Tab 1	**SB 152** by **Brandes (CO-INTRODUCERS) Perry**; (Similar to H 00979) Dental Therapy					
667314	D	S		CF, Brandes	Delete everything after	02/10 02:29 PM
~~883162~~	T	S	WD	CF, Brandes	In title, delete L.2:	02/04 08:19 AM
Tab 2	**SB 920** by **Rouson (CO-INTRODUCERS) Rader**; (Similar to CS/H 00577) First-episode Psychosis Programs					
Tab 3	**SB 1054** by **Gruters**; (Compare to CS/H 00941) Substance Abuse Services					
Tab 4	**SB 1156** by **Braynon**; (Identical to H 00831) Children's Initiatives					
894020	A	S		CF, Braynon	Delete L.19 - 26:	02/10 02:29 PM
Tab 5	**SB 1198** by **Berman**; (Similar to H 00899) Purple Alert					
905336	A	S		CF, Berman	Before L.48:	02/10 02:30 PM
Tab 6	**SB 1678** by **Montford**; (Compare to CS/H 01071) Substance Abuse and Mental Health					
~~967794~~	D	S	WD	CF, Book	Delete everything after	02/11 08:33 AM
~~672124~~	A	S	WD	CF, Montford	Delete L.113:	02/11 09:40 AM
633722	D	S	L	CF, Book	Delete everything after	02/11 10:08 AM

The Florida Senate

COMMITTEE MEETING EXPANDED AGENDA

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

MEETING DATE: Tuesday, February 11, 2020
TIME: 2:00—4:00 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	**SB 152** Brandes (Similar H 979)	Dental Therapy; Authorizing Medicaid to reimburse for dental services provided in a mobile dental unit that is owned by, operated by, or contracted with a health access setting or another similar setting or program; requiring the chair of the Board of Dentistry to appoint a Council on Dental Therapy effective after a specified timeframe; requiring the board to adopt certain rules relating to dental therapists; providing application requirements and examination and licensure qualifications for dental therapists; limiting the practice of dental therapy to specified settings, etc. CF 02/04/2020 Temporarily Postponed CF 02/11/2020 AHS AP	
2	**SB 920** Rouson (Similar CS/H 577, Compare S 704, S 7012)	First-episode Psychosis Programs; Defining the term "first-episode psychosis program"; revising the application criteria for the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program to include support for first-episode psychosis programs; requiring the Department of Children and Families to include specified information regarding first-episode psychosis programs in its annual assessment of behavioral health services, etc. CF 02/11/2020 AHS AP	
3	**SB 1054** Gruters (Compare CS/H 941)	Substance Abuse Services; Requiring the Department of Children and Families, in conjunction with the Office of the State Courts Administrator, to establish a process for electronically verifying compliance with certain court-ordered treatments, etc. CF 02/11/2020 CJ RC	

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
4	**SB 1156** Braynon (Identical H 831)	Children's Initiatives; Revising requirements for the implementation of certain children's initiatives; requiring the Department of Children and Families to contract with a not-for-profit corporation for certain purposes and for specified amounts, etc. CF 02/11/2020 AHS AP	
5	**SB 1198** Berman (Similar H 899)	Purple Alert; Redefining the term "missing endangered person"; requiring the Department of Law Enforcement, in cooperation with the Department of Transportation, the Department of Highway Safety and Motor Vehicles, the Department of the Lottery, and local law enforcement agencies, to establish and implement the Purple Alert; authorizing local law enforcement agencies to broadcast information concerning certain missing adults; requiring the local law enforcement agency of jurisdiction to notify certain media and alert subscribers if a Purple Alert is determined to be necessary and appropriate, etc. IS 01/27/2020 Favorable CF 02/11/2020 RC	
6	**SB 1678** Montford (Compare CS/H 1071, CS/H 1081, H 1229, CS/S 870, S 1554)	Substance Abuse and Mental Health; Revising the definition of "mental illness"; renaming the Criminal Justice, Mental Health, and Substance Abuse Statewide Grant Review Committee as the Criminal Justice, Mental Health, and Substance Abuse Statewide Grant Advisory Committee; revising the committee's duties and requirements; revising the definition of the term "individuals in need", etc. CF 02/11/2020 AHS AP	
	Other Related Meeting Documents		

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 152
INTRODUCER:	Senators Brandes and Perry
SUBJECT:	Dental Therapy
DATE:	February 3, 2020
REVISED:	

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Delia	Hendon	CF	**Pre-meeting**
2.			AHS	
3.			AP	

I. Summary:

SB 152 authorizes the Department of Health ("DOH") to issue a dental therapist license to an applicant who possesses a degree or certificate in dental therapy from an accredited program. The bill authorizes a licensed dental therapist to perform remediable tasks under the general supervision of a dentist. The bill provides a scope of practice for dental therapists and requires the Board of Dentistry ("BOD") to appoint and establish members of the Council of Dental Therapy.

The bill also authorizes Medicaid to reimburse for dental services provided in a mobile dental unit owned by a health access setting.

The bill will have an indeterminate fiscal impact and provides an effective date of July 1, 2020.

II. Present Situation:

Regulation of Dental Practice in Florida

The BOD regulates dental practice in Florida, including dentists, dental hygienists, and dental assistants under the Dental Practice Act.[1] A dentist is licensed to examine, diagnose, treat, and care for conditions within the human oral cavity and its adjacent tissues and structures.[2] A dental hygienist provides education, preventive and delegated therapeutic dental services.[3]

Any person wishing to practice dentistry in this state must apply to the DOH and meet specified requirements. Section 466.006, F.S., requires dentistry licensure applicants to sit for a national

[1] Section 466.004, F.S.
[2] Section 466.003(3), F.S.
[3] Section 466.003(4)-(5), F.S.

exam, a state exam, and a practicum exam.[4] To qualify to take the Florida dental licensure examination, an applicant must be 18 years of age or older, be a graduate of a dental school accredited by the American Dental Association or be a student in the final year of a program at an accredited institution, and have successfully completed the National Board of Dental Examiners (NBDE) dental examination.

Dentists must maintain professional liability insurance or provide proof of professional responsibility. If the dentist obtains professional liability insurance, the coverage must be at least $100,000 per claim, with a minimum annual aggregate of at least $300,000.[5] Alternatively, a dentist may maintain an unexpired, irrevocable letter of credit in the amount of $100,000 per claim, with a minimum aggregate availability of credit of at least $300,000.[6] The professional liability insurance must provide coverage for the actions of any dental hygienist supervised by the dentist.[7]

Health Professional Shortage Areas

The U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA) designates Health Professional Shortage Areas (HPSAs) according to criteria developed in accordance with section 332 of the Public Health Services Act. HPSA designations are used to identify areas and population groups within the United States that are experiencing a shortage of health care provider shortages in primary care, dental health, or mental health.[8] The threshold for a dental HPSA is a population-to-provider ratio of at least 5,000:1.[9]

Medically Underserved Area

HRSA also designates Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs). MUAs and MUPs identify geographic areas and populations with a lack of access to primary care services.[10] MUAs have a shortage of primary care health services for residents within a geographic area such as a county, a group of neighboring counties, a group of urban census tracts, or a group of county or civil divisions.[11] MUPs are specific sub-groups of people living in a defined geographic area with a shortage of primary care health services who may face economic, cultural, or linguistic barriers to health care.[12] MUPs include, but are not limited to, those who are homeless, low-income, Medicaid-eligible, Native American, or migrant farmworkers.[13]

[4] A passing score is valid for 365 days after the date the official examination results are published. A passing score on an examination obtained in another jurisdiction must be completed on or after October 1, 2011.
[5] Rule 64B5-17.011(1), F.A.C.
[6] Rule 64B5-17.011(2), F.A.C.
[7] Rule 64B5-17.011(4), F.A.C.
[8] Health Resources and Services Administration, *Health Professional Shortage Areas (HPSAs)*, available at https://bhw.hrsa.gov/shortage-designation/hpsas (last visited Jan. 31, 2020).
[9] Id.
[10] Health Resources and Services Administration, *Medically Underserved Areas and Populations (MUA/Ps)*, https://bhw.hrsa.gov/shortage-designation/muap (last visited Jan. 31, 2020).
[11] Id.
[12] Id.
[13] Id.

Access to Dental Care and Dental Workforce in Florida

Nationally, there are 5,352 dental HSPAs, 296 of which are in Florida.[14] The DOH reports that in 2017 - 18 fiscal year there were approximately 55.8 licensed dentists per 100,000 people in Florida; however, this ratio varies greatly across the state.[15] Most dentists are disproportionately concentrated in the more populous areas of the state. Three counties, Dixie, Glades, and Lafayette, do not have any licensed dentists, while other counties have over 150 dentists per 100,000 residents.[16]

Lack of access to dental care can lead to poor oral health and poor overall health. [17] Research has shown a link between poor oral health and diabetes, heart and lung disease, stroke, respiratory illnesses, and adverse birth outcomes including the delivery of pre-term and low birth weight infants.[18]

Dental Licensure Programs for Underserved Populations in Florida

The DOH may issue a permit to a nonprofit corporation chartered to provide dental care for indigent persons. A nonprofit corporation may apply for a permit to employ a non-Florida licensed dentist who is a graduate of an accredited dental school.[19] The DOH also issues limited licenses to dentists whose practice is limited to providing services to the indigent or critical need populations within the state.[20] The DOH will waive the application and all licensure if the limited licensee applicant submits a notarized statement from the employer that he or she will not be receiving monetary compensation for services provided.

Health Access Licenses

A health access license allows out-of-state dentists who meet certain criteria to practice in a health access setting without the supervision of a Florida licensed dentist.[21] A health access setting is a program or institution of the Department of Children and Families, the DOH, Department of Juvenile Justice, a nonprofit health center, a Head Start center, a federally-qualified health center (FQHC) or FQHC look-alike, a school-based prevention program, or a clinic operated by an accredited dental school or accredited dental hygiene program.[22]

A holder of a health access dental license must apply for renewal of the license each biennium and provide a signed statement that she or he has complied will all continuing education

---

[14] Health Resources and Services Administration, data.HPSA.gov, *Shortage Areas*, available at https://data.hrsa.gov/topics/health-workforce/shortage-areas (last visited Aug. 27, 2019).
[15] Florida Department of Health, Florida CHARTS, *Total Licensed Florida Dentists*, http://www.flhealthcharts.com/charts/OtherIndicators/NonVitalIndNoGrpDataViewer.aspx?cid=0326 (last visited Jan. 31, 2020).
[16] Id.
[17] Florida Department of Health, *Florida's Burden of Oral Disease Surveillance Report*, (Aug, 2016), p. 5, *available at*, http://www.floridahealth.gov/programs-and-services/community-health/dental-health/reports/_documents/floridas-burden-oral-disease-surveillance-report.pdf (last visited Jan. 31, 2020).
[18] Id.
[19] Rule 64B5-7.006, F.A.C.
[20] *See* Section 456.015, F.S., and Rule 64B5-7.007, F.A.C.
[21] Section 466.0067, F.S. The dental health access license is scheduled for repeal on January 1, 2020, unless saved from repeal by reenactment by the Legislature (s. 466.00673, F.S.).
[22] Section 466.003(14), F.S. Such institutions or programs must report violations of the Dental Practice Act or standards of care to the Board of Dentistry.

requirements of an active dentist. The health access dental license will be renewed if the applicant:

- Submits documentation from the employer in the health access setting that the licensee has at all times pertinent remained an employee;
- Has not been convicted or pled nolo contendere to, regardless of adjudication, any felony or misdemeanor related to the practice of a health care profession;
- Has paid the appropriate renewal fee;
- Has not failed the Florida examination requirements since initially receiving the health access dental license or since the last renewal; and
- Has not been reported to the National Practitioner Data Bank, unless the applicant successfully appealed to have his or her name removed from the data bank.

A health access dental license will be revoked upon the termination of the licensee's employment from a qualifying health access setting, final agency action determining that a licensee has violated disciplinary grounds as provided in s. 466.028, F.S., or failure of the Florida dental licensure examination.

It is considered the unlicensed practice of dentistry if a licensee fails to limit his or her practice to a health access setting.[23]

Dental Therapy

Dental therapists are midlevel dental providers, similar to physician assistants in medicine.[24] Dental therapists provide preventive and routine restorative care, such as filling cavities, placing temporary crowns, and extracting badly diseased or loose teeth.[25] Arizona, Connecticut, Minnesota, Maine, New Mexico, Nevada, and Vermont have authorized the practice of dental therapy, and dental therapists are authorized to practice in tribal areas of Alaska, Oregon, and Washington.[26]

In 2015, the Commission on Dental Accreditation (CODA) established accreditation standards for dental therapy education programs.[27] There are no CODA-accredited dental therapy education programs. There are currently three dental therapy education programs in the United States, which are located in Minnesota and Alaska, and a fourth dental therapy education program is being developed in Vermont. The dental therapy education programs that currently exist are accredited by regional accreditation agencies or approved by state dental boards.

III. Effect of Proposed Changes:

Section 1 amends s. 409.906, F.S., to allow Medicaid to provide reimbursement for dental services provided by a mobile dental unit owned by, operated by, or having a contractual

[23] Section 466.00672(2), F.S.
[24] Pew Charitable Trusts, *5 Dental Therapy FAQs*, (April 21, 2016), available at http://www.pewtrusts.org/en/research-and-analysis/q-and-a/2016/04/5-dental-therapy-faqs (last visited Jan. 31, 2020).
[25] Id.
[26] Pew Charitable Trusts, *National Momentum Building for Midlevel Dental Providers*, http://www.pewtrusts.org/en/research-and-analysis/analysis/2016/09/28/states-expand-the-use-of-dental-therapy (last visited Jan. 31, 2020).
[27] Commission on Dental Accreditation, *Accreditation Standards for Dental Therapy Education Programs*, (eff. Feb. 6, 2015), available at http://www.ada.org/~/media/CODA/Files/dt.ashx (last visited Jan. 31, 2020).

relationship with a health access setting or a similar setting or program that serves underserved populations that face serious barriers to accessing dental services. Examples include Early Head Start programs, homeless shelters, schools, and the Special Supplemental Nutrition Program for Women, Infants and Children.

Section 2 amends s. 466.001, F.S., to express legislative intent to ensure every dental therapist practicing in the state meets minimum requirements for safe practice, and that those dental therapists who fall below minimum competency or otherwise present a danger to the public shall be prohibited from practicing.

Section 3 amends s. 466.002, F.S., to provide that nothing in the Dental Practice Act (ch. 466, F.S.) shall apply to dental therapy students while performing regularly assigned work under the curriculum of schools, nor to instructors of dental therapy while performing regularly assigned instructional duties.

Section 4 amends s. 466.003, F.S., to add definitions for dental therapy and dental therapists, and expands the definition of 'health access settings' to include dental therapy programs.

Section 5 amends s. 466.004, F.S., to provide for the creation of the Council on Dental Therapy. Members of the council will be appointed by the chair of the board and consist of one board member to chair the council and three dental therapists actively engaged in the practice of dental therapy in Florida. The council must meet at least three times per year, and at the request of the board chair, a majority of the members, or the council chair. The council is tasked with rule and policy recommendations, which must be reviewed by the board. The board has authority to take final action on adopting recommendations made by the council.

Section 6 amends s. 466.006, F.S., to make dentists who are full-time faculty members of dental therapy schools eligible for what is considered "full-time practice" of dentists for purposes of state licensure.

Section 7 amends s. 466.0075, F.S., to provide that the board may require any person applying to take the dental therapy licensure exam to maintain medical liability insurance sufficient to cover any incident of harm to a patient during a clinical exam.

Section 8 amends s. 466.009, F.S., to allow applicants for a dental therapy license who fail one part of the practical or clinical exam for licensure to retake only that part in order to pass the exam, however if the applicant fails more than one part they must retake the entire exam.

Section 9 amends s. 466.011, F.S., to provide that anyone who satisfies all parts of the newly created s. 466.0225, F.S., pertaining to dental therapy, must be certified for licensure by the DOH.

Section 10 creates s. 466.0136, F.S., requiring all licensed dental therapists to complete at least 24 hours of continuing education (CE) in dental subjects approved by the board biennially. The bill specifies that CE programs must be programs that, in the opinion of the board, contribute directly to the dental education of the licensee. The bill allows individuals licensed as both a dental therapist and a dental hygienist to count one hour of CE toward the total annual CE

requirements for both professions. The bill gives the board rulemaking authority to enforce the provisions of this section, and also allows the board to excuse the requirement for those facing unusual circumstances, emergencies, or hardships.

Section 11 amends s. 466.0016, F.S., requiring licensed dental therapists to display a copy of their license in plain sight of patients at each office where they practice.

Section 12 amends s. 466.017, F.S., requiring the board to adopt rules which establish additional requirements relating to the use of general anesthesia or sedation for dental therapists who work with either. The bill also requires the board to adopt a mechanism to verify compliance with training and certification requirements. The bill requires any dental therapist who uses any form of anesthesia to obtain certification in either basic CPR or advanced cardiac life support as approved by the American Heart Association or American Red Cross, with recertification every two years. The bill provides that dental therapists working under the general supervision of a dentist may administer local anesthesia, including intraoral block anesthesia, soft tissue infiltration anesthesia, or both if they are properly certified. The bill also permits dental therapists to utilize x-ray machines if authorized by their supervising dentist to do so.

Section 13 amends s. 466.018, F.S., provides that a dentist of record shall be primarily responsible for treatment rendered by a dental therapist. The bill requires anyone other than the dentist of record, a dental hygienist, a dental therapist, or a dental assistant to note their initials in the patient record if they perform treatment on a patient.

Section 14 creates s. 466.0225, F.S., requiring any applicant for licensure as a dental therapist to take the appropriate licensure exams, verify an application for licensure by oath, and include two personal photographs with the application. The bill provides that in order to take the dental therapy exams and obtain licensure, an applicant must:

- The applicant must be at least 18 years old;
- Graduate from a CODA-accredited dental therapy school or program, or a program accredited by another entity recognized by the U.S. Department of Education;
- Successfully complete a dental therapy practical or clinical exam produced by the American Board of Dental Examiners (ADEX) within three attempts;
- Not have been disciplined by the Board with the exception of minor violations or citations;
- Not have been convicted, or pled nolo contendere to, a misdemeanor or felony related to the practice of dental therapy; and
- Successfully complete a written laws and rules exam on dental therapy.

The bill provides that an applicant who meets these requirements and successfully completes either the ADEX practical/clinical exams or exams in another state deemed comparable by the board must be licensed to practice dental therapy in Florida.

Section 15 creates s. 466.0227, F.S., providing legislative findings that licensing dental therapists would improve access to high-quality affordable oral health services, and would rapidly improve such access for low-income, uninsured, and underserved patients. To further this intent, the bill limits dental therapists to practicing in the following settings:

- A health access setting;

- A community health center;
- A military or veterans' hospital or clinic;
- A governmental or public health clinic;
- A school, Head Start program, or school-based prevention program;
- An oral health education institution;
- A hospital;
- A geographical area designated as a dental health professional shortage area by the federal government; or
- Any other clinic or practice setting if at least 50% of the patients are enrolled in Medicaid or lack dental insurance and report an annual income of less than 200% of the federal poverty level.

The bill provides that a dental therapist may provide the following services under the general supervision of a dentist:

- All services specified by CODA in its Dental Therapy Accreditation Standards;[28]
- Evaluating radiographs;
- Placement of space maintainers;
- Pulpotomies on primary teeth;
- Dispensing and administering nonopioid analgesics, and;
- Oral evaluation of dental disease and forming of treatment plans if authorized by a supervising dentist and subject to any conditions in a collaborative agreement between the dentist and dental therapist.

The bill requires a dental therapist and supervising dentist to enter into a written collaborative agreement prior to performing any of the aforementioned services, and the agreement must include permissible practice settings, practice limitations and protocols, record maintenance procedures, emergency protocols, medication protocols, and supervision criteria. The bill requires supervising dentists to determine the number of hours a dental therapist must perform under direct or indirect supervision before practicing under general supervision. The bill provides that a supervising dentist must be licensed to practice in Florida and is responsible for all services authorized and performed by the dental therapist pursuant to a collaborative agreement. Finally, the bill allows a dental therapist to perform services prior to being seen by the supervising dentist if provided for in the collaborative agreement and if the patient is subsequently referred to a dentist for any additional services needed that exceed to the dental therapist's scope of practice.

Section 16 amends s. 466.026, F.S., to provide that the unlicensed practice of dental therapy, and offering to sell a dental therapy school or college degree to someone who was not granted such a degree, both constitute third-degree felonies. The bill also provides that using the name "dental therapist" or the initials, "D.T." or otherwise holding one's self out as an actively licensed dental therapist without proper licensure is a first-degree misdemeanor.

