Tab 3	**SB 232** by **Book**; (Similar to H 00413) Child Welfare

566960	A	S	FAV	CF, Book	btw L.17 - 18:	11/13 02:56 PM

Tab 4	**SB 496** by **Book**; Child Welfare

Tab 2	**SB 104** by **Harrell (CO-INTRODUCERS) Wright, Cruz, Mayfield**; Services for Veterans and Their Families

Tab -1	**SPB 7012** by **CF**; Mental Health

360222	A	S	RS	CF, Mayfield	Delete L.154 - 160:	11/12 02:26 PM
604142	SAA	S	FAV	CF, Mayfield	Delete L.154 - 160:	11/12 02:26 PM
181950	A	S	FAV	CF, Mayfield	Delete L.413 - 697:	11/12 02:26 PM

The Florida Senate

COMMITTEE MEETING EXPANDED AGENDA

CHILDREN, FAMILIES, AND ELDER AFFAIRS
Senator Book, Chair
Senator Mayfield, Vice Chair

MEETING DATE: Tuesday, November 12, 2019
TIME: 1:30—3:00 p.m.
PLACE: 301 Senate Building

MEMBERS: Senator Book, Chair; Senator Mayfield, Vice Chair; Senators Bean, Harrell, Rader, Torres, and Wright

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	Consideration of proposed bill:		
	SPB 7012	Mental Health; Providing additional duties for the Statewide Office for Suicide Prevention; requiring the Department of Transportation to work with the office in developing a plan relating to evidence-based suicide deterrents in certain locations; requiring that certain information be provided to the guardian or representative of a minor patient released from involuntary examination; requiring specified persons to complete certain suicide prevention education courses by a specified date; providing that persons providing certain emergency care are not liable for civil damages or penalties under certain circumstances, etc.	Submitted and Reported Favorably as Committee Bill Yeas 6 Nays 0
	(Preliminary Draft Available - final draft will be made available at least 48 hours prior to the meeting)		
2	**SB 104** Harrell	Services for Veterans and Their Families; Requiring the Department of Veterans' Affairs to establish the Florida Veterans' Care Coordination Program to provide for veterans and their families behavioral health care referral and care coordination services; requiring the department to contract with a certain nonprofit entity to enter into agreements with Florida 211 Network participants to provide such services; providing for the statewide delivery of specified services by program teams, etc. MS 10/22/2019 Favorable CF 11/12/2019 Favorable AP	Favorable Yeas 6 Nays 0
3	**SB 232** Book (Similar H 413)	Child Welfare; Expanding the list of incidents or injuries that constitute harm to a child's health or welfare; expanding the types of reports that the Department of Children and Families must refer to Child Protection Teams, etc. CF 11/12/2019 Fav/CS JU RC	Fav/CS Yeas 6 Nays 0

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
4	**SB 496** Book	Child Welfare; Specifying the rights of children and young adults in out-of-home care; requiring the Florida Children's Ombudsman to serve as an autonomous entity within the department for certain purposes; requiring that a case plan be developed in a face-to-face conference with a caregiver of a child under certain circumstances; requiring a caseworker to provide specified information relating to subsidies that early learning coalitions provide to caregivers of certain children, etc. CF 11/12/2019 Favorable AHS AP	Favorable Yeas 6 Nays 0

Other Related Meeting Documents

CourtSmart Tag Report

Room: SB 301 **Case:** **Type:**
Caption: Senate Committee on Children, Families, and Elder Affairs **Judge:**

Started: 11/12/2019 1:30:35 PM
Ends: 11/12/2019 2:05:39 PM Length: 00:35:05

1:30:34 PM Meeting Called to order
1:30:40 PM Roll Call - quorum is present
1:31:00 PM Senator Rader is excused
1:31:02 PM
1:31:08 PM Vice Chair Mayfield in Chair
1:31:11 PM TB 4 - SB 496 Senator Book, Child Welfare
1:31:21 PM Senator Book to welcome Youth Shine
1:32:00 PM Senator Book explains the bill
1:35:00 PM Appearance Cards in support- Rebecca Behr to speak Florida Youth Shine
1:37:30 PM Speaking in support Anna Zhange, Florida Youth Shines
1:37:31 PM Questions?
1:40:08 PM
1:40:21 PM Senator Torres
1:40:33 PM Anna in response
1:41:07 PM Christina Spudias, Florida Children First, waives in support
1:41:15 PM Barney Bishop, Florida Smart Justice Alliance, waives in support
1:41:24 PM Debate?
1:41:28 PM Senator Torres
1:42:21 PM Jack Levine, 4th Generations Institute, for information
1:43:44 PM Senator Mayfield
1:43:53 PM Senator Wright
1:44:18 PM Senator Book waives close
1:44:26 PM Roll Call on SB 496 - Favorable
1:44:43 PM Senator Book back in Chair
1:44:53 PM Tab 1 - SPB 7012 by Committee- Suicide Prevention and Mental Health
1:45:22 PM Senator Book to explain
1:47:01 PM Questions? None
1:47:12 PM Amendment 604142 by Senator Mayfield
1:47:51 PM Questions? None
1:47:55 PM Debate? None
1:47:58 PM Senator Mayfield waives close
1:48:08 PM Amendment 604142 - Adopted
1:48:19 PM Amendment 181950 - by Senator Mayfield
1:48:29 PM Questions? None
1:48:33 PM Appearance? None
1:48:36 PM Debate? None
1:48:37 PM Senator Mayfield waives close
1:48:45 PM Amendment 181950 - Adopted
1:48:52 PM Back on the bill as amended
1:48:53 PM Questions? None
1:48:55 PM Natalle Kelly, Fla. Assoc of Managing Entities,waives in support
1:48:58 PM Barney Bishop, waives in support
1:49:05 PM Shane Messser, Fla. Council for Behavioral Healthcare, waives in support
1:49:13 PM Jim Akin, National Association of Social Workers, Florida, waives in support
1:49:26 PM Karen Mazzda, Florida PTA, waives in support
1:49:40 PM Alisa LaPolt, North Palm Beach, Fla. Mental Health Coalition, speaking for the bill
1:51:31 PM Beth LaBasky, Informed Families in Florida, waives in support
1:52:08 PM Dan Hendrickson, President, Tlh. Veterans Legal Collaborate, speaking in support
1:52:53 PM Debate?
1:52:56 PM Senator Harrell
1:53:31 PM Senator Torres
1:54:11 PM Debate? None

1:54:15 PM Senator Mayfield moves that SPB 7012 be submitted as a Committee Bill
1:54:25 PM Roll Call - SPB 7012 -Favorable
1:54:44 PM Tab 2 - SB 104 Senator Harrell, Services for Veterans and Their Families
1:57:46 PM Chair
1:57:49 PM Senator Harrell
1:57:53 PM Appearance Forms
1:57:54 PM Questions? None
1:58:06 PM Nattlie Kelly, Fla. Assoc. of Managing Entities, waives in support
1:58:07 PM Allison Sitte, Florida Dept. of Veteran's Affairs, waives in support
1:58:16 PM Barney Bishop, waives in support
1:58:21 PM Olivia Babis, Disability Rights Florida, waives in support
1:58:29 PM Dan Hendrickson, waives in support
1:58:38 PM Jim Atkins, waives in support
1:58:44 PM Carol Reynolds, Crisis Center Tampa Bay, waives in support
1:58:52 PM Debate?
1:58:55 PM Senator Wright
1:59:18 PM Senator Mayfield
1:59:50 PM Senator Harrell to close
2:00:31 PM Roll Call - SB 104 - Favorable
2:00:53 PM Vice Chair Mayfield in chair
2:01:13 PM Tab 3 - SB 232 by Senator Book, Child Welfare
2:01:51 PM Senator Book
2:01:54 PM Questions? None
2:02:02 PM
2:02:47 PM Chair
2:02:49 PM Questions?
2:02:53 PM Senator Bean
2:03:05 PM Senator Book waives close
2:03:24 PM Chair
2:03:29 PM Appearance Cards? None
2:03:35 PM Debate? None
2:03:39 PM
2:03:44 PM Amendment 566960 is adopted
2:03:47 PM Back on bill as amended
2:03:53 PM Barney Bishop waives in support
2:04:01 PM Karen Mazzda, Florida PTA, waives in support
2:04:11 PM Paul Robinson,MD, President, Fla. Chapter of the AAP, waives in support
2:04:25 PM Louis St. Pietery, Pediatrician, waives in support
2:04:37 PM Debate? None
2:04:41 PM Senator Book waives close
2:04:48 PM Roll Call CS/SB 232- Favorable
2:05:09 PM Chair, any other business before the committee?
2:05:12 PM Votes - Senator Harrell, Yes, SB 496
2:05:23 PM Senator Mayfield moves to adjourn, seeing no objection, we are adjourned.

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 232
INTRODUCER:	Senator Book
SUBJECT:	Child Welfare
DATE:	November 13, 2019
REVISED:	

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Preston	Hendon	CF	**Fav/CS**
2.			JU	
3.			RC	

I. Summary:

CS/SB 232 makes a number of changes to current law relating to child abuse, abandonment, and neglect. Specifically, the bill:

- Revises the definition of the term "harm" to include a violation of child safety restraints or seat belt usage laws which results in the death or injury of a child that requires treatment at a hospital, if a licensed physician determines that such violation exacerbated the child's injuries or resulted in the child's death;
- Revises the definition of the term "harm" to include a violation of leaving a child unattended or unsupervised in motor vehicle which results in the injury or death of a child.
- Revises the definition of the term "harm" to include any liquid that is heated into a vapor by an electronic cigarette or other vaping device as a substance that can cause harm if given to a child or stored where a child has reasonable access to the substance.
- Requires the Department of Children and Families (DCF) to refer child abuse, abandonment, and neglect reports to a Child Protection Team (CPT) within the Department of Health (DOH) that involve a child who was not properly restrained in a motor vehicle pursuant to ss. 316.613 or 316.614, F.S., or involve a child who was left unattended or unsupervised in a motor vehicle pursuant to s. 613.6135, F.S. and the improper restraint or action resulted in injuries or death to a child.

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

II. Present Situation:

Inadequate Supervision of a Child

Current law defines "abuse" in part as any willful act or threatened act that results in any physical, mental, or sexual abuse, injury, or *harm* that causes or is likely to cause the child's

physical, mental, or emotional health to be significantly impaired.[1] Any person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by any person, whether or not that person is a parent, legal custodian, caregiver or other person responsible for the child's welfare, or that a child is in need of supervision and care, must immediately report such knowledge or suspicion to the DCF's hotline.[2]

Florida law specifies that a child can suffer "harm" to his or her health or welfare in a number of ways. For example, harm can occur when any person allows, encourages, or forces the sexual exploitation of a child; exploits a child, or allows a child to be exploited; or exposes a child to a controlled substance or alcohol.[3] Also included within the definition of harm is "inadequate supervision," which is defined as a parent or caregiver leaving a child without adult supervision or arrangement appropriate for the child's age, maturity, developmental level, or mental or physical condition, so that the child is unable to care for his or her own needs or is unable to exercise sufficient judgment in responding to a physical or emotional crisis.[4] In Florida, there is no age in which a child can be left unattended or alone.[5]

An example of inadequate supervision is when a parent or legal guardian who is a driver or passenger in a motor vehicle fails to ensure his or her child is properly safeguarded in a legally required child restraint device or seat belt, and this results in either the child's death or the child's suffering of serious injuries requiring treatment at an emergency department or trauma center at a hospital.[6]

Currently, however, administrative rule provides that complaints concerning infants or children in automobiles who are not in legally required child restraint devices do not constitute reports of abuse, neglect, or abandonment unless one or more of the following circumstances are present:

- The parent or legal guardian was charged with driving under the influence of drugs or alcohol.
- The parent or legal guardian received a traffic citation(s) for reckless driving.
- A child was seriously injured or killed during an accident.[7]

If one of the above scenarios is met, then a report of abuse, abandonment, or neglect can be made to the hotline. Each report of abuse, abandonment, or neglect must contain at least one type of maltreatment.[8] Inadequate supervision qualifies as a type of maltreatment.[9] There are a number of factors to consider in assessing whether there has been maltreatment, which would prompt an investigation by the DCF. Specifically, the following factors are considered if the intake done following an accident alleges failure of a parent or legal guardian to use a child restraint device:

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[1] Section 39.01(2), F.S.
[2] Sections 39.201(1)(a) and 39.201(2)(a), F.S.
[3] *See generally* s. 39.01(35), F.S.
[4] Section 39.01(35)(a)3., F.S.
[5] Department of Children and Families, *Child Welfare*, CFOP 170-4, pg. A-29, (July 1, 2018), available at http://www.dcf.state.fl.us/admin/publications/cfops/CFOP%20170-xx%20Child%20Welfare/CFOP%20170-04,%20Child%20Maltreatment%20Index.pdf (last visited November 5, 2019).
[6] *Id*.
[7] 65C-29.002(6)(e)3., F.A.C.
[8] "Maltreatment" means behavior that is harmful and destructive to a child's cognitive, social, emotional, or physical development. *Supra*, n. 5 at 4.
[9] *Supra*, n. 5 at 6-7.

- Was the child transported to the hospital by EMS or other first responders due to the injuries sustained as a result of the accident?
- What statements did the child provide to first responders, the emergency department/trauma center physician/staff, or law enforcement when questioned about being placed in a child restraint seat or having used a seat belt while being transported in the vehicle?
- What is the parent or legal guardian's explanation for a child restraint device not being used at the time of the accident?
- Do statements from the emergency department/trauma center physician or medical records reflect the child suffered injuries that clearly indicate use of a child restraint device?
- Do statements from the attending emergency department/trauma center physician or medical records reflect the child suffered serious injuries that clearly indicate non-use of a child restraint device?
- Does the police report document an injured child was not properly safeguarded in a legally approved child restraint device (car seat or seat belt)?
- What was the location of the alleged child victim when first responders appeared on scene (in the vehicle or ejected from the vehicle)?
- Attempt to obtain medical opinion on whether the severity of the vehicular accident (head-on collision at high speed, etc.) would have likely resulted in serious injury or death despite the use of a legally required child restraint device.
- Does the parent have a history of traffic citations for failure to use a restraint device?
- When the parent or legal guardian reports the injured child was originally placed in a child restraint device but disconnected the device themselves during transit is/was the child physically capable of disconnecting the device on their own?
- Does the parent or legal guardian report that this was a first time incident or does/did the child have a pattern of disconnecting the device? If a pattern, how did the parent attempt to control this behavior? What other collateral sources can validate this pattern?[10]

Child Safety Restraint Laws

Section 316.613(1)(a), F.S., requires every operator of a motor vehicle,[11] while transporting a child in a motor vehicle operated on the roadways, streets, or highways of the state, to provide protection for a child by properly using a crash-tested, federally approved child restraint device if the child is 5 years or younger. The law also requires children 3 years of age and younger to be restrained by a separate carrier device or a vehicle manufacturer's integrated child seat. A separate carrier, an integrated child seat, or a child booster seat may be used for children aged 4 through 5 years.[12]

Further, current law prohibits the operation of a motor vehicle or an autocycle[13] unless each passenger and the operator of the vehicle or autocycle under the age of 18 years are restrained by

[10] *Supra*, n 5 at A-29-31.
[11] "Motor vehicle" means a self-propelled vehicle not operated upon rails or guideway, but not including any bicycle, motorized scooter, electric personal assistive mobility device, mobile carrier, personal delivery device, swamp buggy, or moped. Section 316.003(42), F.S.
[12] Section 316.613(1)(a), F.S.
[13] "Autocycle" means a 3-wheeled motorcycle that has two wheels in the front and one wheel in the back; is equipped with a roll cage or roll hoops, a seat belt for each occupant, antilock brakes, a steering wheel, and seating that does not require the

a safety belt[14] or by a child restraint device pursuant to s. 316.613, F.S., if applicable.[15] The requirement to use a child restraint device does not apply if a safety belt is used and the child:

- Is being transported gratuitously by an operator who is not a member of the child's immediate family;
- Is being transported in a medical emergency situation involving the child; or
- Has a medical condition that necessitates an exception as evidenced by appropriate documentation from a health care professional.[16]

Leaving a Child Unattended in a Motor Vehicle Laws

Section 316.6135, F.S., prohibits a parent, legal guardian or other person responsible for a child as defined in s. 39.01, F.S., from leaving a child younger than 6 years of age unattended or unsupervised in a motor vehicle. Penalties are specified for violations.

Any law enforcement officer who observes a child left unattended or unsupervised in a motor vehicle may use whatever means are reasonably necessary to protect the minor child and to remove the child from the vehicle. The child is required to be placed in the custody of DCF pursuant to chapter 39, unless the law enforcement officer is able to locate the parents or legal guardian or other person responsible for the child.

Vaping

Vaping is the inhaling of a vapor created by an electronic cigarette (e-cigarette) or other vaping device. E-cigarettes are battery-powered smoking devices that have cartridges filled with a liquid that usually contains nicotine, flavorings, and other chemicals. The liquid is heated into a vapor, which the person inhales, a practice that is known as "vaping". Vaping hasn't been around long enough to know how it affects the body over time, but health experts are reporting serious lung damage in people who vape, including some deaths.[17]

The Centers for Disease Control and Prevention (CDC) advises people to avoid e-cigarettes while federal and state officials investigate an ongoing nationwide outbreak of severe lung injuries associated with the use of e-cigarette, or vaping, products."E-cigarette use is never safe for youth, young adults, or pregnant women," said CDC's Dana Meaney-Delman, MD, who is leading the agency's response to the outbreak, which emerged in the summer of 2018.[18] Recent surveys have shown:

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operator to straddle or sit astride it; and is manufactured in accordance with applicable federal motorcycle safety standards. Section 316.003(2), F.S.

[14] "Safety belt" means a seat belt assembly that meets the requirements established under Federal Motor Vehicle Safety Standard No. 208, 49 C.F.R. s. 571.208. Section 316.614(3)(b), F.S.

[15] Section 316.614(4)(a), F.S.

[16] Section 316.613(1)(a)2.a.-c., F.S.

[17] KidsHealth, The Nemours Foundation, Vaping: What You Need to Know, available at: https://kidshealth.org/en/parents/e-cigarettes.html (Last visited November 4, 2019).

[18] Raven, K., Teen Vaping Linked to More Health Risks, Yale Medicine, November 8, 2019, available at https://www.yalemedicine.org/stories/teen-vaping/ (Last visited November 10, 2019).

- More than 5 million middle and high school students currently use e-cigarettes, according to the 2019 National Youth Tobacco Study (NYTS), up from more than 3.6 million last year.
- The rates of youth who say they vaped with nicotine in the past month more than doubled in two years. About 11 percent of high school seniors reported this habit in 2017, compared to 25 percent, or one in four seniors, in 2019. Among eighth-graders, the numbers jumped from 3.5 percent to 9 percent.[19]

Current law in Florida contains provisions related to children under the age of 18 and vaping.

- It is unlawful to sell, deliver, barter, furnish, or give, directly or indirectly, to any person who is under 18 years of age, any nicotine product or a nicotine dispensing device.[20]
- The gift of a sample nicotine product or nicotine dispensing device to any person under the age of 18 by a retailer of nicotine products or nicotine dispensing devices, or by an employee of such retailer, is prohibited.[21]
- It is unlawful for any person under 18 years of age to knowingly possess any nicotine product or a nicotine dispensing device. Any person under 18 years of age who violates this subsection commits a noncriminal violation as defined in s. 775.08(3).[22]
- In order to prevent persons under 18 years of age from purchasing or receiving nicotine products or nicotine dispensing devices, the sale or delivery of such products or devices is prohibited with some exceptions.[23]

Child Protection Teams

A Child Protection Team[24] (CPT) program is a medically directed, multidisciplinary program that works with local Sheriff's offices and the DCF in child abuse and child neglect cases to supplement investigation activities. The CPTs are tasked with the following:
- Providing expertise in evaluating alleged child abuse and neglect;
- Assessing risk and protective factors; and
- Providing recommendations for interventions to protect children and enhance a caregiver's capacity to provide a safer environment when possible.[25]

Current law requires the Children's Medical Services Program in the DOH to develop, maintain, and coordinate the services of the CPTs in each of the service districts of the DCF.[26] The role of a CPT is to support activities of the family safety and preservation program of the DCF and provide services deemed by the CPTs to be necessary and appropriate to abused, abandoned, and

[19] *Id*.
[20] Section 877.112(2), F.S.
[21] Section 877.112(3), F.S.
[22] Section 877.112(6), F.S.
[23] Section 877.112(12), F.S.
[24] "Child protection team" is a team of professionals established by the DOH to receive referrals from the protective investigators and protective supervision staff of the DCF and to provide specialized and supportive services to the program in processing child abuse, abandonment, or neglect cases. Such team shall provide consultation to other programs of the DCF and other persons regarding child abuse, abandonment, or neglect cases. Section 39.01(13), F.S.
[25] Children's Medical Services, *Child Protection Teams*, available at http://www.cms-kids.com/families/child_protection_safety/child_protection_teams.html (last visited November 5, 2019).
[26] Section 39.303(1), F.S.

neglected children upon referral. A CPT must be capable of providing specialized diagnostic assessments, evaluations, coordination, consultation, and other supportive services.[27] Reports of child abuse, abandonment, and neglect made to the DCF that must be referred to CPTs include cases involving:

- Injuries to the head, bruises to the neck or head, burns, or fractures in a child of any age;
- Bruises anywhere on a child 5 years of age or younger;
- Any report alleging sexual abuse of a child;
- Any sexually transmitted disease in a prepubescent child;
- Reported malnutrition or failure of a child to thrive;
- Reported medical neglect of a child;
- A sibling or other child remaining in a home where one or more children have been pronounced dead on arrival, or have been injured and later died as a result of suspected abuse, abandonment, or neglect; and
- Symptoms of serious emotional problems in a child when emotional or other abuse, abandonment, or neglect is suspected.[28]

III. Effect of Proposed Changes:

Section 1 revises the definition of the term "harm" to include a violation of the child safety restraint laws pursuant to s. 316.613, F.S., or the seat belt usage laws pursuant to s. 316.614, F.S., if a licensed physician determines that such violation exacerbated the child's injuries or resulted in the child's death.

