

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 Health Policy

BILL: SB 914

INTRODUCER: Senator Garcia

SUBJECT: Suicide Prevention

DATE: March 17, 2023

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Delia</u>	<u>Cox</u>	<u>CF</u>	Favorable
2.	<u>Brown</u>	<u>Brown</u>	<u>HP</u>	Pre-meeting
3.	_____	_____	<u>RC</u>	_____

I. Summary:

SB 914 modifies statutory provisions governing confidentiality for peer support communications between a first responder and a first responder peer. The bill allows certain first responder organizations to designate first responder peers and clarifies that first responder peers include active, volunteer, and retired first responders. The bill also permits diagnosis of post-traumatic stress disorder in first responders via telehealth for the purposes of obtaining worker’s compensation benefits.

The bill directs the Commission on Mental Health and Substance Abuse (the Commission) adjunct to the Department of Children and Families (the DCF) to conduct a study examining the following services and programs relating to suicide prevention:

- The National Suicide Prevention Lifeline (the NSPL);
- Crisis response services;
- Strategies to improve linkages between NSPL infrastructure and crisis response services;
- Available mental health block grant funds;
- Funding sources available through Medicaid; and
- Strategies to ensure that managing entities work with community stakeholders in furtherance of supporting the NSPL and other crisis response services.

The bill extends the statutory repeal date of the Commission from September 1, 2023, to September 1, 2026. The bill also requires the Commission to submit interim reports, beginning January 1, 2023, annually thereafter through January 1, 2025, and a final report due September 1, 2026, to the Governor; the President of the Senate; and the Speaker of the House of Representatives. The bill requires the Commission to include the findings of the suicide prevention study in the final report due September 1, 2026.

The bill is unlikely to have a significant negative impact on state government and may have an indeterminate impact on certain affiliated first responder organizations as defined in the bill. See Section V. Fiscal Impact Statement.

The bill is effective July 1, 2023.

II. Present Situation:

Suicide Prevention

Suicide is a major public health issue and a leading cause of death nationally.¹ In 2020, 45,979 suicide deaths were reported across the U.S., while an estimated 12.2 million American adults seriously thought about suicide, 3.2 million planned a suicide attempt, and 1.2 million attempted suicide.² Suicide rates increased every year from 2000 through 2018.³ After stable trends from 2000 to 2007, suicide rates for persons aged 10–24 increased 56 percent from 2007 to 2017,⁴ before declining two percent from 2018 to 2019.⁵ Provisional data indicate that both the number and the rate of suicides nationally increased four percent from 2020 to 2021, after two consecutive years of decline in 2019 and 2020.⁶

In 2020, 3,113 Floridians died by suicide, representing a 10-percent decrease from the number of deaths in 2019.⁷ According to provisional data, approximately 3,325 Floridians died from suicide in 2021, an increase of approximately seven percent from 2020.⁸

¹ The Centers for Disease Control and Prevention (The CDC), *Facts About Suicide*, available at <https://www.cdc.gov/suicide/facts/index.html> (last visited March 17, 2023).

² *Id.*

³ *Id.*

⁴ Heron M., Curtin, S., *Death Rates Due to Suicide and Homicide Among Persons Aged 10-24: United States, 2007-2017*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention National Center for Health Statistics, available at <https://www.cdc.gov/nchs/data/databriefs/db352-h.pdf> (last visited March 17, 2023).

⁵ The CDC, *Changes in Suicide Rates – United States, 2018-2019*, available at <https://www.cdc.gov/mmwr/volumes/70/wr/mm7008a1.htm> (last visited March 17, 2023).

⁶ The CDC, *Suicide Increases in 2021 After Two Years in Decline*, available at https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2022/20220930.htm (last visited March 17, 2023).

⁷ The DCF, *2022 Suicide Prevention Coordinating Council Annual Report*, January 1, 2023, p. 11 (on file with the Senate Committee on Children, Families, and Elder Affairs).

⁸ The Florida Department of Health, *FLHealthCharts – Death Count Query System*, available at https://www.flhealthcharts.gov/FLQUERY_New/Death/Count (last visited March 17, 2023).