[28] See complete list of service required for CODA Dental Therapy Accreditation Standards Commission on Dental Accreditation, *Accreditation Standards for Dental Therapy Education Programs* (eff. Feb. 6, 2015), Copyright 2019,Standard 2 – Education Program, 2-12 p. 29 - 30 available at https://www.ada.org/en/~/media/CODA/Files/dental_therapy_standards (last visited Aug. 27, 2019).

Section 17 amends s. 466.028, F.S., to provide that the following acts constitute grounds for denial of a dental therapy license or discipline of an existing dental therapy license:

- Having a license to practice dental therapy disciplined by another state or practice jurisdiction;
- Being convicted or found guilty of, or pleading nolo contendere to, a crime related to the practice of dental therapy;
- Aiding or abetting the unlicensed practice of dental therapy;
- Being unable to practice dental therapy with reasonable skill and safety by reason of illness, chemical impairment, or any mental or physical condition, and;
- Fraud, deceit, or misconduct in the practice of dental therapy.

Section 18 amends s. 466.0285, F.S., to prohibit anyone other than a licensed dentist from employing dental therapists in the operation of a dental office.

Section 19 requires that by July 1, 2023, the DOH, in consultation with the board and AHCA must submit, to the President of the Senate and the Speaker of the House of Representatives, a progress report which must include:

- The progress that has been made in Florida to implement dental therapy training programs, licensing, and Medicaid reimbursement;
- Data demonstrating the effects of dental therapy in Florida on:
  - Patient access to dental services;
  - The use of primary and preventative dental services in underserved regions and populations, including Medicaid;
  - Costs to dental providers, patients, insurers and the state; and
  - The quality and safety of dental services.
- Specific recommendations for any necessary legislative, administrative, or regulatory changes relating to dental therapy; and
- Any additional information the DOH deems appropriate.

A final report is required to be submitted to the Legislature three years after the first dental therapy license is issued.

Section 20 provides an effective date 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:

The DOH anticipates an estimated revenue for the first biennium of licensure of approximately $2.4 million, and an estimated revenue for the second biennium of $2 million.[29]

E. Other Constitutional Issues:

None identified.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

There will be an indeterminate fiscal impact on individuals who apply for licensure as dental therapists as they will need to pay application and licensure fees.

C. Government Sector Impact:

Estimated costs to the state for the first biennium of licensure are $584,408, as shown below:[30]

	RECURRING	**NON-RECURRING**
SALARY	$205,745	
OPS	$800	$25,260
EXPENSE	$54,646	$22,145
CONTRACTED SERVICES	$65,703 (Reccuring Biannually)	
HUMAN RESOURCES	$1,316	$107
TOTAL	**$328,210**	**$47,512**

VI. Technical Deficiencies:

The bill incorrectly cites the statutory reference for the definitions of health access setting and school-based prevention programs. It should read s. 466.003(14), F.S., and s. 466.003(15), F.S., respectively.

[29] Florida Department of Health, 2020 Agency Legislative Bill Analysis, HB 649. October 14, 2019. On file with the Senate Committee on Children, Families and Elder Affairs.
[30] *Id*.

VII. Related Issues:

According to the DOH, the proposed language in the newly created s. 466.0225(1), F.S., is outdated as applicants for licensure with the DOH are no longer required to submit two photographs as part of the application process.[31]

The bill fails to define "minor violations" as cited in the newly created s. 466.0225, F.S.

The bill provides that a dental therapist may provide services to a patient prior to the patient being seen by a dentist if the collaborative agreement between dentist and dental therapist so allows. The DOH has expressed uncertainty over whether this may present a conflict with s. 466.003(10), F.S., which requires a licensed dentist to examine and diagnose a patient before another licensed professional provides services.

VIII. Statutes Affected:

This bill substantially amends sections 409.906, 466.001, 466.002, 466.003, 466.004, 466.006, 466.0075, 466.009, 466.011, 466.016, 466.017, 466.018, 466.026, 466.028, and 466.0285 of the Florida Statutes.
This bill creates sections 466.0136, 466.0225, and 466.0227 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.

[31] *Id*.

By Senator Brandes

24-00156-20 2020152__

A bill to be entitled

An act relating to dental therapy; amending s. 409.906, F.S.; authorizing Medicaid to reimburse for dental services provided in a mobile dental unit that is owned by, operated by, or contracted with a health access setting or another similar setting or program; amending s. 466.001, F.S.; revising legislative purpose and intent; amending s. 466.002, F.S.; providing applicability; amending s. 466.003, F.S.; defining the terms "dental therapist" and "dental therapy"; revising the definition of the term "health access setting" to include certain dental therapy programs; amending s. 466.004, F.S.; requiring the chair of the Board of Dentistry to appoint a Council on Dental Therapy effective after a specified timeframe; providing for membership, meetings, and the purpose of the council; amending s. 466.006, F.S.; revising the definition of the terms "full-time practice" and "full-time practice of dentistry within the geographic boundaries of this state within 1 year" to include full-time faculty members of certain dental therapy schools; amending s. 466.0075, F.S.; authorizing the board to require any person who applies to take the examination to practice dental therapy in this state to maintain medical malpractice insurance in a certain amount; amending s. 466.009, F.S.; requiring the Department of Health to allow any person who fails the dental therapy examination to retake the examination; providing that a person who

fails a practical or clinical examination to practice dental therapy and who has failed one part or procedure of the examination may be required to retake only that part or procedure to pass the examination; amending s. 466.011, F.S.; requiring the board to certify applicants for licensure as a dental therapist; creating s. 466.0136, F.S.; requiring the board to require each licensed dental therapist to complete a specified number of hours of continuing education; requiring the board to adopt rules and guidelines; authorizing the board to excuse licensees from continuing education requirements in certain circumstances; amending s. 466.016, F.S.; requiring a practitioner of dental therapy to post and display her or his license in each office where she or he practices; amending s. 466.017, F.S.; requiring the board to adopt certain rules relating to dental therapists; authorizing a dental therapist under the general supervision of a dentist to administer local anesthesia and operate an X-ray machine, expose dental X-ray films, and interpret or read such films if specified requirements are met; correcting a term; amending s. 466.018, F.S.; providing that a dentist remains primarily responsible for the dental treatment of a patient regardless of whether the treatment is provided by a dental therapist; requiring the initials of a dental therapist who renders treatment to a patient to be placed in the record of the patient; creating s. 466.0225, F.S.; providing application

requirements and examination and licensure qualifications for dental therapists; creating s. 466.0227, F.S.; providing legislative findings and intent; limiting the practice of dental therapy to specified settings; authorizing a dental therapist to perform specified services under the general supervision of a dentist under certain conditions; specifying state-specific dental therapy services; requiring a collaborative management agreement to be signed by a supervising dentist and a dental therapist and to include certain information; requiring the supervising dentist to determine the number of hours of practice that a dental therapist must complete before performing certain authorized services; authorizing a supervising dentist to restrict or limit the dental therapist's practice in a collaborative management agreement; providing that a supervising dentist may authorize a dental therapist to provide dental therapy services to a patient before the dentist examines or diagnoses the patient under certain conditions; requiring a supervising dentist to be licensed and practicing in this state; specifying that the supervising dentist is responsible for certain services; amending s. 466.026, F.S.; providing criminal penalties for practicing dental therapy without an active license, selling or offering to sell a diploma from a dental therapy school or college, falsely using a specified name or initials or holding herself or himself out as an actively licensed dental

therapist; amending s. 466.028, F.S.; revising grounds for denial of a license or disciplinary action to include the practice of dental therapy; amending s. 466.0285, F.S.; prohibiting persons other than licensed dentists from employing a dental therapist in the operation of a dental office and from controlling the use of any dental equipment or material in certain circumstances; requiring the department, in consultation with the board and the Agency for Health Care Administration, to provide reports to the Legislature by specified dates; requiring that certain information and recommendations be included in the reports; providing an effective date.

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

Section 1. Paragraph (c) of subsection (1) of section 409.906, Florida Statutes, is amended, and paragraph (e) is added to subsection (6) of that section, to read:

409.906 Optional Medicaid services.—Subject to specific appropriations, the agency may make payments for services which are optional to the state under Title XIX of the Social Security Act and are furnished by Medicaid providers to recipients who are determined to be eligible on the dates on which the services were provided. Any optional service that is provided shall be provided only when medically necessary and in accordance with state and federal law. Optional services rendered by providers in mobile units to Medicaid recipients may be restricted or prohibited by the agency. Nothing in this section shall be

construed to prevent or limit the agency from adjusting fees, reimbursement rates, lengths of stay, number of visits, or number of services, or making any other adjustments necessary to comply with the availability of moneys and any limitations or directions provided for in the General Appropriations Act or chapter 216. If necessary to safeguard the state's systems of providing services to elderly and disabled persons and subject to the notice and review provisions of s. 216.177, the Governor may direct the Agency for Health Care Administration to amend the Medicaid state plan to delete the optional Medicaid service known as "Intermediate Care Facilities for the Developmentally Disabled." Optional services may include:

(1) ADULT DENTAL SERVICES.—

(c) However, Medicaid will not provide reimbursement for dental services provided in a mobile dental unit, except for a mobile dental unit:

1. Owned by, operated by, or having a contractual agreement with the Department of Health and complying with Medicaid's county health department clinic services program specifications as a county health department clinic services provider.

2. Owned by, operated by, or having a contractual arrangement with a federally qualified health center and complying with Medicaid's federally qualified health center specifications as a federally qualified health center provider.

3. Rendering dental services to Medicaid recipients, 21 years of age and older, at nursing facilities.

4. Owned by, operated by, or having a contractual agreement with a state-approved dental educational institution.

5. Owned by, operated by, or having a contractual agreement

with a health access setting, as defined in s. 466.003(16), or a similar setting or program that serves underserved or vulnerable populations that face serious barriers to accessing dental services, which may include, but is not limited to, Early Head Start programs, homeless shelters, schools, and the Special Supplemental Nutrition Program for Women, Infants, and Children.

(6) CHILDREN'S DENTAL SERVICES.—The agency may pay for diagnostic, preventive, or corrective procedures, including orthodontia in severe cases, provided to a recipient under age 21, by or under the supervision of a licensed dentist. The agency may also reimburse a health access setting as defined in s. 466.003(16) ~~s. 466.003~~ for the remediable tasks that a licensed dental hygienist is authorized to perform under s. 466.024(2). Services provided under this program include treatment of the teeth and associated structures of the oral cavity, as well as treatment of disease, injury, or impairment that may affect the oral or general health of the individual. However, Medicaid will not provide reimbursement for dental services provided in a mobile dental unit, except for a mobile dental unit:

(e) Owned by, operated by, or having a contractual agreement with a health access setting, as defined in s. 466.003(16), or a similar setting or program that serves underserved or vulnerable populations that face serious barriers to accessing dental services, which may include, but is not limited to, Early Head Start programs, homeless shelters, schools, and the Special Supplemental Nutrition Program for Women, Infants, and Children.

Section 2. Section 466.001, Florida Statutes, is amended to

read:

466.001 Legislative purpose and intent.—The legislative purpose for enacting this chapter is to ensure that every dentist, dental therapist, or dental hygienist practicing in this state meets minimum requirements for safe practice without undue clinical interference by persons not licensed under this chapter. It is the legislative intent that dental services be provided only in accordance with ~~the provisions of~~ this chapter and not be delegated to unauthorized individuals. It is the further legislative intent that dentists, dental therapists, and dental hygienists who fall below minimum competency or who otherwise present a danger to the public shall be prohibited from practicing in this state. All provisions of this chapter relating to the practice of dentistry, dental therapy, and dental hygiene shall be liberally construed to carry out such purpose and intent.

Section 3. Subsections (5) and (6) of section 466.002, Florida Statutes, are amended to read:

466.002 Persons exempt from operation of chapter.—Nothing in this chapter shall apply to the following practices, acts, and operations:

(5) Students in Florida schools of dentistry, dental therapy, and dental hygiene or dental assistant educational programs, while performing regularly assigned work under the curriculum of such schools.

(6) Instructors in Florida schools of dentistry, instructors in dental programs that prepare persons holding D.D.S. or D.M.D. degrees for certification by a specialty board and that are accredited in the United States by January 1, 2005,

in the same manner as the board recognizes accreditation for Florida schools of dentistry that are not otherwise affiliated with a Florida school of dentistry, or instructors in Florida schools of dental hygiene or dental therapy or dental assistant educational programs, while performing regularly assigned instructional duties under the curriculum of such schools or programs. A full-time dental instructor at a dental school or dental program approved by the board may be allowed to practice dentistry at the teaching facilities of such school or program, upon receiving a teaching permit issued by the board, in strict compliance with such rules as are adopted by the board pertaining to the teaching permit and with the established rules and procedures of the dental school or program as recognized in this section.

Section 4. Present subsections (7) through (15) of section 466.003, Florida Statutes, are redesignated as subsections (9) through (17), respectively, present subsections (14) and (15) are amended, and new subsections (7) and (8) are added to that section, to read:

466.003 Definitions.—As used in this chapter:

(7) "Dental therapist" means a person licensed to practice dental therapy pursuant to s. 466.0225.

(8) "Dental therapy" means the rendering of services pursuant to s. 466.0227 and any related extraoral services or procedures required in the performance of such services.

(16)~~(14)~~ "Health access setting" means a program or an institution of the Department of Children and Families, the Department of Health, the Department of Juvenile Justice, a nonprofit community health center, a Head Start center, a

federally qualified health center or look-alike as defined by federal law, a school-based prevention program, a clinic operated by an accredited college of dentistry, or an accredited dental hygiene or dental therapy program in this state if such community service program or institution immediately reports to the Board of Dentistry all violations of s. 466.027, s. 466.028, or other practice act or standard of care violations related to the actions or inactions of a dentist, dental hygienist, dental therapist, or dental assistant engaged in the delivery of dental care in such setting.

(17) ~~(15)~~ "School-based prevention program" means preventive oral health services offered at a school by one of the entities defined in subsection (16) ~~(14)~~ or by a nonprofit organization that is exempt from federal income taxation under s. 501(a) of the Internal Revenue Code, and described in s. 501(c)(3) of the Internal Revenue Code.

Section 5. Subsection (2) of section 466.004, Florida Statutes, is amended to read:

466.004 Board of Dentistry.—

(2) To advise the board, it is the intent of the Legislature that councils be appointed as specified in paragraphs (a)-(d) ~~(a), (b), and (c)~~. The department shall provide administrative support to the councils and shall provide public notice of meetings and agenda of the councils. Councils shall include at least one board member who shall chair the council and shall include nonboard members. All council members shall be appointed by the board chair. Council members shall be appointed for 4-year terms, and all members shall be eligible for reimbursement of expenses in the manner of board members.

(a) A Council on Dental Hygiene shall be appointed by the board chair and shall include one dental hygienist member of the board, who shall chair the council, one dental member of the board, and three dental hygienists who are actively engaged in the practice of dental hygiene in this state. In making the appointments, the chair shall consider recommendations from the Florida Dental Hygiene Association. The council shall meet at the request of the board chair, a majority of the members of the board, or the council chair; however, the council must meet at least three times a year. The council is charged with the responsibility of and shall meet for the purpose of developing rules and policies for recommendation to the board, which the board shall consider, on matters pertaining to that part of dentistry consisting of educational, preventive, or therapeutic dental hygiene services; dental hygiene licensure, discipline, or regulation; and dental hygiene education. Rule and policy recommendations of the council shall be considered by the board at its next regularly scheduled meeting in the same manner in which it considers rule and policy recommendations from designated subcommittees of the board. Any rule or policy proposed by the board pertaining to the specified part of dentistry defined by this subsection shall be referred to the council for a recommendation before final action by the board. The board may take final action on rules pertaining to the specified part of dentistry defined by this subsection without a council recommendation if the council fails to submit a recommendation in a timely fashion as prescribed by the board.

(b) A Council on Dental Assisting shall be appointed by the board chair and shall include one board member who shall chair

the council and three dental assistants who are actively engaged in dental assisting in this state. The council shall meet at the request of the board chair or a majority of the members of the board. The council shall meet for the purpose of developing recommendations to the board on matters pertaining to that part of dentistry related to dental assisting.

(c) Effective 28 months after the first dental therapy license is granted by the board, a Council on Dental Therapy shall be appointed by the board chair and shall include one board member who shall chair the council and three dental therapists who are actively engaged in the practice of dental therapy in this state. The council shall meet at the request of the board chair, a majority of the members of the board, or the council chair; however, the council must meet at least three times per year. The council is charged with the responsibility of, and shall meet for the purpose of, developing rules and policies for recommendation to the board on matters pertaining to that part of dentistry consisting of educational, preventative, or therapeutic dental therapy services; dental therapy licensure, discipline, or regulation; and dental therapy education. Rule and policy recommendations of the council must be considered by the board at its next regularly scheduled meeting in the same manner in which it considers rule and policy recommendations from designated subcommittees of the board. Any rule or policy proposed by the board pertaining to the specified part of dentistry defined by this subsection must be referred to the council for a recommendation before final action by the board. The board may take final action on rules pertaining to the specified part of dentistry defined by this subsection

without a council recommendation if the council fails to submit a recommendation in a timely fashion as prescribed by the board.

(d) ~~(c)~~ With the concurrence of the State Surgeon General, the board chair may create and abolish other advisory councils relating to dental subjects, including, but not limited to: examinations, access to dental care, indigent care, nursing home and institutional care, public health, disciplinary guidelines, and other subjects as appropriate. Such councils shall be appointed by the board chair and shall include at least one board member who shall serve as chair.

Section 6. Subsection (4) and paragraph (b) of subsection (6) of section 466.006, Florida Statutes, are amended to read:

466.006 Examination of dentists.—

(4) Notwithstanding any other provision of law in chapter 456 pertaining to the clinical dental licensure examination or national examinations, to be licensed as a dentist in this state, an applicant must successfully complete the following:

(a) A written examination on the laws and rules of the state regulating the practice of dentistry;

(b)1. A practical or clinical examination, which shall be the American Dental Licensing Examination produced by the American Board of Dental Examiners, Inc., or its successor entity, if any, that is administered in this state and graded by dentists licensed in this state and employed by the department for just such purpose, provided that the board has attained, and continues to maintain thereafter, representation on the board of directors of the American Board of Dental Examiners, the examination development committee of the American Board of Dental Examiners, and such other committees of the American

Board of Dental Examiners as the board deems appropriate by rule to assure that the standards established herein are maintained organizationally. A passing score on the American Dental Licensing Examination administered in this state and graded by dentists who are licensed in this state is valid for 365 days after the date the official examination results are published.

2.a. As an alternative to the requirements of subparagraph 1., an applicant may submit scores from an American Dental Licensing Examination previously administered in a jurisdiction other than this state after October 1, 2011, and such examination results shall be recognized as valid for the purpose of licensure in this state. A passing score on the American Dental Licensing Examination administered out-of-state shall be the same as the passing score for the American Dental Licensing Examination administered in this state and graded by dentists who are licensed in this state. The examination results are valid for 365 days after the date the official examination results are published. The applicant must have completed the examination after October 1, 2011.

b. This subparagraph may not be given retroactive application.

3. If the date of an applicant’s passing American Dental Licensing Examination scores from an examination previously administered in a jurisdiction other than this state under subparagraph 2. is older than 365 days, then such scores shall nevertheless be recognized as valid for the purpose of licensure in this state, but only if the applicant demonstrates that all of the following additional standards have been met:

a.(I) The applicant completed the American Dental Licensing

Examination after October 1, 2011.

(II) This sub-subparagraph may not be given retroactive application;

b. The applicant graduated from a dental school accredited by the American Dental Association Commission on Dental Accreditation or its successor entity, if any, or any other dental accrediting organization recognized by the United States Department of Education. Provided, however, if the applicant did not graduate from such a dental school, the applicant may submit proof of having successfully completed a full-time supplemental general dentistry program accredited by the American Dental Association Commission on Dental Accreditation of at least 2 consecutive academic years at such accredited sponsoring institution. Such program must provide didactic and clinical education at the level of a D.D.S. or D.M.D. program accredited by the American Dental Association Commission on Dental Accreditation;

c. The applicant currently possesses a valid and active dental license in good standing, with no restriction, which has never been revoked, suspended, restricted, or otherwise disciplined, from another state or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico;

d. The applicant submits proof that he or she has never been reported to the National Practitioner Data Bank, the Healthcare Integrity and Protection Data Bank, or the American Association of Dental Boards Clearinghouse. This sub-subparagraph does not apply if the applicant successfully appealed to have his or her name removed from the data banks of

these agencies;

e.(I) In the 5 years immediately preceding the date of application for licensure in this state, the applicant must submit proof of having been consecutively engaged in the full-time practice of dentistry in another state or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico, or, if the applicant has been licensed in another state or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico for less than 5 years, the applicant must submit proof of having been engaged in the full-time practice of dentistry since the date of his or her initial licensure.