It also revises the definition of the term "harm" to include a violation of leaving a child unattended or unsupervised in a motor vehicle pursuant to s. 316.6135, F.S., which results in the injury or death of a child.

The bill also revises the definition of the term "harm" to include any liquid that is heated into a vapor by an electronic cigarette or other vaping device as a substance that can cause harm if given to a child or stored where a child has reasonable access to the substance.

Section 2 requires DCF to refer child abuse, abandonment, and neglect reports to a CPT that involve a child who was not properly restrained in a motor vehicle pursuant to ss. 316.613 or 316.614, F.S., or involve a child who was left unattended or unsupervised in a motor vehicle pursuant to s. 613.6135, F.S. and the improper restraint or action resulted in injuries or death to a child.

Section 3 provides an effective date of July 1, 2020

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

[27] Section 39.303(3), F.S.
[28] Section 39.303(4)(a)-(h), F.S.

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:

While the fiscal impact is indeterminate at this time, DOH may incur costs associated with the addition of reports that must be referred to CPTs for assessment.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 39.01 and 39.303.

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 November 12, 2019;

Revises the definition of the term "harm" to include any liquid that is heated into a vapor by an electronic cigarette or other vaping device as a substance that can cause harm if given to a child or stored where a child has reasonable access to the substance.

B. Amendments:

None.

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

566960

LEGISLATIVE ACTION

Senate	.	House
Comm: FAV	.	
11/13/2019	.	
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	.	
	.	

The Committee on Children, Families, and Elder Affairs (Book) recommended the following:

Senate Amendment (with directory amendment)

Between lines 17 and 18
insert:

(a) Inflicts or allows to be inflicted upon the child physical, mental, or emotional injury. In determining whether harm has occurred, the following factors must be considered in evaluating any physical, mental, or emotional injury to a child: the age of the child; any prior history of injuries to the child; the location of the injury on the body of the child; the

566960

multiplicity of the injury; and the type of trauma inflicted. Such injury includes, but is not limited to:

1. Willful acts that produce the following specific injuries:

a. Sprains, dislocations, or cartilage damage.

b. Bone or skull fractures.

c. Brain or spinal cord damage.

d. Intracranial hemorrhage or injury to other internal organs.

e. Asphyxiation, suffocation, or drowning.

f. Injury resulting from the use of a deadly weapon.

g. Burns or scalding.

h. Cuts, lacerations, punctures, or bites.

i. Permanent or temporary disfigurement.

j. Permanent or temporary loss or impairment of a body part or function.

As used in this subparagraph, the term "willful" refers to the intent to perform an action, not to the intent to achieve a result or to cause an injury.

2. Purposely giving a child, or storing or leaving out when a person knows or reasonably should know that a child is likely to gain access to poison, alcohol, drugs, or other substances that substantially affect the child's behavior, motor coordination, or judgment or that result in sickness or internal injury. For the purposes of this subparagraph, the term:

a. "Drugs" means prescription drugs not prescribed for the child or not administered as prescribed, and controlled substances as outlined in Schedule I or Schedule II of s.

893.03.

b. "Other substances" includes any liquid that contains nicotine, flavorings or other substances that are heated into a vapor by an electronic cigarette or other vaping device to be inhaled by an individual.

3. Leaving a child without adult supervision or arrangement appropriate for the child's age or mental or physical condition, so that the child is unable to care for the child's own needs or another's basic needs or is unable to exercise good judgment in responding to any kind of physical or emotional crisis.

4. Inappropriate or excessively harsh disciplinary action that is likely to result in physical injury, mental injury as defined in this section, or emotional injury. The significance of any injury must be evaluated in light of the following factors: the age of the child; any prior history of injuries to the child; the location of the injury on the body of the child; the multiplicity of the injury; and the type of trauma inflicted. Corporal discipline may be considered excessive or abusive when it results in any of the following or other similar injuries:

a. Sprains, dislocations, or cartilage damage.

b. Bone or skull fractures.

c. Brain or spinal cord damage.

d. Intracranial hemorrhage or injury to other internal organs.

e. Asphyxiation, suffocation, or drowning.

f. Injury resulting from the use of a deadly weapon.

g. Burns or scalding.

h. Cuts, lacerations, punctures, or bites.

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i. Permanent or temporary disfigurement.

j. Permanent or temporary loss or impairment of a body part or function.

k. Significant bruises or welts.

====== D I R E C T O R Y C L A U S E A M E N D M E N T ======

And the directory clause is amended as follows:

Delete lines 12 - 13

and insert:

Section 1. Paragraph (a) is amended and paragraphs (m) and (n) are added to subsection (35) of section 39.01, Florida Statutes, to read:

By Senator Book

32-00076A-20 2020232__

A bill to be entitled

An act relating to child welfare; amending s. 39.01, F.S.; expanding the list of incidents or injuries that constitute harm to a child's health or welfare; amending s. 39.303, F.S.; expanding the types of reports that the Department of Children and Families must refer to Child Protection Teams; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Paragraphs (m) and (n) are added to subsection (35) of section 39.01, Florida Statutes, to read:

39.01 Definitions.—When used in this chapter, unless the context otherwise requires:

(35) "Harm" to a child's health or welfare can occur when any person:

(m) Violates s. 316.613 or s. 316.614, resulting in the death of a child or the injury of a child which requires treatment at a medical facility, if substantiated by a licensed physician's opinion that the violation exacerbated the child's injuries or resulted in the child's death.

(n) Violates s. 316.6135, resulting in the death of a child or the injury of a child.

Section 2. Paragraphs (j), (k), and (l) are added to subsection (4) of section 39.303, Florida Statutes, to read:

39.303 Child Protection Teams and sexual abuse treatment programs; services; eligible cases.—

(4) The child abuse, abandonment, and neglect reports that

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

must be referred by the department to Child Protection Teams of the Department of Health for an assessment and other appropriate available support services as set forth in subsection (3) must include cases involving:

(j) A child who was not properly restrained in a motor vehicle pursuant to s. 316.613 or s. 316.614 and the improper restraint exacerbated the child's injuries or resulted in the child's death.

(k) A child who was left unattended or unsupervised in a motor vehicle pursuant to s. 316.6135 and such action resulted in an injury to the child or in the child's death.

(l) Reports from emergency room physicians.

Section 3. This act shall take effect July 1, 2020.

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

566960

LEGISLATIVE ACTION

Senate	.	House
Comm: FAV	.	
11/13/2019	.	
	.	
	.	
	.	

The Committee on Children, Families, and Elder Affairs (Book) recommended the following:

Senate Amendment (with directory amendment)

Between lines 17 and 18
insert:

(a) Inflicts or allows to be inflicted upon the child physical, mental, or emotional injury. In determining whether harm has occurred, the following factors must be considered in evaluating any physical, mental, or emotional injury to a child: the age of the child; any prior history of injuries to the child; the location of the injury on the body of the child; the

566960

multiplicity of the injury; and the type of trauma inflicted. Such injury includes, but is not limited to:

1. Willful acts that produce the following specific injuries:

a. Sprains, dislocations, or cartilage damage.

b. Bone or skull fractures.

c. Brain or spinal cord damage.

d. Intracranial hemorrhage or injury to other internal organs.

e. Asphyxiation, suffocation, or drowning.

f. Injury resulting from the use of a deadly weapon.

g. Burns or scalding.

h. Cuts, lacerations, punctures, or bites.

i. Permanent or temporary disfigurement.

j. Permanent or temporary loss or impairment of a body part or function.

As used in this subparagraph, the term "willful" refers to the intent to perform an action, not to the intent to achieve a result or to cause an injury.

2. Purposely giving a child, or storing or leaving out when a person knows or reasonably should know that a child is likely to gain access to poison, alcohol, drugs, or other substances that substantially affect the child's behavior, motor coordination, or judgment or that result in sickness or internal injury. For the purposes of this subparagraph, the term:

a. "Drugs" means prescription drugs not prescribed for the child or not administered as prescribed, and controlled substances as outlined in Schedule I or Schedule II of s.

893.03.

b. "Other substances" includes any liquid that contains nicotine, flavorings or other substances that are heated into a vapor by an electronic cigarette or other vaping device to be inhaled by an individual.

3. Leaving a child without adult supervision or arrangement appropriate for the child's age or mental or physical condition, so that the child is unable to care for the child's own needs or another's basic needs or is unable to exercise good judgment in responding to any kind of physical or emotional crisis.

4. Inappropriate or excessively harsh disciplinary action that is likely to result in physical injury, mental injury as defined in this section, or emotional injury. The significance of any injury must be evaluated in light of the following factors: the age of the child; any prior history of injuries to the child; the location of the injury on the body of the child; the multiplicity of the injury; and the type of trauma inflicted. Corporal discipline may be considered excessive or abusive when it results in any of the following or other similar injuries:

a. Sprains, dislocations, or cartilage damage.

b. Bone or skull fractures.

c. Brain or spinal cord damage.

d. Intracranial hemorrhage or injury to other internal organs.

e. Asphyxiation, suffocation, or drowning.

f. Injury resulting from the use of a deadly weapon.

g. Burns or scalding.

h. Cuts, lacerations, punctures, or bites.

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i. Permanent or temporary disfigurement.

j. Permanent or temporary loss or impairment of a body part or function.

k. Significant bruises or welts.

====== D I R E C T O R Y C L A U S E A M E N D M E N T ======

And the directory clause is amended as follows:

Delete lines 12 - 13

and insert:

Section 1. Paragraph (a) is amended and paragraphs (m) and (n) are added to subsection (35) of section 39.01, Florida Statutes, to read:

Duplicate

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

November 12, 2019
Meeting Date

232
Bill Number (if applicable)

Topic Child Welfare

Amendment Barcode (if applicable)

Name Barney Bishop III

Job Title CEO

Address 2215 Thomasville Road
Street

Phone 850.510.9922

Tallahassee FL 32308
City *State* *Zip*

Email barney@barneybishop.com

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☑ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Smart Justice Alliance

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

SB 232

11/12/19
Meeting Date

~~SCR~~ 232
Bill Number (if applicable)

Topic Child Welfare

Amendment Barcode (if applicable)

Name Karen Mazzeda

Job Title Treasurer

Address 1747 Orlando Central Parkway
Street
Orlando FL 32809
City *State* *Zip*

Phone 407-855-7604

Email Treasurer@floridapta.org

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida PTA

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/22/19	SB 232
Meeting Date	*Bill Number (if applicable)*

Amendment Barcode (if applicable)

Topic Child Safety

Name Paul Robinson, MD

Job Title President, Florida Chapter of the AAP

Address 4456 Inisheer Dr Phone 850-566-4557

Street

Tallahassee FL 32309 Email Robinsop23@gmail.com

City *State* *Zip*

Speaking: ☒ For ☐ Against ☒ Information

Waive Speaking: ☐ In Support ☐ Against

(The Chair will read this information into the record.)

Representing Florida Chapter of the AAP

Appearing at request of Chair: ☒ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11/12/19
Meeting Date

232
Bill Number (if applicable)

Topic SEAT BELTS Policy

Amendment Barcode (if applicable)

Name LOUIS St. PETERY MD

Job Title PEDIATRICIAN

Address 1132 LEE AVE
Street

TALLAHASSEE FL 32303
City *State* *Zip*

Phone 850-294-4309

Email LSPETERY@GMAIL.COM

Speaking: ☒ For ☐ Against ☒ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

The Florida Senate

COMMITTEE VOTE RECORD

COMMITTEE: Children, Families, and Elder Affairs
ITEM: SB 232
FINAL ACTION: Favorable with Committee Substitute
MEETING DATE: Tuesday, November 12, 2019
TIME: 1:30—3:00 p.m.
PLACE: 301 Senate Building

FINAL VOTE			11/12/2019 1 Amendment 566960 Mayfield					
Yea	**Nay**	**SENATORS**	**Yea**	**Nay**	**Yea**	**Nay**	**Yea**	**Nay**
X		Bean						
X		Harrell						
		Rader						
X		Torres						
X		Wright						
X		Mayfield, VICE CHAIR						
X		Book, CHAIR						
6	0	**TOTALS**	FAV	-				
Yea	**Nay**		**Yea**	**Nay**	**Yea**	**Nay**	**Yea**	**Nay**

CODES: FAV=Favorable
UNF=Unfavorable
-R=Reconsidered
RCS=Replaced by Committee Substitute
RE=Replaced by Engrossed Amendment
RS=Replaced by Substitute Amendment
TP=Temporarily Postponed
VA=Vote After Roll Call
VC=Vote Change After Roll Call
WD=Withdrawn
OO=Out of Order
AV=Abstain from Voting

he 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:	SB 496
INTRODUCER:	Senator Book
SUBJECT:	Child Welfare
DATE:	November 8, 2019
REVISED:	

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Preston	Hendon	CF	**Favorable**
2.			AHS	
3.			AP	

I. Summary:

SB 496 makes a number of changes related to the care of children and young adults in out-of-home care and by foster parents. The bill summarizes current requirements into a Foster Children's Bill of Rights. The bill provides roles and responsibilities for the Department of Children and Families (DCF or department), the community-based care lead agencies and other agency staff, and those of caregivers, to ensure that children and young adults in out-of-home care are informed of these rights. The bill also codifies the role and responsibilities of the Foster Children's Ombudsman to serve as an autonomous entity within the department, to receive and resolve complaints from children in out-of-home care. The bill requires the department to establish a statewide toll-free telephone number for the Foster Children's Ombudsman and post the number on the homepage of the department's website.

The bill clarifies roles and responsibilities of foster parents and other caregivers of children in out-of-home care. The bill requires caseworkers to inform foster parents of the costs and requirements for child care and requires each community-based care lead agency to develop a plan to recruit and retain foster homes.

The bill is expected to have an insignificant fiscal impact on state expenditures.

The bill takes effect October 1, 2020.

II. Present Situation:

Florida Law

Currently, the provisions of Florida law pertaining to dependent children are contained in chapter 39, F.S. Statements of legislative intent with regard to child safety and protection found in ch. 39, F.S., include the provisions that:

- Judicial procedures, as well as other procedures to assure due process to children and other parties, are conducted fairly in order to protect constitutional and other legal rights;
- The health and well-being of all children under the care of the state are promoted; and
- The child's family ties are preserved and strengthened whenever possible by only removing the child from parental custody when his or her welfare or public safety cannot be otherwise assured.[1]

Current law also stipulates that all children of this state are afforded general protections to include:

- Protection from abuse, neglect, and exploitation;
- A permanent and stable home;
- A safe and nurturing environment which will preserve a sense of personal dignity and integrity;
- Adequate nutrition, shelter, and clothing;
- Effective treatment for physical, social, and emotional needs;
- Equal opportunity and access to education, recreation and other community resources;
- Access to preventive services; and
- An independent, trained advocate, when intervention is necessary, and a skilled guardian or caregiver in a safe environment when alternative placement is necessary.[2]

Pursuant to s. 39.013(2), F.S., the circuit court has exclusive original jurisdiction of all proceedings under chapter 39, for children voluntarily placed with a licensed child-caring agency, a licensed child-placing agency, or the department, and for the adoption of children whose parental rights have been terminated. Jurisdiction attaches when the initial shelter petition, dependency petition, or termination of parental rights petition is filed, or when a child is taken into the custody of the department.

Currently, decisions on how to properly care for dependent children and how to assess need for such services as counseling, education, and vocational training are discretionary judgmental decisions made pursuant to broad authority vested in the department by the Legislature and have been found by the courts to be immune from tort liability.

In Department of Health and Rehabilitative Services[3] v. B.J.M., 656 So. 2d 906 (Fla. 1995), the Florida Supreme Court (court) held that the decisions of HRS regarding placement of juveniles and rehabilitative services provided to juveniles constituted performance of discretionary governmental functions for which the state was immune. The court found that:

> Decisions on how to properly care for a dependent child or rehabilitate a delinquent juvenile, and to assess the need for counseling, education, and vocational training are discretionary judgmental decisions to be made pursuant to the broad discretion vested in HRS by the Legislature. These

[1] Section 39.001(1), F.S.
[2] Section 39.001(3), F.S.
[3] The Department of Health and Rehabilitative Services (HRS) became the Department of Children and Family Services (DCFS) in 1996. See Chapter 1996-403, L.O.F. The Department was subsequently renamed the Department of Children and Families (DCF) in 2012. See Chapter 2012-84, L.O.F.

> decisions represent the cutting edge of HRS policy. Additionally, it is apparent that both the nature of and the amount of services that may be provided is limited by HRS resources, and by the legislative-executive policy decisions as to what resources to provide and how those resources may be utilized….
>
> HRS, along with other governmental agencies in this state, must constantly take into account practical considerations, such as budgetary constraints, when deciding how to allocate its limited funds among a virtually unlimited number of needs. (citation omitted) As a result, in setting up its programs and providing services, HRS is to a great extent financially "strait-jacketed." When there are thousands of children in need and resources provide for only a fraction, decisions as to allocation may be difficult and sometimes arbitrary. For the courts to impose liability for tort damages on HRS for decisions as to the provision of services would not only "saddle [it] with a potentially crushing burden of financial liability, but would also [cause] the judicial branch of government to trespass into the domain of the legislative branch."[4]

To further support its decision that HRS's failure to provided certain services was shielded immunity, the court looked to express provisions of s. 39.455 (1)(2), F.S.[5] The subsection reads:

- In no case shall employees or agents of the department or a social service agency acting in good faith be liable for damages as a result of failing to provide services agreed to under the case plan unless the failure to provide such services occurs as a result of bad faith or malicious purpose, or occurs in a manner exhibiting wanton and willful disregard of human rights, safety, or property.
- The inability or failure of the department or of a social service agency or the employees or agents of the social service agency to provide the services agreed to under the case plan shall not render the state or the social service agency liable for damages unless such failure to provide services occurs in a manner exhibiting wanton or willful disregard of human rights, safety, or property.

Statutorily Created Bill of Rights in Florida

Currently there are several "Bills of Rights" delineated in Florida Statutes. Typically these provisions enunciate certain rights, and in some cases responsibilities, of particular classes of individuals. Some specifically permit a cause of action for violation of the rights, some specifically disallow a remedy, and others are silent. Rights in statute include, but are not limited to:

- Florida Patients' Bill of Rights and Responsibilities[6]
- Bill of Rights of Persons Who are Developmentally Disabled[7]
- Rights of Mental Health Patients[8]

[4] See *Department of Health and Rehabilitative Services v. B.J.M.*, 656 So. 2d 906 (Fla. 1995), *available at* https://law.justia.com/cases/florida/supreme-court/1995/83067-0.html (last visited November 6, 2019).
[5] Now renumbered as s. 39.011(1)(2), F.S.
[6] Section 381.026, F.S.
[7] Section 393.13, F.S.
[8] Section 394.459, F.S.

- Nursing Home Resident Rights[9]
- Residents' Bill of Rights for Assisted Living Facilities[10]
- Residents' Bill of Rights for Adult Family-Care Homes[11]
- Residents' Rights in Continuing Care Facilities[12]

Foster Children's Bill of Rights in Other States

Foster Children Bills of Rights enacted in other states are typically designed to inform foster children of their rights within the child welfare system. Many children's bill of rights provide that they must be posted in a place where children will see them and include provisions requiring foster children to be informed about why they are in foster care and how the process will proceed. In addition, participation in extracurricular or community activities, efforts to maintain educational stability, access to guardians ad litem, access to mental, behavioral and physical health care, access to or communication with siblings and family members are major features of the foster children's bill of rights.

According to the National Conference of State Legislatures (NCSL), as of August 2016, a Foster Children's Bill of Rights has been enacted in 15 states and Puerto Rico. Also, during the 2014 legislative session, ten states introduced fifteen bills (six enacted) either seeking to enact a bill of rights or otherwise extending or defining the rights of foster children and parents including independent living services for older youth, educational consistency and enrollment, foster child input into evaluations of out-of-home care placements, and extracurricular activities.[13]

Foster Children's Ombudsman

The department created an ombudsman position in the 2016-2017 fiscal year with the intent to listen and be a voice for children and youth involved in the child welfare system. The ombudsman receives complaints about placement, care, and services, assisting in mediating concerns. The ombudsman is a resource to identify and explain relevant polices or procedures to children, young adults, and their caregivers.

