

## House Bill No. 2003

An act relating to mental health and substance abuse services; amending s. 394.66, F.S.; conforming references; amending s. 394.74, F.S.; authorizing the Department of Children and Family Services to use unit cost methods of payment in contracts for mental health and substance abuse services; amending s. 394.78, F.S.; requiring the department to establish certain contract, payments, and accounting standards; creating the Commission on Mental Health and Substance Abuse; providing duties; providing membership; providing for an advisory committee; providing for staff support; providing for meetings and organization; requiring reports; providing for expiration; amending s. 397.419, F.S.; providing quality assurance program requirements for substance abuse services; providing for district quality assurance coordinators, contingent upon specific appropriation; creating s. 397.92, F.S.; providing goals of the children's substance abuse services system; creating s. 397.93, F.S.; specifying target populations; creating s. 397.94, F.S.; requiring each district of the Department of Children and Family Services to develop a children's substance abuse information and referral network by a specified date; creating s. 397.95, F.S.; requiring certain service providers to comply with licensure requirements and department rules; creating s. 397.951, F.S.; providing for the integration of treatment and sanctions; creating s. 397.96, F.S.; providing for intensive case management for certain complex cases; creating s. 397.97, F.S.; creating the Children's Network of Care Demonstration Models for local delivery of substance abuse services; providing a time limitation; providing for purchase of services; providing criteria for operation; creating s. 397.98, F.S.; providing for utilization management under the demonstration models; creating s. 397.99, F.S.; providing for award of school substance abuse prevention partnership grants; providing procedures for application and review; providing criteria for funding and requirements for operation of programs funded; providing for rules; creating s. 397.997, F.S.; providing for a prevention website; creating s. 397.998, F.S.; directing the department to establish a program to provide drug-free communities support match grants, contingent upon specific appropriations; providing purposes, eligibility, and procedures; authorizing department rules; directing the Department of Children and Family Services to develop cooperative agreements with local agencies for diverting from the criminal justice system to the civil mental health system persons with mental illness arrested for a misdemeanor; directing the Louis de la Parte Florida Mental Health Institute at the University of South Florida to report to the Legislature on cost-effective diversion strategies; directing the Department of Law Enforcement and the Department of Children and Family Services to jointly review training curricula for law enforcement officers and to recommend improvements to the Legislature; directing the Department of Children and Family Services to contract with the Louis de la Parte Florida Mental Health Institute to review court jurisdiction over

persons with mental illness who are arrested for or convicted of a misdemeanor and to recommend policy changes to the Legislature; directing the district forensic coordinators in the Department of Children and Family Services to assess the provision of in-jail mental health services and report to the Legislature; directing the Louis de la Parte Florida Mental Health Institute to evaluate the specialized mental health court in Broward County and report findings and recommendations to the Legislature; directing the Department of Children and Family Services to prepare a single report by a specified date; providing an appropriation; providing an effective date.

WHEREAS, the Legislature finds that substance abuse has a detrimental effect on children that requires a system of appropriate substance abuse services, including school-based, community-based prevention, and early intervention programs, as well as community-based treatment programs, and

WHEREAS, it is in the state's best interest that children with a substance abuse problem receive the services they need to enable them to become and remain independent of state care or, when in state care, to return home or be placed in an appropriate home-like setting, and

WHEREAS, it is the intent of the Legislature to ensure that prevention, early intervention, and treatment services are available for children who are delinquent or dependent, and

WHEREAS, the Legislature recognizes that the most effective prevention, early intervention, and treatment strategies for children require that families participate in substance abuse services, and

WHEREAS, it is the goal of the Legislature to provide an accountable and effective system of substance abuse prevention, intervention, and treatment services through a quality assurance process that ensures the most effective service delivery system, NOW, THEREFORE,

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

Section 1. Subsections (3) and (7) of section 394.66, Florida Statutes, are amended to read:

394.66 Legislative intent with respect to alcohol, drug abuse, and mental health services.—It is the intent of the Legislature to:

(3) Ensure that all activities of the Department of ~~Children Health and Family Rehabilitative~~ Children Health and Family Rehabilitative Services and its contractors are directed toward the coordination of planning efforts in alcohol, drug abuse, and mental health treatment services.