First Responders

Under ss. 111.09 and 112.1815, F.S., a first responder is a law enforcement officer,⁹ firefighter,¹⁰ or an emergency medical technician or paramedic¹¹ employed by state or local government.¹² Additionally, volunteer law enforcement officers, firefighters, and emergency medical technicians and paramedics engaged by the state or a local government are considered first responders of the state or local government.¹³

First responders are often exposed to incidents of death and destruction that can result in post-traumatic stress disorder (PTSD), depression, and suicide. 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.¹⁴ Firefighters and police officers are both more likely to die by suicide than in the line of duty.¹⁵ Further, according to a 2015 article published in the *Journal of Emergency Medical Services*, a 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.¹⁶

Volunteer Firefighters

A volunteer firefighter is an individual who holds a current and valid Volunteer Firefighter Certificate of Completion issued by the Division of State Fire Marshal under s. 633.408, F.S.¹⁷ Approximately 12 million Florida citizens depend on volunteer firefighters to protect their community.¹⁸ To keep these residents safe, it is important for individuals to volunteer for local

⁹ Section 943.10(1), F.S. defines the term “law enforcement officer” to mean “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.”

¹⁰ Section 633.102(9), F.S. defines the term “firefighter” to mean “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.”

¹¹ Section 401.23(12), F.S. defines the term “emergency medical technician” to mean “a person who is certified by the Department of Health to perform basic life support.” Section 401.23(18), F.S., defines the term “paramedic” to mean “a person who is certified by the Department of Health to perform basic and advanced life support.”

¹² Section 125.01045, F.S.

¹³ *Id.*

¹⁴ Miriam Heyman, Jeff Dill & Robert Douglas, *The Ruderman White Paper on Mental Health and Suicide of First Responders*, at p. 12, available at

[https://dir.nv.gov/uploadedFiles/dirnv.gov/content/WCS/TrainingDocs/First%20Responder%20White%20Paper_Final%20\(2\).pdf](https://dir.nv.gov/uploadedFiles/dirnv.gov/content/WCS/TrainingDocs/First%20Responder%20White%20Paper_Final%20(2).pdf) (last visited March 17, 2023).

¹⁵ *Id.* at p. 7.

¹⁶ Fire Rescue News, *Increasing Suicide Rates Among First Responders Spark Concerns*, available at

<https://www.firerescue1.com/fire-ems/articles/222673018-Increasing-suicide-rates-among-first-responders-spark-concern/> (last visited March 17, 2023).

¹⁷ See s. 633.408, F.S.

¹⁸ The Florida Department of Financial Services, Division of State Fire Marshal, *Florida Volunteer Firefighter Information*, available at

<https://www.myfloridacfo.com/division/sfm/volff#:~:text=More%20than%20200%20departments%20throughout%20Florida%20utilize%20volunteers%20to%20sustain%20operations> (last visited March 17, 2023).

departments.¹⁹ More than 200 departments throughout Florida utilize volunteers to sustain operations.²⁰

First Responders Suicide Deterrence Task Force

In 2020, the Legislature created the First Responders Suicide Deterrence Task Force within the Statewide Office of Suicide Prevention, which is housed within the DCF and coordinates education and training curricula on suicide prevention efforts for veterans and service members.^{21,22}

The most recent report of the task force, published on July 1, 2022, included the findings of a survey conducted by the 2nd Alarm Project,²³ a nonprofit organization established to offer comprehensive, evidence-based resiliency initiatives in first responder communities.²⁴ According to the survey, upwards of 24 percent of first responders reported provisional diagnosis of PTSD, 52.3 percent reported depression; 39.1 percent reported anxiety; 38.3 percent reported harmful levels of drinking; and 15.1 percent are at higher risk for suicide.²⁵ The findings indicated generally higher rates of these issues among respondents who are single certified emergency medical services (EMS) professionals and among dual certified/combined Fire/EMS personnel who serve as advanced life support/transport providers.²⁶

Peer Support

Research has shown that social support provided by peers is beneficial to those in recovery from substance abuse or mental illness. There are four primary types of social support provided by peers:

- Emotional: where a peer demonstrates empathy, caring, or concern to bolster a person's self-esteem (e.g., peer mentoring or peer-led support groups).
- Informational: where a peer shares knowledge and information to provide life or vocational skills training (e.g., parenting classes, job readiness training, or wellness seminars).
- Instrumental: where a peer provides concrete assistance to help others accomplish tasks (e.g., child care, transportation, and help accessing health and human services).
- Affiliation-based: where a peer facilitates contacts with other people to promote learning of social skills, create a sense of community, and acquire a sense of belonging (e.g., recovery centers, sports league participation, and alcohol- or drug-free socialization opportunities).²⁷

¹⁹ *Id.*

²⁰ *Id.*

²¹ Section 14.2019, F.S.

²² Chapter 2020-39, L.O.F.

²³ The 2nd Alarm Project, *Our Services*, available at <https://2ndalarmproject.org/> (last visited March 17, 2023).

²⁴ The DCF, *First Responder Suicide Deterrence Task Force 2022 Annual Report*, available at

[https://myflfamilies.com/sites/default/files/2022-](https://myflfamilies.com/sites/default/files/2022-11/FINAL%202022%20First%20Responder%20Suicide%20Deterrence%20Task%20Force%20Report.pdf)

[11/FINAL%202022%20First%20Responder%20Suicide%20Deterrence%20Task%20Force%20Report.pdf](https://myflfamilies.com/sites/default/files/2022-11/FINAL%202022%20First%20Responder%20Suicide%20Deterrence%20Task%20Force%20Report.pdf) (last visited

March 17, 2023).

²⁵ *Id.* at p. 8.

²⁶ *Id.*

²⁷ The Substance Abuse and Mental Health Services Administration (The SAMSHA), Center for Substance Abuse Treatment, *What Are Peer Recovery Support Services?*, p. 2, available at <https://store.samhsa.gov/system/files/sma09-4454.pdf>; See also the DCF, *Florida Peer Services Handbook* at p. 4-5, 2016, available at

https://www.myflfamilies.com/sites/default/files/2022-11/Peer%20Guidance_2016.pdf (all sites last visited March 17, 2023).

First Responder Peer Support

A survey by the Journal of Emergency Medical Services revealed that first responders were less likely to contemplate suicide when they felt supported and encouraged at work.²⁸ One study showed that while some firefighters reported positive experiences with professional mental health help, others felt more distressed after such intervention.²⁹ Alternatively, these firefighters reported benefits from peer support, such as bonding with their fire crew after negative incidents, which can reduce the stigma, scheduling difficulties, lack of access, lack of trust, and fear or repercussions that may prevent first responders from seeking mental health care.³⁰

In 2020, the Legislature recognized the need for mental health counseling for first responders by adopting confidentiality provisions intended to encourage peer support programs for law enforcement officers, firefighters, emergency medical technicians, paramedics, and 911 public safety telecommunicators.³¹ A “first responder peer” is defined as a person who:

- Is not a health care practitioner as that term is defined in s. 456.001, F.S.;³²
- Has experience working as or with a first responder regarding any physical or emotional conditions or issues associated with the first responder’s employment; and
- Has been designated by the first responder’s employing agency to provide peer support and has received training for this purpose.³³

First responder peers are prohibited from divulging information from, or testifying about, a peer support communication in a civil, criminal, administrative, or disciplinary proceeding, unless:

- The first responder peer is a defendant in a civil, criminal, administrative, or disciplinary proceeding arising from a complaint filed by the first responder who was a party to the peer support communication, in which case such information may be divulged but is limited to the scope of the proceeding;
- The first responder who was a party to the peer support communication agrees, in writing, to allow the first responder peer to testify about or divulge information related to the peer support communications;
- Based on the peer support communications, the first responder peer suspects that the first responder who was a party to the peer support communications has committed a criminal act or intends to commit a criminal act. There is no liability on the part of, and no cause of action of any nature may arise against, the first responder peer for disclosing relevant information; or

²⁸ Journal of Emergency Medical Services, *Survey Reveals Alarming Rates of EMS Provider Stress and Thoughts of Suicide*, available at <https://www.jems.com/2015/09/28/survey-reveals-alarming-rates-of-ems-provider-stress-and-thoughts-of-suicide/> (last visited March 17 2023).