The Rilya Wilson Act

Rilya Wilson disappeared from state custody in January 2001. The child's caregiver maintained that someone from the department removed Rilya from her home sometime in January 2001. The department was unaware that the child was missing until April 2002 due to casework failures. While her caregiver was sentenced to 55 years in prison in 2013 for her disappearance, Rilya remains missing.[14]

[9] Section 400.022, F.S.
[10] Section 429.28, F.S.
[11] Section 429.85, F.S.
[12] Section 651.083, F.S.
[13] National Conference of State Legislatures (NCSL), *Foster Care Bill of Rights* (August 25, 2016), *available at* http://www.ncsl.org/research/human-services/foster-care-bill-of-rights.aspx#Children (last visited November 6, 2019).
[14] David Ovalle, *Geralyn Graham get 55 years in Rilya Wilson foster child abuse case*, MIAMI HERALD, Feb. 12, 2013), *available at* http://www.miamiherald.com/latest-news/article1947207.html. (last visited November 5, 2019).

With the disappearance of Rilya Wilson, the responsibility of the state to ensure the safety of the children while in the state's care received heightened attention. Frequent and continuous face-to-face contact with children who are in the custody or under the supervision of the state has been identified as a mechanism for ensuring the children's safety and well-being. The current requirement that each child in the custody or supervision of the state receive a monthly home visit offers child protection staff a regular opportunity to check on the well-being of the child.

For a number of children, the increased visibility that participation in early education and childcare programs provides can minimize further abuse, neglect, or abandonment. Participation in these programs can also be an important ingredient in reversing the developmental effects that abuse, neglect, and abandonment can have on children. Early education and child care programs are provided in Florida through the school readiness program under ss. 1001.213 and 1002.82, F.S. With the establishment of the school readiness program, the different early education and child care programs and their funding sources were merged for the delivery of a comprehensive program of school readiness services to be designed and administered through local early learning coalitions.[15] The school readiness program is housed with the Office of Early Learning.

Historically, children who have been abused, neglected, or abandoned and are being served through the dependency system have received one of the highest priorities for child care service. This is due, at least in part, to the interpretation of earlier statutory language that these children were to be provided the highest priority. Current law requires each early learning coalition to give priority for participation in the school readiness program according to specified criteria with an at-risk child being second on the priority list.[16]

The cost of participating in the school readiness program is subsidized in part or fully by the funding of the coalition for eligible children. Criteria have been established for the children who are to receive priority for participating in the program at no cost or at a subsidized rate. The cost of child care shall be assumed by the licensed out-of-home caregiver to the extent that subsidized child care is unavailable.[17]

III. Effect of Proposed Changes:

Section 1 amends s. 39.4085, F.S., relating to goals for children in out-of-home care, to create a Foster Children's Bill of Rights for children who are in, and for young adults who are leaving, out-of-home care. The section does not create any new rights, but codifies and places current rights into one section of the law. The bill also provides roles and responsibilities for the department, the community-based care lead agencies and other agency staff, as well as caregivers, related to ensuring that children and young adults in out-of-home care are informed of these rights. The bill authorizes the department to adopt rules to implement the section and provides that provisions of the bill may not be used for any purpose in any civil or administrative action and does not expand or limit any rights or remedies provided under any other law.

Section 2 creates s. 39.4088, F.S., relating to the Florida Children's Ombudsman, to codify and provide duties for an already existing entity within the department which is currently staffed with

[15] Section 1002.83, F.S.
[16] Section 1002.87, F.S.
[17] Rule 65C-13.030, F.A.C.

one position. The ombudsman is required to collect certain specified data related to complaints received and must compile and post that information on the department's website. The ombudsman, in consultation with other entities, is required to develop information explaining the rights to children and young adults in out-of-home care. The department is required to establish a statewide toll-free telephone number for the ombudsman and make the number available on the department's website homepage. The department is given rulemaking authority to implement the section.

Section 3 amends s. 39.6011, F. S., relating to case plan development, to require that information related to their rights be provided to a child who has attained 14 years of age or is otherwise of an appropriate age and capacity to understand be included in the case plan. Documentation that consumer credit report checks were requested for the child as required by federal law and that information related to that report was provided to the child.

The bill also requires that if the child is 14 years of age, or is otherwise of an appropriate age and capacity to understand, he or she must be involved in the case planning process. The child may express a placement preference, choose individuals to be on the case planning team and must sign the case plan unless there is reason to waive the signature. A copy of the case plan must be provided to the child. A copy of the case plan must also be provided to the caregiver if the child is placed in a licensed foster home.

Section 4 amends s. 39.604, F.S., relating to the Rilya Wilson Act, to require that when children are placed in a licensed foster home and are required to be enrolled in an early education or child care program under this section, the caseworker shall inform the caregiver of the amount of the subsidy provided by an early learning coalition, that this amount may not be sufficient to pay the full cost of the services, and that the caregiver will be responsible for paying the difference between the subsidy and the full cost charged by the early education or child care program.

Section 5 amends 39.701, F.S., relating to judicial reviews, to require that the social study report required for each judicial review must include documentation that the child has been provided with a copy of the bill of rights, that the rights have been reviewed with the child, and signed acknowledgement by the child or caregiver that the child has been provided with an explanation of the rights.

Section 6 amends s. 409.145, F.S., relating to the care of children, quality parenting, and the reasonable and prudent parent standard, to require that caregivers:

- Pay the difference between the subsidy from an early learning coalition and the full cost charged by an early education or child care program;
- Ensure that the child in the caregiver's care is aware of and understands his or her rights under s. 309.4085, F.S.; and
- Assist a child in contacting the Florida Children's Ombudsman, if necessary.

The department and other providers are responsible for providing a caregiver with information on treatment plans and how the caregiver can support a treatment plan as well as information on how the caregiver can manage behavioral issues.

Section 7 amends s. 409.175, F.S., relating to the licensure of family foster homes, residential child-caring agencies, and child placing agencies, to provide that the requirements for licensure and operation include provisions to safeguard the rights of children established under the bill of rights.

Section 8 amends s. 409.1753, F.S., relating to foster care, to clarify that each community-based care lead agency must provide each foster home with a telephone number for the foster parent to call during normal working hours whenever immediate assistance is needed and the child's caseworker is unavailable. Current law is unclear as to whether this is a duty for the department or the lead agency.

Section 9 amends s. 409.988, F.S., relating to community-based care lead agency duties, to require each lead agency to recruit and retain foster homes. Each lead agency must:

- Develop a plan to recruit and retain foster homes using best practices identified by the department and specify how the lead agency complies with s. 409.1753, F.S.;
- Annually submit such plan to the department for approval;
- Provide to the department a quarterly report detailing the number of licensed foster homes and beds and occupancy rate; and
- Conduct exit interviews with foster parents who voluntarily give up their license to determine the reasons for giving up their license and identify suggestions for how to better recruit and retain foster homes, and provide a quarterly summary of such interviews to the department.

Section 10 amends s. 39.6013, F.S., relating to case plan amendments, to conform a reference to changes made by the act.

Section 11 provides an effective date of October 1, 2020.

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 bill is expected to have an insignificant fiscal impact on the state. A bill analysis was requested, but not received, from DCF for the bill.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

The bill substantially amends the following sections of the Florida Statutes: 39.4085, 39.6011, 39.604, 39.701, 409.145, 409.175, 409.1753, 409.988, and 39.6013.

The bill creates section 39.4088 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.)

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.

By Senator Book

32-00121B-20 2020496__

A bill to be entitled

An act relating to child welfare; amending s. 39.4085, F.S.; providing legislative findings and intent; specifying the rights of children and young adults in out-of-home care; providing roles and responsibilities for the Department of Children and Families, community-based care lead agencies, and other agency staff; providing roles and responsibilities for caregivers; requiring the department to adopt certain rules; providing applicability; creating s. 39.4088, F.S.; requiring the Florida Children's Ombudsman to serve as an autonomous entity within the department for certain purposes; providing general roles and responsibilities for the ombudsman; requiring the ombudsman to collect certain data; requiring the ombudsman, in consultation with the department and other specified entities and by a specified date, to develop standardized information explaining the rights of children and young adults placed in out-of-home care; requiring the department, community-based care lead agencies, and agency staff to use the information provided by the ombudsman in carrying out specified responsibilities; requiring the department to establish a statewide toll-free telephone number for the ombudsman; requiring the department to adopt certain rules; amending s. 39.6011, F.S.; requiring that a case plan be developed in a face-to-face conference with a caregiver of a child under certain circumstances; providing additional requirements for

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the content of a case plan; providing additional requirements for a case plan when a child is 14 years of age or older or is of an appropriate age and capacity; requiring the department to provide a copy of the case plan to the caregiver of a child placed in a licensed foster home; amending s. 39.604, F.S.; requiring a caseworker to provide specified information relating to subsidies that early learning coalitions provide to caregivers of certain children; amending s. 39.701, F.S.; providing additional requirements for social study reports for judicial review; amending s. 409.145, F.S.; providing additional requirements for caregivers; providing additional requirements for records and information the department and any additional providers are required to make available to caregivers; amending s. 409.175, F.S.; providing additional requirements for the licensure and operation of family foster homes, residential child-caring agencies, and child-placing agencies; amending s. 409.1753, F.S.; requiring a lead agency, rather than the department, to provide caregivers with a contact when the caseworker is unavailable; amending s. 409.988, F.S.; requiring lead agencies to recruit and retain foster homes; amending s. 39.6013, F.S.; conforming a cross-reference; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 39.4085, Florida Statutes, is amended to read:

(Substantial rewording of section. See s. 39.4085, F.S., for present text.)

39.4085 Foster Children's Bill of Rights.—

(1) LEGISLATIVE FINDINGS AND INTENT.—

(a) The Legislature finds that children in, and young adults leaving, out-of-home care face more developmental, psychosocial, and economic challenges than their peers outside of the child welfare system and are more likely to be unemployed, undereducated, homeless, and dependent on public assistance; and to experience early parenthood and to suffer from substance abuse and mental health disorders.

(b) The Legislature also finds that emotional trauma, separation from family, frequent changes in placement, and frequent changes in school enrollment, as well as being dependent on the state to make decisions regarding current and future life options, may contribute to feelings of limited control over life circumstances for children and young adults in out-of-home care.

(c) The Legislature also recognizes that there are basic human rights guaranteed to everyone by the United States Constitution, but children and young adults in out-of-home care have additional rights that they should be aware of in order to better advocate for themselves.

(d) Therefore, it is the intent of the Legislature to empower these children and young adults by helping them become better informed of their rights so they can become stronger self-advocates.

(2) BILL OF RIGHTS.—The department's child welfare system shall operate with the understanding that the rights of children and young adults in out-of-home care are critical to their safety, permanence, and well-being and shall work with all stakeholders to help such children and young adults become knowledgeable about their rights and the resources available to them. A child should be able to remain in the custody of his or her parents or legal custodians unless a qualified person exercising competent professional judgment determines that removal is necessary to protect the child's physical, mental, or emotional health or safety. Except as otherwise provided in this chapter, the rights of a child placed in out-of-home care are:

(a) To live in a safe, healthful, and comfortable home where he or she is treated with respect and provided with healthful food, appropriate clothing, and adequate storage space for personal use and where the caregiver is aware of and understands the child's history, needs, and risk factors and respects the child's preferences for attending religious services and activities.

(b) To be free from physical, sexual, emotional, or other abuse or corporal punishment. This includes the right to be placed away from other children or young adults who are known to pose a threat of harm to him or her because of his or her own risk factors or those of the other child or young adult.

(c) To receive medical, dental, vision, and mental health services, as needed; to be free of the administration of psychotropic medication or chemical substances unless authorized by a parent or the court; and to not be locked in any room, building, or facility unless placed in a residential treatment

center by court order.

(d) To be able to have contact and visitation with his or her parents, other family members, and fictive kin and to be placed with his or her siblings and, if not placed together with his or her siblings, to have frequent visitation and ongoing contact with his or her siblings, unless prohibited by court order.

(e) To be able to contact the Florida Children's Ombudsman, as described in s. 39.4088, regarding violations of rights; to speak to the ombudsman confidentially; and to be free from threats or punishment for making complaints.

(f) To maintain a bank account and manage personal income, consistent with his or her age and developmental level, unless prohibited by the case plan, and to be informed about any funds being held in the master trust on behalf of the child.

(g) To attend school and participate in extracurricular, cultural, and personal enrichment activities consistent with his or her age and developmental level and to have social contact with people outside of the foster care system, such as teachers, church members, mentors, and friends.

(h) To attend independent living program classes and activities if he or she meets the age requirements and to work and develop job skills at an age-appropriate level that is consistent with state law.

(i) To attend all court hearings and address the court.

(j) To have fair and equal access to all available services, placement, care, treatment, and benefits, and to not be subjected to discrimination on the basis of race, national origin, color, religion, sex, mental or physical disability,

age, or pregnancy.

(k) If he or she is 14 years of age or older or, if younger, is of an appropriate age and capacity, to participate in creating and reviewing his or her case plan, to receive information about his or her out-of-home placement and case plan, including being told of changes to the plan, and to have the ability to object to provisions of the case plan.

(l) If he or she is 16 years of age or older, to have access to existing information regarding the educational and financial assistance options available to him or her, including, but not limited to, the coursework necessary for vocational and postsecondary educational programs, postsecondary educational services and support, the Keys to Independence program, and the tuition waiver available under s. 1009.25.

(m) To not be removed from an out-of-home placement by the department or a community-based care lead agency unless the caregiver becomes unable to care for the child, the child achieves permanency, or the move is otherwise in the child's best interest and, if moved, the right to a transition that respects his or her relationships and personal belongings under s. 409.145.

(n) To have a guardian ad litem appointed to represent his or her best interests and, if appropriate, an attorney appointed to represent his or her legal interests.

(3) ROLES AND RESPONSIBILITIES OF THE DEPARTMENT, COMMUNITY-BASED CARE LEAD AGENCIES, AND OTHER AGENCY STAFF.—

(a) The department shall develop training related to the rights of children and young adults in out-of-home care under this section. All child protective investigators, case managers,

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and other appropriate staff must complete annual training relating to these rights.

(b) The department shall provide a copy of this bill of rights to all children and young adults entering out-of-home care, and the department shall explain the bill of rights to the child or young adult in a manner the child or young adult can understand. Such explanation must occur in a manner that is the most effective for each individual and must use words and terminology that make sense to the child or young adult. If a child or young adult has cognitive, physical, or behavioral challenges that would prevent him or her from fully comprehending the bill of rights as presented, such information must be documented in the case record.

(c) The caseworker or other appropriate agency staff shall document in court reports and case notes the date he or she reviewed the bill of rights in age-appropriate language with the foster child or young adult.

(d) The bill of rights must be reviewed with the child or young adult by appropriate staff upon entry into out-of-home care and must be subsequently reviewed with the child or young adult every 6 months until the child leaves care and upon every change in placement. Each child or young adult must be given the opportunity to ask questions about any of the rights that he or she does not clearly understand.

(e) Facilities licensed to care for six or more children and young adults in out-of-home care must post information about the rights of these individuals in a prominent place in the facility.

(4) ROLES AND RESPONSIBILITIES OF CAREGIVERS.—All

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caregivers must ensure that a child or young adult in their care is aware of and understands his or her rights under this section and must assist the child or young adult in contacting the Florida Children's Ombudsman, if necessary.

(5) RULEMAKING.—The department shall adopt rules to implement this section.

(6) APPLICABILITY.—This section may not be used for any purpose in any civil or administrative action and does not expand or limit any rights or remedies provided under any other law.

Section 2. Section 39.4088, Florida Statutes, is created to read:

39.4088 Florida Children's Ombudsman.—The Florida Children's Ombudsman shall serve as an autonomous entity within the department for the purpose of providing children and young adults who are placed in out-of-home care with a means to resolve issues related to their care, placement, or services without fear of retribution. The ombudsman shall have access to any record of a state or local agency which is necessary to carry out his or her responsibilities and may meet or communicate with any child or young adult in the child or young adult's placement or elsewhere.

(1) GENERAL ROLES AND RESPONSIBILITIES OF THE OMBUDSMAN.—The ombudsman shall:

(a) Disseminate information on the rights of children and young adults in out-of-home care under s. 39.4085 and the services provided by the ombudsman.

(b) Attempt to resolve a complaint informally.

(c) Conduct whatever investigation he or she determines is

necessary to resolve a complaint.

(d) Update the complainant on the progress of the investigation and notify the complainant of the final outcome.

The ombudsman may not investigate, challenge, or overturn court-ordered decisions.

(2) DATA COLLECTION.—The ombudsman shall:

(a) Document the number, source, origin, location, and nature of all complaints.

(b) Compile all data collected over the course of the year, including, but not limited to, the number of contacts to the toll-free telephone number; the number of complaints made, including the type and source of those complaints; the number of investigations performed by the ombudsman; the trends and issues that arose in the course of investigating complaints; the number of referrals made; and the number of pending complaints.

(c) Post the compiled data on the department's website.

(3) DEVELOPMENT AND DISSEMINATION OF INFORMATION.—

(a) By January 1, 2021, the ombudsman, in consultation with the department, children's advocacy and support groups, and current or former children and young adults in out-of-home care, shall develop standardized information explaining the rights granted under s. 39.4085. The information must be age-appropriate, reviewed and updated by the ombudsman annually, and made available through a variety of formats.

(b) The department, community-based care lead agencies, and other agency staff must use the information provided by the ombudsman to carry out their responsibilities to inform children and young adults in out-of-home care of their rights pursuant to

the duties established under s. 409.145.

(c) The department shall establish a statewide toll-free telephone number for the ombudsman and post the number on the homepage of the department's website.

(4) RULEMAKING.—The department shall adopt rules to implement this section.

Section 3. Present subsections (4) through (9) of section 39.6011, Florida Statutes, are redesignated as subsections (5) through (10), respectively, paragraph (a) of subsection (1) and paragraph (c) of present subsection (7) of that section are amended, paragraph (f) is added to subsection (2) of that section, and a new subsection (4) is added to that section, to read:

39.6011 Case plan development.—

(1) The department shall prepare a draft of the case plan for each child receiving services under this chapter. A parent of a child may not be threatened or coerced with the loss of custody or parental rights for failing to admit in the case plan of abusing, neglecting, or abandoning a child. Participating in the development of a case plan is not an admission to any allegation of abuse, abandonment, or neglect, and it is not a consent to a finding of dependency or termination of parental rights. The case plan shall be developed subject to the following requirements:

(a) The case plan must be developed in a face-to-face conference with the parent of the child, any court-appointed guardian ad litem, and, if appropriate, the child and the temporary custodian or caregiver of the child.

(2) The case plan must be written simply and clearly in

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English and, if English is not the principal language of the child's parent, to the extent possible in the parent's principal language. Each case plan must contain:

(f) If the child has attained 14 years of age or is otherwise of an appropriate age and capacity:

1. A document that describes the rights of the child under s. 39.4085 and the right to be provided with the documents pursuant to s. 39.701.

2. A signed acknowledgment by the child or young adult, or the caregiver if the child is too young or otherwise unable to sign, that the child has been provided with a copy of the document and that the rights contained in the document have been explained to the child in a way that the child understands.

3. Documentation that a consumer credit report for the child was requested from all three credit reporting agencies pursuant to federal law at no charge to the child and that any results were provided to the child. The case plan must include documentation of any barriers to obtaining the credit reports. If the consumer credit report reveals any accounts, the case plan must detail how the department ensured the child received assistance with interpreting the credit report and resolving any inaccuracies, including any referrals made for such assistance.

(4) If the child has attained 14 years of age or, if younger, is of an appropriate age and capacity, the child must:

(a) Be consulted on the development of the case plan; have the opportunity to attend a face-to-face conference, if appropriate; have the opportunity to express a placement preference; and have the option to choose two members for the case planning team who are not a foster parent or caseworker for

the child.

1. An individual selected by a child to be a member of the case planning team may be rejected at any time if there is good cause to believe that the individual would not act in the best interest of the child. One individual selected by a child to be a member of the child's case planning team may be designated to act as the child's advisor and, as necessary, advocate with respect to the application of the reasonable and prudent parent standard to the child.

2. The child may not be included in any aspect of case plan development if information could be revealed or discussed which is of a nature that would best be presented to the child in a therapeutic setting.

(b) Sign the case plan, unless there is reason to waive the child's signature.

(c) Receive an explanation of the provisions of the case plan from the department.

(d) After the case plan is agreed on and signed by all parties, and after jurisdiction attaches and the case plan is filed with the court, be provided a copy of the case plan within 72 hours before the disposition hearing.

(8)~~(7)~~ After the case plan has been developed, the department shall adhere to the following procedural requirements:

(c) After the case plan has been agreed upon and signed by the parties, a copy of the plan must be given immediately to the parties, including the child if appropriate, the caregiver if the child is placed in a licensed foster home, and to other persons as directed by the court.

1. A case plan must be prepared, but need not be submitted to the court, for a child who will be in care no longer than 30 days unless that child is placed in out-of-home care a second time within a 12-month period.

