵¹

Third Interim Report of the Twentieth Statewide Grand Jury

The third interim report of the Grand Jury specifically addressed, among other things, current issues and deficiencies related to the provision of behavioral health services in the state.⁵² The Grand Jury, in part, reported that the state's behavioral health system suffers from "deficiencies in funding, leadership and services related to mental health care" which "tend to turn up everywhere like bad pennies."⁵³ "This grand jury has received a great deal of evidence and

⁴⁶ *Id.* at pp. 151-152.

⁴⁷ Section 905.33(1), F.S.

⁴⁸ *Id.*

⁴⁹ *Id.*

⁵⁰ *Id.*

⁵¹ The Supreme Court of Florida, *Petition for Order to Impanel a Statewide Grand Jury*, pp. 2-3, February 13, 2019, available at https://efactssc-public.flcourts.org/casedocuments/2019/240/2019-240_petition_72393_e83.pdf (last visited March 23, 2021).

⁵² See The Supreme Court of Florida, *Third Interim Report of the Twentieth Statewide Grand Jury*, pp. 16-24, December 10, 2020, available at [http://myfloridalegal.com/webfiles.nsf/WF/CPAL-BW6T2Q/\\$file/3rd+Interim+Report.pdf](http://myfloridalegal.com/webfiles.nsf/WF/CPAL-BW6T2Q/$file/3rd+Interim+Report.pdf) (last visited March 23, 2021) (hereinafter cited as "The Third Report").

⁵³ The Third Report at p. 16.

testimony regarding financial deficiencies, conflicts between various agencies over information sharing and privacy, inadequate or inefficient provision of services and a number of other serious problems,” the report said.⁵⁴ “To put it bluntly, our mental health care ‘system’ — if one can even call it that — is a mess, and we have formulated a spate of recommendations for straightforward improvement and further study in this critical area.”⁵⁵

The report goes on to state, “While a comprehensive examination of this system would lie within our jurisdiction, it would take more time than we have at our disposal considering the other items the governor has also placed in our mandate. For this reason, it is the opinion of this grand jury that the Florida Legislature should appoint a commission to specifically examine the provision of mental health services in the state of Florida.”⁵⁶ The Grand Jury recommended that membership of the proposed commission include “experienced insiders who understand the internal mechanics of existing bureaucracies, and innovative outsiders with new ideas about how to improve – and where necessary, dismantle – said bureaucracies.”⁵⁷ The Grand Jury also specifically recommended examining how to best provide and facilitate services in “dual diagnosis” cases (those which involve both mental illness and substance use disorder).⁵⁸ Finally, the Grand Jury recommended the commission be charged with “structuring and staffing a permanent, agency-level entity to manage mental health, behavioral health, and substance abuse and addiction services throughout the State of Florida.”⁵⁹

III. Effect of Proposed Changes:

The bill provides legislative intent based on the recommendations in the Third Interim Report of the 20th Statewide Grand Jury. Specifically, the bill states that the Legislature intends to establish a commission for the purpose of examining the state’s policies and procedures for providing behavioral health services, and to make recommendations to improve the delivery of such services.

The bill creates s. 394.9086, F.S., creating the Commission on Mental Health and Substance Abuse (Commission) within the DCF. The stated purposes of the Commission are to “examine the current methods of providing mental and health and substance abuse services” in Florida, improve the current methods and practices for providing such services, identify barriers to the delivery or behavioral health services, and recommend changes to existing law, rules, and policy needed to facilitate the Commission’s recommendations. The bill requires the Commission to operate consistent with the guidelines of s. 20.052, F.S.

The bill requires the Commission to hold its first meeting by September 1, 2021, and to be comprised of 15 members. It directs the Governor to appoint a Commission chair from among the 15 members. The 15 appointed members must include the following:

- The Secretary of Children and Families or his or her designee.
- The Secretary of the Agency for Health Care Administration or his or her designee.

⁵⁴ *Id.* at p. 2.

⁵⁵ *Id.*

⁵⁶ *Id.* at pp. 21-22.

⁵⁷ *Id.* at p. 23.