(II) As used in this section, "full-time practice" is defined as a minimum of 1,200 hours per year for each and every year in the consecutive 5-year period or, where applicable, the period since initial licensure, and must include any combination of the following:

(A) Active clinical practice of dentistry providing direct patient care.

(B) Full-time practice as a faculty member employed by a dental<u>, dental therapy,</u> or dental hygiene school approved by the board or accredited by the American Dental Association Commission on Dental Accreditation.

(C) Full-time practice as a student at a postgraduate dental education program approved by the board or accredited by the American Dental Association Commission on Dental Accreditation.

(III) The board shall develop rules to determine what type of proof of full-time practice is required and to recoup the

cost to the board of verifying full-time practice under this section. Such proof must, at a minimum, be:

(A) Admissible as evidence in an administrative proceeding;

(B) Submitted in writing;

(C) Submitted by the applicant under oath with penalties of perjury attached;

(D) Further documented by an affidavit of someone unrelated to the applicant who is familiar with the applicant's practice and testifies with particularity that the applicant has been engaged in full-time practice; and

(E) Specifically found by the board to be both credible and admissible.

(IV) An affidavit of only the applicant is not acceptable proof of full-time practice unless it is further attested to by someone unrelated to the applicant who has personal knowledge of the applicant's practice. If the board deems it necessary to assess credibility or accuracy, the board may require the applicant or the applicant's witnesses to appear before the board and give oral testimony under oath;

f. The applicant must submit documentation that he or she has completed, or will complete, prior to licensure in this state, continuing education equivalent to this state's requirements for the last full reporting biennium;

g. The applicant must prove that he or she has never been convicted of, or pled nolo contendere to, regardless of adjudication, any felony or misdemeanor related to the practice of a health care profession in any jurisdiction;

h. The applicant must successfully pass a written examination on the laws and rules of this state regulating the

practice of dentistry and must successfully pass the computer-based diagnostic skills examination; and

i. The applicant must submit documentation that he or she has successfully completed the National Board of Dental Examiners dental examination.

(6)

(b)1. As used in this section, "full-time practice of dentistry within the geographic boundaries of this state within 1 year" is defined as a minimum of 1,200 hours in the initial year of licensure, which must include any combination of the following:

a. Active clinical practice of dentistry providing direct patient care within the geographic boundaries of this state.

b. Full-time practice as a faculty member employed by a dental, dental therapy, or dental hygiene school approved by the board or accredited by the American Dental Association Commission on Dental Accreditation and located within the geographic boundaries of this state.

c. Full-time practice as a student at a postgraduate dental education program approved by the board or accredited by the American Dental Association Commission on Dental Accreditation and located within the geographic boundaries of this state.

2. The board shall develop rules to determine what type of proof of full-time practice of dentistry within the geographic boundaries of this state for 1 year is required in order to maintain active licensure and shall develop rules to recoup the cost to the board of verifying maintenance of such full-time practice under this section. Such proof must, at a minimum:

a. Be admissible as evidence in an administrative

proceeding;

b. Be submitted in writing;

c. Be submitted by the applicant under oath with penalties of perjury attached;

d. Be further documented by an affidavit of someone unrelated to the applicant who is familiar with the applicant's practice and testifies with particularity that the applicant has been engaged in full-time practice of dentistry within the geographic boundaries of this state within the last 365 days; and

e. Include such additional proof as specifically found by the board to be both credible and admissible.

3. An affidavit of only the applicant is not acceptable proof of full-time practice of dentistry within the geographic boundaries of this state within 1 year, unless it is further attested to by someone unrelated to the applicant who has personal knowledge of the applicant's practice within the last 365 days. If the board deems it necessary to assess credibility or accuracy, the board may require the applicant or the applicant's witnesses to appear before the board and give oral testimony under oath.

Section 7. Section 466.0075, Florida Statutes, is amended to read:

466.0075 Applicants for examination; medical malpractice insurance.—The board may require any person applying to take the examination to practice dentistry in this state<u>, the examination to practice dental therapy in this state,</u> or the examination to practice dental hygiene in this state to maintain medical malpractice insurance in amounts sufficient to cover any

incident of harm to a patient during the clinical examination.

Section 8. Subsection (1) of section 466.009, Florida Statutes, is amended, and subsection (4) is added to that section, to read:

466.009 Reexamination.—

(1) The department shall allow ~~permit~~ any person who fails an examination that ~~which~~ is required under s. 466.006, ~~or~~ s. 466.007, or s. 466.0225 to retake the examination. If the examination to be retaken is a practical or clinical examination, the applicant shall pay a reexamination fee set by rule of the board in an amount not to exceed the original examination fee.

(4) If an applicant for a license to practice dental therapy fails the practical or clinical examination and has failed one part or procedure of such examination, she or he may be required to retake only that part or procedure to pass such examination. However, if any such applicant fails more than one part or procedure of any such examination, she or he must be required to retake the entire examination.

Section 9. Section 466.011, Florida Statutes, is amended to read:

466.011 Licensure.—The board shall certify for licensure by the department any applicant who satisfies the requirements of s. 466.006, s. 466.0067, ~~or~~ s. 466.007, or s. 466.0225. The board may refuse to certify an applicant who has violated ~~any of the provisions of~~ s. 466.026 or s. 466.028.

Section 10. Section 466.0136, Florida Statutes, is created to read:

466.0136 Continuing education; dental therapists.—In

addition to any other requirements for relicensure for dental therapists specified in this chapter, the board shall require each licensed dental therapist to complete at least 24 hours, but not more than 36 hours, biennially of continuing education in dental subjects in programs approved by the board or in equivalent programs of continuing education. Programs of continuing education approved by the board must be programs of learning that, in the opinion of the board, contribute directly to the dental education of the dental therapist. An individual who is licensed as both a dental therapist and a dental hygienist may use 1 hour of continuing education that is approved for both dental therapy and dental hygiene education to satisfy both dental therapy and dental hygiene continuing education requirements. The board shall adopt rules and guidelines to administer and enforce this section. The dental therapist shall retain in her or his records any receipts, vouchers, or certificates necessary to document completion of the continuing education. Compliance with the continuing education requirements is mandatory for issuance of the renewal certificate. The board may excuse licensees, as a group or as individuals, from all or part of the continuing education requirements if an unusual circumstance, emergency, or hardship prevented compliance with this section.

Section 11. Section 466.016, Florida Statutes, is amended to read:

466.016 License to be displayed.—Every practitioner of dentistry, dental therapy, or dental hygiene within the meaning of this chapter shall post and keep conspicuously displayed her or his license in the office where ~~wherein~~ she or he practices,

in plain sight of the practitioner's patients. Any dentist, dental therapist, or dental hygienist who practices at more than one location shall be required to display a copy of her or his license in each office where she or he practices.

Section 12. Present subsections (7) and (8) of section 466.017, Florida Statutes, are redesignated as subsections (8) and (9), respectively, paragraphs (d) and (e) of subsection (3), subsection (4), and present subsections (7) and (8) of that section are amended, and a new subsection (7) is added to that section, to read:

466.017 Prescription of drugs; anesthesia.—

(3) The board shall adopt rules which:

(d) Establish further requirements relating to the use of general anesthesia or sedation, including, but not limited to, office equipment and the training of dental assistants, dental therapists, or dental hygienists who work with dentists using general anesthesia or sedation.

(e) Establish an administrative mechanism enabling the board to verify compliance with training, education, experience, equipment, or certification requirements of dentists, dental therapists, dental hygienists, and dental assistants adopted pursuant to this subsection. The board may charge a fee to defray the cost of verifying compliance with requirements adopted pursuant to this paragraph.

(4) A dentist, dental therapist, or dental hygienist who administers or employs the use of any form of anesthesia must possess a certification in either basic cardiopulmonary resuscitation for health professionals or advanced cardiac life support approved by the American Heart Association or the

American Red Cross or an equivalent agency-sponsored course with recertification every 2 years. Each dental office that ~~which~~ uses any form of anesthesia must have immediately available and in good working order such resuscitative equipment, oxygen, and other resuscitative drugs as are specified by rule of the board in order to manage possible adverse reactions.

(7) A dental therapist under the general supervision of a dentist may administer local anesthesia, including intraoral block anesthesia or soft tissue infiltration anesthesia, or both, if she or he has completed the course described in subsection (5) and presents evidence of current certification in basic or advanced cardiac life support.

(8)~~(7)~~ A licensed dentist, or a dental therapist who is authorized by her or his supervising dentist, may operate ~~utilize~~ an X-ray machine, expose dental X-ray films, and interpret or read such films. Notwithstanding ~~The provisions of~~ part IV of chapter 468 ~~to the contrary notwithstanding~~, a licensed dentist, or a dental therapist who is authorized by her or his supervising dentist, may authorize or direct a dental assistant to operate such equipment and expose such films under her or his direction and supervision, pursuant to rules adopted by the board in accordance with s. 466.024 which ensure that the ~~said~~ assistant is competent by reason of training and experience to operate the X-ray ~~said~~ equipment in a safe and efficient manner. The board may charge a fee not to exceed $35 to defray the cost of verifying compliance with requirements adopted pursuant to this section.

(9)~~(8)~~ Notwithstanding ~~The provisions of~~ s. 465.0276 ~~notwithstanding~~, a dentist need not register with the board or

comply with the continuing education requirements of that section if the dentist confines her or his dispensing activity to the dispensing of fluorides and chlorhexidine ~~chlorohexidine~~ rinse solutions; provided that the dentist complies with and is subject to all laws and rules applicable to pharmacists and pharmacies, including, but not limited to, chapters 465, 499, and 893, and all applicable federal laws and regulations, when dispensing such products.

Section 13. Subsection (1) of section 466.018, Florida Statutes, is amended to read:

466.018 Dentist of record; patient records.—

(1) Each patient shall have a dentist of record. The dentist of record shall remain primarily responsible for all dental treatment on such patient regardless of whether the treatment is rendered by the dentist or by another dentist, dental therapist, dental hygienist, or dental assistant rendering such treatment in conjunction with, at the direction or request of, or under the supervision of such dentist of record. The dentist of record shall be identified in the record of the patient. If treatment is rendered by a dentist other than the dentist of record or by a dental hygienist, dental therapist, or dental assistant, the name or initials of such person shall be placed in the record of the patient. In any disciplinary proceeding brought pursuant to this chapter or chapter 456, it shall be presumed as a matter of law that treatment was rendered by the dentist of record unless otherwise noted on the patient record pursuant to this section. The dentist of record and any other treating dentist are subject to discipline pursuant to this chapter or chapter 456 for treatment

rendered to the patient and performed in violation of such chapter. One of the purposes of this section is to ensure that the responsibility for each patient is assigned to one dentist in a multidentist practice of any nature and to assign primary responsibility to the dentist for treatment rendered by a dental hygienist, dental therapist, or dental assistant under her or his supervision. This section shall not be construed to assign any responsibility to a dentist of record for treatment rendered pursuant to a proper referral to another dentist who does not ~~in~~ practice with the dentist of record or to prohibit a patient from voluntarily selecting a new dentist without permission of the dentist of record.

Section 14. Section 466.0225, Florida Statutes, is created to read:

466.0225 Examination of dental therapists; licensing.—

(1) Any person desiring to be licensed as a dental therapist must apply to the department to take the licensure examinations and shall verify the information required on the application by oath. The application must include two recent photographs of the applicant.

(2) An applicant is entitled to take the examinations required under this section and receive licensure to practice dental therapy in this state if the applicant:

(a) Is 18 years of age or older;

(b) Is a graduate of a dental therapy college or school accredited by the American Dental Association Commission on Dental Accreditation or its successor entity, if any, or any other dental therapy accrediting entity recognized by the United States Department of Education. For applicants applying for a

dental therapy license before January 1, 2025, the board shall approve the applicant's dental therapy education program if the program was administered by a college or school that operates an accredited dental or dental hygiene program and the college or school certifies to the board that the applicant's education substantially conformed to the education standards established by the American Dental Association Commission on Dental Accreditation;

(c) Has successfully completed a dental therapy practical or clinical examination produced by the American Board of Dental Examiners, Inc., (ADEX) or its successor entity, if any, if the board finds that the successor entity's examination meets or exceeds the provisions of this section. If an applicant fails to pass such an examination after three attempts, the applicant is not eligible to retake the examination unless the applicant completes additional education requirements as specified by the board. If a dental therapy examination has not been established by the ADEX, the board shall administer or approve an alternative examination;

(d) Has not been disciplined by a board, except for citation offenses or minor violations;

(e) Has not been convicted of or pled nolo contendere to, regardless of adjudication, any felony or misdemeanor related to the practice of a health care profession; and

(f) Has successfully completed a written examination on the laws and rules of this state regulating the practice of dental therapy.

(3) An applicant who meets the requirements of this section and who has successfully completed the examinations identified

in paragraph (2)(c) in a jurisdiction other than this state, or who has successfully completed comparable examinations administered or approved by the licensing authority in a jurisdiction other than this state, shall be licensed to practice dental therapy in this state if the board determines that the other jurisdiction's examinations and scope of practice are substantially similar to those identified in paragraph (2)(c).

Section 15. Section 466.0227, Florida Statutes, is created to read:

466.0227 Dental therapists; scope and area of practice.—

(1) The Legislature finds that authorizing licensed dental therapists to perform the services specified in subsection (3) would improve access to high-quality, affordable oral health services for all residents in this state. The Legislature intends to rapidly improve such access for low-income, uninsured, and underserved patients and communities. To further this intent, a dental therapist licensed under this chapter is limited to practicing dental therapy in the following settings:

(a) A health access setting, as defined in s. 466.003(16).

(b) A community health center, including an off-site care setting.

(c) A nursing facility.

(d) A military or veterans' hospital or clinic, including an off-site care setting.

(e) A governmental or public health clinic, including an off-site care setting.

(f) A school, Head Start program, or school-based prevention program, as defined in s. 466.003(17).

(g) An oral health education institution, including an off-site care setting.

(h) A hospital.

(i) A geographic area designated as a dental health professional shortage area by the state or the Federal Government which is not located within a federally designated metropolitan statistical area.

(j) Any other clinic or practice setting if at least 50 percent of the patients served by the dental therapist in such clinic or practice setting:

1. Are enrolled in Medicaid or another state or local governmental health care program for low-income or uninsured patients; or

2. Do not have dental insurance and report a gross annual income that is less than 200 percent of the applicable federal poverty guidelines.

(2) Except as otherwise provided in this chapter, a dental therapist may perform the dental therapy services specified in subsection (3) under the general supervision of a dentist to the extent authorized by the supervising dentist and provided within the terms of a written collaborative management agreement signed by the dental therapist and the supervising dentist which meets the requirements of subsection (4).

(3) Dental therapy services include all of the following:

(a) All services, treatments, and competencies identified by the American Dental Association Commission on Dental Accreditation in its Dental Therapy Education Accreditation Standards.

(b) The following state-specific services, if the dental

therapist's education included curriculum content satisfying the American Dental Association Commission on Dental Accreditation criteria for state-specific dental therapy services:

1. Evaluating radiographs.

2. Placement of space maintainers.

3. Pulpotomies on primary teeth.

4. Dispensing and administering nonopioid analgesics including nitrous oxide, anti-inflammatories, and antibiotics as authorized by the supervising dentist and within the parameters of the collaborative management agreement.

5. Oral evaluation and assessment of dental disease and formulation of an individualized treatment plan if authorized by a supervising dentist and subject to any conditions, limitations, and protocols specified by the supervising dentist in the collaborative management agreement.

(4) Before performing any of the services authorized in subsection (3), a dental therapist must enter into a written collaborative management agreement with a supervising dentist. The agreement must be signed by the dental therapist and the supervising dentist and must include:

(a) Practice settings where services may be provided by the dental therapist and the populations to be served by the dental therapist.

(b) Any limitations on the services that may be provided by the dental therapist, including the level of supervision required by the supervising dentist.

(c) Age- and procedure-specific practice protocols for the dental therapist, including case selection criteria, assessment guidelines, and imaging frequency.

(d) A procedure for creating and maintaining dental records for the patients who are treated by the dental therapist.

(e) A plan to manage medical emergencies in each practice setting where the dental therapist provides care.

(f) A quality assurance plan for monitoring care provided by the dental therapist, including patient care review, referral followup, and a quality assurance chart review.

(g) Protocols for the dental therapist to administer and dispense medications, including the specific conditions and circumstances under which the medications are to be dispensed and administered.

(h) Criteria relating to the provision of care by the dental therapist to patients with specific medical conditions or complex medication histories, including requirements for consultation before the initiation of care.

(i) Supervision criteria of dental therapists.

(j) A plan for the provision of clinical resources and referrals in situations that are beyond the capabilities of the dental therapist.

(5) A supervising dentist shall determine the number of hours of practice a dental therapist must complete under direct or indirect supervision of the supervising dentist before the dental therapist may perform any of the services authorized in subsection (3) under general supervision.

(6) A supervising dentist may restrict or limit the dental therapist’s practice in a collaborative management agreement to be less than the full scope of practice for dental therapists which is authorized in subsection (3).

(7) A supervising dentist may authorize a dental therapist

to provide dental therapy services to a patient before the dentist examines or diagnoses the patient if the authority, conditions, and protocols are established in a written collaborative management agreement and if the patient is subsequently referred to a dentist for any needed additional services that exceed the dental therapist's scope of practice or authorization under the collaborative management agreement.

(8) A supervising dentist must be licensed and practicing in this state. The supervising dentist is responsible for all services authorized and performed by the dental therapist pursuant to the collaborative management agreement and for providing or arranging followup services to be provided by a dentist for those services that are beyond the dental therapist's scope of practice and authorization under the collaborative management agreement.

Section 16. Section 466.026, Florida Statutes, is amended to read:

466.026 Prohibitions; penalties.—

(1) Each of the following acts constitutes a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084:

(a) Practicing dentistry, dental therapy, or dental hygiene unless the person has an appropriate, active license issued by the department pursuant to this chapter.

(b) Using or attempting to use a license issued pursuant to this chapter which license has been suspended or revoked.

(c) Knowingly employing any person to perform duties outside the scope allowed such person under this chapter or the rules of the board.

(d) Giving false or forged evidence to the department or board for the purpose of obtaining a license.

(e) Selling or offering to sell a diploma conferring a degree from a dental college, ~~or~~ dental hygiene school or college, or dental therapy school or college, or a license issued pursuant to this chapter, or procuring such diploma or license with intent that it shall be used as evidence of that which the document stands for, by a person other than the one upon whom it was conferred or to whom it was granted.

(2) Each of the following acts constitutes a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083:

(a) Using the name or title "dentist," the letters "D.D.S." or "D.M.D.", or any other words, letters, title, or descriptive matter which in any way represents a person as being able to diagnose, treat, prescribe, or operate for any disease, pain, deformity, deficiency, injury, or physical condition of the teeth or jaws or oral-maxillofacial region unless the person has an active dentist's license issued by the department pursuant to this chapter.

(b) Using the name "dental hygienist" or the initials "R.D.H." or otherwise holding herself or himself out as an actively licensed dental hygienist or implying to any patient or consumer that she or he is an actively licensed dental hygienist unless that person has an active dental hygienist's license issued by the department pursuant to this chapter.

(c) Using the name "dental therapist" or the initials "D.T." or otherwise holding herself or himself out as an actively licensed dental therapist or implying to any patient or

consumer that she or he is an actively licensed dental therapist unless that person has an active dental therapist's license issued by the department pursuant to this chapter.

(d) ~~(c)~~ Presenting as her or his own the license of another.

(e) ~~(d)~~ Knowingly concealing information relative to violations of this chapter.

(f) ~~(e)~~ Performing any services as a dental assistant as defined herein, except in the office of a licensed dentist, unless authorized by this chapter or by rule of the board.

Section 17. Paragraphs (b), (c), (g), (s), and (t) of subsection (1) of section 466.028, Florida Statutes, are amended to read:

466.028 Grounds for disciplinary action; action by the board.—

(1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):

(b) Having a license to practice dentistry, dental therapy, or dental hygiene revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of another state, territory, or country.

(c) Being convicted or found guilty of or entering a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction which relates to the practice of dentistry, dental therapy, or dental hygiene. A plea of nolo contendere shall create a rebuttable presumption of guilt to the underlying criminal charges.

(g) Aiding, assisting, procuring, or advising any unlicensed person to practice dentistry, dental therapy, or dental hygiene contrary to this chapter or to a rule of the

department or the board.

(s) Being unable to practice her or his profession with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition. In enforcing this paragraph, the department shall have, upon a finding of the State Surgeon General or her or his designee that probable cause exists to believe that the licensee is unable to practice dentistry, dental therapy, or dental hygiene because of the reasons stated in this paragraph, the authority to issue an order to compel a licensee to submit to a mental or physical examination by physicians designated by the department. If the licensee refuses to comply with such order, the department's order directing such examination may be enforced by filing a petition for enforcement in the circuit court where the licensee resides or does business. The licensee against whom the petition is filed shall not be named or identified by initials in any public court records or documents, and the proceedings shall be closed to the public. The department shall be entitled to the summary procedure provided in s. 51.011. A licensee affected under this paragraph shall at reasonable intervals be afforded an opportunity to demonstrate that she or he can resume the competent practice of her or his profession with reasonable skill and safety to patients.