²⁹ The SAMSHA, *First Responders: Behavioral Health Concerns, Emergency Response, and Trauma*, (May 2019) at p. 10 and 12, available at <https://www.samhsa.gov/sites/default/files/dtac/supplementalresearchbulletin-firstresponders-may2018.pdf> (last visited March 17, 2023).

³⁰ *Id.*

³¹ Chapter 2020-104, L.O.F.

³² Section 456.001, F.S., defines “health care practitioner” to mean “any person licensed under chapter 457; chapter 458; chapter 459; chapter 460; chapter 461; chapter 462; chapter 463; chapter 464; chapter 465; chapter 466; chapter 467; part I, part II, part III, part V, part X, part XIII, or part XIV of chapter 468; chapter 478; chapter 480; part I, part II, or part III of chapter 483; chapter 484; chapter 486; chapter 490; or chapter 491.”

³³ Section 111.09(1)(b), F.S.

- There are articulable facts or circumstances that would lead a reasonable, prudent person to fear for the safety of the first responder who was a party to the peer support communication, another person, or society, and the first responder peer communicates the information only to a potential victim and law enforcement or other appropriate authorities. There is no liability on the part of, and no cause of action of any nature may arise against, the first responder peer for disclosing relevant information.³⁴

Currently, the infrastructure for peer support teams is varied across Florida depending on the agency or department.³⁵ Many larger agencies contain high-functioning, sustainable peer support models, and will often share these peer support teams with smaller departments throughout the state.³⁶ The Orlando Fire Department houses the oldest peer support model in the state and operates within a best practice model.³⁷ Training for peer support teams is often provided by reputable behavioral health organizations (e.g. the 2nd Alarm Project) or within an agency's behavioral health unit (e.g., Ft. Lauderdale Police Department; Tallahassee Fire Mental Health Wellness Program).³⁸

Commission on Mental Health and Substance Abuse

In 2021, the Legislature created the Commission, adjunct to the DCF, in response to recommendations of the 20th Statewide Grand Jury.³⁹ The DCF is required to provide administrative staff and support services for the Commission.⁴⁰

The purposes of the Commission include:

- Examining the current methods of providing mental health and substance abuse services in the state;
- Improving the effectiveness of current practices, procedures, programs, and initiatives in providing such services;
- Identifying any barriers or deficiencies in the delivery of such services; and
- Recommending changes to existing laws, rules, and policies necessary to implement the Commission's recommendations.⁴¹

The Commission is composed of 19 members, including the secretaries of the AHCA and the DCF.⁴² Membership of the Commission also includes:

- Seven members appointed by the Governor, including:
 - A psychologist licensed under ch. 490, F.S., practicing within the mental health delivery system;

³⁴ Section 111.09(2), F.S.

³⁵ The DCF, *First Responder Suicide Deterrence Task Force 2021 Annual Report*, p. 6, available at <https://www.myflfamilies.com/sites/default/files/2022-11/First%20Responder%20Task%20Force%202021%20Report%20-%20Final%20-%208-4-21.pdf> (last visited March 17, 2023),

³⁶ *Id.*

³⁷ *Id.*

³⁸ *Id.*

³⁹ Chapter 2021-170, L.O.F.

⁴⁰ Section 394.9086(1), F.S.

⁴¹ Section 394.9086(2), F.S.

⁴² Section 394.9086(3)(a), F.S.