2. In each case in which a child has been placed in out-of-home care, a case plan must be prepared within 60 days after the department removes the child from the home and shall be submitted to the court before the disposition hearing for the court to review and approve.

3. After jurisdiction attaches, all case plans must be filed with the court, and a copy provided to all the parties whose whereabouts are known, not less than 3 business days before the disposition hearing. The department shall file with the court, and provide copies to the parties, all case plans prepared before jurisdiction of the court attached.

Section 4. Paragraph (c) is added to subsection (3) of section 39.604, Florida Statutes, to read:

39.604 Rilya Wilson Act; short title; legislative intent; child care; early education; preschool.—

(3) REQUIREMENTS.—

(c) For children placed in a licensed foster home and who are required to be enrolled in an early education or a child care program under this section, the caseworker shall inform the caregiver of the amount of the subsidy provided by an early learning coalition, that this amount may not be sufficient to pay the full cost of the services, and that the caregiver will be responsible for paying the difference between the subsidy and the full cost charged by the early education or child care program.

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Section 5. Paragraph (a) of subsection (2) and paragraph (a) of subsection (3) of section 39.701, Florida Statutes, are amended to read:

39.701 Judicial review.—

(2) REVIEW HEARINGS FOR CHILDREN YOUNGER THAN 18 YEARS OF AGE.—

(a) *Social study report for judicial review.*—Before every judicial review hearing or citizen review panel hearing, the social service agency shall make an investigation and social study concerning all pertinent details relating to the child and shall furnish to the court or citizen review panel a written report that includes, but is not limited to:

1. A description of the type of placement the child is in at the time of the hearing, including the safety of the child and the continuing necessity for and appropriateness of the placement.

2. Documentation of the diligent efforts made by all parties to the case plan to comply with each applicable provision of the plan.

3. The amount of fees assessed and collected during the period of time being reported.

4. The services provided to the foster family or legal custodian in an effort to address the needs of the child as indicated in the case plan.

5. A statement that either:

a. The parent, though able to do so, did not comply substantially with the case plan, and the agency recommendations;

b. The parent did substantially comply with the case plan;

or

c. The parent has partially complied with the case plan, with a summary of additional progress needed and the agency recommendations.

6. A statement from the foster parent or legal custodian providing any material evidence concerning the return of the child to the parent or parents.

7. A statement concerning the frequency, duration, and results of the parent-child visitation, if any, and the agency recommendations for an expansion or restriction of future visitation.

8. The number of times a child has been removed from his or her home and placed elsewhere, the number and types of placements that have occurred, and the reason for the changes in placement.

9. The number of times a child's educational placement has been changed, the number and types of educational placements which have occurred, and the reason for any change in placement.

10. If the child has reached 13 years of age but is not yet 18 years of age, a statement from the caregiver on the progress the child has made in acquiring independent living skills.

11. Copies of all medical, psychological, and educational records that support the terms of the case plan and that have been produced concerning the parents or any caregiver since the last judicial review hearing.

12. Copies of the child's current health, mental health, and education records as identified in s. 39.6012.

13. Documentation that the Foster Children's Bill of Rights, as described in s. 39.4085, has been provided to and

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reviewed with the child.

14. A signed acknowledgment by the child, or the caregiver if the child is too young or otherwise unable to sign, stating that the child has been provided an explanation of the rights under s. 39.4085.

(3) REVIEW HEARINGS FOR CHILDREN 17 YEARS OF AGE.—

(a) In addition to the review and report required under paragraphs (1)(a) and (2)(a), respectively, the court shall hold a judicial review hearing within 90 days after a child's 17th birthday. The court shall also issue an order, separate from the order on judicial review, that the disability of nonage of the child has been removed pursuant to ss. 743.044, 743.045, 743.046, and 743.047, and for any of these disabilities that the court finds is in the child's best interest to remove. The court shall continue to hold timely judicial review hearings. If necessary, the court may review the status of the child more frequently during the year before the child's 18th birthday. At each review hearing held under this subsection, in addition to any information or report provided to the court by the foster parent, legal custodian, or guardian ad litem, the child shall be given the opportunity to address the court with any information relevant to the child's best interest, particularly in relation to independent living transition services. The department shall include in the social study report for judicial review written verification that the child has:

1. A current Medicaid card and all necessary information concerning the Medicaid program sufficient to prepare the child to apply for coverage upon reaching the age of 18, if such application is appropriate.

2. A certified copy of the child's birth certificate and, if the child does not have a valid driver license, a Florida identification card issued under s. 322.051.

3. A social security card and information relating to social security insurance benefits if the child is eligible for those benefits. If the child has received such benefits and they are being held in trust for the child, a full accounting of these funds must be provided and the child must be informed as to how to access those funds.

4. All relevant information related to the Road-to-Independence Program, including, but not limited to, eligibility requirements, information on participation, and assistance in gaining admission to the program. If the child is eligible for the Road-to-Independence Program, he or she must be advised that he or she may continue to reside with the licensed family home or group care provider with whom the child was residing at the time the child attained his or her 18th birthday, in another licensed family home, or with a group care provider arranged by the department.

5. An open bank account or the identification necessary to open a bank account and to acquire essential banking and budgeting skills.

6. Information on public assistance and how to apply for public assistance.

7. A clear understanding of where he or she will be living on his or her 18th birthday, how living expenses will be paid, and the educational program or school in which he or she will be enrolled.

8. Information related to the ability of the child to

remain in care until he or she reaches 21 years of age under s. 39.013.

9. A letter providing the dates that the child is under the jurisdiction of the court.

10. A letter stating that the child is in compliance with financial aid documentation requirements.

11. The child's educational records.

12. The child's entire health and mental health records.

13. The process for accessing his or her case file.

14. A statement encouraging the child to attend all judicial review hearings occurring after the child's 17th birthday.

15. Information on how to obtain a driver license or learner's driver license.

16. Been provided with the Foster Children's Bill of Rights, as described in s. 39.0485, and that the rights have been reviewed with the child.

17. Signed an acknowledgment stating that he or she has been provided an explanation of the rights or, if the child is too young or otherwise unable to sign, that such acknowledgment has been signed by the child's caregiver.

Section 6. Paragraphs (a) and (d) of subsection (2) of section 409.145, Florida Statutes, are amended to read:

409.145 Care of children; quality parenting; "reasonable and prudent parent" standard.—The child welfare system of the department shall operate as a coordinated community-based system of care which empowers all caregivers for children in foster care to provide quality parenting, including approving or disapproving a child's participation in activities based on the

caregiver's assessment using the "reasonable and prudent parent" standard.

(2) QUALITY PARENTING.—A child in foster care shall be placed only with a caregiver who has the ability to care for the child, is willing to accept responsibility for providing care, and is willing and able to learn about and be respectful of the child's culture, religion and ethnicity, special physical or psychological needs, any circumstances unique to the child, and family relationships. The department, the community-based care lead agency, and other agencies shall provide such caregiver with all available information necessary to assist the caregiver in determining whether he or she is able to appropriately care for a particular child.

(a) *Roles and responsibilities of caregivers.*—A caregiver shall:

1. Participate in developing the case plan for the child and his or her family and work with others involved in his or her care to implement this plan. This participation includes the caregiver's involvement in all team meetings or court hearings related to the child's care.

2. Complete all training needed to improve skills in parenting a child who has experienced trauma due to neglect, abuse, or separation from home, to meet the child's special needs, and to work effectively with child welfare agencies, the court, the schools, and other community and governmental agencies.

3. Respect and support the child's ties to members of his or her biological family and assist the child in maintaining allowable visitation and other forms of communication.

4. Effectively advocate for the child in the caregiver's care with the child welfare system, the court, and community agencies, including the school, child care, health and mental health providers, and employers.

5. Participate fully in the child's medical, psychological, and dental care as the caregiver would for his or her biological child.

6. Support the child's educational success by participating in activities and meetings associated with the child's school or other educational setting, including Individual Education Plan meetings and meetings with an educational surrogate if one has been appointed, assisting with assignments, supporting tutoring programs, and encouraging the child's participation in extracurricular activities.

a. Maintaining educational stability for a child while in out-of-home care by allowing the child to remain in the school or educational setting that he or she attended before entry into out-of-home care is the first priority, unless not in the best interest of the child.

b. If it is not in the best interest of the child to remain in his or her school or educational setting upon entry into out-of-home care, the caregiver must work with the case manager, guardian ad litem, teachers and guidance counselors, and educational surrogate if one has been appointed to determine the best educational setting for the child. Such setting may include a public school that is not the school of origin, a private school pursuant to s. 1002.42, a virtual instruction program pursuant to s. 1002.45, or a home education program pursuant to s. 1002.41.

7. Work in partnership with other stakeholders to obtain and maintain records that are important to the child's well-being, including child resource records, medical records, school records, photographs, and records of special events and achievements.

8. Ensure that the child in the caregiver's care who is between 13 and 17 years of age learns and masters independent living skills.

9. Ensure that the child in the caregiver's care is aware of the requirements and benefits of the Road-to-Independence Program.

10. Work to enable the child in the caregiver's care to establish and maintain naturally occurring mentoring relationships.

11. Pay the difference between the subsidy from an early learning coalition and the full cost charged by an early education or child care program.

12. Ensure that the child in the caregiver's care is aware of and understands his or her rights under s. 39.4085.

13. Assist the child in contacting the Florida Children's Ombudsman, if necessary.

(d) *Information sharing.*—Whenever a foster home or residential group home assumes responsibility for the care of a child, the department and any additional providers shall make available to the caregiver as soon as is practicable all relevant information concerning the child. Records and information that are required to be shared with caregivers include, but are not limited to:

1. Medical, dental, psychological, psychiatric, and

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behavioral history, as well as ongoing evaluation or treatment needs or treatment plans and information on how the caregiver can support any treatment plan within the foster home;

2. School records;

3. Copies of his or her birth certificate and, if appropriate, immigration status documents;

4. Consents signed by parents;

5. Comprehensive behavioral assessments and other social assessments and information on how the caregiver can manage any behavioral issues;

6. Court orders;

7. Visitation and case plans;

8. Guardian ad litem reports;

9. Staffing forms; and

10. Judicial or citizen review panel reports and attachments filed with the court, except confidential medical, psychiatric, and psychological information regarding any party or participant other than the child.

Section 7. Paragraph (b) of subsection (5) of section 409.175, Florida Statutes, is amended to read:

409.175 Licensure of family foster homes, residential child-caring agencies, and child-placing agencies; public records exemption.—

(5) The department shall adopt and amend rules for the levels of licensed care associated with the licensure of family foster homes, residential child-caring agencies, and child-placing agencies. The rules may include criteria to approve waivers to licensing requirements when applying for a child-specific license.

(b) The requirements for licensure and operation of family foster homes, residential child-caring agencies, and child-placing agencies shall include:

1. The operation, conduct, and maintenance of these homes and agencies and the responsibility which they assume for children served and the evidence of need for that service.

2. The provision of food, clothing, educational opportunities, services, equipment, and individual supplies to assure the healthy physical, emotional, and mental development of the children served.

3. The appropriateness, safety, cleanliness, and general adequacy of the premises, including fire prevention and health standards, to provide for the physical comfort, care, and well-being of the children served.

4. The ratio of staff to children required to provide adequate care and supervision of the children served and, in the case of family foster homes, the maximum number of children in the home.

5. The good moral character based upon screening, education, training, and experience requirements for personnel and family foster homes.

6. The department may grant exemptions from disqualification from working with children or the developmentally disabled as provided in s. 435.07.

7. The provision of preservice and inservice training for all foster parents and agency staff.

8. Satisfactory evidence of financial ability to provide care for the children in compliance with licensing requirements.

9. The maintenance by the agency of records pertaining to

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admission, progress, health, and discharge of children served, including written case plans and reports to the department.

10. The provision for parental involvement to encourage preservation and strengthening of a child's relationship with the family.

11. The transportation safety of children served.

12. The provisions for safeguarding the cultural, religious, and ethnic values of a child.

13. Provisions to safeguard the legal rights of children served, as well as rights of children established under s. 39.4085.

Section 8. Section 409.1753, Florida Statutes, is amended to read:

409.1753 Foster care; duties.—The department shall ensure that each lead agency provides~~, within each district,~~ each foster home with ~~is given~~ a telephone number for the foster parent to call during normal working hours whenever immediate assistance is needed and the child's caseworker is unavailable. This number must be staffed and answered by individuals possessing the knowledge and authority necessary to assist foster parents.

Section 9. Paragraph (l) is added to subsection (1) of section 409.988, Florida Statutes, to read:

409.988 Lead agency duties; general provisions.—

(1) DUTIES.—A lead agency:

(l) Shall recruit and retain foster homes. In performing such duty, a lead agency shall:

1. Develop a plan to recruit and retain foster homes using best practices identified by the department and specify how the

lead agency complies with s. 409.1753.

2. Annually submit such plan to the department for approval.

3. Provide to the department a quarterly report detailing the number of licensed foster homes and beds and occupancy rate.

4. Conduct exit interviews with foster parents who voluntarily give up their license to determine the reasons for giving up their license and identify suggestions for how to better recruit and retain foster homes, and provide a quarterly summary of such interviews to the department.

Section 10. Subsection (8) of section 39.6013, Florida Statutes, is amended to read:

39.6013 Case plan amendments.—

(8) Amendments must include service interventions that are the least intrusive into the life of the parent and child, must focus on clearly defined objectives, and must provide the most efficient path to quick reunification or permanent placement given the circumstances of the case and the child's need for safe and proper care. A copy of the amended plan must be immediately given to the persons identified in s. 39.6011(8)(c) ~~s. 39.6011(7)(c)~~.

Section 11. This act shall take effect October 1, 2020.

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date

496
Bill Number (if applicable)

Topic Foster Care

Amendment Barcode (if applicable)

Name Jack LEVINE LEVINE

Job Title 4 Generations Institute

Address Box 203
Street

Phone 8505675252

Tallahassee Fl 32302
City State Zip

Email

Speaking: ☐ For ☐ Against ☑ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing

Appearing at request of Chair: ☑ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☑ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11-12-19
Meeting Date

496
Bill Number (if applicable)

Topic Bill of Rights

Amendment Barcode (if applicable)

Name Rebekka Behr

Job Title Student

Address _____ Phone _____
Street

_____ Email _____
City *State* *Zip*

Speaking: ☒ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Youth Strike

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11-12-19
Meeting Date

496
Bill Number (if applicable)

Topic Child welfare - Bill of Rights

Amendment Barcode (if applicable)

Name Anna Zhang Zag

Job Title Statewide Chair, Florida Youth Shine

Address _____ Phone _____
Street

_____ Email _____
City *State* *Zip*

Speaking: ☒ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Youth Shine

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11-12-19
Meeting Date

496
Bill Number (if applicable)

Topic Child welfare - Bill of Rights

Amendment Barcode (if applicable)

Name Christina Spudeas (Spoo-Day-us!)

Job Title Executive Director

Address 1401 W. University Drive
Street
Coral Springs, FL. 33071
City *State* *Zip*

Phone 954-796-0860

Email Christina.Spudeas@floridaschildrenfirst.org

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Children First

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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Duplicate

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

November 12, 2019
Meeting Date

496
Bill Number (if applicable)

Amendment Barcode (if applicable)

Topic Child Welfare

Name Barney Bishop III

Job Title CEO

Address 2215 Thomasville Road
Street

Phone 850.510.9922

Tallahassee FL 32308
City *State* *Zip*

Email barney@barneybishop.com

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☑ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Smart Justice Alliance

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

The Florida Senate

COMMITTEE VOTE RECORD

COMMITTEE: Children, Families, and Elder Affairs
ITEM: SB 496
FINAL ACTION: Favorable
MEETING DATE: Tuesday, November 12, 2019
TIME: 1:30—3:00 p.m.
PLACE: 301 Senate Building

FINAL VOTE								
Yea	**Nay**	**SENATORS**	**Yea**	**Nay**	**Yea**	**Nay**	**Yea**	**Nay**
X		Bean						
X		Harrell						
		Rader						
X		Torres						
X		Wright						
X		Mayfield, VICE CHAIR						
X		Book, CHAIR						
6	0	**TOTALS**						
Yea	**Nay**		**Yea**	**Nay**	**Yea**	**Nay**	**Yea**	**Nay**

CODES: FAV=Favorable
UNF=Unfavorable
-R=Reconsidered
RCS=Replaced by Committee Substitute
RE=Replaced by Engrossed Amendment
RS=Replaced by Substitute Amendment
TP=Temporarily Postponed
VA=Vote After Roll Call
VC=Vote Change After Roll Call
WD=Withdrawn
OO=Out of Order
AV=Abstain from Voting

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:	SB 104
INTRODUCER:	Senator Harrell and others
SUBJECT:	Services for Veterans and Their Families
DATE:	November 8, 2019
REVISED:	

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Brown	Caldwell	MS	**Favorable**
2.	Hendon	Hendon	CF	**Favorable**
3.			AP	

I. Summary:

SB 104 creates the Florida Veterans' Care Coordination Program (Program), to provide veterans and their families dedicated behavioral health care referral services, primarily for mental health and substance abuse. Through the Program, a veteran may call a separate veteran-dedicated support line to receive assistance and support from a fellow veteran who is trained to respond to the calls for assistance.

The bill requires the Florida Department of Veterans' Affairs (FDVA) to establish the Program and contract with a nonprofit entity that has statewide phone capacity to serve veterans and is accredited by the Council on Accreditation and fully accredited by the Alliance of Information and Referral Services. The contracting entity will enter into agreements with Florida 211 Network participants to provide services to veterans.

The bill models the Program after the pilot program established in 2014 by the Crisis Center of Tampa Bay and the Florida Department of Veterans' Affairs (FDVA) in Hillsborough, Pasco, Pinellas, Polk, and Manatee Counties. The bill specifies goals, services, and follow-up requirements. The FDVA must compile data collected by the Florida 211 Network into a report for the Governor, President of the Senate, and Speaker of the House of Representatives by December 15, 2020.

The bill will have a fiscal impact on the state and has an effective date of July 1, 2020.

II. Present Situation:

Veterans and Mental Health and/or Substance Abuse

More than 1.5 million veterans currently live in Florida, making the state the third largest population of veterans nationally.[1] Veterans face unique challenges, and some struggle with mental health and substance abuse.

Posttraumatic Stress Disorder (PTSD) is a psychiatric disorder that can occur in people who have experienced or witnessed a traumatic event, including war or combat.[2]

The National Center for PTSD, U.S. Department of Veterans Affairs (VA), lists the percentage of veterans with PTSD by service era:

- Between 11 and 20 percent of veterans who served in Operations Iraqi Freedom and Enduring Freedom have PTSD in a given year.
- About 12 percent of veterans who served in the Gulf War have PTSD in a given year.
- About 15 percent of veterans of the Vietnam War were diagnosed with PTSD at the time of the most recent study in the late 1980's. However, it is estimated that about 30 percent of veterans of the Vietnam War have had PTSD in their lifetimes.[3]

A strong association exists between PTSD and substance abuse disorders (SUD) amongst veterans. Statistics show:

- More than two in 10 veterans with PTSD also have SUD;
- Almost one in three veterans seeking treatment for SUD also have PTSD;
- About one in 10 veterans returning from the wars in Iraq and Afghanistan seen at the VA have problems with alcohol or other drugs.[4]

Suicide rates for veterans continue to be a cause of national concern:

- More than 6,000 veterans committed suicide each year from 2008 to 2016.
- In 2016, the suicide rate was 1.5 times greater for veterans than for non-veteran adults, after adjusting for age and gender.

From 2005 to 2016, the increase in suicide rate among veterans in Veterans Hospital Administration (VHA) care was lower than among veterans not in VHA care.[5]

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[1] Florida Department of Veterans' Affairs, *Our Veterans*, available at http://floridavets.org/our-veterans/ (last visited Nov. 6, 2019).
[2] American Psychiatric Association, *What is Posttraumatic Stress Disorder?*, available at https://www.psychiatry.org/patients-families/ptsd/what-is-ptsd (last visited Nov. 6, 2019).
[3] National Center for PTSD, U.S. Dep't of Veterans Affairs, *How Common is PTSD in Veterans?*, available at https://www.ptsd.va.gov/understand/common/common_veterans.asp (last visited Nov. 6, 2019).
[4] National Center for PTSD, U.S. Dep't of Veterans Affairs, *PTSD and Substance Abuse in Veterans*, available at https://www.ptsd.va.gov/understand/related/substance_abuse_vet.asp (last visited Nov. 6, 2019).
[5] Office of Mental Health and Suicide Prevention, U.S. Dep't of Veterans Affairs, *VA National Suicide Data Report 2005-2016*, available at https://www.mentalhealth.va.gov/docs/data-sheets/OMHSP_National_Suicide_Data_Report_2005-2016_508.pdf (last visited Nov. 6, 2019).