(t) Fraud, deceit, or misconduct in the practice of dentistry, dental therapy, or dental hygiene.

Section 18. Paragraphs (a) and (b) of subsection (1) of section 466.0285, Florida Statutes, are amended to read:

466.0285 Proprietorship by nondentists.—

(1) No person other than a dentist licensed pursuant to this chapter, nor any entity other than a professional corporation or limited liability company composed of dentists, may:

(a) Employ a dentist, a dental therapist, or a dental hygienist in the operation of a dental office.

(b) Control the use of any dental equipment or material while such equipment or material is being used for the provision of dental services, whether those services are provided by a dentist, a dental therapist, a dental hygienist, or a dental assistant.

Any lease agreement, rental agreement, or other arrangement between a nondentist and a dentist whereby the nondentist provides the dentist with dental equipment or dental materials shall contain a provision whereby the dentist expressly maintains complete care, custody, and control of the equipment or practice.

Section 19. The Department of Health, in consultation with the Board of Dentistry and the Agency for Health Care Administration, shall submit a progress report to the President of the Senate and the Speaker of the House of Representatives by July 1, 2023, and a final report 3 years after the first dental therapy license is issued. The reports must include all of the following components:

(1) The progress that has been made in this state to implement dental therapy training programs, licensing, and Medicaid reimbursement.

(2) Data demonstrating the effects of dental therapy in

this state on:

(a) Patient access to dental services;

(b) The use of primary and preventive dental services in underserved regions and populations, including the Medicaid population;

(c) Costs to dental providers, patients, dental insurance carriers, and the state; and

(d) The quality and safety of dental services.

(3) Specific recommendations for any necessary legislative, administrative, or regulatory reform relating to the practice of dental therapy.

(4) Any other information the department deems appropriate.

Section 20. This act shall take effect July 1, 2020.

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 920
INTRODUCER:	Senator Rouson
SUBJECT:	First-episode Psychosis Programs
DATE:	February 10, 2020
REVISED:	

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Delia	Hendon	CF	**Pre-meeting**
2.			AHS	
3.			AP	

I. Summary:

SB 920 provides a definition in statute for the term "first-episode psychosis program." The bill revises the application criteria for the Criminal Justice, Mental Health, & Substance Abuse Reinvestment Grant Program to include support for first-episode psychosis programs. The bill requires the Department of Children and Families (DCF) to include specified information regarding first-episode psychosis programs in its annual assessment of behavioral health services. The bill also adds first-episode psychosis programs to the list of elements that must be included in a coordinated system of care for behavioral health in each region of the state.

The bill will not have a fiscal impact and has an effective date of July 1, 2020.

II. Present Situation:

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.[1] Psychosis may be caused by medications or alcohol or drug abuse but can also be a symptom of mental illness or a physical condition.[2]

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

[1] 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 available at (last visited February 7, 2020).
[2] Id.

teens to mid-twenties.[3] 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.[4] 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.[5]

Early psychosis, known as "first-episode psychosis," is the most important time to connect an individual with treatment.[6] Studies have shown that it is common for a person to experience psychotic symptoms for more than a year before ever receiving treatment.[7] Reducing the duration of untreated psychosis is critical to improving a person's chance of recovery.

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.[8]

Coordinated Specialty Care

The most effective treatment for early psychosis is coordinated specialty care (CSC), which uses a team-based approach with shared decision-making that focuses on working with individuals to reach their recovery goals.[9] CSC is a multidisciplinary method of delivering evidence-based, early intervention services to young people experiencing first-episode psychosis to improve outcomes.[10] The CSC model grew from the Recovery After an Initial Schizophrenia Episode (RAISE) projects, funded by the National Institute of Mental Health (NIMH). Launched in 2008, RAISE aimed to develop and test a treatment model to reduce relapse and long-term disability. NIMH required that the model be ready for rapid deployment if found effective.[11]

According to the National Alliance on Mental Illness, CSC offers the following six key components:[12]

---

[3] Id.
[4] 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 available at (last visited February 7, 2020).
[5] Id.
[6] Id.
[7] Id.
[8] *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 February 7, 2020).
[9] Id.
[10] Heinssen RK, Goldstein AB, Azrin ST. Evidence-Based Treatments for First Episode Psychosis: Components of Coordinated Specialty Care. Bethesda, Md: National Institute of Mental Health; 2014, available at: https://www.nimh.nih.gov/health/topics/schizophrenia/raise/nimh-white-paper-csc-for-fep_147096.pdf (last visited February 7, 2020).
[11] Dixon LB, Goldman HH, Bennett ME, et al. Implementing coordinated specialty care for early psychosis: the RAISE Connection Program. Psychiatric Services. 2015;66:691–698.
[12] National Alliance on Mental Illness, *Early Psychosis: What's Going On and What Can You Do?*, July 2016, available at https://www.nami.org/getattachment/Learn-More/Mental-Health-Conditions/Early-Psychosis-and-Psychosis/NAMI-Early-Psychosis_What-s-Going-On.pdf (last visited February 7, 2020).

- Case management – This overall approach helps people develop problem-solving skills, manage medications, and coordinate services.
- Psychotherapy – Sessions focus on personal resiliency and managing the condition, such as developing coping skills and focusing on self-care and wellness.
- Medication management –Antipsychotic medicines can work well, but it can take time to find the most effective medication at the most appropriate dose that the patient can adhere to over time.
- Supported education and employment – A psychotic experience often disrupts major life activities, so it is crucial to support the person's ability to continue or return to school or work.
- Family support and education – Psychosis affects many others beyond just the person who experiences it, so it's important for families to have the knowledge and skills to support treatment and recovery.
- Peer support – Given the stigma that still surrounds mental illness, connecting with others who have been through similar experiences can help the patient cope with the diagnosis.

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

In 2007, the Legislature created the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program (Program). The purpose of the Program is to provide funding to counties to plan, implement, or expand initiatives that increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services for adults and juveniles who have a mental illness, substance abuse disorder, or co-occurring mental health and substance abuse disorders and who are in, or at risk of entering, the criminal or juvenile justice systems.[13]

A county, non-profit community provider or behavioral health managing entity designated by a county planning council or committee may apply for a one-year planning grant or a three-year implementation expansion grant under the Program.[14] The purpose of the grants is to demonstrate that investment in treatment efforts related to mental illness, substance abuse disorders, or co-occurring mental health and substance abuse disorders results in a reduced demand on the resources of the judicial, corrections, juvenile detention, and health and social services systems.[15] Currently, there are 24 grant agreements for county programs.[16] Total funding for the 24 grant agreements over their lifetimes is $28,174,388.[17] The program is currently funded at $9 million annually.

Behavioral Health Services Annual Assessment

DCF is required to submit an assessment of the behavioral health services in Florida to the Governor, the President of the Senate, and the Speaker of the House of Representatives by

[13] S. 394.656(1), F.S.
[14] S. 394.656(5), F.S.
[15] Id.
[16] *Florida Substance Abuse and Mental Health Plan – Triennial State and Regional Master Plan Fiscal Years 2019-2022*, Florida Department of Children and Families, p. 28, (May 2019), available at https://www.myflfamilies.com/service-programs/samh/publications/docs/SAMH%20Services%20Plan%202019-2022.pdf (last visited February 7, 2020).
[17] Id. at 71-72.

December 1 of each year. The report must include a compilation of all plans submitted by managing entities and DCF's evaluation of each plan.[18] At a minimum, the assessment must consider the functionality of no-wrong-door models within designated receiving systems, the availability of treatment and recovery services that use recovery-oriented and peer-involved approaches, the availability of less-restrictive services, the use of evidence-informed practices, and the needs assessments conducted by managing entities.[19]

III. Effect of Proposed Changes:

Section 1 amends s. 394.455, F.S., defining first episode psychosis (FEP) programs as they relate to mental health, 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 15 to 30 years of age who are experiencing early indications of serious mental illness, especially first-episode psychosis.

Section 2 amends s. 394.67, F.S., defining FEP programs as they relate to community-based substance abuse and mental health services, 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 15 to 30 years of age who are experiencing early indications of serious mental illness, especially first-episode psychosis.

Section 3 amends s. 394.658, F.S., adding FEP programs to the list of programs that may be supported by the Criminal Justice Mental Health and Substance Abuse Reinvestment implementation or expansions grants.

Section 4 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 5 amends s. 394.495, F.S., related to child and adolescent mental health systems of care programs and services, to correct cross-references.

Section 6 amends s. 394.496, related to service planning, to correct a cross-reference.

Section 7 amends s. 394.674, F.S., related to eligibility for publicly funded substance abuse and mental health services fee collection requirements, to correct a cross-reference.

Section 8 amends s. 394.9085, F.S., related to behavioral health provider liability, to correct a cross-reference.

[18] S. 394.4573, F.S.
[19] Id.

Section 9 amends s. 409.972, F.S., related to mandatory and voluntary enrollment in Medicaid programs, to correct a cross-reference.

Section 10 amends s. 464.012, F.S., related to licensure of advanced practice registered nurses, fees, and controlled substance prescribing, to correct a cross-reference.

Section 11 amends s. 744.2007, F.S., related to powers and duties of guardians, to correct a cross-reference.

Section 12 provides an effective date 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:

None.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends sections 394.455, 394.67, 394.658, 394.4573, 394.495, 394.496, 394.674, 394.9085, 409.972, 464.012, and 744.2007 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.

By Senator Rouson

19-01316-20 2020920__

A bill to be entitled

An act relating to first-episode psychosis programs; amending ss. 394.455 and 394.67, F.S.; defining the term "first-episode psychosis program"; amending s. 394.658, F.S.; revising the application criteria for the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program to include support for first-episode psychosis programs; amending s. 394.4573, F.S.; requiring the Department of Children and Families to include specified information regarding first-episode psychosis programs in its annual assessment of behavioral health services; defining the term "first-episode psychosis program"; providing that first-episode psychosis programs are an essential element of a coordinated system of care; amending ss. 394.495, 394.496, 394.674, 394.9085, 409.972, 464.012, and 744.2007, F.S.; conforming cross-references; providing an effective date.

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

Section 1. 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 from 15 through 30 years of age who are experiencing the early indications of serious mental

illness, especially symptoms of a first psychotic episode, and which includes, but is not limited to, intensive case management, individual or group therapy, supported employment, family education and supports, and the provision of appropriate psychotropic medication as needed.

Section 2. Present subsections (10) through (24) of section 394.67, Florida Statutes, are redesignated as subsections (11) through (25), respectively, a new subsection (10) is added to that section, and subsection (3) of that section is amended, to read:

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

(3) "Crisis services" means short-term evaluation, stabilization, and brief intervention services provided to a person who is experiencing an acute mental or emotional crisis, as defined in subsection (18) ~~(17)~~, or an acute substance abuse crisis, as defined in subsection (19) ~~(18)~~, to prevent further deterioration of the person's mental health. Crisis services are provided in settings such as a crisis stabilization unit, an inpatient unit, a short-term residential treatment program, a detoxification facility, or an addictions receiving facility; at the site of the crisis by a mobile crisis response team; or at a hospital on an outpatient basis.

(10) "First-episode psychosis program" means an evidence-based program for individuals from 15 through 30 years of age who are experiencing the early indications of serious mental illness, especially symptoms of a first psychotic episode, and which includes, but is not limited to, intensive case management, individual or group therapy, supported employment, family education and supports, and the provision of appropriate

psychotropic medication as needed.

Section 3. Paragraph (b) of subsection (1) of section 394.658, Florida Statutes, is amended to read:

394.658 Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program requirements.—

(1) The Criminal Justice, Mental Health, and Substance Abuse Statewide Grant Review Committee, in collaboration with the Department of Children and Families, the Department of Corrections, the Department of Juvenile Justice, the Department of Elderly Affairs, and the Office of the State Courts Administrator, shall establish criteria to be used to review submitted applications and to select the county that will be awarded a 1-year planning grant or a 3-year implementation or expansion grant. A planning, implementation, or expansion grant may not be awarded unless the application of the county meets the established criteria.

(b) The application criteria for a 3-year implementation or expansion grant shall require information from a county that demonstrates its completion of a well-established collaboration plan that includes public-private partnership models and the application of evidence-based practices. The implementation or expansion grants may support programs and diversion initiatives that include, but need not be limited to:

1. Mental health courts;

2. Diversion programs;

3. Alternative prosecution and sentencing programs;

4. Crisis intervention teams;

5. Treatment accountability services;

6. Specialized training for criminal justice, juvenile

justice, and treatment services professionals;

7. Service delivery of collateral services such as housing, transitional housing, and supported employment; ~~and~~

8. Reentry services to create or expand mental health and substance abuse services and supports for affected persons; and

9. First-episode psychosis programs.

Section 4. 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 shall also consider the availability of and access to first-episode psychosis programs and identify any gaps in the availability of and access to such programs in 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) "First-episode psychosis program" means an evidence-based program for individuals from 15 through 30 years of age who are experiencing the early indications of serious mental illness, especially symptoms of a first psychotic episode, and which includes, but is not limited to, intensive case management, individual or group therapy, supported employment, family education and supports, and the provision of appropriate

psychotropic medication as needed.

(e) ~~(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 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 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 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 5. Subsection (3) of section 394.495, Florida Statutes, is 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), (35), or~~ (36), or (37);

(b) A professional licensed under chapter 491; or

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

Section 6. 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), (35), or~~ (36), or (37) or a professional licensed under chapter 491 must be included among those persons developing the services plan.

Section 7. Paragraph (a) of subsection (1) of section 394.674, Florida Statutes, is amended to read:

394.674 Eligibility for publicly funded substance abuse and mental health services; fee collection requirements.—

(1) To be eligible to receive substance abuse and mental health services funded by the department, an individual must be a member of at least one of the department’s priority populations approved by the Legislature. The priority populations include:

(a) For adult mental health services:

1. Adults who have severe and persistent mental illness, as designated by the department using criteria that include severity of diagnosis, duration of the mental illness, ability to independently perform activities of daily living, and receipt of disability income for a psychiatric condition. Included within this group are:

a. Older adults in crisis.

b. Older adults who are at risk of being placed in a more restrictive environment because of their mental illness.

c. Persons deemed incompetent to proceed or not guilty by reason of insanity under chapter 916.

d. Other persons involved in the criminal justice system.

e. Persons diagnosed as having co-occurring mental illness and substance abuse disorders.

2. Persons who are experiencing an acute mental or emotional crisis as defined in s. 394.67(18) ~~s. 394.67(17)~~.

Section 8. 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 9. 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(48) ~~s. 394.455(47)~~.

Section 10. 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 11. 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(48) ~~s. 394.455(47)~~, without an involuntary placement proceeding as provided by law.

Section 12. This act shall take effect July 1, 2020.

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 1054
INTRODUCER:	Senator Gruters
SUBJECT:	Substance Abuse Services
DATE:	February 10, 2020
REVISED:	

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Hendon	Hendon	CF	**Pre-meeting**
2.			CJ	
3.			RC	

I. Summary:

SB 1054 requires the Department of Children and Families, in conjunction with the Office of the State Courts Administrator, to develop a process for electronic verification of a defendant's participation in substance abuse self-help groups as ordered by the court.

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

II. Present Situation:

Problem-Solving Courts

In 1989, Florida started problem-solving court initiatives by creating the first drug court in the United States in Miami-Dade County. Other types of problem-solving court dockets subsequently followed using the drug court model and were implemented to assist individuals with a range of problems such as drug addiction, mental illness, domestic violence, and child abuse and neglect.[1]

Florida's problem-solving courts address the root causes of an individual's involvement with the justice system through specialized dockets, multidisciplinary teams, and a nonadversarial approach. In practice, the local state attorney offers first time and non-violent defendants deferred prosecution. The state attorney agrees to defer prosecution if the defendant successfully completes the conditions recommended to and approved by the specialty court. Offering evidence-based treatment, judicial supervision, and accountability, problem-solving courts provide individualized interventions for participants, to reduce recidivism and promote

[1]The most common problem-solving courts in Florida are drug courts, mental health courts, veterans courts and early childhood courts. Florida Courts, Office of Court Improvement, Problem-Solving Courts, *available at*: https://www.flcourts.org/Resources-Services/Court-Improvement/Problem-Solving-Courts (last visited Feb. 6, 2020).

confidence and satisfaction with the justice system process.[2] Court ordered treatment for drug court can include routine drug testing, substance abuse treatment, and participation in self-help groups such as Alcoholics Anonymous and Narcotics Anonymous. Court employed case managers would receive and maintain information from the defendant or their attorney to report his or her compliance with the conditions set by the court.

III. Effect of Proposed Changes:

Section 1 of the bill creates s. 394.6745, F.S., to require the Department of Children and Families, in conjunction with the Office of the State Courts Administrator, to develop a process for electronic verification of a defendant's participation in participation in self-help groups as ordered by the court. The bill does not mandate the use of such electronic verification, only that it be available. The department may not be able to create a system to verify participation in self-help groups due to their anonymous nature. Alcoholics Anonymous and Narcotics Anonymous do not maintain attendance records or case histories.[3] Case managers in a specialized court would still report a defendant's compliance with the conditions for deferred prosecution to the court.

Section 2 provides an effective date 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.

[2] *Id.*
[3] Department of Children and Families SB 1054 Bill Analysis, dated Jan. 17, 2020. Available on file with the Senate Committee of Children, Families, and Elder Affairs.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The bill will create a fiscal impact on the Department of Children and Families. The department would be responsible for developing a process for electronic verification of compliance with certain court ordered substance abuse treatment. The cost to develop and implement the system is unknown. It is unclear whether the department or the defendant would be responsible for paying for the use of such services once developed.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill creates section 394.6745 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.

By Senator Gruters

23-01469-20 20201054__

A bill to be entitled

An act relating to substance abuse services; creating s. 394.6745, F.S.; requiring the Department of Children and Families, in conjunction with the Office of the State Courts Administrator, to establish a process for electronically verifying compliance with certain court-ordered treatments; providing an effective date.

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

Section 1. Section 394.6745, Florida Statutes, is created to read:

394.6745 Electronic verification for certain court-ordered substance abuse services.—The department, in conjunction with the Office of the State Courts Administrator, shall establish a process for electronically verifying a person's compliance with any court-ordered treatment that requires participation in self-help groups or activities.

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

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 1156
INTRODUCER:	Senator Braynon
SUBJECT:	Children's Initiatives
DATE:	February 10, 2020
REVISED:	

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Preston	Hendon	CF	**Pre-meeting**
2.			AHS	
3.			AP	

I. Summary:

SB 1156 requires the Department of Children and Families (DCF or department) to contract with a not-for-profit corporation in the amount of $500,000 per year per designated children's initiative site. The funding is to be used to support each site's respective efforts to implement a community-based service network to develop, coordinate, and provide quality education, accessible health care, youth development programs, opportunities for employment, and safe and affordable housing for children and families living within each site's respective boundaries.

The bill also eliminates the current role of the Ounce of Prevention Fund to work collaboratively with the governing board and to develop a business plan, evaluate, and provide fiscal management and oversight of the initiatives.

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

II. Present Situation:

Harlem Children's Zone

The Harlem Children's Zone (HCZ) began in 1970 as an organization working with young children and their families as the city's first truancy-prevention program.[1] In the early 1990s, the HCZ ran a pilot project that brought a range of support services to a single block. The idea was to address all the problems that poor families were facing including crumbling apartments, failing schools, violent crime, and chronic health problems.[2]

[1] Harlem Children's Zone, *available at* http://www.hcz.org/index.php/about-us/history/ (last visited February 7, 2020). The organization was then known as the Rheedlen Centers for Children and Families.
[2] *Id*.