- A mental health professional licensed under ch. 491, F.S.;
- A representative of mental health courts;
- An emergency room physician;
- A representative from the field of law enforcement;
- A representative from the criminal justice system; and
- A representative of a child welfare agency involved in the delivery of behavioral health services.
- Five members appointed by the President of the Senate, including:
 - A member of the Senate;
 - A person living with a mental health disorder;
 - A family member of a consumer of publicly funded mental health services;
 - A representative of the Louis de la Parte Mental Health Institute within the University of South Florida; and
 - A representative of a county school district.
- Five members appointed by the Speaker of the House of Representatives, including:
 - A member of the House of Representatives;
 - A representative of a treatment facility;
 - A representative of a managing entity;
 - A representative of a community substance abuse provider; and
 - A psychiatrist licensed under chs. 458 or 459, F.S., practicing within the mental health delivery system.⁴³

The Governor appoints the Commission chair from among its members, and members serve at the pleasure of the officer who appointed the member.⁴⁴ A vacancy on the Commission is required to be filled in the same manner as the original appointment.⁴⁵

The duties of the Commission include:

- Conducting a review and evaluation of the management and functioning of existing publicly supported mental health and substance abuse systems in the DCF, the AHCA, and all other relevant state departments;
 - At a minimum, such review must include a review of current goals and objectives, current planning, service strategies, coordination management, purchasing, contracting, financing, local government funding responsibility, and accountability mechanisms.
- Considering the unique needs of people who are dually diagnosed;
- Addressing access to, financing of, and scope of responsibility in the delivery of emergency behavioral health care services;
- Addressing the quality and effectiveness of current service delivery systems and professional staffing and clinical structure of services, roles, and responsibilities of public and private providers;
- Addressing priority population groups for publicly funded services, identifying the comprehensive delivery systems, needs assessment and planning activities, and local government responsibilities for funding services;

⁴³ *Id.*

⁴⁴ Section 394.9086(3)(b), F.S.

⁴⁵ *Id.*

- Reviewing the implementation of ch. 2020-107, L.O.F.;⁴⁶
- Identifying gaps in the provision of mental health and substance abuse services;
- Providing recommendations on how managing entities may promote service continuity;
- Making recommendations about the mission and objectives of state-supported mental health and substance abuse services and the planning, management, staffing, financing, contracting, coordination, and accountability of mechanisms best suited for the recommended mission and objectives; and
- Evaluating and making recommendations regarding the establishment of a permanent, agency-level entity to manage mental health, behavioral health, substance abuse, and related services statewide, including the:
 - Duties and organizational structure;
 - Resource needs and possible sources of funding;
 - Impact on access to and the quality of services;
 - Impact on individuals with behavioral health needs, and their families, who are currently receiving services and those who are in need of services; and
 - Relation to and integration with service providers, managing entities, communities, state agencies, and provider systems.⁴⁷

The Commission is required to submit an initial report by January 1, 2023, and a final report by September 1, 2023, to the Governor, President of the Senate, and Speaker of the House of Representatives on its findings and recommendations on how to best provide and facilitate mental health and substance abuse services.⁴⁸ The Commission issued its initial report, containing ten preliminary recommendations, on January 1, 2023.⁴⁹

National Suicide Prevention Lifeline

The NSPL is a suicide prevention network of over 180 crisis centers that provides 24/7 service to anyone in a suicidal crisis or emotional distress via a toll-free hotline.⁵⁰ The U.S. Substance Abuse and Mental Health Services Administration (the SAMHSA) and Vibrant Emotional Health launched the Lifeline on January 1, 2005.⁵¹

The NSPL is independently evaluated by the Columbia University's Research Foundation for Mental Hygiene and receives ongoing consultation and guidance from national suicide prevention experts, consumer advocates, and other stakeholders through the NSPL's Steering

⁴⁶ HB 945 (2020) required managing entities to implement the features of a coordinated system of mental health care for children and expands the use of mobile response teams (MRT) across the state. It required the Florida Mental Health Institute within the University of South Florida to develop a model protocol for school use of MRTs. The bill also required the AHCA and DCF to identify children and adolescents who are the highest users of crisis stabilization services and take action to meet the needs of such children. Lastly, the bill required the AHCA to continually test the Medicaid managed care provider network databases to ensure behavioral health providers are accepting enrollees and confirm that enrollees have access to behavioral health systems.

⁴⁷ Section 394.9086(4)(a), F.S.

⁴⁸ Section 394.9086(5), F.S.