⁵⁸ *Id.*

⁵⁹ *Id.*

- A family member of a consumer of publicly funded mental health, appointed by the President of the Senate.
- A representative of the Louis de la Parte Florida Mental Health Institute within the University of South Florida, appointed by the President of the Senate.
- A representative of a school district, appointed by the President of the Senate.
- A representative of a county utilizing state-funded mental health and substance abuse services, appointed by the President of the Senate.
- A representative of a treatment facility, as defined in s. 394.455, appointed by the Speaker of the House of Representatives.
- A representative of a managing entity, as defined in s. 394.9082(2), appointed by the Speaker of the House of Representatives.
- A representative of a community-based substance abuse services provider, appointed by the Speaker of the House of Representatives.
- A psychiatrist licensed under chapter 458 or chapter 459 practicing within the mental health delivery system, appointed by the Speaker of the House of Representatives.
- A psychologist licensed under chapter 490 practicing within the mental health delivery system, appointed by the Governor.
- A mental health professional licensed under chapter 491, appointed by the Governor.
- An emergency room physician, appointed by the Governor.
- A representative from the field of law enforcement, appointed by the Governor.
- A representative of mental health courts, appointed by the Governor.

The bill specifies that members will serve 3-year terms, with each member serving at the pleasure of their appointing officer. Vacancies must be filled in the same manner as original appointments, and initial appointments must be made by September 1, 2021.

The bill allows the Commission to meet as often as it deems necessary to achieve its purpose, and it permits the Commission to meet by teleconference or other electronic means. It requires the Commission to investigate the state's current system for providing behavioral health services, and propose recommendations to improve the system. Specifically, the bill requires the Commission to:

- Review and evaluate the management and functioning of existing behavioral health services and systems in the DCF, AHCA, and all other state agencies that provide behavioral health services in the state. The review must include a review of current goals and objectives, planning, services strategies, coordination management, purchasing, contracting, financing, local government funding responsibility, and accountability mechanisms.
- Address the unique needs of individuals with a history of substance abuse or a comorbid psychiatric disorder;
- Address access to, financing of, and the scope of responsibility in the delivery of emergency behavioral health services, professional staffing and clinical structure of services, and roles and responsibilities of public and private providers, such as community mental health centers; community-based substance abuse agencies; hospitals, including emergency services departments; law enforcement agencies; and the judicial system;
- Address the quality and effectiveness of current behavioral health delivery systems;
- Address priority population groups for publicly funded behavioral health services, identifying the comprehensive mental health and substance abuse services delivery systems,

behavioral health needs assessment and planning activities, and local government funding responsibilities for behavioral health services;

- Review the implementation of HB 945 (2020) and provide recommendations to the Governor and the Legislature;
- Identify any existing gaps in the provision of behavioral health services;
- Provide recommendations on how behavioral health managing entities may fulfill their purpose of promoting service continuity;
- Submit recommendations to the Governor and the Legislature that will best foster the mission and objectives of state-funded behavioral health services;
- Recommend a permanent, agency-level entity to manage mental health, substance abuse, and related services statewide.

The Commission may request assistance as needed from state agencies, and state agencies must provide such assistance in a timely fashion.

The Commission must submit an initial report on its findings and recommendations by September 1, 2022, and then annually thereafter as it deems necessary. The Commission expires, unless saved from repeal by the Legislature, on September 1, 2026.

The bill is effective upon becoming a law.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The bill does not appear to require cities and counties to expend funds or limit their authority to raise revenue or receive state-shared revenues as specified by Article VII, Section 18 of the Florida Constitution.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.

V. Fiscal Impact Statement:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The bill will have a negative fiscal impact on state government as the Commission is housed within the DCF. The DCF will incur costs related to the establishment and operation of the Commission. Additionally, Commission members may be owed per-diem and travel reimbursement as directed by s. 20.052, F.S. The amount of the fiscal impact is indeterminate.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill creates section 394.9086 of the Florida Statutes.

IX. Additional Information:**A. Committee Substitute – Statement of Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Children, Families, and Elder Affairs on March 23, 2021:

The Committee Substitute:

- Adds intent language related to the findings and recommendations of the 20th Statewide Grand Jury;
- Expands the stated purposes of the Commission;
- Changes the date by which the Commission must hold its first meeting from October 1, 2021 to September 1, 2021, and directs the Commission to meet quarterly or upon the call of the chair;
- Allows the Commission to meet via teleconference or other electronic means;
- Changes the date by which the Commission must submit its initial report to the Governor, President of the Senate, and the Speaker of the House from July 1, 2023 to September 1, 2022;
- Changes the sunset date for the Commission from October 2, 2026 to September 1, 2026;

- Revises the membership of the Commission by removing the current list of representatives in the bill and replacing it with certain representatives appointed by the Governor, President of the Senate, and Speaker of the House.
- Creates additional duties for the Commission while retaining the duties from the original bill;
- Changes the term lengths for Commission members from 4 years to 3 years, and eliminates the provision related to staggered terms for members;
- Removes the provision which would allow the Commission to review confidential and exempt behavioral health records;

B. Amendments:

None.