Florida Alliance of Information and Referral Services (FLAIRS)

Each year, 16 million people in the United States call 2-1-1 for help with basic needs like food and shelter, and emergency needs, such as mental health, addiction, and suicide intervention.[6] The Florida Alliance of Information and Referral Services (FLAIRS) is the 211 collaborative organization for the state responsible for designing, studying, and implementing the Florida 211 Network.[7] The mission of the FLAIRS is to strengthen the health and human service information and referral provider network in the state through advocacy, coordination, and education.[8]

The Florida 211 Network, established in s. 408.918, F.S., operates as the single point of coordination for information and referral of health and human services.[9] As of February 20, 2017, 22 Florida 211 Network providers operate across the state.[10]

To participate in the Florida 211 Network, a 211 provider must be fully accredited by the National Alliance of Information and Referral Services or have received approval to operate, pending accreditation from its affiliate, the FLAIRS.[11]

The Council on Accreditation

The Council on Accreditation (COA) is an international accrediting entity that accredits private and public organizations and programs that provide human services.[12] The COA specifically accredits entities providing child welfare, behavioral health, and community-based social services.[13]

Pilot Program and Statewide Expansion

Pilot Program

In 2014, the Crisis Center of Tampa Bay launched a pilot program through its existing 211 Network to offer a separate dedicated phone line for state veterans in need of support. The Program expanded existing 211 services, including behavioral health care service referrals, to veterans in Hillsborough, Pasco, Pinellas, Polk, and Manatee counties.[14]

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[6] The Florida Alliance of Information and Referral Services (FLAIRS), *211 Counts.org*, available at http://www.flairs.org/211counts/ (last visited Nov. 6, 2019). For a breakdown of needs by center on the FLAIRS website, see *What are the Most Pressing Needs for Your Community?*, available at https://211counts.org/home/index (last visited Nov. 6, 2019).
[7] Section 408.918(3), F.S.
[8] The Florida Alliance of Information and Referral Services (FLAIRS), *Mission*, available at http://www.flairs.org/mission/ (last visited Nov. 6, 2019).
[9] Section 408.918(1), F.S.
[10] The Florida Alliance of Information and Referral Services (FLAIRS), *Florida 2-1-1 Network Map*, available at http://www.flairs.org/wp-content/uploads/sites/13/2017/03/FL-211-providers-and-coverage-areas-022717.pdf (last visited Nov. 6, 2019).
[11] Section 408.918(2), F.S.; The full accreditation process requires a remote database review, consultation component, on-site review, and demonstration of a call handling component, as well as payment of a membership fee. https://www.airs.org/i4a/pages/index.cfm?pageid=3286 (last visited Nov. 6, 2019).
[12] Council on Accreditation, available at http://coanet.org/home/ (last visited Nov. 6, 2019).
[13] Council on Accreditation, available at http://coanet.org/about/whats-new/about-coa/ (last visited Nov. 6, 2019).
[14] Specific Appropriation 595, ch. 2014-51, L.O.F., available at http://laws.flrules.org/2014/51 (last visited Nov. 6, 2019).

Under the Crisis Center's Peer-to-Peer Care Coordination model, callers to the support line talk to a fellow veteran who will provide emotional support and assistance and referral to VA and non-VA services, including for medical care, housing, counseling, legal, and employment assistance.[15]

History of Funding for the Pilot Program

Since the launch of the pilot program, funding has been provided as follows:

- July 2014 - June 2015: The 2014 Legislature provided an appropriation of $150,000 in nonrecurring funds to the Crisis Center of Tampa Bay to create the pilot program. With the appropriation, in August 2014, the Crisis Center of Tampa Bay expanded its services to veterans and hired veterans to answer crisis calls. The Crisis Center launched the Florida Veterans Support Line in November 2014. The Department of Children and Families (DCF) has continued the annual appropriation of $150,000 to continue the pilot program, from July 2015 to the present time.[16]
- July 2017 - June 2018: The Legislature funded $400,000 in nonrecurring dollars from general revenue through the FDVA for statewide expansion of the dedicated call line and a marketing campaign to inform the public about the call line. Funding was not allotted for statewide Peer-to-Peer Care Coordination.[17] To date, this was the last legislative appropriation provided.
- September 2018 - September 2019: The FDVA provided $1 million in funding for the statewide program, including Peer-to-Peer Care Coordination. To ensure full statewide implementation, the DCF matched the FDVA's funding through a federal grant.[18]

Use of the Program by Veterans

Since the Crisis Center implemented the pilot program in 2014, veteran and veteran family participation has steadily increased.

Region Served	Fiscal Year	Veterans Served	Services Referred	Suicide Concerns	Peer-to-Peer Care Coordination - Crisis Center of Tampa Bay Only
5 Counties	2014-2015	1,135	925	179	626
5 Counties	2015-2016	1,315	1,478	207	750
5 Counties	2016-2017	3,420	3,641	538	768
Statewide	2017-2018	28,962	49,932	396[19]	880[20]

[15] Crisis Center of Tampa Bay, *Florida Veterans Support Line, What we offer*, available at https://www.myflvet.com/about-1 (last visited Nov. 6, 2019).
[16] Crisis Center of Tampa Bay, *Overview of Current Funding* (on file with the Senate Committee on Military and Veterans Affairs and Space).
[17] *Id*., The nonrecurring $400,000 is provided in Specific Appropriation 575 of ch. 2017-70, L.O.F., available at http://laws.flrules.org/2017/70 (last visited Nov. 6, 2019).
[18] Crisis Center of Tampa Bay, *supra* note 16.
[19] Crisis Center Tampa Bay only.
[20] Crisis Center of Tampa Bay, *Overview of the 1-844-MYFLVET Support Line* (on file with the Senate Committee on Military and Veterans Affairs and Space).

III. Effect of Proposed Changes:

SB 104 creates the Florida Veterans' Care Coordination Program (Program) in s. 394.9087, F.S., as a statewide program, to provide veterans and their families dedicated behavioral health care referral services, primarily for mental health and substance abuse. Through the Program, a veteran who calls a dedicated support line receives assistance and support from a trained fellow veteran.

The bill requires the Florida Department of Veterans' Affairs (FDVA) to establish the Program. To provide services, the FDVA will contract with a nonprofit entity that has statewide phone capacity to serve veterans and is accredited by the Council on Accreditation and fully accredited by the National Alliance of Information and Referral Services. The entity will enter into agreements with Florida 211 Network participants to provide services to veterans.

The bill models the Program after the pilot program established in 2014 by the Crisis Center of Tampa Bay and the FDVA in Hillsborough, Pasco, Pinellas, Polk, and Manatee Counties.

Program Goals and Services

Program goals are to prevent suicide by veterans; and to increase the use by veterans of programs and services provided by the VA and other available community-based programs and services.

Program services will include:
- Telephonic peer support, crisis intervention, and information on referral resources;
- Treatment coordination, including coordination of follow-up care;
- Assessment of suicide risk as part of an immediate needs assessment, including safety planning and support;
- Promotion of the safety and wellness of veterans and their families, including continuous safety planning and support;
- Resource coordination, including data analysis, to facilitate acceptance, enrollment, and attendance of veterans and their families in programs and services provided by the VA and other available community-based programs and services.

The bill requires program teams to:
- Document calls and data, and track the number and nature of requests from veterans and family members;
- Follow up with callers to determine if they have pursued referrals and whether additional help is needed; and
- Implement communication strategies to educate veterans and their families about programs and services provided by the VA and other community-based programs and services.

To educate others about the Program:
- Florida 211 network participants will establish and maintain a database of services available locally.
- Both the FDVA and its contractor will work with managing entities to educate service providers about the Florida Veterans Support Line and the Program.

Data Collection and Report

Florida 211 Network participants must provide all collected data to the FDVA. By December 15, 2021, the FDVA will then submit a report to the Governor, President of the Senate, and Speaker of the House of Representatives.

The report must include:
- The nature, number, and outcome of each call received;
- Demographic information on each caller; and
- Follow-up by the program team, including timeliness and positive outcomes.

To fully implement the Program statewide, the bill will require an annual recurring amount of $2 million from the General Revenue Fund. The bill does not provide for funding.

The bill takes effect July 1, 2020.

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 State 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:

Veterans and their families may financially benefit from having greater access to treatments and services specifically designed for veterans with mental health or substance abuse issues, including programs offered through the United States Department of Veterans Affairs and community-based services.

C. Government Sector Impact:

The bill requires the FDVA to provide statewide dedicated behavioral healthcare referral service to mental health and substance abuse services for veterans and their families through the state's 211 Network. The cost of program is unknown but legislation filed in the 2019 session (HB 365) provided an appropriation of $2 million.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill creates section 394.9087 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.)

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.

By Senator Harrell

25-00199-20 2020104__

A bill to be entitled

An act relating to services for veterans and their families; creating s. 394.9087, F.S.; requiring the Department of Veterans' Affairs to establish the Florida Veterans' Care Coordination Program to provide for veterans and their families behavioral health care referral and care coordination services; requiring the department to contract with a certain nonprofit entity to enter into agreements with Florida 211 Network participants to provide such services; providing program goals; providing for the statewide delivery of specified services by program teams; requiring Florida 211 Network participants to collect program implementation data and to submit such data to the department; requiring the department to submit a report to the Governor and Legislature by a specified date; providing requirements for the report; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 394.9087, Florida Statutes, is created to read:

394.9087 Florida Veterans' Care Coordination Program.—

(1) The Department of Veterans' Affairs shall establish the Florida Veterans' Care Coordination Program. The Department of Veterans' Affairs shall contract with a nonprofit entity that is accredited by the Council on Accreditation, is fully accredited by the National Alliance of Information and Referral Services,

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

and has statewide phone capacity to serve veterans, to enter into agreements with Florida 211 Network participants to provide veterans and their families in this state with dedicated behavioral health care referral services, especially mental health and substance abuse services. The Department of Veterans' Affairs shall model the program after the proof-of-concept pilot program established in 2014 by the Crisis Center of Tampa Bay and the Department of Veterans' Affairs in Hillsborough, Pasco, Pinellas, Polk, and Manatee Counties.

(2) The goals of the program are to:

(a) Prevent suicides by veterans.

(b) Increase veterans' use of programs and services provided by the United States Department of Veterans Affairs.

(c) Increase the number of veterans who use other available community-based programs and services.

(3) The program must be available statewide. Program services must be provided by program teams operated by Florida 211 Network participants as authorized by s. 408.918. A Florida 211 Network participant may provide services in more than one geographic area under a single contract.

(4) The program teams shall provide referral and care coordination services to veterans and their families and expand the existing Florida 211 Network to include the optimal range of veterans' service organizations and programs. Florida 211 Network participants in the Florida Veterans' Care Coordination Program must include all of the following:

(a) Telephonic peer support, crisis intervention, and the communication of information on referral resources.

(b) Treatment coordination, including coordination of

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followup care.

(c) Suicide risk assessment.

(d) Promotion of the safety and wellness of veterans and their families, including continuous safety planning and support.

(e) Resource coordination, including data analysis, to facilitate acceptance, enrollment, and attendance of veterans and their families in programs and services provided by the United States Department of Veterans Affairs and other available community-based programs and services.

(f) Immediate needs assessments, including safety planning and support.

(5) To enhance program services, program teams shall:

(a) Track the number of requests from callers who are veterans or members of a veteran's family.

(b) Follow up with callers who are veterans or members of a veteran's family to determine whether they have acted on the referrals or received the assistance needed and whether additional referral or advocacy is needed.

(c) Develop and implement communication strategies, such as media promotions, public service announcements, print and Internet articles, and community presentations, to inform veterans and their families about available programs and services provided by the United States Department of Veterans Affairs and other available community-based programs and services.

(d) Document all calls and capture all necessary data to improve outreach to veterans and their families and report such data to the contracted entity.

(6) Florida 211 Network participants in the Florida Veterans' Care Coordination Program shall maintain a database of veteran-specific services available in the communities served by the programs. The Department of Veterans' Affairs and its selected contractor shall work with managing entities as defined in s. 394.9082(2)(e) to educate service providers about the Florida Veterans Support Line and the Florida Veterans' Care Coordination Program.

(7) Florida 211 Network participants shall collect data on the program and submit such data to the Department of Veterans' Affairs in the format prescribed by the Department of Veterans' Affairs. The Department of Veterans' Affairs shall use such data to prepare a report for submittal to the Governor, the President of the Senate, and the Speaker of the House of Representatives by December 15, 2021. The report must include all of the following:

(a) The number of calls received.

(b) Demographic information for each caller, including, but not limited to, the caller's military affiliation, the caller's veteran status, and whether the caller is receiving services provided by the United States Department of Veterans Affairs or other available community-based programs and services.

(c) The nature of each call, including, but not limited to, the concerns prompting the call and the services requested.

(d) The outcome of each call, including, but not limited to, the services for which referrals were made and the organizations to which the caller was referred.

(e) Services received as a result of each call.

(f) Information regarding followup by the program team,

including, but not limited to, the percentage of calls receiving followup and the outcome of followup.

(g) Information regarding the program's impact on each caller's quality of life and on the avoidance of negative outcomes, including arrest and suicide.

(h) Each caller's level of satisfaction with program services.

Section 2. This act shall take effect July 1, 2020.

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

12/19
Meeting Date

104
Bill Number (if applicable)

Topic Services for Veterans

Amendment Barcode (if applicable)

Name Olivia Babis

Job Title Public Policy Analyst

Address 2473 Care Dr. Ste 200
Street

Phone

Tallahassee FL 32308
City *State* *Zip*

Email oliviab@disabilityrightsflorida.org

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Disability Rights Florida

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

NOV 12, 2019
Meeting Date

104
Bill Number (if applicable)

Topic VETERANS SERVICES

Amendment Barcode (if applicable)

Name DAN HENDRICKSON

Job Title PRESIDENT TVLC

Address 319 E PARK AVE
Street

Phone 8505701967

TALLAHASSEE FL 32301
City *State* *Zip*

Email danbhendrickson@comcast.net

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☑ In Support ☐ Against
(The Chair will read this information into the record.)

Representing TALLAHASSEE VETERANS LEGAL COLLABORATIVE

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☐ Yes ☑ No

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THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11:12.19
Meeting Date

SB 104
Bill Number (if applicable)

Topic SERVICES FOR VETERANS

Amendment Barcode (if applicable)

Name JIM AKIN

Job Title EXECUTIVE DIRECTOR

Address 1931 DELWOOD DRIVE
Street

Phone 850-224-2400

TALLAHASSEE FL 32303
City *State* *Zip*

Email JAKIN.NASWFL@SOCIALWORKERS.ORG

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☑ In Support ☐ Against
(The Chair will read this information into the record.)

Representing NATIONAL ASSOCIATION OF SOCIAL WORKERS - FLORIDA

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☐ Yes ☑ No

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THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11/12/2019
Meeting Date

104
Bill Number (if applicable)

Amendment Barcode (if applicable)

Topic Veterans Services

Name Clara Reynolds

Job Title CEO

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Street

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Phone 813-969-4999

Email Creynolds@crisiscenter.com

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☑ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Crisis Center of Tampa Bay

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☐ Yes ☑ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11/12/2019
Meeting Date

104
Bill Number (if applicable)

Topic Services for Veterans & Their Families

Amendment Barcode (if applicable)

Name Allison Sitte ("City")

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Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☑ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Department of Veterans' Affairs

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11/19
Meeting Date

SB 104
Bill Number (if applicable)

Topic VET SUICIDES

Amendment Barcode (if applicable)

Name NATALIE KELLY

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TALLAHASSEE
City *State* *Zip*

Phone 850 570 5747

Email

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing FLORIDA ASSOCIATION OF MANAGING ENTITIES

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

Duplicate

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

November 12, 2019
Meeting Date

104
Bill Number (if applicable)

Topic Services for VGeterans and Their Families

Amendment Barcode (if applicable)

Name Barney Bishop III

Job Title CEO

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Street

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Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☑ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Smart Justice Alliance

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

The Florida Senate

COMMITTEE VOTE RECORD

COMMITTEE: Children, Families, and Elder Affairs
ITEM: SB 104
FINAL ACTION: Favorable
MEETING DATE: Tuesday, November 12, 2019
TIME: 1:30—3:00 p.m.
PLACE: 301 Senate Building

FINAL VOTE								
Yea	**Nay**	**SENATORS**	**Yea**	**Nay**	**Yea**	**Nay**	**Yea**	**Nay**
X		Bean						
X		Harrell						
		Rader						
X		Torres						
X		Wright						
X		Mayfield, VICE CHAIR						
X		Book, CHAIR						
6	0	**TOTALS**						
Yea	**Nay**		**Yea**	**Nay**	**Yea**	**Nay**	**Yea**	**Nay**

CODES: FAV=Favorable
UNF=Unfavorable
-R=Reconsidered
RCS=Replaced by Committee Substitute
RE=Replaced by Engrossed Amendment
RS=Replaced by Substitute Amendment
TP=Temporarily Postponed
VA=Vote After Roll Call
VC=Vote Change After Roll Call
WD=Withdrawn
OO=Out of Order
AV=Abstain from Voting

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:	SB 7012
INTRODUCER:	Children, Families, and Elder Affairs Committee
SUBJECT:	Mental Health
DATE:	November 13, 2019 REVISED:

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Delia	Hendon		**CF Submitted as Comm. Bill/Fav**

I. Summary:

SB 7012 implements several measures related to suicide prevention. The bill broadens the scope of abilities and duties performed by both the Statewide Office of Suicide Prevention and the Suicide Prevention Coordinating Council, and adds new members to the Council. The bill adds new continuing education requirements related to suicide prevention for various health care practitioners, and requires certain health insurance plans to comply with federal statutes relating to mental health and substance abuse coverage in order to ensure that Floridians that are privately insured have adequate coverage to help prevent suicides. The bill provides civil immunity to persons who help or attempt to help others at imminent risk of suicide, and adds new training and staffing requirements for personnel at both public and charter schools. The bill also requires Baker Act receiving facilities to provide information on suicide prevention resources to minors being released from a facility.

The bill is not expected to have a significant fiscal impact and takes effect on July 1, 2020.

II. Present Situation:

Suicide is a major public health issue and a leading cause of death nationally, with complex causes such as mental health and substance use disorders, painful losses, exposure to violence, and social isolation.[1] Suicide rates increased in nearly every state from 1999 through 2016.[2] In 2017, suicide was the second leading cause of death nationwide for persons aged 10–14, 15–19, and 20–24.[3] After stable trends from 2000 to 2007, suicide rates for persons aged 10–24 increased 56% from 2007 (6.8 per 100,000 persons) to 2017 (10.6).[4]

[1] See, https://www.samhsa.gov/suicide-prevention, last visited November 7, 2019.
[2] Suicides Rising Across the U.S., June 7, 2018, available at: https://www.cdc.gov/vitalsigns/suicide/index.html (last visited November 6, 2019).
[3] Heron M. Deaths: Leading causes for 2017. National Vital Statistics Reports; Vol. 68 No 6. Hyattsville, MD: National Center for Health Statistics. 2019.
[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 November 6, 2019).

While suicide is often characterized as a response to a single event or set of circumstances, suicide is, in fact, the result of complex interactions among neurobiological, genetic, psychological, social, cultural, and environmental risk and protective factors.[5] The factors that contribute to any particular suicide are diverse; therefore, it is generally believed that efforts related to prevention must incorporate multiple approaches.[6]

In Florida, the rate of suicides increased by 10.6% from 1996 to 2016.[7] According to the 2017 Florida Morbidity Statistics Report, the total number of deaths due to suicide in Florida was 3,187 in 2017, a slight increase from 3,122 in 2016.[8] Suicide was the eighth leading cause of death in Florida, and the suicide rate per 100,000 population was 15.5.[9] This is a slight increase from 2016 (15.4).[10] Suicide was the second leading cause of death for individuals within the 25-34 age group in 2017, similar to the national ranking of 2016, and the third leading cause of death for individuals within 15-24 age group; suicide was the fourth leading cause of death for individuals within the 5-14, 35-44, and 45-54 age groups.[11]

Statewide Office for Suicide Prevention

The Statewide Office of Suicide Prevention (Statewide Office) is housed within the Department of Children and Families (DCF).[12] Among other things, the Statewide Office must coordinate education and training curricula in suicide prevention efforts for law enforcement personnel, first responders to emergency calls, health care providers, school employees, and other persons who may have contact with persons at risk of suicide. [13]

The Statewide Office is required to operate within available resources but is allowed to seek and accept grants or funds from federal, state, or local sources to support the operation and defray the authorized expenses of the Statewide Office and the Suicide Prevention Coordinating Council.[14]

Suicide Prevention Coordinating Council

The Suicide Prevention Coordinating Council (Council) is located within DCF and develops strategies for preventing suicide and advises the Statewide Office regarding the development of a statewide plan for suicide prevention. A report on the plan is prepared and presented annually to the Governor, the President of the Senate, and the Speaker of the House of Representatives.[15]

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[5] *Supra* at note 1.
[6] *Id*.
[7] *Supra* at note 2.
[8] Florida Department of Health, *2017 Florida Morbidity Statistics Report*, 2017, available at http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/disease-reporting-and-surveillance/data-and-publications/_documents/2017-annual-morbidity-statistics-report.pdf (last visited November 8, 2019).
[9] *Id*.
[10] *Id*.
[11] *Id*.
[12] Ch. 2011-51, L.O.F.; Section 14.2019, F.S.
[13] Section 14.2019, F.S.
[14] *Id*.
[15] Section 14.20195, F.S.