Believing that for children to do well, their families have to do well, and for families to do well, their community must do well, the HCZ works to strengthen families as well as empowering them to have a positive impact on their children's development. The two fundamental principles of the HCZ are to help kids in a sustained way, starting as early in their lives as possible, and to create a critical mass of adults around them who understand what it takes to help children succeed.[3]

The HCZ Project began as a one-block pilot in the 1990s, then following a 10-year business plan to ensure its best-practice programs were operating as planned, it expanded to 24 blocks, then 60 blocks, then ultimately 97 blocks. The HCZ became a model among nonprofits that began carefully evaluating and tracking the results of their work. Those evaluation results enabled staff to see if programs were achieving their objectives and to take corrective actions if they were not.[4]

Children's Zones in Florida

Using the Harlem Children's Zone as a model, the Legislature created children's zones in Florida in 2008.[5] The stated policy and purpose for the zones was:

It is the policy of this state to provide the necessary means to assist local communities, the children and families who live in those communities, and the private sector in creating a sound educational, social, and economic environment. To achieve this objective, the state intends to provide investments sufficient to encourage community partners to commit financial and other resources to severely disadvantaged areas. The purpose of this section is to establish a process that clearly identifies the severely disadvantaged areas and provides guidance for developing a new social service paradigm that systematically coordinates programs that address the critical needs of children and their families and for directing efforts to rebuild the basic infrastructure of the community. The Legislature, therefore, declares the creation of children's zones, through the collaborative efforts of government and the private sector, to be a public purpose.[6]

The 2008 legislation and the amending 2009 legislation relating to children's initiatives also contained the following provisions:[7]

---

[3] Harlem Children's Zone, *available at* https://hcz.org/about-us/ (last visited February 7, 2020).
[4] *Id*.
[5] Chapter 2008-96, Laws of Fla. In 2009, the term "children's zone" was changed to "children's initiative." Shortly after the 2008 legislation was signed into law, the HCZ notified the Florida Legislature that they had trademarked the term "children's zone" and the state was no longer able to use the term. Chapter 2009-43, Laws of Fla.
[6] *Id*.
[7] Section 409.147, F.S., provides that a county or municipality or other designated area may apply to the Ounce of Prevention Fund of Florida to designate an area as a children's initiative. The area must first adopt a resolution stating that the area has issues related to poverty, that changes are necessary for the area to improve, and that resources are necessary for revitalization of the area. The county or municipality must then establish a children's initiative planning team and develop and adopt a strategic community plan. Once a county or municipality has completed these steps, they must create a not-for-profit corporation to facilitate fundraising and secure broad community ownership of the children's initiative. The Ounce is a private, nonprofit corporation dedicated to shaping prevention policy and investing in innovative prevention programs that provide measurable benefits to Florida's children, families and communities.

Created a nominating process for areas within communities to be designated as children's zones and provided for the creation of a planning team, a strategic community plan, and focus areas to be included in the plan;
Required the creation of a not for profit corporation to implement and govern a designated children's zone;
Created a ten-year project within the Liberty City neighborhood in Miami to be known as the Miami Children's Initiative (MCI); and
Required the Department of Children and Families (DCF or department) to contract with an existing private nonprofit corporation, incorporated for certain specified purposes, to implement the newly created Miami Children's Initiative.[8]

Florida children's initiatives were created to assist disadvantaged areas within the state in creating a community-based service network that develops, coordinates, and provides quality education, accessible health care, youth development programs, opportunities for employment, and safe and affordable housing for children and families living within its boundaries. There are currently five Florida children's initiatives that have been recognized in statute:

The Miami Children's Initiative, Inc.
The New Town Success Zone in Jacksonville.
The Parramore Kidz Zone in Orlando.
The Tampa Sulphur Springs Neighborhood of Promise Success Zone.
The Overtown Children and Youth Coalition in Miami.[9]

Current law also requires the department to contract with a not-for-profit to work in collaboration with the governing body of an initiative to adopt the required resolution, to establish the planning team, and to develop and adopt the strategic community plan. The not-for-profit corporation is also responsible for the development of a business plan and for the evaluation, fiscal management, and oversight.[10] The 2008 Florida Legislature assigned The Ounce of Prevention Fund of Florida (Ounce) the responsibility for reviewing and approving requests from local municipalities and/or counties to obtain a Children's Initiative designation.

Section 409.147(9), F.S., was enacted in 2009 in order to provide for the implementation of the Miami Children's Initiative.[11] At that time an appropriation was provided and the Ounce provided direction and oversight for the project. Proviso language in the 2008-2009 General Appropriations Act (GAA) provided $3.6 million in non-recurring general revenue funds for the MCI. The Ounce was designated as the agent to develop a business plan and for the evaluation, fiscal management, and oversight of the pilot program. The funds were intended to be used as a grant over a three-year period to carry out activities in the zones.[12] The department developed a three-year non-renewable contract with the Ounce with the first monthly payment being made in August 2008.

[8] Chapter 2009-43, Laws of Fla.
[9] Section 409.147, F.S.
[10] *Id*.
[11] Chapter 2009-43, Laws of Fla.
[12] Specific Appropriation 345A, General Appropriations Act of 2008, 2008-152 Laws of Fla.

Miami Children's Initiative

The idea for the Miami Children's Initiative dates back to 2006, when a group of Liberty City community leaders, local politicians and residents came together to try and determine possible solutions to perceived problems in the community. Liberty City was once a thriving neighborhood for many African Americans, but the high concentration of low-income housing projects, the exit of the area's businesses, increased joblessness, low performing schools, growing poverty, crime, juvenile delinquency, drugs and poor health had eroded the quality of life.[13]

Creation of the MCI in 2008 brought residents and local business people, as well as leaders in health care, education and human services, together to begin to formulate the foundation for this community-wide initiative. Today, the initiative has grown to include early childhood programs, K-12 programs, student enrichment and development programs, an asthma initiative, a fresh food co-op, community vegetable gardens and a gym and fitness facility.[14]

New Town Success Zone

After a trip in 2007 by city officials to Harlem and a review of a number of Jacksonville neighborhoods, the New Town community was selected by community leadership of Jacksonville in 2008 as the site for a Florida children's initiative. In 2009, a strategic plan was developed and work began on the New Town Success Zone.[15] The initiative's mission is to provide a place-based continuum of services from prenatal to college, the military or some form of postsecondary training for the children and their families living in the neighborhood.[16] In the first five year report to the community, the New Town Success Zone has reported higher FCAT scores, an improvement in school promotion rates, and a reduction in violent crimes, theft and truancy since 2008.[17]

Parramore Kidz Zone

The Parramore Kidz Zone (PKZ) was launched by the City of Orlando on July 1, 2006, as part of a comprehensive effort to revitalize Orlando's highest crime, highest poverty neighborhood. The Parramore Kidz Zone replicates some aspects of the Harlem Children's Zone to create positive child-rearing conditions that will result in lower teen pregnancy rates, improved school performance, and decreased juvenile crime and child abuse rates. The Parramore Kidz Zone was implemented by a coalition of nonprofit organizations and neighborhood residents and was designated by the Ounce as a Florida children's initiative in June 2009.[18] The initiative was designed to invest in those things that make a difference in children's lives, such as quality early

[13] Miami Children's Initiative, *available at*: http://www.iamlibertycity.org/ (last visited February 8, 2020).
[14] Miami Children's Initiative, *available at*: http://www.iamlibertycity.org/our-work/our-work / (last visited February 8, 2020).
[15] The New Town Success Zone, *available at: http://ntszjax.org/about-us/*. *Also see*: New Town Success Zone Five Years Later, available at: http://www.metrojacksonville.com/article/2013-may-new-town-success-zone-five-years-later (last visited February 8, 2020).
[16] *Id*.
[17] New Town Success Zone, Five Year Report to the Community, *available at*: https://issuu.com/jermynshannonel/docs/newtown_5yr_report (last visited February 8, 2020)
[18] The Ounce of Prevention Fund of Florida, Parramore Kidz Zone, *available at*: https://www.ounce.org/fci_communities.html (last visited February 8, 2020).

childhood education, after school programs, programs that build family economic success, youth development programs for teenagers, access to health care, and mentoring.[19]

Since 2006, program evaluators have documented a 61% decline in juvenile arrests, a 56% decline in teen pregnancies, and a 38% decline in child abuse cases in the neighborhood since PKZ started, as well as across-the-board increases in the percentage of elementary, middle and high school students performing at grade level in math and reading. Every year the number of Parramore youth who attend college increases. Today, 70 PKZ youth are in college, all of whom are the first generation in their families to attend.[20]

Tampa Sulphur Springs Neighborhood of Promise Success Zone (SSNOP)

The Sulphur Springs Neighborhood of Promise (SSNOP) is a collaborative effort of residents, educators, service providers, government agencies, business leaders and funding partners who have joined together to implement an educational program in which children thrive academically. The goals are to create a culture that promotes the caring, nurturing and successful education of children and to offer support services for the family and community in positive and productive settings.

The SSNOP community initiative strives to provide a child-focused educational delivery system that is family-friendly and easily accessible within the neighborhood.[21]

In 2018 the Tampa Sulphur Springs Neighborhood of Promise Success Zone was codified.[22] The SSNOP was already in existence and had been designated by the Ounce of Prevention Fund as a Florida children's initiative as required by law.[23]

Overtown Children and Youth Coalition

In the fall of 2012, the Overtown Children and Youth Coalition (OCYC) was formed by the anchoring community based non-profit organizations in the Overtown Community. Within a few months several other stakeholders joined forces and began to work together under the umbrella of the Overtown Children and Youth Coalition. Establishing the OCYC was a groundbreaking step toward addressing the needs of Overtown's children in a more holistic manner, a focus designed to move away from the service based structure that addressed needs in siloes and towards a collective impact and systems-level approach.[24]

The Overtown Children and Youth Coalition serves Miami's Overtown neighborhood, an area where children and families face extreme levels of poverty, low academic achievement and health disparities. Intensive rehabilitation and redevelopment are necessary to improve the

[19] City of Orlando, Parramore Kidz Zone, available at: http://www.cityoforlando.net/parramorekidzzone/ (last visited February 8, 2020).
[20] *Id*.
[21] Tampa Sulphur Springs Neighborhood of Promise Success Zone, About Us, *available at*: http://www.ssnop.org/about-us-1 (Last visited February 8, 2020)
[22] Chapter 2018-148, L.O.F.
[23] Section 409.147, F.S.
[24] Overtown Children and Youth Coalition, *available at*: https://overtowncyc.org/ (Last visited February 8, 2020).

health, well-being and livelihood of children living there. The Overtown Children and Youth Coalition is a group of professionals, institutions, government officials, residents and youth charged with implementing the Children and Youth Master Plan to improve outcomes for all of Overtown's children.[25]

The Coalition charged itself with three distinct responsibilities:
Create a shared vision for community-wide action that promotes excellence, empowerment, economic growth and success for all Overtown children and youth.
Prepare an application to become Florida's fourth Children's Initiative; and
Develop a pipeline of integrated high-quality pathways for youth to succeed from birth through college.

In 2018 the Overtown Children and Youth Coalition was codified.[26] The Coalition was already in existence and had been designated by the Ounce of Prevention Fund as a Florida children's initiative as required by law.[27]

III. Effect of Proposed Changes:

Section 1 amends s. 409.147, F.S., related to children's initiatives, to require the department to contract with a not-for-profit corporation in the amount of $500,000 per year per designated children's initiative site. The funding is to be used to support each site's respective efforts to implement a community-based service network to develop, coordinate, and provide quality education, accessible health care, youth development programs, opportunities for employment, and safe and affordable housing for children and families living within each site's respective boundaries.

The bill also eliminates the current role of the Ounce of Prevention Fund to work collaboratively with the governing board and to develop a business plan, evaluate, and provide fiscal management and oversight of the initiatives.

Section 2 provides an effective date 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.

[25] *Id*.
[26] Chapter 2018-148, L.O.F.
[27] Section 409.147, F.S.

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 requires the department to contract with a not-for-profit corporation in the amount of $500,000 annually for each designated children's initiative. There are five designated initiatives for a total cost of $2.5M annually. The bill does not identify a funding source.

VI. Technical Deficiencies:

The bill requires the department to contract with a not-for-profit for a specified annual amount to support each site's respective efforts to implement a community-based service network to develop, coordinate, and provide quality education, accessible health care, youth development programs, opportunities for employment, and safe and affordable housing for children and families living within each site's respective boundaries.

The 2008 Florida Legislature assigned the Ounce the responsibility for reviewing and approving requests from local municipalities and/or counties to obtain a Children's Initiative designation. The Ounce was also required to provide fiscal management and oversight for the initiatives.

It is unclear whether these functions would be performed by the not-for-profit with whom the department contracts.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends s. 409.147 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.

By Senator Braynon

35-00192-20 20201156__

A bill to be entitled

An act relating to children's initiatives; amending s. 409.147, F.S.; revising requirements for the implementation of certain children's initiatives; requiring the Department of Children and Families to contract with a not-for-profit corporation for certain purposes and for specified amounts; providing an effective date.

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

Section 1. Paragraph (b) of subsection (13) of section 409.147, Florida Statutes, is amended to read:

409.147 Children's initiatives.—

(13) IMPLEMENTATION.—

(b) In order to implement the legislative intent and purpose of this section ~~for the Miami Children's Initiative, Inc.~~, the Department of Children and Families shall contract with a not-for-profit corporation in the amount of $500,000 per year per designated Florida Children's Initiative site. Such funds must be used to support each site's respective efforts to implement a community-based service network to develop, coordinate, and provide quality education, accessible health care, youth development programs, opportunities for employment, and safe and affordable housing for children and families living within each site's respective boundaries~~, to work in collaboration with the governing body to adopt the resolution described in subsection (4), to establish the planning team as provided in subsection (5), and to develop and adopt the~~

~~strategic community plan as provided in subsection (6)~~. ~~The not-for-profit corporation is also responsible for the development of a business plan and for the evaluation, fiscal management, and oversight of the Miami Children's Initiative, Inc.~~

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

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 1198
INTRODUCER:	Senator Berman
SUBJECT:	Purple Alert
DATE:	February 10, 2020
REVISED:	

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Price	Miller	IS	**Favorable**
2.	Hendon	Hendon	CF	**Pre-meeting**
3.			RC	

I. Summary:

SB 1198 establishes criteria and processes for issuing Purple Alerts to assist in finding missing adults with developmental disabilities, brain injuries, or other disabilities not related to substance abuse.

The bill will have a fiscal impact to state and appropriates $322,836 and 3 FTE to the Department of Law Enforcement (FDLE). The bill takes effect July 1, 2020, but the alert system is effective July 1, 2021.

II. Present Situation:

Florida Statutory Alerts

Section 937.021, F.S., requires law enforcement agencies (LEAs) in this state to adopt written policies that specify the procedures to be used to investigate reports of missing children and missing adults. Section 784.071, F.S., authorizes Blue Alerts with respect to a law enforcement officer who has been killed or assaulted with a deadly weapon, has suffered serious bodily injury, or is missing while in the line of duty under circumstances evidencing concern for the officer's safety. Section 937.022, F.S., creates the Missing Endangered Persons Information Clearinghouse (MEPIC) within the FDLE "to serve as a central repository of information regarding missing endangered persons." That section requires every state, county, or municipal LEA to submit to the clearinghouse information on missing endangered persons, which information must be "collected and disseminated to assist in the location of missing endangered persons."

A Missing Child Alert is intended to enable law enforcement to quickly communicate information on a missing child believed to be in life-threatening danger, but there is no indication

that the child has been abducted.[1] A Missing Child Alert may result in an AMBER Alert if investigation produces an indication that the child has been abducted.[2] A state Silver Alert is intended to aid law enforcement in the rescue or recovery of a missing elderly person who suffers from irreversible deterioration of intellectual faculties[3] and becomes lost while driving a vehicle.[4]

Generally, in each case, the local LEA with jurisdiction contacts the FDLE's MEPIC. The FDLE works with the local LEA to determine whether information will be broadcast on a regional or statewide basis and prepares information for public distribution through the Emergency Alert System, wireless emergency alerts, the Department of Transportation's (FDOT) 511 traveler information system[5] and dynamic message signs, lottery machines, and email, as appropriate.[6]

With respect to use of the FDOT's dynamic message signs, after contact from the FDLE, the appropriate FDOT Regional Transportation Management Center is ultimately responsible for displaying alert messages on those signs. If the alert message is:

- A Missing Child Alert or a Silver Alert, the message is displayed for a maximum of six hours and is re-activated if FDLE requests it, but only in the specific area the law enforcement believes the child may be located.
- An AMBER Alert, the message is displayed until the child is recovered or for a maximum of 24 hours, again re-activated upon FDLE's request only in the specific area law enforcement believes the child may be located.[7]

Section 937.021(5), F.S., provides immunity from civil liability for complying in good faith with a request to record, report, transmit, display, or release Missing Child, AMBER, and Silver Alert information.

The FLDE, in conjunction with the Florida Highway Patrol, the FDOT, and the Department of Lottery, broadcasts information to the public through the Emergency Alert System on television and radio when information about an offender would help avert further harm or assist in apprehending a suspect in connection with killing or harming a law enforcement officer.[8] In such cases, dynamic message signs are also used to display Blue Alerts.[9] These alerts use the technologies employed for Amber Alerts.[10] At the request of a local LEA, the FDLE Intelligence Watch and Warning Regional Special Agency Supervisor works with the investigating agency to

---

[1] FDLE Missing Endangered Persons Information Clearinghouse, *Florida's Missing Child Alert*, available at http://www.fdle.state.fl.us/mcicsearch/MCApage.asp (last visited Feb. 7, 2020).
[2] FDLE Missing Endangered Persons Information Clearinghouse, *AMBER Alerts*, available at http://www.fdle.state.fl.us/mcicsearch/Amber.asp (last visited Feb. 7, 2020).
[3] FDLE Missing Endangered Persons Information Clearinghouse, *Florida's Silver Alert Plan,* available at http://www.fdle.state.fl.us/mcicsearch/SilverAlerts.asp (last visited Feb. 7, 2020).
[4] *See Florida Missing Persons and Blue Alert Plans*, Florida Department of Law Enforcement and Florida Department of Transportation, p. 1. (On file in the Senate Infrastructure and Security Committee.) *See also* FDLE, *Florida's Silver Alert Plan*, available at http://www.fdle.state.fl.us/Silver-Alert-Plan/Silver-Alert-Plan (last visited Feb. 7, 2020).
[5] *See* s. 334.044(31) and s. 334.60, F.S. The 511 System is used only while dynamic message signs are displayed. *Id.* at p. 4.
[6] *Supra* note 4 at pp. 1-5.
[7] *Supra* note 4 at pp. 4-5.
[8] *Supra* note 4.
[9] Section 784.071, F.S.
[10] FDLE, *Florida Blue Alert Notification System*, available at http://floridabluealert.com/ (last visited Feb. 7, 2020).

prepare information for public release, include suspect and/or vehicle information. The FDLE will issue a Blue Alert if a law enforcement officer has been killed, suffered serious bodily injury, or been assaulted with a deadly weapon; or is missing while in the line of duty or under circumstances indicating concern for an officer's safety; and the suspect has fled the scene and poses an imminent threat to the public or to other law enforcement officers. The FDLE works with the FDOT's Regional Transportation Management Center, which is ultimately responsible for displaying Blue Alert messages on the dynamic message signs. Again, the alert is displayed for a maximum of six hours, with re-activation upon FDLE request in the specific area that law enforcement believes the person may be located.[11]

The FDOT observes the following orders of priority with respect to these alert messages on dynamic message signs:

- If there are multiple alerts activated during the same time: AMBER, Missing Child, Blue, and Silver.
- If there are multiple AMBER, Missing Child, or Blue Alerts activated during the same time, each one is displayed on every other dynamic message sign.[12]

Missing Endangered Persons

Section 937.0201, F.S., defines the term "missing endangered person" for purposes of missing person investigations to mean:

- A missing child,
- A missing adult younger than 26 years of age;
- A missing adult 26 years of age or older who is suspected by an LEA of being endangered or the victim of criminal activity, or
- A missing adult who meets the criteria for activation of the Silver Alert Plan[13] of the FDLE.

III. Effect of Proposed Changes:

The bill establishes criteria and processes for Purple Alerts

Section 1 of the bill amends s. 937.0201, F.S., relating definitions for purposes of missing person investigations. The bill includes in the definition of "missing endangered person" a missing adult who meets the criteria for activation of the Purple Alert of the FDLE pursuant to s. 937.0205, F.S., created by the bill.

[11] *Supra* note 4 at pp. 4-5.
[12] *Id.* at p. 5.
[13] Both local (missing on foot) and state (missing in vehicle) Silver Alerts are currently used to locate missing persons suffering from an irreversible deterioration of intellectual faculties. *See* FDLE, *Silver Activation Steps*, available at http://www.fdle.state.fl.us/Silver-Alert-Plan/Activation-Steps (last visited January 23, 2020). This site lists the criteria for both local and state Silver Alerts.

Section 2 creates s. 937.0205, entitled *Purple Alert.* The bill expresses the following Legislative findings:

- A standardized state system is necessary to aid in the search of certain missing adults (identified and discussed below).
- A coordinated local law enforcement and state agency response with prompt and widespread sharing of information will improve the chances of finding the person.

The bill also recites the Legislature's intent to establish the Purple Alert, implemented in a manner that, to the extent practicable, safeguards the privacy rights and related health diagnostic information of such missing adults.