(7) Include alcohol, drug abuse, and mental health services as a component of the integrated service delivery system of the Department of ~~Children Health and Family Rehabilitative~~ Children Health and Family Rehabilitative Services.

Section 2. Subsection (2) of section 394.74, Florida Statutes, is amended to read:

394.74 Contracts for provision of local alcohol, drug abuse, and mental health programs.—

(2)(a) Contracts for service shall be consistent with the approved district plan and the service priorities established in s. 394.75(4).

(b) Notwithstanding s. 394.76(3)(a) and (c), the department may use unit cost methods of payment in contracts for purchasing mental health and substance abuse services. The unit cost contracting system must account for those patient fees that are paid on behalf of a specific client and those that are earned and used by the provider for those services funded in whole or in part by the department.

(c) The department may reimburse actual expenditures for start-up contracts and fixed capital outlay contracts in accordance with contract specifications.

Section 3. Subsection (6) is added to section 394.78, Florida Statutes, 1998 Supplement, to read:

394.78 Operation and administration; personnel standards; procedures for audit and monitoring of service providers; resolution of disputes.—

(6) The department shall, by rule, establish standards for contracting budgeting, methods of payment, and the accounting of patient fees that are earned on behalf of a specific client.

Section 4. Commission on Mental Health and Substance Abuse.—

(1) FINDINGS.—The Legislature finds that: major changes and improvements have occurred in how mental health and substance abuse services are planned, purchased, delivered, coordinated, and accounted for; the management of the state's substance abuse and mental health services system delineated in part IV of chapter 394, Florida Statutes, has not been systematically reviewed and updated in over 15 years; and the management of the state-supported mental health and substance abuse system has not kept pace with improvements in the field, thereby diminishing the potential efficacy of its investment in mental health services and substance abuse services. Therefore, it is the intent of the Legislature that a systematic review of the overall management of the state's mental health and substance abuse system be conducted and that recommendations for updating part IV of chapter 394, Florida Statutes, and other related statutes be formulated.

(2) CREATION.—There is created, within the Department of Children and Family Services, the Commission on Mental Health and Substance Abuse.

(3) DUTIES.—The duties of the Commission on Mental Health and Substance Abuse include the following:

(a) Conducting a review and evaluation of the management and functioning of the existing publicly supported mental health and substance abuse systems and services in the Department of Children and Family Services,

the Agency for Health Care Administration, and all other departments which administer mental health and substance abuse services. Such review shall include, at a minimum, a review of current goals and objectives, current planning, services strategies, coordination management, purchasing, contracting, financing, local government funding responsibility, and accountability mechanisms. The commission shall coordinate its activities and recommendations with the Office of Drug Control within the Executive Office of the Governor.

(b) Addressing the unique mental health and substance abuse needs of older persons shall be an integral component of the duties of the commission as specified in paragraph (a).

(c) Addressing access to, and financing of, and scope of responsibility in the delivery of emergency behavioral health care services.

(d) Addressing the quality and effectiveness of current mental health and substance abuse services delivery systems, and professional staffing and clinical structure of services, roles, and responsibilities of public and private providers, such as community mental health centers, community substance abuse agencies, hospitals, including emergency services departments, law enforcement, and the judicial system.

(e) Addressing priority population groups for publicly funded mental health and substance abuse services, a description of the comprehensive mental health and substance abuse delivery systems, district mental health and substance abuse needs assessment and planning activities, and local government responsibilities for funding mental health and substance abuse services.

(f) Formulating recommendations to the Governor and Legislature regarding the mission and objectives of state-supported mental health and substance abuse services and the planning, management, staffing, financing, contracting, coordination, and accountability mechanisms which will best foster the recommended mission and objectives.

(4) MEMBERSHIP.—The commission shall be composed of 23 members.

(a) One member shall be a member of the Senate and shall be appointed by the Senate President.

(b) One member shall be a member of the House of Representatives and shall be appointed by the Speaker of the House of Representatives.

(c) One member shall be the Secretary of Children and Family Services or his or her designee.

(d) One member shall be the Secretary of Health or his or her designee.

(e) One member shall be the Director of Health Care Administration or his or her designee.