⁴⁹ The DCF, Commission on Mental Health and Substance Abuse, *Legislative Report, January 1, 2023*, pp. 11-25 (on file with the Senate Committee on Children, Families, and Elder Affairs).

⁵⁰ The National Suicide Prevention Lifeline, *About*, available at <https://suicidepreventionlifeline.org/about/> (last visited March 17, 2023).

⁵¹ *Id.*

Committee; Consumer/Survivor Committee; and Standards, Training, and Practices Committee.⁵² The NSPL grant is one component of the National Suicide Prevention Initiative, a multi-project effort to reduce suicide, led by the SAMSHA’s Center for Mental Health Services.⁵³

Managing Entities (MEs)

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.⁵⁴

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.⁵⁵ The implementation of the ME system initially began on a pilot basis and, in 2008, the Legislature authorized DCF to implement MEs statewide.⁵⁶ Full implementation of the statewide ME system occurred in 2013 and all geographic regions are now served by a managing entity.⁵⁷

Mobile Response Teams

A mental health crisis can be caused by a variety of factors at any hour of the day.⁵⁸ Family members and caregivers of an individual experiencing a mental health crisis are often ill-equipped to handle these situations and need the advice and support of professionals.⁵⁹ Law enforcement or emergency medical technicians (EMTs) are frequently called to respond to mental health crises and they may lack the training and experience to effectively handle the situation.⁶⁰ Mobile crisis response teams (MRTs) can be beneficial in such instances.

MRTs provide readily available crisis care in a community-based setting and increase opportunities to stabilize individuals in the least restrictive setting, thereby avoiding the need for jail or hospital emergency department utilization.⁶¹ Early intervention services are critical to reducing involuntary examinations in minors and there are areas across the state where options

⁵² *Id.*

⁵³ The SAMSHA, *National Suicide Prevention Initiative*, available at <https://web.archive.org/web/20080201122133/http://mentalhealth.samhsa.gov/cmhs/nspi/> (last visited March 17, 2023).

⁵⁴ See s. 394.674(1), F.S., for a complete list of priority populations.

⁵⁵ Chapter 2001-191, L.O.F.

⁵⁶ Chapter 2008-243, L.O.F.

⁵⁷ Florida Tax Watch, *Analysis of Florida’s Behavioral Health Managing Entity Models*, p. 4, March 2015, available at <https://floridatxwatch.org/Research/Full-Library/ArtMID/34407/ArticleID/15758/Analysis-of-Floridas-Behavioral-Health-Managing-Entities-Model> (last visited March 17, 2023).

⁵⁸ The DCF, *Mobile Response Teams Framework*, (August 29, 2018), p. 4, available at <https://www.lsfnet.org/wp-content/uploads/2018/10/Solicitation-2018-007-Mobile-Response-Team-APPEN-B-Mobile-Response-Framework.pdf> (last visited March 17, 2023) (hereinafter cited as “MRT Framework”).

⁵⁹ *Id.*

⁶⁰ *Id.*

⁶¹ MRT Framework, p. 2

short of involuntary examination under the Baker Act are limited or nonexistent.⁶² MRTs are available to individuals under age 25 years of age, regardless of their ability to pay, and must be ready to respond to any mental health emergency.⁶³ Telehealth can be used to provide direct services to individuals via video-conferencing systems, mobile phones, and remote monitoring.⁶⁴ It can also be used to provide initial triage to determine if an in-person visit is needed to respond to the crisis, assessments, and follow-up consultation.⁶⁵

The DCF established a framework to guide procurement of MRTs. This framework suggests that the procurement:

- Be conducted with the collaboration of local Sheriff's Offices and public schools in the procurement planning, development, evaluation, and selection process;
- Be designed to ensure reasonable access to services among all counties in the ME's service region, taking into consideration the geographic location of existing mobile crisis teams;
- Require services be available 24 hours per day, seven days per week with on-site response time to the location of referred crises within 60 minutes of the request for services;
- Require the Network Service Provider to establish formalized written agreements to establish response protocols with local law enforcement agencies and local school districts or superintendents;
- Require access to a board-certified or board-eligible Psychiatrist or Psychiatric Nurse Practitioner; and
- Provide for an array of crisis response services that are responsive to the individual and the family needs, including screening, standardized assessments, early identification, or linkage to community services as necessary to address the immediate crisis event.⁶⁶