The bill directs the FDLE, in cooperation with the FDOT, the Department of Highway Safety and Motor Vehicles (DHSMV), the Department of the Lottery, and local LEAs, to establish and implement the Purple Alert. At a minimum, the Purple Alert must:

- Be the only viable means by which the missing adult is likely to be returned to safety;
- Provide, to the greatest extent possible, for the protection of the privacy, dignity, and independence of such missing adults by including standards aimed at safeguarding these civil liberties by preventing the inadvertent or unnecessary broadcasting or dissemination of sensitive health and diagnostic information;
- Provide that the broadcasting and dissemination of alerts and related information be limited to the geographic areas where such missing adult could reasonably be, considering his or her circumstances and physical and mental condition, the potential modes of transportation available to him or her or suspected to be involved, and the known or suspected circumstances of his or her disappearance; and
- Be activated only when there is sufficient descriptive information about the missing adult and the circumstances surrounding the missing adult's disappearance to indicate that activating the alert is likely to help locate the missing adult.

The bill authorizes (but does not require) a local LEA, under a Purple Alert, to broadcast to the media and to persons who subscribe to receive alert notifications information concerning a missing adult:

- Who has a mental or cognitive disability; an intellectual disability or a development disability, as those terms are defined in s. 393.063;[14] a brain injury; another physical, mental, or emotional disability that is not related to substance abuse; or a combination of any of these;
- Whose disappearance indicates a credible threat of immediate danger or serious bodily harm to himself or herself, as determined by the local LEA;
- Who cannot be returned to safety without law enforcement intervention; and

[14] That section defines "intellectual disability" to mean significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior which manifests before the age of 18 and can reasonably be expected to continue indefinitely. For the purposes of this definition, the term: (a) "Adaptive behavior" means the effectiveness or degree with which an individual meets the standards of personal independence and social responsibility expected of his or her age, cultural group, and community; (b) "Significantly subaverage general intellectual functioning" means performance that is two or more standard deviations from the mean score on a standardized intelligence test specified in the rules of the agency. "Developmental disability" means a disorder or syndrome that is attributable to intellectual disability, cerebral palsy, autism, spina bifida, Down syndrome, Phelan-McDermid syndrome, or Prader-Willi syndrome; that manifests before the age of 18; and that constitutes a substantial handicap that can reasonably be expected to continue indefinitely.

- Who does not meet the criteria for activation of a local Silver Alert or the Silver Alert Plan of the FDLE.[15]

If a Purple Alert is determined to be necessary and appropriate, the local LEA of jurisdiction is required to notify the media and subscribers in the jurisdiction or jurisdictions where the missing adult is believed to or may be located. The local jurisdictional LEA may also request that the Purple Alert notification be broadcast on lottery terminals within the geographic regions where the missing adult may reasonably be, including, but not limited to, lottery terminals in gas stations, convenience stores, and supermarkets.

The local jurisdictional LEA is also authorized to request that a case be opened with the FDLE's MEPIC. To enhance local or regional efforts when the investigation indicates that an identifiable vehicle is involved, the MEPIC is required to coordinate with the FDOT and the DHSMV for the activation of dynamic message signs on state highways and the immediate distribution of critical information to the public regarding the missing adult in accordance with the alert.

The bill requires the Purple Alert process to include procedures to monitor the use, activation, and results of alerts and a strategy for informing and educating law enforcement, the media, and other stakeholders concerning the alert. Lastly, this section of the bill authorizes the FDLE to adopt rules to implement and administer the new section of law.

Missing adults who meet the criteria for activation of a Purple Alert, their caregivers and families, as well as the general public may benefit from improved communication of emergency information through Purple Alerts. However, to receive Purple Alerts, individuals must be subscribers in the jurisdiction or jurisdictions where the missing adult is believed to or may be located, see the alerts on lottery terminals in gas stations, convenience stores, or supermarkets or on dynamic message signs along the State Highway System, or otherwise gain knowledge of a Purple Alert following notification of the media by the local jurisdictional LEA.

Section 3 amends s. 937.021, F.S., relating to missing child and missing adult reports, to include Purple Alerts in the existing provisions relating to immunity from civil liability for law enforcement agencies, broadcasters, and other entities acting in good faith when involved in issuing Missing Child Alerts, AMBER Alerts, and Silver Alerts.

Section 4 amends s. 937.022, F.S., relating to the MEPIC, under which only the LEA having jurisdiction over a case may make a request to the MEPIC for the activation of a state Silver Alert involving a missing adult if circumstances regarding the disappearance have met the criteria for activation of the Silver Alert Plan. The bill includes Purple Alerts in this provision; only the jurisdictional LEA may request the MEPIC for activation of a Purple Alert if the criteria for issuance are met.

Section 5 amends s. 429.918, F.S., relating to licensure designation as a specialized Alzheimer's services adult day care center, under which, among other requirements:

[15] *Supra* note 13. *See also* FDLE Missing Endangered Persons Information Clearinghouse, *Florida's Silver Alert Plan,* available at http://www.fdle.state.fl.us/mcicsearch/SilverAlerts.asp (last visited Feb. 7, 2020).

- Employees hired to provide direct care to ADRD participants[16] must receive and review an orientation plan that includes information on the Silver Alert Plan, and
- ADRD participants (or caregivers) must be provided a copy of the participant's plan of care and information regarding resources to assist in ensuring the safety and security of a participant, which must include (among other items) information on the Silver Alert Plan.

The bill includes Purple Alerts in these provisions currently relating only to the Silver Alert Plan.

Section 6, effective July 1, 2020, appropriates for the 2020-2021 fiscal year the sums of $152,836 in recurring funds and $170,000 in nonrecurring funds from the General Revenue Fund to the FDLE, and authorizes three full-time equivalent positions with an associated salary rate of 83,779, for purposes of implementing the act.

Section 7 provides the act takes effect July 1, 2021, except as otherwise expressly provided and except for section 7, which takes effect 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.

[16] Section 429.918, F.S., defines the term "ADRD participant" to mean a participant who has a documented diagnosis of Alzheimer's disease or a dementia-related disorder (ADRD) from a license physician, licensed physician assistant, or a licensed advanced practice registered nurse.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The FDLE estimates that to implement the bill, it will need three Crime Intelligence Analyst I FTE positions totaling $168,204 ($156,519 recurring). Additionally, the FDLE indicates that the cost of necessary modifications to existing information technology will total $170,000 and take approximately 12 months to complete. The bill appropriates these funds and FTE to the department. The FDLE will be required to create policies and procedures on how to activate and cancel Purple Alerts but the department did not estimate the cost of such activities.[17]

The fiscal impact to the FDOT relating to display of Purple Alerts on dynamic message signs is indeterminate, as the potential increase in volume of alerts cannot be determined.

The DHSMV notes the bill will result in a significant workload increase for the Florida Highway Patrol, especially the regional communications center ultimately assigned to coordinate Purple Alerts. The workload increase however, is expected to be absorbed within existing resources.[18]

Local jurisdictional LEAs will incur indeterminate expenses associated with notifying the media and subscribers as authorized under the bill, and with developing any necessary policies and training and establishing or enhancing necessary infrastructure and systems.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 937.0201, 937.021, 937.022, and 429.918.

This bill creates the following sections of the Florida Statutes: 937.0205.
937.0201, 937.0205, 937.021, 937.022, 429.918

[17] *See* the FDLE 2020 Legislative Bill Analysis for SB 1198 available at http://abar.laspbs.state.fl.us/ABAR/ABAR.aspx (last visited Feb. 7, 2020).
[18] *See* the DHSMV 2020 Legislative Bill Analysis for SB 1198 available at http://abar.laspbs.state.fl.us/ABAR/ABAR.aspx (last visited Feb. 7, 2020).

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.

By Senator Berman

31-00038D-20 20201198__

A bill to be entitled

An act relating to the Purple Alert; amending s. 937.0201, F.S.; redefining the term "missing endangered person"; creating s. 937.0205, F.S.; providing legislative findings and intent; requiring the Department of Law Enforcement, in cooperation with the Department of Transportation, the Department of Highway Safety and Motor Vehicles, the Department of the Lottery, and local law enforcement agencies, to establish and implement the Purple Alert; specifying minimum requirements for the Purple Alert; authorizing local law enforcement agencies to broadcast information concerning certain missing adults; requiring the local law enforcement agency of jurisdiction to notify certain media and alert subscribers if a Purple Alert is determined to be necessary and appropriate; authorizing the local law enforcement agency of jurisdiction which broadcasts the notification to request that a case be opened with the Department of Law Enforcement's Missing Endangered Persons Information Clearinghouse; requiring the clearinghouse to coordinate with the Department of Transportation and the Department of Highway Safety and Motor Vehicles in the activation of dynamic message signs on state highways and the immediate distribution of certain critical information under certain circumstances; requiring the Purple Alert to include certain procedures and an information and education strategy; authorizing the Department of Law

Enforcement to adopt rules; amending s. 937.021, F.S.; providing that the Department of Law Enforcement, as the Purple Alert coordinator, and certain agencies, employees, individuals, and entities are immune from civil liability for damages when performing certain actions in good faith; providing that the presumption of good faith is not overcome under certain circumstances; providing construction; amending s. 937.022, F.S.; authorizing only the law enforcement agency having jurisdiction over a case to make a request to the clearinghouse for the activation of a Purple Alert involving a missing adult under certain circumstances; amending s. 429.918, F.S.; conforming provisions to changes made by the act; providing an appropriation; providing effective dates.

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

Section 1. Subsection (4) of section 937.0201, Florida Statutes, is amended to read:

937.0201 Definitions.—As used in this chapter, the term:

(4) "Missing endangered person" means <u>any of the following</u>:

(a) A missing child<u>.</u>~~;~~

(b) A missing adult younger than 26 years of age<u>.</u>~~;~~

(c) A missing adult 26 years of age or older who is suspected by a law enforcement agency of being endangered or the victim of criminal activity<u>.</u>~~; or~~

(d) A missing adult who meets the criteria for activation of the Silver Alert Plan of the Department of Law Enforcement.

(e) A missing adult who meets the criteria for activation of the Purple Alert of the Department of Law Enforcement pursuant to s. 937.0205.

Section 2. Section 937.0205, Florida Statutes, is created to read:

937.0205 Purple Alert.—

(1) The Legislature finds that a standardized state system is necessary to aid in the search for a missing adult identified in paragraph (4)(a). The Legislature also finds that a coordinated local law enforcement and state agency response with prompt and widespread sharing of information will improve the chances of finding the person.

(2) It is the intent of the Legislature to establish the Purple Alert, to be implemented in a manner that, to the extent practicable, safeguards the privacy rights and related health and diagnostic information of such missing adults.

(3) The Department of Law Enforcement, in cooperation with the Department of Transportation, the Department of Highway Safety and Motor Vehicles, the Department of the Lottery, and local law enforcement agencies, shall establish and implement the Purple Alert. At a minimum, the Purple Alert must:

(a) Be the only viable means by which the missing adult is likely to be returned to safety;

(b) Provide, to the greatest extent possible, for the protection of the privacy, dignity, and independence of such missing adults by including standards aimed at safeguarding these civil liberties by preventing the inadvertent or unnecessary broadcasting or dissemination of sensitive health and diagnostic information;

(c) Provide that the broadcasting and dissemination of alerts and related information be limited to the geographic areas where such missing adult could reasonably be, considering his or her circumstances and physical and mental condition, the potential modes of transportation available to him or her or suspected to be involved, and the known or suspected circumstances of his or her disappearance; and

(d) Be activated only when there is sufficient descriptive information about the missing adult and the circumstances surrounding the missing adult's disappearance to indicate that activating the alert is likely to help locate the missing adult.

(4)(a) Under a Purple Alert, a local law enforcement agency may broadcast to the media and to persons who subscribe to receive alert notifications under this section information concerning a missing adult:

1. Who has a mental or cognitive disability; an intellectual disability or a developmental disability, as those terms are defined in s. 393.063; a brain injury; another physical, mental, or emotional disability that is not related to substance abuse; or a combination of any of these;

2. Whose disappearance indicates a credible threat of immediate danger or serious bodily harm to himself or herself, as determined by the local law enforcement agency;

3. Who cannot be returned to safety without law enforcement intervention; and

4. Who does not meet the criteria for activation of a local Silver Alert or the Silver Alert Plan of the Department of Law Enforcement.

(b) If a Purple Alert is determined to be necessary and

appropriate, the local law enforcement agency of jurisdiction shall notify the media and subscribers in the jurisdiction or jurisdictions where the missing adult is believed to or may be located. The local law enforcement agency of jurisdiction may also request that the Purple Alert notification be broadcast on lottery terminals within the geographic regions where the missing adult may reasonably be, including, but not limited to, lottery terminals in gas stations, convenience stores, and supermarkets.

(c) Under the Purple Alert, the local law enforcement agency of jurisdiction may also request that a case be opened with the Department of Law Enforcement's Missing Endangered Persons Information Clearinghouse. To enhance local or regional efforts when the investigation indicates that an identifiable vehicle is involved, the clearinghouse must coordinate with the Department of Transportation and the Department of Highway Safety and Motor Vehicles for the activation of dynamic message signs on state highways and the immediate distribution of critical information to the public regarding the missing adult in accordance with the alert.

(5) The Purple Alert process must include procedures to monitor the use, activation, and results of alerts and a strategy for informing and educating law enforcement, the media, and other stakeholders concerning the alert.

(6) The Department of Law Enforcement may adopt rules to implement and administer this section.

Section 3. Paragraphs (c), (d), and (e) of subsection (5) of section 937.021, Florida Statutes, are amended to read:

937.021 Missing child and missing adult reports.—

(5)

(c) Upon receiving a request to record, report, transmit, display, or release Silver Alert or Purple Alert information from the law enforcement agency having jurisdiction over the missing adult, the Department of Law Enforcement as the state Silver Alert and Purple Alert coordinator, any state or local law enforcement agency, and the personnel of these agencies; any radio or television network, broadcaster, or other media representative; any dealer of communications services as defined in s. 202.11; or any agency, employee, individual, or entity is immune from civil liability for damages for complying in good faith with the request and is presumed to have acted in good faith in recording, reporting, transmitting, displaying, or releasing Silver Alert or Purple Alert information pertaining to the missing adult.

(d) The presumption of good faith is not overcome if a technical or clerical error is made by any agency, employee, individual, or entity acting at the request of the local law enforcement agency having jurisdiction, or if the Amber Alert, Missing Child Alert, missing child information, missing adult information, or Silver Alert or Purple Alert information is incomplete or incorrect because the information received from the local law enforcement agency was incomplete or incorrect.

(e) Neither this subsection nor any other provision of law creates a duty of the agency, employee, individual, or entity to record, report, transmit, display, or release the Amber Alert, Missing Child Alert, missing child information, missing adult information, or Silver Alert or Purple Alert information received from the local law enforcement agency having

jurisdiction. The decision to record, report, transmit, display, or release information is discretionary with the agency, employee, individual, or entity receiving the information.

Section 4. Paragraph (b) of subsection (3) of section 937.022, Florida Statutes, is amended to read:

937.022 Missing Endangered Persons Information Clearinghouse.—

(3) The clearinghouse shall:

(b) Provide a centralized file for the exchange of information on missing endangered persons.

1. Every state, county, or municipal law enforcement agency shall submit to the clearinghouse information concerning missing endangered persons.

2. Any person having knowledge may submit a missing endangered person report to the clearinghouse concerning a child or adult younger than 26 years of age whose whereabouts is unknown, regardless of the circumstances, subsequent to reporting such child or adult missing to the appropriate law enforcement agency within the county in which the child or adult became missing, and subsequent to entry by the law enforcement agency of the child or person into the Florida Crime Information Center and the National Crime Information Center databases. The missing endangered person report shall be included in the clearinghouse database.

3. Only the law enforcement agency having jurisdiction over the case may submit a missing endangered person report to the clearinghouse involving a missing adult age 26 years or older who is suspected by a law enforcement agency of being endangered or the victim of criminal activity.

4. Only the law enforcement agency having jurisdiction over the case may make a request to the clearinghouse for the activation of a state Silver Alert or a Purple Alert involving a missing adult if circumstances regarding the disappearance have met the criteria for activation of the Silver Alert Plan or the Purple Alert.

Section 5. Paragraph (d) of subsection (6) and subsection (9) of section 429.918, Florida Statutes, are amended to read:

429.918 Licensure designation as a specialized Alzheimer's services adult day care center.—

(6)

(d) Each employee hired on or after July 1, 2012, who provides direct care to ADRD participants, must receive and review an orientation plan that includes, at a minimum:

1. Procedures to locate an ADRD participant who has wandered from the center. These procedures shall be reviewed regularly with all direct care staff.

2. Information on the Silver Alert program and the Purple Alert in this state.

3. Information regarding available products or programs used to identify ADRD participants or prevent them from wandering away from the center, their home, or other locations.

(9) An adult day care center having a license designated under this section must give to each person who enrolls as an ADRD participant in the center, or the caregiver, a copy of the ADRD participant's plan of care, as well as information regarding resources to assist in ensuring the safety and security of the ADRD participant, which must include, but need not be limited to, information pertaining to driving for those

persons affected by dementia, available technology on wandering-prevention devices and identification devices, the Silver Alert program and the Purple Alert in this state, and dementia-specific safety interventions and strategies that can be used in the home setting.

Section 6. Effective July 1, 2020, for the 2020-2021 fiscal year, the sums of $152,836 in recurring funds and $170,000 in nonrecurring funds are appropriated from the General Revenue Fund to the Department of Law Enforcement, and three full-time equivalent positions with an associated salary rate of 83,779 are authorized, for the purpose of implementing this act.

Section 7. Except as otherwise expressly provided in this act and except for this section, which shall take effect July 1, 2020, this act shall take effect July 1, 2021.

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 1678
INTRODUCER:	Senator Montford
SUBJECT:	Substance Abuse and Mental Health
DATE:	February 10, 2020 REVISED:

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Delia	Hendon	CF	**Pre-meeting**
2.			AHS	
3.			AP	

I. Summary:

SB 1678 adds dementia and traumatic brain injury to the listed conditions excluded in the definition of "mental illness" as it relates to involuntary commitments under the Baker Act. The bill adds mandatory community action team (CAT) coverage to include Charlotte and Leon counties. The bill revises the eligibility criteria for receiving Department of Children and Families (DCF) funded substance abuse and mental health services to modify eligibility determinations. The bill also revises membership in, and the scope of, the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Statewide Grant Review Committee.

The bill repeals the requirement for DCF to develop a certification process for community substance abuse prevention coalitions. The bill also revises training requirements for court-appointed forensic evaluators, requiring refresher training every three years.

These changes are a part of DCF's 2020 legislative package. The bill will have an indeterminate fiscal impact on DCF and the state court system and has an effective date of July 1, 2020.

II. Present Situation:

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

Behavioral Health Managing Entities

In 2001, the Legislature authorized DCF to implement behavioral health managing entities as the management structure for the delivery of local mental health and substance abuse services.[1] The implementation of the ME system initially began on a pilot basis and, in 2008, the Legislature authorized DCF to implement MEs statewide.[2] Full implementation of the statewide managing entity system occurred in April 2013; all geographic regions are now served by a managing entity.[3]

DCF contracts with seven MEs - Big Bend Community Based Care, Lutheran Services Florida, Central Florida Cares Health System, Central Florida Behavioral Health Network, Inc., Southeast Florida Behavioral Health, Broward Behavioral Health Network, Inc., and South Florida Behavioral Health Network, Inc., that in turn contract with local service providers[4] for the delivery of mental health and substance abuse services:[5]

Baker Act

In 1971, the Legislature passed the Florida Mental Health Act (also known as "The Baker Act") to address the mental health needs of individuals in the state. The Baker Act allows for voluntary and, under certain circumstances, involuntary, examinations of individuals suspected of having a mental illness and presenting a threat of harm to themselves or others. The Baker Act also establishes procedures for courts, law enforcement, and certain health care practitioners to initiate such examinations and then act in response to the findings.

Individuals in acute mental or behavioral health crisis may require emergency treatment to stabilize their condition. Emergency mental health examination and stabilization services may be provided on a voluntary or involuntary basis.[6] An involuntary examination is required if there is reason to believe that the person has a mental illness and because of his or her mental illness:[7]

- The person has refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination or is unable to determine for himself or herself whether examination is necessary; and
- Without care or treatment, the person is likely to suffer from neglect or refuse to care for himself or herself; such neglect or refusal poses a real and present threat of substantial harm to his or her well-being; and it is not apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services; or
- There is a substantial likelihood that without care or treatment the person will cause serious bodily harm to himself or herself or others in the near future, as evidenced by recent behavior.

[1] Ch. 2001-191, Laws of Fla.
[2] Ch. 2008-243, Laws of Fla.
[3] *The Department of Children and Families Performance and Accountability System for Behavioral Health Managing Entities*, Office of Program Policy Analysis and Government Accountability, July 18, 2014.
[4] Managing entities create and manage provider networks by contracting with service providers for the delivery of substance abuse and mental health services.
[5] Department of Children and Families, *Managing Entities*, https://www.myflfamilies.com/service-programs/samh/managing-entities/ (last visited February 9, 2020).
[6] SS. 394.4625 and 394.463, F.S.
[7] S. 394.463(1), F.S.