(f) The following members shall be appointed by the Governor:

1. One consumer of publicly funded mental health or substance abuse services.

2. One family member of a consumer of publicly funded mental health or substance abuse services.

3. One representative of county government.

4. One representative of the Florida Mental Health Institute.

5. One corporate employer of a corporation which provides mental health and substance abuse benefits to employees but is not in the business of providing mental health or substance abuse services.

6. One representative of an acute care hospital with psychiatric beds or a mental health program.

7. One representative of a community mental health provider.

8. One representative of a community substance abuse provider.

9. A licensed psychiatrist working within the mental health or substance abuse delivery system.

10. A licensed psychologist working within the mental health or substance abuse delivery system.

11. Two other licensed mental health or substance abuse professionals.

12. An emergency room physician.

13. One representative of an insurer offering behavioral and physical health insurance benefits.

14. One representative of a specialty hospital licensed pursuant to chapter 395, Florida Statutes, providing mental health care and addictive services.

15. One representative from law enforcement.

16. One representative from the judicial system.

17. One representative of a child welfare agency involved in the delivery of behavioral health services.

(5) ADVISORY COMMITTEES.—The commission shall appoint at least one advisory committee representative of all state agencies involved in the delivery of mental health and substance abuse services, and consumers, family members of consumers, and current providers of public mental health or substance abuse services.

(6) STAFF.—The Department of Children and Family Services shall appoint an executive director recommended by the commission, who shall provide professional expertise and arrange for required consultation, analysis, and secretarial and clerical support for the commission. Additional staff

support shall be provided by the Department of Children and Family Services.

(7) MEETINGS; REPORTS.—

(a) The commission shall conduct its first meeting no later than September 1, 1999.

(b) The commission shall meet as often as necessary to fulfill its responsibilities.

(c) Committees shall be assigned as needed, composed of representatives of the commission and the advisory committee and employees of the involved state agencies.

(d) All commission meetings shall be open to the public and shall be held at various locations around the state to facilitate public participation.

(e) The commission shall elect a chairperson from among its members.

(f) The commission shall, as one of its first duties, adopt rules of procedure, which shall, at a minimum, include a requirement that the recommendations of the commission be adopted by at least two-thirds of those commission members present.

(g) The commission shall submit an interim report to the Governor, the President of the Senate, and the Speaker of the House of Representatives no later than March 1, 2000.

(h) A final report with recommendations, including any modifications to current law, shall be submitted to the Governor, the President of the Senate, and the Speaker of the House of Representatives no later than December 1, 2000.

(i) Authorization for the Commission on Mental Health and Substance Abuse expires effective May 15, 2001.

Section 5. Subsections (8), (9), and (10) are added to section 397.419, Florida Statutes, to read:

397.419 Quality assurance programs.—

(8) The quality assurance program shall be implemented as part of the department's contract management process. The quality assurance program shall:

(a) Track performance measures and standards established by the Legislature as part of the performance-based program budgeting process;

(b) Provide a framework for evaluating outcomes which is separate from the performance-based program budgeting process, including:

1. Output measures, such as capacities, technologies, and infrastructure, that make up the system of care.

2. Process measures, such as administrative and clinical components of treatment.

3. Outcome measures pertaining to the outcomes of services;

(c) Provide for a system of analyzing those factors which have an effect on performance at the local level;

(d) Provide for a system of reporting the results of quality assurance reviews; and

(e) Incorporate best practice models for use in improving performance in those areas which are deficient.

(9) The quality assurance program shall incorporate a peer review process into its protocol, to include:

(a) Reviews of providers by departmental district staff and other providers.

(b) Reviews of individual districts by other districts.

(10) Contingent upon specific appropriation, a quality assurance coordinator position shall be established within each service district to oversee the implementation and operation of the quality assurance program.

Section 6. Part X of chapter 397, Florida Statutes, is retitled to read:

PART X  
JUVENILE EMERGENCY PROCEDURES AND  
CHILDREN'S SUBSTANCE ABUSE SERVICES

Section 7. Section 397.92, Florida Statutes, is created to read:

397.92 Children's substance abuse services system; goals.—

(1) It is the intent of the Legislature that the children's substance abuse services system achieve the following performance outcomes for children who are eligible for services:

(a) Identification of the presenting problems and conditions of substance abuse through the use of valid assessment.