Florida Medicaid

Medicaid provides medical coverage to low-income individuals and families.⁶⁷ The state and federal government share the cost of the Medicaid program, and Medicaid services for Floridians are administered by the AHCA.⁶⁸ Medicaid eligibility in Florida is determined either by the DCF or the Social Security Administration for SSI recipients.⁶⁹

Florida has a Section 1115 waiver to use a comprehensive managed care delivery model for primary and acute care services, the Statewide Medicaid Managed Care (SMMC) program.⁷⁰ Within the SMMC, the Managed Medical Assistance (MMA) program provides acute health care services through managed care plans contracted with the AHCA in the 11 regions across the

⁶² MRT Framework, p. 4.

⁶³ *Id.*

⁶⁴ MRT Framework, p. 7.

⁶⁵ *Id.*

⁶⁶ MDT Framework, p. 2-3.

⁶⁷ The DCF, Office of Economic Self-Sufficiency, *Medicaid*, available at <https://www.myflfamilies.com/Medicaid> (last visited March 17, 2023).

⁶⁸ *Id.*

⁶⁹ *Id.*

⁷⁰ Section 409.964, F.S.

state.⁷¹ Coverage includes preventive care, acute care, therapeutics, pharmacy, transportation services, and behavioral health services.⁷²

Current law requires each managed care plan to have an accurate and complete online database of the providers in their networks, including information about their credentials, licensure, hours of operation, and location.⁷³

Federal Assistance Related to COVID-19

CARES Act Funding

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security (CARES) Act was signed into law “to provide emergency assistance and health care response for individuals, families, and businesses affected by the 2020 coronavirus pandemic.”⁷⁴ The CARES Act included multiple resources for services and supports intended to benefit individuals with issues related to mental health or substance use disorder. The CARES Act specifically provided \$425 million for the SAMHSA, including:

- \$250 million to Certified Community Behavioral Health Clinics (CCBHCs);
- \$50 million for suicide prevention programs;
- \$100 million for emergency-response spending that can target support where it is most needed, such as outreach to those experiencing homelessness; and
- \$15 million for tribal communities.⁷⁵

American Rescue Plan Act Funding

On March 11, 2021, the American Rescue Plan Act (the Rescue Act) was signed into law.⁷⁶ Under the Rescue Act, the SAMSHA distributed an additional \$3 billion in funding for mental health and substance abuse services, representing the largest-ever aggregate amount of funding for mental health and substance use block grant programs.^{77, 78} Specifically, the Community

⁷¹ See The Agency for Health Care Administration, *A Snapshot of the Florida Statewide Medicaid Managed Care Program*, https://ahca.myflorida.com/Medicaid/statewide_mc/pdf/mma/SMMC_Snapshot.pdf (last visited March 17, 2023).

⁷² *Id.*

⁷³ Section 409.967(2)(c)1., F.S.

⁷⁴ Pub. L. No. 116-136 (2020).

⁷⁵ The National Alliance on Mental Illness (NAMI), *Information on the CARES Act for People with Mental Illness*, available at <https://www.nami.org/About-NAMI/NAMI-News/2020/Information-on-the-CARES-Act-for-People-with-Mental-Illness> (last visited March 17, 2023).

⁷⁶ Pub. L. No. 117-2 (2021).

⁷⁷ A block grant is a noncompetitive, formula grant mandated by the U.S. Congress where eligible entities must submit an annual application to demonstrate statutory and regulatory compliance in order to receive the formula-based funding by Congress. The SAMHSA's block grants provide funding for substance abuse and mental health services, including the Substance Abuse Prevention and Treatment Block Grant (Funds may be used to plan, implement, and evaluate activities that prevent and treat substance abuse and promote public health) and the Community Mental Health Services Block Grant (Funds may be used to provide comprehensive, community-based mental health services to adults with serious mental illnesses and to children with serious emotional disturbances and to monitor progress in implementing a comprehensive, community-based mental health system). See The SAMSHA, *Substance Abuse and Mental Health Block Grants*, available at <https://www.samhsa.gov/grants/block-grants> (last visited March 17, 2023).