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

In 2007, the Legislature created the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program (Program). The purpose of the Program is to provide funding to counties to plan, implement, or expand initiatives that increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services for adults and juveniles who have a mental illness, substance abuse disorder, or co-occurring mental health and substance abuse disorders and who are in, or at risk of entering, the criminal or juvenile justice systems.[8]

A county, non-profit community provider or managing entity designated by a county planning council or committee may apply for a one-year planning grant or a three-year implementation expansion grant under the Program.[9] The purpose of the grants is to demonstrate that investment in treatment efforts related to mental illness, substance abuse disorders, or co-occurring mental health and substance abuse disorders results in a reduced demand on the resources of the judicial, corrections, juvenile detention, and health and social services systems.[10] Currently, there are 24 grant agreements for county programs.[11] Total funding for the 24 grant agreements over their lifetimes is $28,174,388.[12]

Certification of Community Substance Abuse Prevention Coalitions

Section 397.321, F.S., requires DCF to license and regulate all substance abuse providers in the state. It also requires DCF to develop a certification process by rule for community substance abuse prevention coalitions (prevention coalitions) process.[13]

Prevention coalitions are local partnerships between multiple sectors of the community that respond to community conditions by developing and implementing comprehensive plans that lead to measurable, population-level reductions in drug use and related problems.[14] They do not provide substance abuse treatment services, and certification is not a requirement for eligibility to receive federal or state substance abuse prevention funding. However, to receive funding from DCF, a coalition must follow a comprehensive process that includes a detailed needs assessment and plan for capacity building, development, implementation, and sustainability to ensure that data-driven, evidence–based practices are employed for addressing substance misuse for state-funded coalitions.[15]

[8] S. 394.656(1), F.S.
[9] S. 394.656(5), F.S.
[10] Id.
[11] *Florida Substance Abuse and Mental Health Plan – Triennial State and Regional Master Plan Fiscal Years 2019-2022*, Florida Department of Children and Families, p. 28, (May 2019), https://www.myflfamilies.com/service-programs/samh/publications/docs/SAMH%20Services%20Plan%202019-2022.pdf (last visited February 6, 2020).
[12] Id. at 71-72.
[13] Department of Children and Families, Agency Bill Analysis for 2020 SB 1678, January 14, 2020. On file with the Senate Children, Families, and Elder Affairs Committee.
[14] Id.
[15] Id.

Some prevention coalitions choose to apply for certification from nationally-recognized credentialing entities. Additionally, the Florida Certification Board, a non-profit professional credentialing entity, offers certifications for Certified Prevention Specialists and Certified Prevention Professionals, for those individuals who desire professional credentialing.[16] However, Florida is the only state that requires prevention coalitions to be certified. Only one other state, Ohio, has established a certification program for prevention coalitions, and it is voluntary.[17]

Community Action Treatment Teams

According to the National Institute of Mental Health (NIMH), half of all lifetime cases of mental health disorders have begun by age 14 and three quarters have begun by age 24.[18] Successful transition between the children and adult systems is critical; many individuals with mental health disorders fall through the gaps between the children and adult mental health systems during a critical time in their lives.[19] In 2003, the New Freedom Commission on Mental Health released a report that identified further gaps in the mental health system and recommended transforming the mental health system through community-based services to help individuals with mental illnesses live successfully in their communities.[20] The CAT team model is an example of a comprehensive service approach that allows young people with mental illnesses who are at risk or out-of-home placements to receive services and remain in their communities with their caregivers.[21]

To be eligible for services through a CAT team, the individual must be a child or young adult, up to 21 years old, with a mental health or co-occurring substance abuse diagnosis and specified accompanying characteristics, the requirements for which vary by age.[22] If the child is less than 11 years old he or she must meet two of the following accompanying characteristics; however, individuals aged 11-21 must only meet one of the following accompanying characteristics:[23]
The individual is at-risk for out-of-home placement as demonstrated by repeated failures at less intensive levels of care;
The individual has had two or more hospitalizations or repeated failures;
The individual has had involvement with DJJ or multiple episodes involving law enforcement; or
The individual has poor academic performance and/or suspensions.

[16] Id.
[17] Id.
[18] Kessler, Berglund, Demler, Jin, Merikangas, and Walters, *Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication*, Archives of General Psychiatry. June 2005, https://www.ncbi.nlm.nih.gov/pubmed/15939837 (last visited February 9, 2020).
[19] Maryann Davis and Bethany Hunt, *State efforts to expand transition supports for young adults receiving adult public mental health services*. Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, 2005, https://pdfs.semanticscholar.org/40ae/063ae28b3273f498eb7c7b609677b1e5be92.pdf?_ga=2.44077420.995818869.1579903552-877004500.1579903552 (last visited February 9, 2020).
[20] Letter from The President's New Freedom Commission on Mental Health to President George W. Bush, July 22, 2002, http://govinfo.library.unt.edu/mentalhealthcommission/reports/FinalReport/downloads/FinalReport.pdf (last visited February 9, 2020).
[21] Department of Children and Families, *Community Action Team Evaluation Report*, February 1, 2014, p. 6, https://www.myflfamilies.com/service-programs/samh/publications/docs/CAT_Team_Evaluation_January_31_2014.pdf (last visited February 9 2020).
[22] Id. at 2.
[23] Id.

The CAT model is an integrated service delivery approach that utilizes a team of individuals to comprehensively address the needs of the young person, and his or her family.[24] The CAT team includes a full-time team leader, mental health clinicians, a psychiatrist or advanced registered nurse practitioner (ARNP), a registered or licensed practical nurse, a case manager, therapeutic mentors, and support staff.[25] They work collaboratively to deliver the majority of behavioral health services, coordinate with other service providers when necessary, and assist the family in developing or strengthening its natural support system.[26]

One of the differences between CAT teams and traditional mental health services is that services are provided or coordinated by the multidisciplinary team; these services are individualized and often do not fit into the standard of medical necessity, and are typically not reimbursed by Medicaid or private insurance.[27] The number of sessions and the frequency at which they are provided is set through collaboration rather than service limits.[28] In addition, the family is treated as a unit, and the CAT team addresses all family members' needs.[29]

CAT teams provide services in the family's home or in other community locations that are convenient for the family being served. The mix of services and supports the CAT team provides to the individual and his or her family should be developmentally appropriate for the young person and serve to strengthen him or her and his or her family.[30] Examples of services provided by the CAT team are [31]
Crisis Intervention and 24/7 On-call Coverage: Assists the family with crisis intervention, referrals, or supportive counseling;
Family Education: Families are educated on topics related to their treatment goals, including effective parenting skills and behavior management; and
Therapy: Provides and coordinates individual, group, and family therapy services. The type, frequency and location of therapy provided are based on their individual needs.

In addition to the services the CAT team provides, it also encourages the young person and his or her family to develop connections to natural supports[32] within their own network of associates, such as friends and neighbors; through connections with the community; through service and religious organizations; and through participation in clubs and other civic activities.

Eligibility for SAMH Services

Section 394.674, F.S., establishes eligibility requirements for receiving Department-funded substance abuse and mental health services by identifying a set of priority populations. As a result, only individuals who are members of one of the priority populations are eligible to receive substance abuse and mental health services funded by the Department.

[24] Id.
[25] Id.
[26] Id.
[27] Id.
[28] Id.
[29] Id. at 9.
[30] *Supra* at note 21
[31] *Supra* at note 21.
[32] Natural supports ease the transition from formal services and provide ongoing support after discharge.

DCF states that as currently written, it is difficult to determine if a person meets eligibility requirements.[33] Additionally, the current eligibility criteria for substance abuse treatment for adults does not include adults with a substance use disorder unless they have history of intravenous drug use.

Forensic Evaluators

Forensic mental health evaluation is a form of evaluation performed by a mental health professional to provide relevant clinical and scientific data during civil or criminal proceedings. Florida's circuit courts are responsible for appointing mental health experts to conduct forensic evaluations of individuals with mental illnesses who are adjudicated incompetent to proceed of a felony offense or acquitted of a felony offense by reason of insanity. DCF is required to provide one time training for psychiatrists, psychologists, and other mental health professionals on how to conduct evaluations for criminal courts.[34] The training program is a three day program offered through a course provided by the Louis de la Parte Florida Mental Health Institute at the University of South Florida which focuses on competence to stand trial and sanity evaluations.[35] Participants learn Florida laws and rules of criminal procedure relevant to forensic evaluation, general legal principles relevant to forensic evaluation, and assessment techniques and procedures used in competency to proceed and mental state at the time of the offense evaluations,[36] though no specific topics are required to be covered.

Because training for forensic evaluators is only a one time requirement, mental health professionals who have completed the training can remain on the list of DCF approved evaluators for years without receiving continuing education, meaning that their initial training becomes outdated as statutes and practices change over time.[37]

III. Effect of Proposed Changes:

Section 1 amends s. 394.455, F.S., revising the definition of 'mental illness' to specifically exclude dementia and traumatic brain injury.

Section 2 amends s. 394.495, F.S., revising counties that must be served by a community action team to include Charlotte and Leon County. The Senate proposed budget contains funding for these new CAT teams.

Section 3 amends s. 394.656, F.S., revising the duties of and renaming the Criminal Justice, Mental Health, and Substance Abuse Statewide Grant Review Committee to the Criminal Justice, Mental Health, and Substance Abuse Statewide Grant Advisory Committee. The bill revises the membership of the committee to remove the administrator of an assisted living

[33] *Supra* at note 7.
[34] S. 916.111, F.S.
[35] Department of Children and Families, *Forensic Evaluator Training and the Importance of Appointing Approved Forensic Evaluators as Experts,* https://www.myflfamilies.com/service-programs/samh/adult-forensic-mental-health/forensic-evaluator-training-and-importance-appointing-approved-forensic-evaluators-experts.shtml (last visited February 9, 2020).
[36] Id.
[37] *Supra* at note 35.

facility that holds a limited mental health license; add the Florida Behavioral Health Association, to reflect the merger of the Florida Alcohol and Drug Abuse Association with the Florida Council for Community Mental Health.

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

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

Section 4 amends s. 394.657, F.S., conforming changes to the name of the Criminal Justice, Mental Health, and Substance Abuse Statewide Grant Review Committee to changes made by the bill.

Section 5 amends s. 394.658, F.S., to align with the changes made in s. 394.656, F.S., which limits the grant review and selection responsibilities to the six state agencies. Specifically, this section is revised to require the Department, in collaboration with the Department of Corrections, the Department of Juvenile Justice, the Department of Elder Affairs, the Office of the State Courts Administrator, and the Department of Veterans' Affairs to establish criteria to be used to review grant applications and select grant recipients.

Section 6 amends s. 394.674, F.S., modifying the determination of eligibility for individuals with serious behavioral health conditions who do not have the financial means to access services. Specifically, the revisions to this section modify eligibility for DCF-funded mental health and substance abuse services by setting forth a definition for eligibility based on diagnoses, level of functioning, and financial need, rather than one based on priority populations.

The bill also amends s. 394.908, F.S., to replace the term "priority population" with "individuals who meet eligibility requirements."

Section 7 amends s. 394.908, F.S., to conform with the changes to terminology made to s. 394.674, F.S., by the bill.

Section 8 amends s. 397.321, F.S., by removing the requirement that DCF develop a certification process by rule for prevention coalitions. As a result, prevention coalitions would no longer be subject to a certification process.

Section 9 amends s. 397.99, F.S., allowing managing entities, rather than DCF, to use a competitive solicitation process to review grant applications for the school substance abuse prevention partnership grant program.

Section 10 amends s. 916.111, F.S., requiring court-appointed forensic evaluators to take a refresher training on conducting forensic evaluations. The refresher training would include forensic statutory requirements, recent changes to statute, Florida trends and concerns related to forensic commitments, alternatives to maximum security treatment facilities, community forensic treatment providers, evaluation requirements, and forensic service array updates.

Section 11 amends s. 916.115, F.S., requiring the refresher training required by the bill to be completed every three years.

Section 12 provides an effective date 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:

DCF estimates that the refresher training required for court-appointed forensic evaluators will create a positive fiscal impact for providers of the training and will negatively impact the evaluators required to take the training. The fiscal impact to providers and evaluators is indeterminate.

C. Government Sector Impact:

DCF estimates that recurring General Revenue needed to fund the addition of CAT teams in Charlotte and Leon counties is $1.5 million. [38] The Senate proposed budget contains funding for these new CAT teams.

The Office of the State Court Administrator (OCSA) anticipates that the bill will not impact judicial or court workloads. [39] OCSA predicts that the number of experts appointed would not change because of the bill; although the bill could reduce the list of available experts due to some experts not completing the newly required refresher training every three years, it is not anticipated that any such reduction would be significant.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends sections 394.455, 394.495, 394.656, 394.657, 394.658, 394.674, 394.908, 397.321, 397.99, 916.111, and 916.115 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.

[38] *Supra* at note 7.
[39] Office of the State Court Administrator, Agency Bill Analysis for 2020 SB 1678, February 9, 2020. On file with the Senate Children, Families, and Elder Affairs Committee.

By Senator Montford

3-01042B-20 20201678__

A bill to be entitled

An act relating to substance abuse and mental health; amending s. 394.455, F.S.; revising the definition of "mental illness"; amending s. 394.495, F.S.; revising the counties that a community action treatment team must serve; amending s. 394.656, F.S.; renaming the Criminal Justice, Mental Health, and Substance Abuse Statewide Grant Review Committee as the Criminal Justice, Mental Health, and Substance Abuse Statewide Grant Advisory Committee; revising membership of the committee; revising the committee's duties and requirements; revising the entities that may apply for certain grants; revising the eligibility requirements for the grants; revising the selection process for grant recipients; amending s. 394.657, F.S.; conforming provisions to changes made by the act; amending s. 394.658, F.S.; revising requirements of the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program; amending s. 394.674, F.S.; revising eligibility requirements for certain substance abuse and mental health services; providing priority for specified individuals; amending s. 394.908, F.S.; revising the definition of the term "individuals in need"; revising requirements for substance abuse and mental health funding equity; amending s. 397.321, F.S.; deleting a provision requiring the Department of Children and Families to develop a certification process for community substance abuse prevention coalitions; amending s.

397.99, F.S.; revising administration requirements for the school substance abuse prevention partnership grant program; revising application procedures and funding requirements for the program; revising requirements relating to the review of grant applications; amending s. 916.111, F.S.; requiring the department to provide refresher training for specified mental health professionals; providing requirements for such training; amending s. 916.115, F.S.; revising requirements for the appointment of experts to evaluate certain defendants; requiring appointed experts to complete specified training; providing an effective date.

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

Section 1. Subsection (28) of section 394.455, Florida Statutes, is amended to read:

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

(28) "Mental illness" means an impairment of the mental or emotional processes that exercise conscious control of one's actions or of the ability to perceive or understand reality, which impairment substantially interferes with the person's ability to meet the ordinary demands of living. For the purposes of this part, the term does not include a developmental disability as defined in chapter 393, intoxication, or conditions manifested only by antisocial behavior<u>, dementia, traumatic brain injury,</u> or substance abuse.

Section 2. Paragraph (e) of subsection (6) of section

394.495, Florida Statutes, is amended to read:

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

(6) The department shall contract for community action treatment teams throughout the state with the managing entities. A community action treatment team shall:

(e)1. Subject to appropriations and at a minimum, individually serve each of the following counties or regions:

a. Alachua.

b. Alachua, Columbia, Dixie, Hamilton, Lafayette, and Suwannee.

c. Bay.

d. Brevard.

e. Charlotte.

f.~~e.~~ Collier.

g.~~f.~~ DeSoto and Sarasota.

h.~~g.~~ Duval.

i.~~h.~~ Escambia.

j.~~i.~~ Hardee, Highlands, and Polk.

k.~~j.~~ Hillsborough.

l.~~k.~~ Indian River, Martin, Okeechobee, and St. Lucie.

m.~~l.~~ Lake and Sumter.

n.~~m.~~ Lee.

o. Leon.

p.~~n.~~ Manatee.

q.~~o.~~ Marion.

r.~~p.~~ Miami-Dade.

s.~~q.~~ Okaloosa.

t.~~r.~~ Orange.

u.~~s.~~ Palm Beach.

v.~~t.~~ Pasco.

w.~~u.~~ Pinellas.

x.~~v.~~ Walton.

2. Subject to appropriations, the department shall contract for additional teams through the managing entities to ensure the availability of community action treatment team services in the remaining areas of the state.

Section 3. Section 394.656, Florida Statutes, is amended to read:

394.656 Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program.—

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

(2) The department shall establish a Criminal Justice, Mental Health, and Substance Abuse Statewide Grant Advisory ~~Review~~ Committee. The committee shall include:

(a) One representative of the Department of Children and Families.~~;~~

(b) One representative of the Department of Corrections.~~;~~

(c) One representative of the Department of Juvenile Justice.~~;~~

(d) One representative of the Department of Elderly Affairs.~~;~~

(e) One representative of the Office of the State Courts Administrator.~~;~~

(f) One representative of the Department of Veterans' Affairs.~~;~~

(g) One representative of the Florida Sheriffs Association.~~;~~

(h) One representative of the Florida Police Chiefs Association.~~;~~

(i) One representative of the Florida Association of Counties.~~;~~

(j) One representative of the Florida Behavioral Health ~~Alcohol and Drug Abuse~~ Association.~~;~~

(k) One representative of the Florida Association of Managing Entities.~~;~~

~~(l) One representative of the Florida Council for Community Mental Health;~~

(l)~~(m)~~ One representative of the National Alliance of Mental Illness.~~;~~

(m)~~(n)~~ One representative of the Florida Prosecuting Attorneys Association.~~;~~

(n)~~(o)~~ One representative of the Florida Public Defender Association~~; and~~

~~(p) One administrator of an assisted living facility that holds a limited mental health license~~.

(3) The committee shall serve as the advisory body to

review policy and funding issues that help reduce the impact of persons with mental illness and substance use ~~abuse~~ disorders on communities, criminal justice agencies, and the court system. The committee shall advise the department in selecting priorities for grants ~~and investing awarded grant moneys~~.

(4) The committee must have experience in substance use and mental health disorders, community corrections, and law enforcement. ~~To the extent possible, the committee shall have expertise in grant review and grant application scoring.~~

(5)(a) A county, a consortium of counties, or an ~~a not-for-profit community provider or managing~~ entity designated by the county planning council or committee~~,~~ as described in s. 394.657, may apply for a 1-year planning grant or a 3-year implementation or expansion grant. The purpose of the grants is to demonstrate that investment in treatment efforts related to mental illness, substance use ~~abuse~~ disorders, or co-occurring mental health and substance use ~~abuse~~ disorders results in a reduced demand on the resources of the judicial, corrections, juvenile detention, and health and social services systems.

(b) To be eligible to receive a ~~1-year planning grant or a 3-year implementation or expansion~~ grant:

1. An ~~A county~~ applicant must have a planning council or committee that is in compliance with the membership requirements set forth in this section.

2. A county planning council or committee may designate a not-for-profit community provider, a ~~or~~ managing entity as defined in s. 394.9082, the county sheriff or his or her designee, or a local law enforcement agency to apply on behalf of the county. The county planning council or committee must

provide ~~must be designated by the county planning council or committee and have written authorization to submit an application. A not-for-profit community provider or managing entity must have~~ written authorization for each designated entity and each submitted application.

(c) The department may award a 3-year implementation or expansion grant to an applicant who has not received a 1-year planning grant.

(d) The department may require an applicant to conduct sequential intercept mapping for a project. For purposes of this paragraph, the term "sequential intercept mapping" means a process for reviewing a local community's mental health, substance abuse, criminal justice, and related systems and identifying points of interceptions where interventions may be made to prevent an individual with a substance use ~~abuse~~ disorder or mental illness from deeper involvement in the criminal justice system.

(6) The department ~~grant review and selection committee~~ shall select the grant recipients in collaboration with the Department of Corrections, the Department of Juvenile Justice, the Department of Elderly Affairs, the Office of the State Courts Administrator, and the Department of Veterans' Affairs ~~and notify the department in writing of the recipients' names~~. Contingent upon the availability of funds ~~and upon notification by the grant review and selection committee of those applicants approved to receive planning, implementation, or expansion grants~~, the department may transfer funds appropriated for the grant program to a selected grant recipient.

Section 4. Subsection (1) of section 394.657, Florida

Statutes, is amended to read:

394.657 County planning councils or committees.—

(1) Each board of county commissioners shall designate the county public safety coordinating council established under s. 951.26, or designate another criminal or juvenile justice mental health and substance abuse council or committee, as the planning council or committee. The public safety coordinating council or other designated criminal or juvenile justice mental health and substance abuse council or committee, in coordination with the county offices of planning and budget, shall make a formal recommendation to the board of county commissioners regarding how the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program may best be implemented within a community. The board of county commissioners may assign any entity to prepare the application on behalf of the county administration for submission to the Criminal Justice, Mental Health, and Substance Abuse Statewide Grant Advisory ~~Review~~ Committee for review. A county may join with one or more counties to form a consortium and use a regional public safety coordinating council or another county-designated regional criminal or juvenile justice mental health and substance abuse planning council or committee for the geographic area represented by the member counties.