(b) Improvement in the child's ability to function in the family with minimum supports.

(c) Improvement in the child's ability to function in school with minimum supports.

(d) Improvement in the child's ability to function in the community with minimum supports.

(e) Improvement in the child's ability to live drug-free.

(f) Reduction of behaviors and conditions that may be linked to substance abuse, such as unintended pregnancy, delinquency, sexually transmitted diseases, and smoking, and other negative behaviors.

(g) Increased return of children in state custody, drug-free, to their homes, or the placement of such children, drug-free, in an appropriate setting.

(2) Pursuant to s. 216.0166, the department shall annually develop performance outcomes and performance measures to assess the performance of the children's substance abuse services system in achieving the intent of this section.

Section 8. Section 397.93, Florida Statutes, is created to read:

397.93 Children's substance abuse services; target populations.—The target populations for children's substance abuse services are children at risk for substance abuse and children with substance abuse problems.

(1) Children at risk for substance abuse include:

(a) Children who are at risk due to regular or periodic exposure to negative factors related to family, community, school, self, or peers. Children in this category are typically placed in special prevention programs which are often school-based and which emphasize the importance of protective factors to reduce risk.

(b) Children who are at risk due to experimental and social use of substances. Children in this category are typically placed in early intervention programs which may occur in the community or school.

(2) Children with substance abuse problems include:

(a) Children who use substances on a daily, weekly, or monthly basis. Children in this category typically need outpatient counseling and in some cases more structured day or night treatment.

(b) Children with a substance dependency or addiction. Children in this category typically need structured day or night treatment or more intensive and longer term residential treatment, with some severe cases initially in need of detoxification and stabilization.

Section 9. Section 397.94, Florida Statutes, is created to read:

397.94 Children's substance abuse services; information and referral network.—

(1) Each service district of the department shall develop a plan for and implement a districtwide comprehensive children's substance abuse information and referral network to be operational by July 1, 2000.

(2) In order to ensure access and appropriate referral, the network shall be incorporated into the district's child and adolescent mental health information and referral network provided for under s. 394.4985 and, by July 1, 2000, renamed the referral network the children's substance abuse and mental health information and referral network. Districts shall submit a plan to the secretary of the department regarding the integration of the substance abuse services information and referral network with the child



and adolescent mental health information and referral network no later than December 1, 1999.

(3) The district shall determine the most cost-effective method for delivering this service and may select a new provider or utilize an existing provider or providers with a record of success in providing information and referral services.

(a) Districts shall submit the plan to the secretary of the department no later than October 1, 1999.

(b) The plan must provide assurances that the information and referral network will include a resource directory that contains information regarding the children's substance abuse services available, including, but not limited to:

1. Public and private resources by service component, including resources for involuntary admissions under s. 397.675.

2. Hours of operation and hours during which services are provided.

3. Ages of persons served.

4. Description of services.

5. Eligibility requirements.

6. Fee schedules.

(c) Maintain and annually update information regarding private practitioners in the community who provide substance abuse services to children.

(d) Develop and implement procedures for documenting requests for services, including, but not limited to:

1. Number of calls by type of service requested, if any;

2. Ages of children for whom services are requested; and

3. Disposition on all referrals, including location of resource if referred for face-to-face screening.

(e) Develop and implement procedures for sharing information with participating community agencies and resources.

(4) In planning the information and referral network, the district shall consider the establishment of a 24-hour toll-free telephone number to call for information and a public service campaign to inform the public about the information and referral service.

Section 10. Section 397.95, Florida Statutes, is created to read:

397.95 Children's substance abuse services; services provided by licensed providers.—Each service district of the department shall ensure that all

screening, intake, assessment, enrollment, service planning, and case management services provided under this part are provided by children's substance abuse services providers licensed under part II and in accordance with standards set forth in department rules.

Section 11. Section 397.951, Florida Statutes, is created to read:

397.951 Treatment and sanctions.—The Legislature recognizes that the integration of treatment and sanctions greatly increases the effectiveness of substance abuse treatment. It is the responsibility of the department and the substance abuse treatment provider to employ the full measure of sanctions available to require participation and completion of treatment to ensure successful outcomes for children in substance abuse treatment.