The Council is currently comprised of 27 voting members and 1 nonvoting member. 13 of the members are appointed by the director of the Statewide Office, 4 are appointed by the Governor, and 10 are state agency directors or their designees.

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.[16] Psychosis may be caused by medications or alcohol or drug abuse but can also be a symptom of mental illness or a physical condition.[17]

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.[18] Researchers are still learning about how and why psychosis develops, but it is generally thought to be triggered by a combination of genetic predisposition and life stressors during critical stages of brain development.[19] 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.[20]

Early psychosis, known as "first-episode psychosis," is the most important time to connect an individual with treatment.[21] Studies have shown that it is common for a person to experience psychotic symptoms for more than a year before ever receiving treatment.[22] Reducing the duration of untreated psychosis is critical to improving a person's chance of recovery. The most effective 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.[23] Programs that provide coordinated specialty care are often called first-episode psychosis (FEP) programs.

Studies show that young people who engage in FEP programs have greater improvement in their symptoms, stay in treatment longer, are more likely to stay in school or working, and are more connected socially than those who receive standard mental care.[24]

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[16] 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 November 7, 2019).
[17] *Id*.
[18] *Id*.
[19] National Alliance on Mental Illness, *What is Early and First-Episode Psychosis?*, July 2016, https://www.nami.org/NAMI/media/NAMI-Media/Images/FactSheets/What-is-Early-and-First-Episode-Psychosis.pdf (last visited November 7, 2019).
[20] Id.
[21] Id.
[22] *Id*.
[23] *Id*.
[24] *First Episode Psychosis Programs: A Guide to State Expansion*, National Alliance on Mental Illness, p. 4, (Feb. 2017), available at: https://www.nami.org/getattachment/Extranet/Advocacy/FEP-State-Advocacy-Toolkit/FEP-State-Advocacy-Guide.pdf (last visited November 7, 2019).

Veterans and Mental Health

Mental Health Among Veterans

According to the National Center for Post-Traumatic Stress Disorder, between 11-20 percent of veterans who served in Operations Iraqi Freedom and Enduring Freedom have Post-Traumatic Stress Disorder (PTSD) in a given year.[25] Statistics on depression in veterans vary, but it is estimated than an additional 2 to 10 percent return with major depression.[26] Additionally, 12 percent of Gulf War Veterans and 15 percent of Vietnam Veterans have PTSD, and up to 30 percent of Vietnam Veterans will have PTSD in their lifetime.[27]

The 2019 National Veteran Suicide Prevention Annual Report published by the United States Department of Veterans Affairs (USDVA) details veteran deaths from suicide from 2005 to 2017.[28] During that time span, veteran suicides increased from 5,787 in 2005 to 6,139 in 2017.[29] The annual number of veteran suicide deaths has exceeded 6,000 every year since 2008,[30] and the annual number of veteran suicide deaths increased by 129 from 2016 to 2017.[31]

Federal Mental Health Parity Laws

Commercial Plans

Prior to 1996, health insurance coverage for mental illness was generally not as comprehensive as coverage for medical and surgical benefits. In response, the Mental Health Parity Act[32] (MHPA) was enacted in 1996, which requires parity of medical and surgical benefits with mental health benefits for annual and aggregate lifetime limits of large group plans.

In 2008, Congress passed the Mental Health Parity and Addiction Equity Act[33] (MHPAEA), which generally applies to large group health plans.[34] The MHPAEA expanded parity of coverage to include financial requirements, treatment limitations, and in- and out-of-network coverage if a plan provided coverage for mental illness. The MHPAEA also applies to the treatment of substance use disorders.[35] Like the MHPA, the MHPAEA does not require large groups to provide benefits for mental health or substance use disorders. The MHPAEA contains a cost exemption, which allows a group health plan to receive a waiver, exempting them from

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[25] National Center for PTSD, *How Common is PTSD? PTSD and the Military*, available at https://www.ptsd.va.gov/understand/common/common_veterans.asp (last visited November 6, 2019).
[26] RAND Center for Military Health Policy Research, *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery*, at 54 (Terri Tanielian and Lisa H. Jaycox, Eds.) (2008), available at http://www.rand.org/pubs/monographs/2008/RAND_MG720.pdf (last visited November 6, 2019).
[27] *Supra* at note 21.
[28] U.S. Department of Veterans Affairs, *2019 National Veteran Suicide Prevention Annual Report*, 2019, available at https://www.mentalhealth.va.gov/docs/data-sheets/2019/2019_National_Veteran_Suicide_Prevention_Annual_Report_508.pdf (last visited November 6, 2019).
[29] *Id*.
[30] *Id*.
[31] *Id*.
[32] Pub. L. No. 104-204.
[33] Pub. L. No. 110-343.
[34] See final regulations available at http://www.gpo.gov/fdsys/pkg/FR-2013-11-13/pdf/2013-27086.pdf (last viewed November 7, 2019).
[35] 45 CFR ss. 146 and 160.

some of the key requirements, if the plan demonstrates that costs increased at least 1 percent because of compliance.[36]

In 2010, the Patient Protection and Affordable Care Act[37] (PPACA) amended the MHPAEA to apply the provisions to individual health insurance coverage. The PPACA mandates that qualified health insurance must provide coverage of 10 essential health benefits,[38] including coverage for mental health and substance use disorders for individual and small group qualified health plans. The final rule, implementing these provisions, generally requires health insurers offering health insurance coverage in the individual and small group markets to comply with the requirements of the MHPAEA regulations in order to satisfy the essential health benefit requirement.[39]

The Office of Insurance Regulation

The Florida Office of Insurance Regulation (OIR) licenses and regulates insurers, health maintenance organizations (HMOs), and other risk-bearing entities.[40] The Agency for Health Care Administration (agency) regulates the quality of care provided by HMOs under part III of ch. 641, F.S. Before receiving a certificate of authority from the OIR, an HMO must receive a Health Care Provider Certificate from the agency.[41] As part of the certification process used by the agency, an HMO must provide information to demonstrate that the HMO has the ability to provide quality of care consistent with the prevailing standards of care.[42]

The OIR reviews health insurance policies and contracts for compliance with MHPAEA. The OIR communicates any violations of MHPAEA to the insurer or HMO. If the insurer or HMO fails to correct the issue, the OIR would refer the issue to the appropriate federal regulator as a possible violation of federal law.

Coverage for Mental and Nervous Disorders

Section 627.668, F.S., requires insurers and HMOs offering group coverage to make available optional coverage for mental and nervous disorders for an appropriate additional premium that would include benefits delineated in this section.

[36] Plans and issuers that make changes to comply with MHPAEA and incur an increased cost of at least 2 percent in the first year that MHPAEA applies to the plan or coverage or at least 1 percent in any subsequent plan year may claim an exemption from MHPAEA based on their increased cost. If such a cost is incurred, the plan or coverage is exempt from MHPAEA requirements for the plan or policy year following the year the cost was incurred. The plan sponsors or issuers must notify the plan beneficiaries that MHPAEA does not apply to their coverage. These exemptions last 1 year. After that, the plan or coverage is required to comply again; however, if the plan or coverage incurs an increased cost of at least 1 percent in that plan or policy year, the plan or coverage could claim the exemption for the following plan or policy year.
[37] Pub. L. No.111-148, as amended by Pub. L. No. 111-152.
[38] 45 CFR s. 156.115.
[39] *See* 45 CFR 147.150 and 156.115 (78 FR 12834, Feb. 25, 2013).
[40] Section 20.121(3)(a), F.S.
[41] Section 641.21(1), F.S.
[42] Section 641.495, F.S.

Coverage for Substance Abuse

Section 627.669, F.S., requires insurers and HMOs offering group coverage to make available optional coverage for substance abuse that would include benefits listed in the section.

Continuing Education Requirements for Health Care Practitioners

Compliance with continuing education (CE) requirements is a condition of renewal of license for health care practitioners. Boards, or the Department of Health (DOH) when there is no board, require each licensee to demonstrate competency by completing CEs during each licensure cycle. The number of required CE hours varies by profession. The requirements for CEs may be found in ch. 456, F.S., professional practice acts, administrative rules, or a combination of these references. Failure to comply with CE requirements may result in disciplinary action against the licensee, in accordance with the disciplinary guidelines established by the applicable board, or the DOH if there is no board.

The DOH or boards, when applicable, monitor heath care practitioner's compliance with the CE requirements in a manner required by statute. The statutes vary as to the required method to use. For example, DOH or a board, when applicable, may have to randomly select a licensee to request the submission of CE documentation;[43] require a licensee to a submit sworn affidavit or statement attesting that he or she has completed the required CE hours,[44] or perform an audit. Licensees are responsible for maintaining documentation of the CE courses completed.

The Good Samaritan Act

The "Good Samaritan Act," codified in s. 768.13, F.S., provides immunity from civil liability for damages to any person who:

- Gratuitously and in good faith renders emergency care or treatment either in direct response to declared state emergencies or at the scene of an emergency situation, without objection of the injured victim, if that person acts as an ordinary reasonably prudent person would have acted under the same or similar circumstances.[45]
- Participates in emergency response activities of a community emergency response team if that person acts prudently and within the scope of his or her training.[46]
- Gratuitously and in good faith renders emergency care or treatment to an injured animal at the scene of an emergency if that person acts as an ordinary reasonably prudent person would have acted under the same or similar circumstances.[47]

The Good Samaritan Act, however, does not specifically address immunity from liability for individuals who attempt to render aid to others at risk of dying or attempting to die by suicide. Several states have implemented such measures in their Good Samaritan statutes in order to shield those who make a good faith effort to render aid from civil liability.[48]

[43] See s. 457.107, F.S.
[44] See ss.458.347(4)(e), 466.0135(6), 466.014, and 466.032(5), F.S.
[45] Section 768.13(2)(a), F.S.
[46] Section 768.13(2)(d), F.S.
[47] Section 768.13(3), F.S.
[48] Schiff, Damien, *Samaritans: Good, Bad and Ugly: A Comparative Law Analysis*, 11 Roger Williams Univ. L. Rev. 95 (2005).

Suicide Prevention Certified Schools

Section 1012.583, F.S., requires the Department of Education (DOE), in consultation with the Statewide Office for Suicide Prevention and suicide prevention experts, to develop a list of approved youth suicide awareness and prevention training materials that may be used for training in youth suicide awareness and prevention for school instructional personnel. The approved list of materials:[49]

- Must include training on how to identify appropriate mental health services and how to refer youth and their families to those services;
- May include materials currently being used by a school district if such materials meet any criteria established by the department; and
- May include programs that instructional personnel can complete through a self-review of approved youth suicide awareness and prevention materials.
-

A school is considered a "Suicide Prevention Certified School" if it:

- Has at least two school-based staff members certified or otherwise deemed competent in the use of a DOE-approved suicide screening instrument; and
- Chooses to incorporate 2 hours of DOE-approved training materials and requires all of its instructional personnel to participate in the training.

III. Effect of Proposed Changes:

Section 1 amends s. 14.2019, F.S., adding veterans and service members to the list of stakeholders advocating suicide prevention that comprise the network of community-based programs developed by the Statewide Office to improve suicide prevention initiatives. The bill also requires the Statewide Office to coordinate education and training curricula in suicide prevention efforts for veterans and service members. The bill requires the Statewide Office to act as a clearinghouse for information and resources related to suicide prevention by disseminating evidence-based practices and by collecting and analyzing data on trends in suicide by various population demographics. The bill requires the Statewide Office to advise DOT on the implementation of evidence-based suicide deterrents when designing new infrastructure projects throughout the state.

Section 2 amends s. 14.20195, F.S., directing the Council to make findings and recommendations regarding suicide prevention specifically related to the implementation of evidence-based mental health awareness and assistance training programs and gatekeeper training throughout the state. The bill requires the Council to work with DCF to advise the public on the locations and availability of local behavioral health providers. The bill also adds three new members to the Council: one each from the Florida Medical Association, the Florida Osteopathic Medical Association, and Veterans Florida, the Florida Psychological Association, the Florida Psychiatric Society, and the Florida Florida Behavioral Health Association, the bill eliminates their individual memberships and replaces them with a single seat for the Florida Behavioral Health Association.Association of Managing Entities. Currently, the Florida Alcohol and Drug

[49] S. 1012.583(1), F.S.

Abuse Association and the Florida Council on Community Mental Health each occupy one spot on the council; because those organizations have merged to form the

Section 3 amends s. 334.044, F.S., requiring the Florida Department of Transportation to work with the Statewide Office in developing a plan to consider evidence-based suicide deterrents on all newly planned infrastructure projects throughout the state.

Section 4 amends s. 394.455, F.S., defining first episode psychosis (FEP) programs as evidence-based programs that use intensive case management, individual or group therapy, supported employment, family education and supports, and appropriate psychotropic medication to treat individuals 14 to 30 years of age who are experiencing early indications of serious mental illness, especially first-episode psychosis.

Section 5 amends s. 394.4573, F.S., establishing FEP programs as an essential element of a coordinated system of care and requires DCF to conduct an assessment of the availability of and access to FEP programs in the state, including any gaps in availability or access that may exist. This assessment must be included in DCF's annual report to the Governor and Legislature on the assessment of behavioral health services in the state. The bill also adds FEP programs to the elements of a coordinated system of care.

Section 6 amends s. 394.463, F.S., requiring facilities who hold and release Baker Act patients who are minors to provide information regarding the availability of mobile response teams, suicide prevention resources, social supports, and local self-help groups to the patient's guardian upon release.

Section 7 creates s. 456.0342, F.S., adding suicide prevention to the continuing education (CE) requirements for allopathic physicians, osteopath physicians, and nurses, effective January 1, 2022. Such licensees must complete two hours of CE courses on suicide risk assessment, treatment, and management. The bill requires the respective licensing board for each of the three professions to include the hours required for completion in the total hours of continuing education required by law for health care practitioners.

Section 8 amends s. 627.6675, F.S., requiring health insurers to offer benefits specified in the newly created s. 627.4193, F.S. The effective date of this section is January 1, 2021.

Section 9 transfers s. 627.668, F.S., and renumbers it as s. 627.4193, F.S., requiring insurers that issue, deliver, or provide comprehensive major medical individual or group coverage to comply with the Mental Health Parity and Addiction Equity Act (MHPAEA) and provide the benefits or level of benefits needed for the medically necessary care and treatment of mental and nervous disorders, including substance use disorders. The bill also requires both individual and group policies to be provided in a manner no more restrictive than medical and surgical benefits, while nonquantitative treatment limitations cannot be applied more stringently than applicable restrictions in federal law.

The bill requires insurers to submit annual affidavits attesting to compliance with the MHPAEA, and it requires OIR to implement and enforce applicable provisions of the MHPAEA and federal guidance/regulations relating to the MHPAEA. The bill provides rulemaking authority to the

Financial Services Commission for implementation. The effective date of this section is January 1, 2021.

Section 10 repeals s. 627.669, F.S., relating to optional insurance coverage requirements for substance abuse impaired persons. The effective date of this section is January 1, 2021.

Section 11 amends s. 627.6699, F.S., making health benefits plans that provide coverage to employees of a small employer subject to s. 627.4193, F.S., to ensure compliance with the MHPAEA. The effective date of this section is January 1, 2021.

Section 12 amends s. 641.26, F.S., requiring HMOs that issue or deliver comprehensive major medical coverage to submit annual affidavits to OIR attesting to compliance with the newly created s. 627.4193, F.S., , to ensure compliance with the MHPAEA, and provides rulemaking authority for OIR to implement the requirement. The effective date of this section is January 1, 2021.

Section 13 amends s. 641.31, F.S., requiring all health maintenance contracts that provide comprehensive medical coverage to comply with the provisions of s. 627.4193, F.S., and provides rulemaking authority for OIR to implement the requirement. The effective date of this section is January 1, 2021.

Section 14 creates s. 786.1516, F.S., defining 'emergency care' to mean assistance or advice offered to avoid or attempt to mitigate a suicide emergency. The bill defines a 'suicide emergency' as an occurrence that reasonably indicates one is at risk of dying of or attempting suicide. The bill provides civil immunity for persons who provide emergency care at or near the scene of a suicide emergency.

Section 15 amends s. 1002.33, F.S., requiring all charter schools to incorporate 2 hours of suicide prevention training for all instructional personnel by October 1, 2020. The bill also requires all charter schools to have at least 2 school-based staff members certified or otherwise competent in the use of a suicide screening instrument and have a policy in place to utilize the instrument to gauge a student's suicide risk before initiating a Baker Act or requesting the initiation of a Baker Act. The bill requires each charter school to report their compliance with these provisions to DOE.

Section 16 amends s. 1012.583, F.S., putting in place the same requirements for public schools as those detailed in Section 15 for charter schools. The bill also eliminates the 'Suicide Prevention Certified School' designation in statute.

Section 17 amends s. 394.495, F.S., to correct cross-references related to child and adolescent mental health systems of care.

Section 18 amends s. 394.496, F.S., to correct cross-references related to service planning.

Section 19 amends s. 394.9085, F.S., to correct a cross-reference related to behavioral provider liability.

Section 20 amends s. 409.972, F.S., to correct a cross-reference related to mandatory and voluntary enrollment in Medicaid.

Section 21 amends s. 464.012, F.S., to correct a cross-reference related to licensure of advanced registered nurse practitioners, fees, and controlled substance prescribing.

Section 22 amends s. 744.2007, F.S., to correct a cross-reference related to powers and duties of public guardians.

Section 23 requires the Office of Program Policy Analysis and Government Accountability (OPPAGA) to perform a review of suicide prevention programs and efforts made by other states and make recommendations on their applicability to Florida. The bill also requires OPPAGA to submit a report containing findings and recommendations to the President of the Senate and the Speaker of the House of Representatives by January 1, 2021.

Section 24 provides an effective date for the bill of July 1, 2020.

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:

There may be a fiscal impact on health care practitioners who may be required to pay for the new continuing education courses. Charter schools may be impacted by having to

train and/or hire new personnel to meet the suicide prevention training and staffing requirements under the bill. These impacts are indeterminate.

C. Government Sector Impact:

Public schools may be impacted by having to train and/or hire new personnel to meet the suicide prevention training and staffing requirements under the bill. This impact is not expected to be significant.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends sections 14.2019, 14.20195, 334.044, 394.455, 394.4573, 394.463, 394.495, 394.496, 394.9085, 409.972, 464.012, 627.6675, 627.6699, 641.26, 641.31, 744.2007, 1002.33, and 1012.583 of the Florida Statutes.

This bill creates sections 456.0342, 627.4193, and 786.1516 of the Florida Statutes.

This bill repeals sections 627.668 and 627.669 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.)

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.

360222

LEGISLATIVE ACTION

Senate	.	House
Comm: RS	.	
11/12/2019	.	
	.	
	.	
	.	

The Committee on Children, Families, and Elder Affairs (Mayfield) recommended the following:

Senate Amendment

Delete lines 154 - 160

and insert:

10. The Florida Behaviorial Health Association. ~~The Florida Alocohol and Drug Abuse Association.~~

~~11. The Florida Council for Community Mental Health.~~

11. ~~12.~~ The Florida Counseling Associaiton.

12. ~~13.~~ NAMI Florida.

13. The Florida Medical Association.

360222

14. The Florida Osteopathic Medical Association.

15. Veterans Florida.

16. The Florida Association of Managing Entities.

604142

LEGISLATIVE ACTION

Senate	.	House
Comm: FAV	.	
11/12/2019	.	
	.	
	.	
	.	

The Committee on Children, Families, and Elder Affairs (Mayfield) recommended the following:

Senate Substitute for Amendment (360222)

Delete lines 154 - 160

and insert:

10. The Florida Behavioral Health Association.

~~The Florida Alcohol and Drug Abuse Association.~~

~~11. The Florida Council for Community Mental Health.~~

11. ~~12.~~ The Florida Counseling Association.

12. ~~13.~~ NAMI Florida.

13. The Florida Medical Association.


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14. The Florida Osteopathic Medical Association.
15. The Florida Psychiatric Society.
16. The Florida Psychological Association.
17. Veterans Florida.
18. The Florida Association of Managing Entities.

181950

LEGISLATIVE ACTION

Senate	.	House
Comm: FAV	.	
11/12/2019	.	
	.	
	.	
	.	

The Committee on Children, Families, and Elder Affairs (Mayfield) recommended the following:

Senate Amendment (with title amendment)

Delete lines 413 - 697
and insert:

Section 8. Effective January 1, 2021, paragraph (b) of subsection (8) of section 627.6675, Florida Statutes, is amended to read:

627.6675 Conversion on termination of eligibility.—Subject to all of the provisions of this section, a group policy delivered or issued for delivery in this state by an insurer or

nonprofit health care services plan that provides, on an expense-incurred basis, hospital, surgical, or major medical expense insurance, or any combination of these coverages, shall provide that an employee or member whose insurance under the group policy has been terminated for any reason, including discontinuance of the group policy in its entirety or with respect to an insured class, and who has been continuously insured under the group policy, and under any group policy providing similar benefits that the terminated group policy replaced, for at least 3 months immediately prior to termination, shall be entitled to have issued to him or her by the insurer a policy or certificate of health insurance, referred to in this section as a "converted policy." A group insurer may meet the requirements of this section by contracting with another insurer, authorized in this state, to issue an individual converted policy, which policy has been approved by the office under s. 627.410. An employee or member shall not be entitled to a converted policy if termination of his or her insurance under the group policy occurred because he or she failed to pay any required contribution, or because any discontinued group coverage was replaced by similar group coverage within 31 days after discontinuance.