⁷⁸ The U.S. Department of Health and Human Services, *HHS Announces \$3 Billion in American Rescue Plan Funding for SAMHSA Block Grants to Address Addiction, Mental Health Crisis*, available at <https://www.samhsa.gov/newsroom/press-announcements/202105181200#:~:text=The%20Substance%20Abuse%20and%20Mental.substance%20use%20block%20grant%20programs> (last visited March 17, 2023).

Mental Health Services Block Grant (MHBG) Program and Substance Abuse Prevention and Treatment Block Grant Program (SABG) allocated \$1.5 billion each to states and territories.⁷⁹

III. Effect of Proposed Changes:

First Responder Peer Support

SB 914 amends s. 111.09, F.S., permitting affiliated first responder organizations, in addition to a first responder employing agency, to designate first responder peers for the purpose of providing peer support. The bill amends s. 111.09, F.S., defining “affiliated first responder organization” to mean an organization including, but not limited to:

- Regularly organized volunteer firefighting departments or associations;
- Regularly organized ambulance services; and
- Combination fire departments, as that term is defined in s. 633.135(1), F.S.⁸⁰

The bill also clarifies that a person is eligible to serve as a first responder peer if he or she has experience working as or with a first responder, including as:

- An active first responder;
- A volunteer first responder; or
- A retired first responders.

The bill amends s. 112.1815, F.S., to allow diagnosis of PTSD in first responders via telehealth for the purposes of obtaining worker’s compensation benefits.

The bill amends s. 394.9086, F.S., requiring the Commission to study the following services and programs relating to suicide prevention:

- An overview of the the NSPL;
- An analysis of the current capacity of crisis response services, including services provided by mobile response teams and centralized receiving facilities, including specifically an analysis of:
 - The geographic area and total population served by each mobile response team;
 - The average response time to each call made to the mobile response team;
 - The number of calls each mobile response team could not respond to due to staffing issues, travel distance, or other factors; and
 - The veteran status and age groups of individuals receiving services from mobile response teams.
- Strategies to improve linkages between NSPL infrastructure and crisis response services;
- Available mental health block grant funds which can be used to support the state’s NSPL infrastructure, including potential funding available through opioid settlements, the CARES Act, the Rescue Act, or other federal legislation;
- Funding sources available through Medicaid, including potential funding available via approval of a Section 1115 waiver; and

⁷⁹ *Id.*

⁸⁰ Section 633.135, F.S., defines “combination fire department” to mean “a fire department composed of a combination of career and volunteer firefighters.”

- Strategies to ensure that managing entities work with community stakeholders in furtherance of supporting the NSPL and other crisis response services.

The bill also amends s. 394.9086, F.S., requiring the Commission to submit interim reports, beginning January 1, 2023, annually thereafter through January 1, 2025, and a final report due September 1, 2026, to:

- The Governor;
- The President of the Senate; and
- The Speaker of the House of Representatives.

This will require the Commission to submit a total of two additional interim reports and moves the due date of the final report from September 1, 2023, to September 1, 2026. The bill also extends the statutory repeal date of the Commission from September 1, 2023, to September 1, 2026.

The bill requires that information on the overview of the state's current suicide prevention infrastructure be included in the Commission's final report due to the Speaker, Senate President, and Governor on September 1, 2026.

The bill is effective July 1, 2023.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

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 DCF states that expenditures for the bill can be absorbed within existing resources.⁸¹ The bill may have a positive impact on affiliated first responder organizations who wish to designate first responder peers; however, because the decision to engage in this process is voluntary, the fiscal impact on these organizations is indeterminate.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 111.09, 112.1815, and 394.9086.

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

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

None.

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

⁸¹ The Department of Children and Families, *Agency Analysis of SB 478 (2022 Session)* at p. 5 (on file with the Senate Committee on Children, Families, and Elder Affairs).