Section 5. Section 394.658, Florida Statutes, is amended to read:

394.658 Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program requirements.—

(1) The ~~Criminal Justice, Mental Health, and Substance Abuse Statewide Grant Review Committee, in collaboration with~~

~~the~~ department ~~of Children and Families~~, in collaboration with the Department of Corrections, the Department of Juvenile Justice, the Department of Elderly Affairs, the Department of Veterans' Affairs, and the Office of the State Courts Administrator, shall establish criteria to be used to review submitted applications and to select a ~~the~~ county that will be awarded a 1-year planning grant or a 3-year implementation or expansion grant. A planning, implementation, or expansion grant may not be awarded unless the application of the county meets the established criteria.

(a) The application criteria for a 1-year planning grant must include a requirement that the applicant ~~county or counties~~ have a strategic plan to initiate systemic change to identify and treat individuals who have a mental illness, substance use ~~abuse~~ disorder, or co-occurring mental health and substance use ~~abuse~~ disorders who are in, or at risk of entering, the criminal or juvenile justice systems. The 1-year planning grant must be used to develop effective collaboration efforts among participants in affected governmental agencies, including the criminal, juvenile, and civil justice systems, mental health and substance abuse treatment service providers, transportation programs, and housing assistance programs. The collaboration efforts shall be the basis for developing a problem-solving model and strategic plan for treating individuals ~~adults and juveniles~~ who are in, or at risk of entering, the criminal or juvenile justice system and doing so at the earliest point of contact, taking into consideration public safety. The planning grant shall include strategies to divert individuals from judicial commitment to community-based service programs offered

by the department ~~of Children and Families~~ in accordance with ss. 916.13 and 916.17.

(b) The application criteria for a 3-year implementation or expansion grant must ~~shall~~ require that the applicant ~~information from a county that~~ demonstrates its completion of a well-established collaboration plan that includes public-private partnership models and the application of evidence-based practices. The implementation or expansion grants may support programs and diversion initiatives that include, but need not be limited to:

1. Mental health courts.~~;~~

2. Diversion programs.~~;~~

3. Alternative prosecution and sentencing programs.~~;~~

4. Crisis intervention teams.~~;~~

5. Treatment accountability services.~~;~~

6. Specialized training for criminal justice, juvenile justice, and treatment services professionals.~~;~~

7. Service delivery of collateral services such as housing, transitional housing, and supported employment.~~; and~~

8. Reentry services to create or expand mental health and substance abuse services and supports for affected persons.

(c) Each ~~county~~ application must include the following information:

1. An analysis of the current population of the jail and juvenile detention center in the county, which includes:

a. The screening and assessment process that the county uses to identify an adult or juvenile who has a mental illness, substance use ~~abuse~~ disorder, or co-occurring mental health and substance use ~~abuse~~ disorders.~~;~~

b. The percentage of each category of individuals ~~persons~~ admitted to the jail and juvenile detention center that represents people who have a mental illness, substance use ~~abuse~~ disorder, or co-occurring mental health and substance use ~~abuse~~ disorders.~~; and~~

c. An analysis of observed contributing factors that affect population trends in the county jail and juvenile detention center.

2. A description of the strategies the applicant ~~county~~ intends to use to serve one or more clearly defined subsets of the population of the jail and juvenile detention center who have a mental illness or to serve those at risk of arrest and incarceration. The proposed strategies may include identifying the population designated to receive the new interventions, a description of the services and supervision methods to be applied to that population, and the goals and measurable objectives of the new interventions. An applicant ~~The interventions a county may use with the target population~~ may use ~~include~~, but are not limited to, the following interventions:

a. Specialized responses by law enforcement agencies.~~;~~

b. Centralized receiving facilities for individuals evidencing behavioral difficulties.~~;~~

c. Postbooking alternatives to incarceration.~~;~~

d. New court programs, including pretrial services and specialized dockets.~~;~~

e. Specialized diversion programs.~~;~~

f. Intensified transition services that are directed to the designated populations while they are in jail or juvenile

detention to facilitate their transition to the community.~~;~~

g. Specialized probation processes.~~;~~

h. Day-reporting centers.~~;~~

i. Linkages to community-based, evidence-based treatment programs for adults and juveniles who have mental illness or substance use ~~abuse~~ disorders.~~; and~~

j. Community services and programs designed to prevent high-risk populations from becoming involved in the criminal or juvenile justice system.

3. The projected effect the proposed initiatives will have on the population and the budget of the jail and juvenile detention center. The information must include:

a. An ~~The county's~~ estimate of how the initiative will reduce the expenditures associated with the incarceration of adults and the detention of juveniles who have a mental illness.~~;~~

b. The methodology that will be used ~~the county intends to use~~ to measure the defined outcomes and the corresponding savings or averted costs.~~;~~

c. An ~~The county's~~ estimate of how the cost savings or averted costs will sustain or expand the mental health and substance abuse treatment services and supports needed in the community.~~; and~~

d. How the ~~county's~~ proposed initiative will reduce the number of individuals judicially committed to a state mental health treatment facility.

4. The proposed strategies ~~that the county intends to use~~ to preserve and enhance its community mental health and substance abuse system, which serves as the local behavioral

health safety net for low-income and uninsured individuals.

5. The proposed strategies ~~that the county intends to use~~ to continue the implemented or expanded programs and initiatives that have resulted from the grant funding.

(2)(a) As used in this subsection, the term "available resources" includes in-kind contributions from participating counties.

(b) A 1-year planning grant may not be awarded unless the applicant ~~county~~ makes available resources in an amount equal to the total amount of the grant. A planning grant may not be used to supplant funding for existing programs. For fiscally constrained counties, the available resources may be at 50 percent of the total amount of the grant.

(c) A 3-year implementation or expansion grant may not be awarded unless the applicant ~~county or consortium of counties~~ makes available resources equal to the total amount of the grant. For fiscally constrained counties, the available resources may be at 50 percent of the total amount of the grant. This match shall be used for expansion of services and may not supplant existing funds for services. An implementation or expansion grant must support the implementation of new services or the expansion of services and may not be used to supplant existing services.

(3) ~~Using the criteria adopted by rule, the county designated or established criminal justice, juvenile justice, mental health, and substance abuse planning council or committee shall prepare the county or counties' application for the 1-year planning or 3-year implementation or expansion grant.~~ The county shall submit the completed application to the department

~~statewide grant review committee~~.

Section 6. Section 394.674, Florida Statutes, is amended to read:

394.674 Eligibility for publicly funded substance abuse and mental health services; fee collection requirements.—

(1) To be eligible to receive substance abuse and mental health services funded by the department, an individual must be indigent, uninsured, or underinsured and meet at least one of the following additional criteria ~~a member of at least one of the department's priority populations approved by the Legislature. The priority populations include~~:

(a) For ~~adult~~ mental health services, an individual must be:

1. An adult who has a serious mental illness, as defined by the department using criteria that, at a minimum, include diagnosis, prognosis, functional impairment, and receipt of disability income for a psychiatric condition.

2. An adult at risk of serious mental illness who:

a. Has a mental illness that is not considered a serious mental illness, as defined by the department using criteria that, at a minimum, include diagnosis and functional impairment;

b. Has a condition with a Z-code diagnosis code; or

c. Experiences a severe stressful event and has problems coping or has symptoms that place the individual at risk of more restrictive interventions.

3. A child or adolescent at risk of emotional disturbance as defined in s. 394.492.

4. A child or adolescent who has an emotional disturbance as defined in s. 394.492.

5. A child or adolescent who has a serious emotional disturbance or mental illness as defined in s. 394.492.

6. An individual who has a primary diagnosis of mental illness and a co-occurring substance use disorder.

7. An individual who is experiencing an acute mental or emotional crisis as defined in s. 394.67.

~~Adults who have severe and persistent mental illness, as designated by the department using criteria that include severity of diagnosis, duration of the mental illness, ability to independently perform activities of daily living, and receipt of disability income for a psychiatric condition. Included within this group are:~~

~~a. Older adults in crisis.~~

~~b. Older adults who are at risk of being placed in a more restrictive environment because of their mental illness.~~

~~c. Persons deemed incompetent to proceed or not guilty by reason of insanity under chapter 916.~~

~~d. Other persons involved in the criminal justice system.~~

~~e. Persons diagnosed as having co-occurring mental illness and substance abuse disorders.~~

~~2. Persons who are experiencing an acute mental or emotional crisis as defined in s. 394.67(17).~~

(b) For substance abuse services, an individual must ~~children's mental health services~~:

1. Have a diagnosed substance use disorder.

2. Have a diagnosed substance use disorder as the primary diagnosis and a co-occurring mental illness, emotional disturbance, or serious emotional disturbance.

3. Be at risk for alcohol misuse, drug use, or developing a

substance use disorder.

(2) Providers receiving funds from the department for behavioral health services must give priority to:

(a) Pregnant women and women with dependent children.

(b) Intravenous drug users.

(c) Individuals who have a substance use disorder and have been ordered by the court to receive treatment.

(d) Parents, legal guardians, or caregivers with child welfare involvement and parents, legal guardians, or caregivers who put children at risk due to substance abuse.

(e) Children and adolescents under state supervision.

(f) Individuals involved in the criminal justice system, including those deemed incompetent to proceed or not guilty by reason of insanity under chapter 916.

~~1. Children who are at risk of emotional disturbance as defined in s. 394.492(4).~~

~~2. Children who have an emotional disturbance as defined in s. 394.492(5).~~

~~3. Children who have a serious emotional disturbance as defined in s. 394.492(6).~~

~~4. Children diagnosed as having a co-occurring substance abuse and emotional disturbance or serious emotional disturbance.~~

~~(c) For substance abuse treatment services:~~

~~1. Adults who have substance abuse disorders and a history of intravenous drug use.~~

~~2. Persons diagnosed as having co-occurring substance abuse and mental health disorders.~~

~~3. Parents who put children at risk due to a substance~~

~~abuse disorder.~~

~~4. Persons who have a substance abuse disorder and have been ordered by the court to receive treatment.~~

~~5. Children at risk for initiating drug use.~~

~~6. Children under state supervision.~~

~~7. Children who have a substance abuse disorder but who are not under the supervision of a court or in the custody of a state agency.~~

~~8. Persons identified as being part of a priority population as a condition for receiving services funded through the Center for Mental Health Services and Substance Abuse Prevention and Treatment Block Grants.~~

(3)~~(2)~~ Crisis services, as defined in s. 394.67, must, within the limitations of available state and local matching resources, be available to each individual ~~person~~ who is eligible for services under subsection (1), regardless of the individual's ~~person's~~ ability to pay for such services. An individual ~~A person~~ who is experiencing a mental health crisis and who does not meet the criteria for involuntary examination under s. 394.463(1), or an individual ~~a person~~ who is experiencing a substance abuse crisis and who does not meet the involuntary admission criteria in s. 397.675, must contribute to the cost of his or her care and treatment pursuant to the sliding fee scale developed under subsection (5)~~(4)~~, unless charging a fee is contraindicated because of the crisis situation.

(4)~~(3)~~ Mental health services, substance abuse services, and crisis services, as defined in s. 394.67, must, within the limitations of available state and local matching resources, be

available to each individual ~~person~~ who is eligible for services under subsection (1). Such individual ~~person~~ must contribute to the cost of his or her care and treatment pursuant to the sliding fee scale developed under subsection (5)~~(4)~~.

(5)~~(4)~~ The department shall adopt rules to implement ~~client~~ eligibility, ~~client~~ enrollment, and fee collection requirements for publicly funded substance abuse and mental health services.

(a) The rules must require each provider under contract with the department or managing entity that ~~which~~ enrolls eligible individuals ~~persons~~ into treatment to develop a sliding fee scale for individuals ~~persons~~ who have a net family income at or above 150 percent of the Federal Poverty Income Guidelines, unless otherwise required by state or federal law. The sliding fee scale must use the uniform schedule of discounts by which a provider under contract with the department or managing entity discounts its established ~~client~~ charges for services supported with state, federal, or local funds, using, at a minimum, factors such as family income, financial assets, and family size as declared by the individual ~~person~~ or the individual's ~~person's~~ guardian. The rules must include uniform criteria to be used by all service providers in developing the schedule of discounts for the sliding fee scale.

(b) The rules must address the most expensive types of treatment, such as residential and inpatient treatment, in order to make it possible for an individual ~~a client~~ to responsibly contribute to his or her mental health or substance abuse care without jeopardizing the family's financial stability. An individual ~~A person~~ who is not eligible for Medicaid and whose net family income is less than 150 percent of the Federal

Poverty Income Guidelines must pay a portion of his or her treatment costs which is comparable to the copayment amount required by the Medicaid program for Medicaid clients under ~~pursuant to~~ s. 409.9081.

(c) The rules must require that individuals ~~persons~~ who receive financial assistance from the Federal Government because of a disability and are in long-term residential treatment settings contribute to their board and care costs and treatment costs and must be consistent with ~~the provisions in~~ s. 409.212.

(6) ~~(5)~~ An individual ~~A person~~ who meets the eligibility criteria in subsection (1) shall be served in accordance with the appropriate district substance abuse and mental health services plan specified in s. 394.75 and within available resources.

Section 7. Subsections (2), (3), (4), and (5) of section 394.908, Florida Statutes, are amended to read:

394.908 Substance abuse and mental health funding equity; distribution of appropriations.—In recognition of the historical inequity in the funding of substance abuse and mental health services for the department's districts and regions and to rectify this inequity and provide for equitable funding in the future throughout the state, the following funding process shall be used:

(2) "Individuals in need" means those persons who meet the eligibility requirements under s. 394.674 ~~fit the profile of the respective priority populations~~ and require mental health or substance abuse services.

(3) Any additional funding beyond the 2005-2006 fiscal year base appropriation for substance abuse ~~alcohol, drug abuse,~~ and

mental health services shall be allocated to districts for substance abuse and mental health services based on:

(a) Epidemiological estimates of disabilities that apply to eligible individuals ~~the respective priority populations~~.

(b) A pro rata share distribution that ensures districts below the statewide average funding level per individual in need ~~each priority population of "individuals in need"~~ receive funding necessary to achieve equity.

(4) ~~Priority populations for~~ Individuals in need shall be displayed for each district and distributed concurrently with the approved operating budget. The display ~~by priority population~~ shall show: The annual number of individuals served based on prior year actual numbers, the annual cost per individual served, and the estimated number of the total ~~priority population for~~ individuals in need.

(5) The annual cost per individual served is ~~shall be defined as~~ the total actual funding for either mental health or substance abuse services ~~each priority population~~ divided by the number of individuals receiving either mental health or substance abuse services ~~served in the priority population~~ for that year.

Section 8. Subsection (16) of section 397.321, Florida Statutes, is amended to read:

397.321 Duties of the department.—The department shall:

~~(16) Develop a certification process by rule for community substance abuse prevention coalitions.~~

Section 9. Section 397.99, Florida Statutes, is amended to read:

397.99 School substance abuse prevention partnership

grants.—

(1) GRANT PROGRAM.—

(a) In order to encourage the development of effective substance abuse prevention and early intervention strategies for school-age populations, the school substance abuse prevention partnership grant program is established.

(b) The department shall administer the program in cooperation with the Department of Education, ~~and~~ the Department of Juvenile Justice, and the managing entities under contract with the department under s. 394.9082.

(2) APPLICATION PROCEDURES; FUNDING REQUIREMENTS.—

(a) Schools, or community-based organizations in partnership with schools, may submit a grant proposal for funding or continued funding to the managing entity in its geographic area ~~department~~ by March 1 of each year. Notwithstanding s. 394.9082(5)(i), the managing entity shall use a competitive solicitation process to review ~~The department shall establish~~ grant applications, ~~application procedures~~ which ensures ~~ensure~~ that grant recipients implement programs and practices that are effective. The managing entity ~~department~~ shall include the grant application document on its ~~an~~ Internet website.

(b) Grants may fund programs to conduct prevention activities serving students who are not involved in substance use, intervention activities serving students who are experimenting with substance use, or both prevention and intervention activities, if a comprehensive approach is indicated as a result of a needs assessment.

(c) Grants may target youth, parents, and teachers and

other school staff, coaches, social workers, case managers, and other prevention stakeholders.

(d) Performance measures for grant program activities shall measure improvements in student attitudes or behaviors as determined by the managing entity ~~department~~.

(e) At least 50 percent of the grant funds available for local projects must be allocated to support the replication of prevention programs and practices that are based on research and have been evaluated and proven effective. The managing entity ~~department~~ shall develop related qualifying criteria.

(f) In order to be considered for funding, the grant application shall include the following assurances and information:

1. A letter from the administrators of the programs collaborating on the project, such as the school principal, community-based organization executive director, or recreation department director, confirming that the grant application has been reviewed and that each partner is committed to supporting implementation of the activities described in the grant proposal.

2. A rationale and description of the program and the services to be provided, including:

a. An analysis of prevention issues related to the substance abuse prevention profile of the target population.

b. A description of other primary substance use and related risk factors.

c. Goals and objectives based on the findings of the needs assessment.

d. The selection of programs or strategies that have been

shown to be effective in addressing the findings of the needs assessment.

e. A method of identifying the target group for universal prevention strategies, and a method for identifying the individual student participants in selected and indicated prevention strategies.

f. A description of how students will be targeted.

g. Provisions for the participation of parents and guardians in the program.

h. An evaluation component to measure the effectiveness of the program in accordance with performance-based program budgeting effectiveness measures.

i. A program budget, which includes the amount and sources of local cash and in-kind resources committed to the budget and which establishes, to the satisfaction of the managing entity ~~department~~, that the grant applicant ~~entity~~ will make a cash or in-kind contribution to the program of a value that is at least 25 percent of the amount of the grant.

(g) The managing entity ~~department~~ shall consider the following in awarding such grants:

1. The number of youths that will be targeted.

2. The validity of the program design to achieve project goals and objectives that are clearly related to performance-based program budgeting effectiveness measures.

3. The desirability of funding at least one approved project in each of the department's substate entities.

(3) The managing entity must ~~department shall~~ coordinate the review of grant applications with local representatives of the Department of Education and the Department of Juvenile

Justice and shall make award determinations no later than June 30 of each year. All applicants shall be notified by the managing entity ~~department~~ of its final action.

(4) Each entity that is awarded a grant as provided for in this section shall submit performance and output information as determined by the managing entity ~~department~~.

Section 10. Paragraph (d) is added to subsection (1) of section 916.111, Florida Statutes, to read:

916.111 Training of mental health experts.—The evaluation of defendants for competency to proceed or for sanity at the time of the commission of the offense shall be conducted in such a way as to ensure uniform application of the criteria enumerated in Rules 3.210 and 3.216, Florida Rules of Criminal Procedure. The department shall develop, and may contract with accredited institutions:

(1) To provide:

(a) A plan for training mental health professionals to perform forensic evaluations and to standardize the criteria and procedures to be used in these evaluations;

(b) Clinical protocols and procedures based upon the criteria of Rules 3.210 and 3.216, Florida Rules of Criminal Procedure; ~~and~~

(c) Training for mental health professionals in the application of these protocols and procedures in performing forensic evaluations and providing reports to the courts; and

(d) Refresher training for mental health professionals who have completed the training required by paragraph (c) and s. 916.115(1). At a minimum, the refresher training must provide current information on:

1. Forensic statutory requirements.

2. Recent changes to part II of this chapter.

3. Trends and concerns related to forensic commitments in the state.

4. Alternatives to maximum security treatment facilities.

5. Community forensic treatment providers.

6. Evaluation requirements.

7. Forensic service array updates.

Section 11. Subsection (1) of section 916.115, Florida Statutes, is amended to read:

916.115 Appointment of experts.—

(1) The court shall appoint no more than three experts to determine the mental condition of a defendant in a criminal case, including competency to proceed, insanity, involuntary placement, and treatment. The experts may evaluate the defendant in jail or in another appropriate local facility or in a facility of the Department of Corrections.

(a) ~~To the extent possible,~~ The appointed experts must ~~shall~~ have completed forensic evaluator training approved by the department under s. 916.111(1)(c), and, to the extent possible, each shall be a psychiatrist, licensed psychologist, or physician. Appointed experts who have completed the training under s. 916.111(1)(c) must complete refresher training under s. 916.111(1)(d) every 3 years.

(b) The department shall maintain and annually provide the courts with a list of available mental health professionals who have completed the approved training under ss. 916.111(1)(c) and (d) ~~as experts~~.

Section 12. This act shall take effect July 1, 2020.