(8) BENEFITS OFFERED.—

(b) An insurer shall offer the benefits specified in s. 627.4193 ~~s. 627.668 and the benefits specified in s. 627.669 if those benefits were provided in the group plan~~.

Section 9. Effective January 1, 2021, section 627.668, Florida Statutes, is transferred, renumbered as section 627.4193, Florida Statutes, and amended to read:

627.4193 ~~627.668~~ Requirements for mental health and substance use disorder benefits; reporting requirements ~~Optional coverage for mental and nervous disorders required; exception~~.—

(1) Every insurer issuing, delivering, or issuing for delivery comprehensive major medical individual or~~, health maintenance organization, and nonprofit hospital and medical service plan corporation transacting~~ group health insurance policies ~~or providing prepaid health care~~ in this state must comply with the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) and any regulations relating to MHPAEA, including, but not limited to, 45 C.F.R. s. 146.136, 45 C.F.R. s. 147.160, and 45 C.F.R. s. 156.115(a)(3); and must provide ~~shall make available to the policyholder as part of the application, for an appropriate additional premium under a group hospital and medical expense-incurred insurance policy, under a group prepaid health care contract, and under a group hospital and medical service plan contract,~~ the benefits or level of benefits specified in subsection (2) for the medically necessary care and treatment of mental and nervous disorders, including substance use disorders, as described ~~defined~~ in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, published by ~~standard nomenclature of~~ the American Psychiatric Association~~, subject to the right of the applicant for a group policy or contract to select any alternative benefits or level of benefits as may be offered by the insurer, health maintenance organization, or service plan corporation provided that, if alternate inpatient, outpatient, or partial hospitalization benefits are selected, such benefits shall not be less than the level of benefits~~

~~required under paragraph (2)(a), paragraph (2)(b), or paragraph (2)(c), respectively~~.

(2) Under individual or group policies described in subsection (1) ~~or contracts~~, inpatient hospital benefits, partial hospitalization benefits, and outpatient benefits consisting of durational limits, dollar amounts, deductibles, and coinsurance factors may not be provided in a manner that is more restrictive than medical and surgical benefits, and limits on the scope or duration of treatments which are not expressed numerically, also known as nonquantitative treatment limitations, must be provided in a manner that is comparable and may not be applied more stringently than limits on medical and surgical benefits, in accordance with 45 C.F.R. s. 146.136(c)(2), (3), and (4) ~~shall not be less favorable than for physical illness generally, except that:~~

~~(a) Inpatient benefits may be limited to not less than 30 days per benefit year as defined in the policy or contract. If inpatient hospital benefits are provided beyond 30 days per benefit year, the durational limits, dollar amounts, and coinsurance factors thereto need not be the same as applicable to physical illness generally.~~

~~(b) Outpatient benefits may be limited to $1,000 for consultations with a licensed physician, a psychologist licensed pursuant to chapter 490, a mental health counselor licensed pursuant to chapter 491, a marriage and family therapist licensed pursuant to chapter 491, and a clinical social worker licensed pursuant to chapter 491. If benefits are provided beyond the $1,000 per benefit year, the durational limits, dollar amounts, and coinsurance factors thereof need not be the~~

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~~same as applicable to physical illness generally.~~

~~(c) Partial hospitalization benefits shall be provided under the direction of a licensed physician. For purposes of this part, the term "partial hospitalization services" is defined as those services offered by a program that is accredited by an accrediting organization whose standards incorporate comparable regulations required by this state. Alcohol rehabilitation programs accredited by an accrediting organization whose standards incorporate comparable regulations required by this state or approved by the state and licensed drug abuse rehabilitation programs shall also be qualified providers under this section. In a given benefit year, if partial hospitalization services or a combination of inpatient and partial hospitalization are used, the total benefits paid for all such services may not exceed the cost of 30 days after inpatient hospitalization for psychiatric services, including physician fees, which prevail in the community in which the partial hospitalization services are rendered. If partial hospitalization services benefits are provided beyond the limits set forth in this paragraph, the durational limits, dollar amounts, and coinsurance factors thereof need not be the same as those applicable to physical illness generally~~.

(3) Insurers must maintain strict confidentiality regarding psychiatric and psychotherapeutic records submitted to an insurer for the purpose of reviewing a claim for benefits payable under this section. These records submitted to an insurer are subject to the limitations of s. 456.057, relating to the furnishing of patient records.

(4) Every insurer shall submit an annual affidavit

attesting to compliance with the applicable provisions of the MHPAEA.

(5) The office shall implement and enforce applicable provisions of MHPAEA and federal guidance or regulations relating to MHPAEA, including, but not limited to, 45 C.F.R. s. 146.136, 45 C.F.R. s. 147.160, and 45 C.F.R. s. 156.115(a)(3), and this section.

(6) The Financial Services Commission may adopt rules to implement this section.

Section 10. Subsection (4) is added to section 627.669, Florida Statutes, to read:

627.669 Optional coverage required for substance abuse impaired persons; exception.—

(4) This section is repealed January 1, 2021.

Section 11. Effective January 1, 2021, present subsection (17) of section 627.6699, Florida Statutes, is redesignated as subsection (18), and a new subsection (17) is added to that section, to read:

627.6699 Employee Health Care Access Act.—

(17) MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS.—A health benefit plan that provides coverage to employees of a small employer is subject to s. 627.4193.

Section 12. Effective January 1, 2021, subsection (9) is added to section 641.26, Florida Statutes, to read:

641.26 Annual and quarterly reports.—

(9) Every health maintenance organization issuing, delivering, or issuing for delivery contracts providing comprehensive major medical coverage shall annually submit an affidavit to the office attesting to compliance with the

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requirements of s. 627.4193. The office may adopt rules to implement this subsection.

Section 13. Effective January 1, 2021, subsection (48) is added to section 641.31, Florida Statutes, to read:

641.31 Health maintenance contracts.—

(48) All health maintenance contracts that provide comprehensive medical coverage must comply with the coverage provisions of s. 627.4193. The commission may adopt rules to implement this subsection.

Section 14. Section 786.1516, Florida Statutes, is created to read:

786.1516 Immunity for providing assistance in a suicide emergency.—

(1) As used in this section, the term:

(a) "Emergency care" means assistance or advice offered to avoid, mitigate, or attempt to mitigate the effects of a suicide emergency.

(b) "Suicide emergency" means an occurrence that reasonably indicates an individual is at risk of dying or attempting to die by suicide.

(2) A person who provides emergency care at or near the scene of a suicide emergency, gratuitously and in good faith, is not liable for any civil damages or penalties as a result of any act or omission by the person providing the emergency care unless the person is grossly negligent or caused the suicide emergency.

Section 15. Present subsection (28) of section 1002.33, Florida Statutes, is redesignated as subsection (29), and a new subsection (28) is added to that section, to read:

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1002.33 Charter schools.—

(28) CONTINUING EDUCATION AND INSERVICE TRAINING FOR YOUTH SUICIDE AWARENESS AND PREVENTION.—

(a) By October 1, 2020, every charter school must:

1. Incorporate 2 hours of training offered pursuant to s. 1012.583. The training must be included in the existing continuing education or inservice training requirements for instructional personnel and may not add to the total hours currently required by the department. Every charter school must require all instructional personnel to participate.

2. Have at least two school-based staff members certified or otherwise deemed competent in the use of a suicide screening instrument approved under s. 1012.583(1) and have a policy to use such suicide risk screening instrument to evaluate a student’s suicide risk before requesting the initiation of, or initiating, an involuntary examination due to concerns about that student’s suicide risk.

(b) Every charter school must report its compliance with this subsection to the department.

Section 16. Subsections (2) and (3) of section 1012.583, Florida Statutes, are amended to read:

1012.583 Continuing education and inservice training for youth suicide awareness and prevention.—

(2) By October 1, 2020, every public school must ~~A school shall be considered a “Suicide Prevention Certified School” if it~~:

(a) Incorporate ~~Incorporates~~ 2 hours of training offered pursuant to this section. The training must be included in the existing continuing education or inservice training requirements

for instructional personnel and may not add to the total hours currently required by the department. Every public school ~~A school that chooses to participate in the training~~ must require all instructional personnel to participate.

(b) Have ~~Has~~ at least two school-based staff members certified or otherwise deemed competent in the use of a suicide screening instrument approved under subsection (1) and have ~~has~~ a policy to use such suicide risk screening instrument to evaluate a student's suicide risk before requesting the initiation of, or initiating, an involuntary examination due to concerns about that student's suicide risk.

(3) Every public school ~~A school that meets the criteria in subsection (2)~~ must report its compliance with this section to the department. ~~The department shall keep an updated record of all Suicide Prevention Certified Schools and shall post the list of these schools on the department's website. Each school shall also post on its own website whether it is a Suicide Prevention Certified School, and each school district shall post on its district website a list of the Suicide Prevention Certified Schools in that district.~~

Section 17. Paragraphs (a) and (c) of subsection (3) of section 394.495, Florida Statutes, are amended to read:

394.495 Child and adolescent mental health system of care; programs and services.—

(3) Assessments must be performed by:

(a) A professional as defined in s. 394.455(5), (7), (33) ~~(32)~~, (36) ~~(35)~~, or (37) ~~(36)~~;

(c) A person who is under the direct supervision of a qualified professional as defined in s. 394.455(5), (7), (33)


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~~(32)~~, (36) ~~(35)~~, or (37) ~~(36)~~ or a professional licensed under chapter 491.

Section 18. Subsection (5) of section 394.496, Florida Statutes, is amended to read:

394.496 Service planning.—

(5) A professional as defined in s. 394.455(5), (7), (33) ~~(32)~~, (36) ~~(35)~~, or (37) ~~(36)~~ or a professional licensed under chapter 491 must be included among those persons developing the services plan.

Section 19. Subsection (6) of section 394.9085, Florida Statutes, is amended to read:

394.9085 Behavioral provider liability.—

(6) For purposes of this section, the terms "detoxification services," "addictions receiving facility," and "receiving facility" have the same meanings as those provided in ss. 397.311(26)(a)4., 397.311(26)(a)1., and 394.455(40) ~~394.455(39)~~, respectively.

Section 20. Paragraph (b) of subsection (1) of section 409.972, Florida Statutes, is amended to read:

409.972 Mandatory and voluntary enrollment.—

(1) The following Medicaid-eligible persons are exempt from mandatory managed care enrollment required by s. 409.965, and may voluntarily choose to participate in the managed medical assistance program:

(b) Medicaid recipients residing in residential commitment facilities operated through the Department of Juvenile Justice or a treatment facility as defined in s. 394.455~~(47)~~.

Section 21. Paragraph (e) of subsection (4) of section 464.012, Florida Statutes, is amended to read:

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464.012 Licensure of advanced practice registered nurses; fees; controlled substance prescribing.—

(4) In addition to the general functions specified in subsection (3), an advanced practice registered nurse may perform the following acts within his or her specialty:

(e) A psychiatric nurse, who meets the requirements in s. 394.455(36) ~~s. 394.455(35)~~, within the framework of an established protocol with a psychiatrist, may prescribe psychotropic controlled substances for the treatment of mental disorders.

Section 22. Subsection (7) of section 744.2007, Florida Statutes, is amended to read:

744.2007 Powers and duties.—

(7) A public guardian may not commit a ward to a treatment facility, as defined in s. 394.455~~(47)~~, without an involuntary placement proceeding as provided by law.

Section 23. The Office of Program Policy Analysis and Government Accountability shall perform a review of suicide prevention programs and efforts made by other states and make recommendations on their applicability to this state. The office shall submit a report containing the findings and recommendations to the President of the Senate and the Speaker of the House of Representatives by January 1, 2021.

Section 24. Except as otherwise expressly provided in this act, this act shall take effect July 1, 2020.

========== T I T L E A M E N D M E N T ==========

And the title is amended as follows:

Delete line 77

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and insert:

specified date; providing effective dates.

FOR CONSIDERATION By the Committee on Children, Families, and Elder Affairs

586-01190A-20 20207012pb

A bill to be entitled

An act relating to mental health; amending s. 14.2019, F.S.; providing additional duties for the Statewide Office for Suicide Prevention; amending s. 14.20195, F.S.; providing additional duties for the Suicide Prevention Coordinating Council; revising the composition of the council; amending s. 334.044, F.S.; requiring the Department of Transportation to work with the office in developing a plan relating to evidence-based suicide deterrents in certain locations; amending s. 394.455, F.S.; defining the term "first episode psychosis program"; amending s. 394.4573, F.S.; revising the requirements for the annual state behavioral health services assessment; revising the essential elements of a coordinated system of care; amending s. 394.463, F.S.; requiring that certain information be provided to the guardian or representative of a minor patient released from involuntary examination; creating s. 456.0342, F.S.; providing applicability; requiring specified persons to complete certain suicide prevention education courses by a specified date; requiring certain boards to include the hours for such courses in the total hours of continuing education required for the profession; amending s. 627.6675, F.S.; conforming a provision to changes made by the act; transferring, renumbering, and amending s. 627.668, F.S.; requiring certain entities issuing, delivering, or issuing for delivery certain health insurance policies to comply

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with specified federal provisions that prohibit the imposition of less favorable benefit limitations on mental health and substance use disorder benefits than on medical and surgical benefits; deleting provisions relating to optional coverage for mental and nervous disorders by such entities; revising the standard for defining substance use disorders; requiring such entities to submit an annual affidavit attesting to compliance with federal law; requiring the office to implement and enforce certain federal laws in a specified manner; authorizing the Financial Services Commission to adopt rules; repealing s. 627.669, F.S., relating to optional coverage required for substance abuse impaired persons; amending s. 627.6699, F.S.; providing applicability; amending s. 641.26, F.S.; requiring certain entities to submit an annual affidavit to the Office of Insurance Regulation attesting to compliance with certain requirements; authorizing the office to adopt rules; amending s. 641.31, F.S.; requiring that certain health maintenance contracts comply with certain requirements; authorizing the commission to adopt rules; creating s. 786.1516, F.S.; defining the terms "emergency care" and "suicide emergency"; providing that persons providing certain emergency care are not liable for civil damages or penalties under certain circumstances; amending ss. 1002.33 and 1012.583, F.S.; requiring charter schools and public schools, respectively, to incorporate certain training on

suicide prevention in continuing education and inservice training requirements; providing that such schools must require all instructional personnel to participate in the training; requiring such schools to have a specified minimum number of staff members who are certified or deemed competent in the use of suicide screening instruments; requiring such schools to have a policy for such instruments; requiring such schools to report certain compliance to the Department of Education; conforming provisions to changes made by the act; amending ss. 394.495, 394.496, 394.9085, 409.972, 464.012, and 744.2007, F.S.; conforming cross-references; requiring the Office of Program Policy Analysis and Government Accountability to perform a review of certain programs and efforts relating to suicide prevention programs in other states and make certain recommendations; requiring the office to submit a report to the Legislature by a specified date; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Paragraphs (a) and (d) of subsection (2) of section 14.2019, Florida Statutes, are amended, and paragraphs (e) and (f) are added to that subsection, to read:

14.2019 Statewide Office for Suicide Prevention.—

(2) The statewide office shall, within available resources:

(a) Develop a network of community-based programs to improve suicide prevention initiatives. The network shall

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identify and work to eliminate barriers to providing suicide prevention services to individuals who are at risk of suicide. The network shall consist of stakeholders advocating suicide prevention, including, but not limited to, not-for-profit suicide prevention organizations, faith-based suicide prevention organizations, law enforcement agencies, first responders to emergency calls, veterans, servicemembers, suicide prevention community coalitions, schools and universities, mental health agencies, substance abuse treatment agencies, health care providers, and school personnel.

(d) Coordinate education and training curricula in suicide prevention efforts for law enforcement personnel, first responders to emergency calls, veterans, servicemembers, health care providers, school employees, and other persons who may have contact with persons at risk of suicide.

(e) Act as a clearinghouse for information and resources related to suicide prevention by:

1. Disseminating and sharing evidence-based best practices relating to suicide prevention;

2. Collecting and analyzing data on trends in suicide and suicide attempts annually by county, age, gender, profession, and other demographics as designated by the statewide office.

(f) Advise the Department of Transportation on the implementation of evidence-based suicide deterrents in the design elements and features of infrastructure projects throughout the state.

Section 2. Paragraph (c) of subsection (1) and subsection (2) of section 14.20195, Florida Statutes, are amended, and paragraph (d) is added to subsection (1) of that section, to

read:

14.20195 Suicide Prevention Coordinating Council; creation; membership; duties.—There is created within the Statewide Office for Suicide Prevention a Suicide Prevention Coordinating Council. The council shall develop strategies for preventing suicide.

(1) SCOPE OF ACTIVITY.—The Suicide Prevention Coordinating Council is a coordinating council as defined in s. 20.03 and shall:

(c) Make findings and recommendations regarding suicide prevention programs and activities, including, but not limited to, the implementation of evidence-based mental health awareness and assistance training programs and gatekeeper training in municipalities throughout the state. The council shall prepare an annual report and present it to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 1, each year. The annual report must describe the status of existing and planned initiatives identified in the statewide plan for suicide prevention and any recommendations arising therefrom.

(d) In conjunction with the Department of Children and Families, advise members of the public on the locations and availability of local behavioral health providers.

(2) MEMBERSHIP.—The Suicide Prevention Coordinating Council shall consist of 30 ~~27~~ voting members and one nonvoting member.

(a) Sixteen ~~Thirteen~~ members shall be appointed by the director of the Statewide Office for Suicide Prevention and shall represent the following organizations:

1. The Florida Association of School Psychologists.

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2. The Florida Sheriffs Association.
3. The Suicide Prevention Action Network USA.
4. The Florida Initiative of Suicide Prevention.
5. The Florida Suicide Prevention Coalition.
6. The American Foundation of Suicide Prevention.
7. The Florida School Board Association.
8. The National Council for Suicide Prevention.
9. The state chapter of AARP.
10. The Florida Alcohol and Drug Abuse Association.
11. The Florida Council for Community Mental Health.
12. The Florida Counseling Association.
13. NAMI Florida.
14. The Florida Medical Association.
15. The Florida Osteopathic Medical Association.
15. Veterans Florida.

(b) The following state officials or their designees shall serve on the coordinating council:

1. The Secretary of Elderly Affairs.
2. The State Surgeon General.
3. The Commissioner of Education.
4. The Secretary of Health Care Administration.
5. The Secretary of Juvenile Justice.
6. The Secretary of Corrections.
7. The executive director of the Department of Law Enforcement.
8. The executive director of the Department of Veterans' Affairs.
9. The Secretary of Children and Families.
10. The executive director of the Department of Economic

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(c) The Governor shall appoint four additional members to the coordinating council. The appointees must have expertise that is critical to the prevention of suicide or represent an organization that is not already represented on the coordinating council.

(d) For the members appointed by the director of the Statewide Office for Suicide Prevention, seven members shall be appointed to initial terms of 3 years, and seven members shall be appointed to initial terms of 4 years. For the members appointed by the Governor, two members shall be appointed to initial terms of 4 years, and two members shall be appointed to initial terms of 3 years. Thereafter, such members shall be appointed to terms of 4 years. Any vacancy on the coordinating council shall be filled in the same manner as the original appointment, and any member who is appointed to fill a vacancy occurring because of death, resignation, or ineligibility for membership shall serve only for the unexpired term of the member's predecessor. A member is eligible for reappointment.

(e) The director of the Statewide Office for Suicide Prevention shall be a nonvoting member of the coordinating council and shall act as chair.

(f) Members of the coordinating council shall serve without compensation. Any member of the coordinating council who is a public employee is entitled to reimbursement for per diem and travel expenses as provided in s. 112.061.

Section 3. Present paragraph (c) of subsection (10) of section 334.044, Florida Statutes, is redesignated as paragraph (d), and a new paragraph (c) is added to that subsection, to

read:

334.044 Powers and duties of the department.—The department shall have the following general powers and duties:

(10)

(c) The department shall work with the Statewide Office for Suicide Prevention in developing a plan to consider the implementation of evidence-based suicide deterrents on all new infrastructure projects.

Section 4. Present subsections (17) through (48) of section 394.455, Florida Statutes, are redesignated as subsections (18) through (49), respectively, and a new subsection (17) is added to that section, to read:

394.455 Definitions.—As used in this part, the term:

(17) "First episode psychosis program" means an evidence-based program for individuals between 14 and 30 years of age who are experiencing early indications of serious mental illness, especially a first episode of psychotic symptoms. The program includes, but is not limited to, intensive case management, individual or group therapy, supported employment, family education and supports, and appropriate psychotropic medication, as indicated.

Section 5. Section 394.4573, Florida Statutes, is amended to read:

394.4573 Coordinated system of care; annual assessment; essential elements; measures of performance; system improvement grants; reports.—On or before December 1 of each year, the department shall submit to the Governor, the President of the Senate, and the Speaker of the House of Representatives an assessment of the behavioral health services in this state. The

assessment shall consider, at a minimum, the extent to which designated receiving systems function as no-wrong-door models, the availability of treatment and recovery services that use recovery-oriented and peer-involved approaches, the availability of less-restrictive services, and the use of evidence-informed practices. The assessment must also describe the availability of and access to first episode psychosis programs, and any gaps in the availability and access of such programs, in all areas of the state. The department's assessment shall consider, at a minimum, the needs assessments conducted by the managing entities pursuant to s. 394.9082(5). Beginning in 2017, the department shall compile and include in the report all plans submitted by managing entities pursuant to s. 394.9082(8) and the department's evaluation of each plan.

(1) As used in this section:

(a) "Care coordination" means 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. Examples of care coordination activities include development of referral agreements, shared protocols, and information exchange procedures. The purpose of care coordination is to enhance the delivery of treatment services and recovery supports and to improve outcomes among priority populations.

(b) "Case management" means those direct services provided to a client in order to assess his or her needs, plan or arrange services, coordinate service providers, link the service system

to a client, monitor service delivery, and evaluate patient outcomes to ensure the client is receiving the appropriate services.

(c) "Coordinated system of care" means the full array of behavioral and related services in a region or community offered by all service providers, whether participating under contract with the managing entity or by another method of community partnership or mutual agreement.

(d) "No-wrong-door model" means a model for the delivery of acute care services to persons who have mental health or substance use disorders, or both, which optimizes access to care, regardless of the entry point to the behavioral health care system.

(2) The essential elements of a coordinated system of care include:

(a) Community interventions, such as prevention, primary care for behavioral health needs, therapeutic and supportive services, crisis response services, and diversion programs.

(b) 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.

1. A county or several counties shall plan the designated receiving system using a process that includes the managing entity and is open to participation by individuals with behavioral health needs and their families, service providers, law enforcement agencies, and other parties. The county or

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counties, in collaboration with the managing entity, shall document the designated receiving system through written memoranda of agreement or other binding arrangements. The county or counties and the managing entity shall complete the plan and implement the designated receiving system by July 1, 2017, and the county or counties and the managing entity shall review and update, as necessary, the designated receiving system at least once every 3 years.

2. To the extent permitted by available resources, the designated receiving system shall function as a no-wrong-door model. The designated receiving system may be organized in any manner which functions as a no-wrong-door model that responds to individual needs and integrates services among various providers. Such models include, but are not limited to:

a. A central receiving system that consists of a designated central receiving facility that serves as a single entry point for persons with mental health or substance use disorders, or co-occurring disorders. The central receiving facility shall be capable of assessment, evaluation, and triage or treatment or stabilization of persons with mental health or substance use disorders, or co-occurring disorders.

b. A coordinated receiving system that consists of multiple entry points that are linked by shared data systems, formal referral agreements, and cooperative arrangements for care coordination and case management. Each entry point shall be a designated receiving facility and shall, within existing resources, provide or arrange for necessary services following an initial assessment and evaluation.

c. A tiered receiving system that consists of multiple

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entry points, some of which offer only specialized or limited services. Each service provider shall be classified according to its capabilities as either a designated receiving facility or another type of service provider, such as a triage center, a licensed detoxification facility, or an access center. All participating service providers shall, within existing resources, be linked by methods to share data, formal referral agreements, and cooperative arrangements for care coordination and case management.

An accurate inventory of the participating service providers which specifies the capabilities and limitations of each provider and its ability to accept patients under the designated receiving system agreements and the transportation plan developed pursuant to this section shall be maintained and made available at all times to all first responders in the service area.

(c) Transportation in accordance with a plan developed under s. 394.462.

(d) Crisis services, including mobile response teams, crisis stabilization units, addiction receiving facilities, and detoxification facilities.

(e) Case management. Each case manager or person directly supervising a case manager who provides Medicaid-funded targeted case management services shall hold a valid certification from a department-approved credentialing entity as defined in s. 397.311(10) by July 1, 2017, and, thereafter, within 6 months after hire.

(f) Care coordination that involves coordination with other

local systems and entities, public and private, which are involved with the individual, such as primary care, child welfare, behavioral health care, and criminal and juvenile justice organizations.

(g) Outpatient services.

(h) Residential services.

(i) Hospital inpatient care.

(j) Aftercare and other postdischarge services.

(k) Medication-assisted treatment and medication management.

(l) Recovery support, including, but not limited to, support for competitive employment, educational attainment, independent living skills development, family support and education, wellness management and self-care, and assistance in obtaining housing that meets the individual's needs. Such housing may include mental health residential treatment facilities, limited mental health assisted living facilities, adult family care homes, and supportive housing. Housing provided using state funds must provide a safe and decent environment free from abuse and neglect.

(m) Care plans shall assign specific responsibility for initial and ongoing evaluation of the supervision and support needs of the individual and the identification of housing that meets such needs. For purposes of this paragraph, the term "supervision" means oversight of and assistance with compliance with the clinical aspects of an individual's care plan.

(n) First episode psychosis programs.

(3) SYSTEM IMPROVEMENT GRANTS.—Subject to a specific appropriation by the Legislature, the department may award

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system improvement grants to managing entities based on a detailed plan to enhance services in accordance with the no-wrong-door model as defined in subsection (1) and to address specific needs identified in the assessment prepared by the department pursuant to this section. Such a grant must be awarded through a performance-based contract that links payments to the documented and measurable achievement of system improvements.

Section 6. Subsection (3) of section 394.463, Florida Statutes, is amended to read:

394.463 Involuntary examination.—

(3) NOTICE OF RELEASE.—Notice of the release shall be given to the patient's guardian or representative, to any person who executed a certificate admitting the patient to the receiving facility, and to any court which ordered the patient's evaluation. If the patient is a minor, information regarding the availability of a local mobile response service, suicide prevention resources, social supports, and local self-help groups must also be provided to the patient's guardian or representative along with the notice of the release.

Section 7. Section 456.0342, Florida Statutes, is created to read:

456.0342 Required instruction on suicide prevention.—The requirements of this section apply to each person licensed or certified under chapter 458, chapter 459, or part I of chapter 464.

(1) By January 1, 2022, each licensed or certified practitioner shall complete a board-approved 2-hour continuing education course on suicide prevention. The course must address

suicide risk assessment, treatment, and management.

(2) Each licensing board that requires a licensee or certificate holder to complete a course pursuant to this section must include the hours required for completion in the total hours of continuing education required by law for such profession.

Section 8. Paragraph (b) of subsection (8) of section 627.6675, Florida Statutes, is amended to read:

627.6675 Conversion on termination of eligibility.—Subject to all of the provisions of this section, a group policy delivered or issued for delivery in this state by an insurer or nonprofit health care services plan that provides, on an expense-incurred basis, hospital, surgical, or major medical expense insurance, or any combination of these coverages, shall provide that an employee or member whose insurance under the group policy has been terminated for any reason, including discontinuance of the group policy in its entirety or with respect to an insured class, and who has been continuously insured under the group policy, and under any group policy providing similar benefits that the terminated group policy replaced, for at least 3 months immediately prior to termination, shall be entitled to have issued to him or her by the insurer a policy or certificate of health insurance, referred to in this section as a "converted policy." A group insurer may meet the requirements of this section by contracting with another insurer, authorized in this state, to issue an individual converted policy, which policy has been approved by the office under s. 627.410. An employee or member shall not be entitled to a converted policy if termination of his or her

insurance under the group policy occurred because he or she failed to pay any required contribution, or because any discontinued group coverage was replaced by similar group coverage within 31 days after discontinuance.

(8) BENEFITS OFFERED.—

(b) An insurer shall offer the benefits specified in s. 627.4193 ~~s. 627.668 and the benefits specified in s. 627.669 if those benefits were provided in the group plan~~.

Section 9. Section 627.668, Florida Statutes, is transferred, renumbered as section 627.4193, Florida Statutes, and amended to read:

627.4193 ~~627.668~~ Requirements for mental health and substance use disorder benefits; reporting requirements ~~Optional coverage for mental and nervous disorders required; exception~~.—

(1) Every insurer issuing, delivering, or issuing for delivery comprehensive major medical individual or~~, health maintenance organization, and nonprofit hospital and medical service plan corporation transacting~~ group health insurance policies ~~or providing prepaid health care~~ in this state must comply with the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) and any regulations relating to MHPAEA, including, but not limited to, 45 C.F.R. s. 146.136, 45 C.F.R. s. 147.160, and 45 C.F.R. s. 156.115(a)(3); and must provide ~~shall make available to the policyholder as part of the application, for an appropriate additional premium under a group hospital and medical expense-incurred insurance policy, under a group prepaid health care contract, and under a group hospital and medical service plan contract,~~ the benefits or level of benefits specified in

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subsection (2) for the medically necessary care and treatment of mental and nervous disorders, including substance use disorders, as described ~~defined~~ in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, published by ~~standard nomenclature of~~ the American Psychiatric Association~~, subject to the right of the applicant for a group policy or contract to select any alternative benefits or level of benefits as may be offered by the insurer, health maintenance organization, or service plan corporation provided that, if alternate inpatient, outpatient, or partial hospitalization benefits are selected, such benefits shall not be less than the level of benefits required under paragraph (2)(a), paragraph (2)(b), or paragraph (2)(c), respectively~~.

(2) Under individual or group policies described in subsection (1) ~~or contracts~~, inpatient hospital benefits, partial hospitalization benefits, and outpatient benefits consisting of durational limits, dollar amounts, deductibles, and coinsurance factors may not be provided in a manner that is more restrictive than medical and surgical benefits, and limits on the scope or duration of treatments which are not expressed numerically, also known as nonquantitative treatment limitations, must be provided in a manner that is comparable and may not be applied more stringently than limits on medical and surgical benefits, in accordance with 45 C.F.R. s. 146.136(c)(2), (3), and (4) ~~shall not be less favorable than for physical illness generally, except that:~~

~~(a) Inpatient benefits may be limited to not less than 30 days per benefit year as defined in the policy or contract. If inpatient hospital benefits are provided beyond 30 days per~~

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~~benefit year, the durational limits, dollar amounts, and coinsurance factors thereto need not be the same as applicable to physical illness generally.~~

~~(b) Outpatient benefits may be limited to $1,000 for consultations with a licensed physician, a psychologist licensed pursuant to chapter 490, a mental health counselor licensed pursuant to chapter 491, a marriage and family therapist licensed pursuant to chapter 491, and a clinical social worker licensed pursuant to chapter 491. If benefits are provided beyond the $1,000 per benefit year, the durational limits, dollar amounts, and coinsurance factors thereof need not be the same as applicable to physical illness generally.~~

~~(c) Partial hospitalization benefits shall be provided under the direction of a licensed physician. For purposes of this part, the term "partial hospitalization services" is defined as those services offered by a program that is accredited by an accrediting organization whose standards incorporate comparable regulations required by this state. Alcohol rehabilitation programs accredited by an accrediting organization whose standards incorporate comparable regulations required by this state or approved by the state and licensed drug abuse rehabilitation programs shall also be qualified providers under this section. In a given benefit year, if partial hospitalization services or a combination of inpatient and partial hospitalization are used, the total benefits paid for all such services may not exceed the cost of 30 days after inpatient hospitalization for psychiatric services, including physician fees, which prevail in the community in which the partial hospitalization services are rendered. If partial~~

~~hospitalization services benefits are provided beyond the limits set forth in this paragraph, the durational limits, dollar amounts, and coinsurance factors thereof need not be the same as those applicable to physical illness generally~~.

(3) Insurers must maintain strict confidentiality regarding psychiatric and psychotherapeutic records submitted to an insurer for the purpose of reviewing a claim for benefits payable under this section. These records submitted to an insurer are subject to the limitations of s. 456.057, relating to the furnishing of patient records.

(4) Every insurer shall submit an annual affidavit attesting to compliance with the applicable provisions of the MHPAEA.

(5) The office shall implement and enforce applicable provisions of MHPAEA and federal guidance or regulations relating to MHPAEA, including, but not limited to, 45 C.F.R. s. 146.136, 45 C.F.R. s. 147.160, and 45 C.F.R. s. 156.115(a)(3), and this section.

(6) The Financial Services Commission may adopt rules to implement this section.

Section 10. Section 627.669, Florida Statutes, is repealed.

Section 11. Present subsection (17) of section 627.6699, Florida Statutes, is redesignated as subsection (18), and a new subsection (17) is added to that section, to read:

627.6699 Employee Health Care Access Act.—

(17) MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS.—A health benefit plan that provides coverage to employees of a small employer is subject to s. 627.4193.

Section 12. Subsection (9) is added to section 641.26,

Florida Statutes, to read:

641.26 Annual and quarterly reports.—

(9) Every health maintenance organization issuing, delivering, or issuing for delivery contracts providing comprehensive major medical coverage shall annually submit an affidavit to the office attesting to compliance with the requirements of s. 627.4193. The office may adopt rules to implement this subsection.

Section 13. Subsection (48) is added to section 641.31, Florida Statutes, to read:

641.31 Health maintenance contracts.—

(48) All health maintenance contracts that provide comprehensive medical coverage must comply with the coverage provisions of s. 627.4193. The commission may adopt rules to implement this subsection.

Section 14. Section 786.1516, Florida Statutes, is created to read:

786.1516 Immunity for providing assistance in a suicide emergency.—

(1) As used in this section, the term:

(a) "Emergency care" means assistance or advice offered to avoid, mitigate, or attempt to mitigate the effects of a suicide emergency.

(b) "Suicide emergency" means an occurrence that reasonably indicates an individual is at risk of dying or attempting to die by suicide.

(2) A person who provides emergency care at or near the scene of a suicide emergency, gratuitously and in good faith, is not liable for any civil damages or penalties as a result of any

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act or omission by the person providing the emergency care unless the person is grossly negligent or caused the suicide emergency.

Section 15. Present subsection (28) of section 1002.33, Florida Statutes, is redesignated as subsection (29), and a new subsection (28) is added to that section, to read:

1002.33 Charter schools.—

(28) CONTINUING EDUCATION AND INSERVICE TRAINING FOR YOUTH SUICIDE AWARENESS AND PREVENTION.—

(a) By October 1, 2020, every charter school must:

1. Incorporate 2 hours of training offered pursuant to s. 1012.583. The training must be included in the existing continuing education or inservice training requirements for instructional personnel and may not add to the total hours currently required by the department. Every charter school must require all instructional personnel to participate.

2. Have at least two school-based staff members certified or otherwise deemed competent in the use of a suicide screening instrument approved under s. 1012.583(1) and have a policy to use such suicide risk screening instrument to evaluate a student’s suicide risk before requesting the initiation of, or initiating, an involuntary examination due to concerns about that student’s suicide risk.

(b) Every charter school must report its compliance with this subsection to the department.

Section 16. Subsections (2) and (3) of section 1012.583, Florida Statutes, are amended to read:

1012.583 Continuing education and inservice training for youth suicide awareness and prevention.—

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(2) By October 1, 2020, every public school must ~~A school shall be considered a "Suicide Prevention Certified School" if it~~:

(a) Incorporate ~~Incorporates~~ 2 hours of training offered pursuant to this section. The training must be included in the existing continuing education or inservice training requirements for instructional personnel and may not add to the total hours currently required by the department. Every public school ~~A school that chooses to participate in the training~~ must require all instructional personnel to participate.

(b) Have ~~Has~~ at least two school-based staff members certified or otherwise deemed competent in the use of a suicide screening instrument approved under subsection (1) and have ~~has~~ a policy to use such suicide risk screening instrument to evaluate a student's suicide risk before requesting the initiation of, or initiating, an involuntary examination due to concerns about that student's suicide risk.

(3) Every public school ~~A school that meets the criteria in subsection (2)~~ must report its compliance with this section to the department. ~~The department shall keep an updated record of all Suicide Prevention Certified Schools and shall post the list of these schools on the department's website. Each school shall also post on its own website whether it is a Suicide Prevention Certified School, and each school district shall post on its district website a list of the Suicide Prevention Certified Schools in that district.~~

Section 17. Paragraphs (a) and (c) of subsection (3) of section 394.495, Florida Statutes, are amended to read:

394.495 Child and adolescent mental health system of care;

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programs and services.—

(3) Assessments must be performed by:

(a) A professional as defined in s. 394.455(5), (7), (33) ~~(32)~~, (36) ~~(35)~~, or (37) ~~(36)~~;

(c) A person who is under the direct supervision of a qualified professional as defined in s. 394.455(5), (7), (33) ~~(32)~~, (36) ~~(35)~~, or (37) ~~(36)~~ or a professional licensed under chapter 491.

Section 18. Subsection (5) of section 394.496, Florida Statutes, is amended to read:

394.496 Service planning.—

(5) A professional as defined in s. 394.455(5), (7), (33) ~~(32)~~, (36) ~~(35)~~, or (37) ~~(36)~~ or a professional licensed under chapter 491 must be included among those persons developing the services plan.

Section 19. Subsection (6) of section 394.9085, Florida Statutes, is amended to read:

394.9085 Behavioral provider liability.—

(6) For purposes of this section, the terms "detoxification services," "addictions receiving facility," and "receiving facility" have the same meanings as those provided in ss. 397.311(26)(a)4., 397.311(26)(a)1., and 394.455(40) ~~394.455(39)~~, respectively.

Section 20. Paragraph (b) of subsection (1) of section 409.972, Florida Statutes, is amended to read:

409.972 Mandatory and voluntary enrollment.—

(1) The following Medicaid-eligible persons are exempt from mandatory managed care enrollment required by s. 409.965, and may voluntarily choose to participate in the managed medical

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assistance program:

(b) Medicaid recipients residing in residential commitment facilities operated through the Department of Juvenile Justice or a treatment facility as defined in s. 394.455~~(47)~~.

Section 21. Paragraph (e) of subsection (4) of section 464.012, Florida Statutes, is amended to read:

464.012 Licensure of advanced practice registered nurses; fees; controlled substance prescribing.—

(4) In addition to the general functions specified in subsection (3), an advanced practice registered nurse may perform the following acts within his or her specialty:

(e) A psychiatric nurse, who meets the requirements in s. 394.455(36) ~~s. 394.455(35)~~, within the framework of an established protocol with a psychiatrist, may prescribe psychotropic controlled substances for the treatment of mental disorders.

Section 22. Subsection (7) of section 744.2007, Florida Statutes, is amended to read:

744.2007 Powers and duties.—

(7) A public guardian may not commit a ward to a treatment facility, as defined in s. 394.455~~(47)~~, without an involuntary placement proceeding as provided by law.

Section 23. The Office of Program Policy Analysis and Government Accountability shall perform a review of suicide prevention programs and efforts made by other states and make recommendations on their applicability to this state. The office shall submit a report containing the findings and recommendations to the President of the Senate and the Speaker of the House of Representatives by January 1, 2021.

Section 24. This act shall take effect July 1, 2020.

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THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

November 12, 2019
Meeting Date

7012
Bill Number (if applicable)

Topic Mental Health

Amendment Barcode (if applicable)

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Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☑ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Smart Justice Alliance

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/12/13
Meeting Date

7012
Bill Number (if applicable)

Topic MENTAL HEALTH

Amendment Barcode (if applicable)

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Speaking: ☒ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing FLORIDA ASSOCIATION OF MANAGED ENTITIES

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

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THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11/12/19
Meeting Date

SB7012
Bill Number (if applicable)

Topic Mental Health

Amendment Barcode (if applicable)

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Waive Speaking: ☑ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Council for Behavioral Healthcare

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

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THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11-12-19
Meeting Date

7012
Bill Number (if applicable)

Amendment Barcode (if applicable)

Topic MENTAL HEALTH

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(The Chair will read this information into the record.)

Representing NATIONAL ASSOCIATION OF SOCIAL WORKERS - FLORIDA

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☐ Yes ☑ No

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THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11/12/19
Meeting Date

7012
Bill Number (if applicable)

Amendment Barcode (if applicable)

Topic Mental Health

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Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida PTA

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11/12/19
Meeting Date

7012
Bill Number (if applicable)

Amendment Barcode (if applicable)

Topic Mental Health

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Speaking: [X] For [ ] Against [ ] Information

Waive Speaking: [ ] In Support [ ] Against
(The Chair will read this information into the record.)

Representing Nami Palm Beach / Florida Mental Health Coalition

Appearing at request of Chair: [ ] Yes [X] No

Lobbyist registered with Legislature: [X] Yes [ ] No

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Nov. 12, 2019
Meeting Date

SB 7012
Bill Number (if applicable)

Topic Mental Health

Amendment Barcode (if applicable)

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Waive Speaking: [X] In Support [X] Against
(The Chair will read this information into the record.)

Representing Informed Families of Florida

Appearing at request of Chair: [ ] Yes [X] No

Lobbyist registered with Legislature: [X] Yes [ ] No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

NOV 12, 2019
Meeting Date

7012
Bill Number (if applicable)

Amendment Barcode (if applicable)

Topic MENTAL HEALTH SERVICES

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Speaking: ☐ For ☐ Against ☑ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing TALLAHASSEE VETERANS LEGAL COLLABORATIVE

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☐ Yes ☑ No

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S-001 (10/14/14)