(1) Pursuant to the provisions of this chapter, the department shall ensure that substance abuse treatment providers develop and manage treatment plans that are appropriate to the severity of the substance abuse problem and tailored to the individual needs of the child.

(2) The department shall ensure that substance abuse treatment providers employ any and all appropriate available sanctions necessary to engage, motivate, and maintain a child in treatment, including, but not limited to, provisions in law that:

(a) Provide for parental participation in treatment for involuntary admission to treatment, as provided in part IV of this chapter.

(b) Provide for law enforcement authorities to assume custody of a child who is substance abuse impaired and allow placement of a child into the care of a hospital, substance abuse detoxification facility, or addiction receiving facility, as specified in part V of this chapter.

(c) Provide parental authority to involuntarily admit a child for assessment to an addiction receiving facility, as specified in part V of this chapter.

(d) Provide parents and substance abuse providers with civil involuntary procedures to secure court-ordered assessment and treatment for children, as specified in part V of this chapter.

(e) Authorize the court or any criminal justice authority with jurisdiction over a child charged or convicted of a crime to require that the delinquent or offender receive substance abuse services under part VII of this chapter.

(f) Provide authority of the court and contempt powers to require parental participation in the treatment of a delinquent or offender pursuant to s. 397.706.

(g) Authorize the court to mandate services for children and their families in dependency proceedings under chapter 39, and children and families in need of services under chapter 984.

(h) Provide that the use, possession, or sale of controlled substances, as defined in chapter 893, or possession of electronic telephone pagers, by any student while such student is upon school property or in attendance at a

school function is grounds for disciplinary action by the school and may also result in criminal penalties being imposed pursuant to s. 232.26.

(i) Provide that, pursuant to s. 322.056, for any person under 18 years of age who is found guilty of or delinquent for a violation of s. 562.11(2), s. 562.111, or chapter 893, and is eligible by reason of age for a driver's license or driving privilege, the court shall direct the Department of Highway Safety and Motor Vehicles to revoke or to withhold issuance of his or her driver's license or driving privilege for a period of:

1. Not less than 6 months and not more than 1 year for the first violation.
2. Two years, for a subsequent violation.

Section 12. Section 397.96, Florida Statutes, is created to read:

397.96 Case management for complex substance abuse cases.—

(1) Contingent upon specific appropriations, it is the intent of the Legislature to provide for a more intensive level of case management for complex cases involving children who need substance abuse services. Such services shall be directed toward children receiving services from several agencies or programs to address the complex problems created by substance abuse, dependency, or addiction.

(2) The department shall determine when a child receiving children's substance abuse services under this part shall have a case manager.

(3) For the purposes of this section, "case management" means those activities aimed at:

(a) Implementing a treatment plan;

(b) Advocacy;

(c) Linking services providers to a child and family;

(d) Monitoring services delivery; and

(e) Collecting information to determine the effect of services and treatment.

(4) The case manager shall periodically review services utilization to ascertain compliance with plans approved by the planning team.

(5) The department shall establish by rule standards to coordinate case management activities from various referral points, in order to minimize fragmentation and duplication and promote stability of case managers assigned to a child and family. In the attempt to minimize duplication, it is the intent of the Legislature that a child have no more than one case manager.

Section 13. Section 397.97, Florida Statutes, is created to read:

397.97 Children's substance abuse services; demonstration models.—

(1) CREATION; PURPOSE.—There is created the Children’s Network of Care Demonstration Models to operate, for 4 years, for children who are at risk of substance abuse or who have substance abuse problems. The purpose of the demonstration models is to encourage collaboration among the department, the Agency for Health Care Administration, the Department of Education, the Department of Health, the Department of Juvenile Justice, local government agencies, and any other interested party, through a partnership agreement entered into to provide a locally organized network of care for children and their families. The demonstration models must:

- (a) Be implemented using existing funds;
- (b) Center on the child and his or her family;
- (c) Promote integration and coordination of services;
- (d) Provide for accountable outcomes; and

(e) Emphasize the provision of services in the least restrictive, most appropriate setting, utilizing uniform placement criteria established in rule of the department.

(2) GOAL.—The goal of the Children’s Network of Care Demonstration Models is to create an effective interagency strategy for delivering substance abuse services to the target populations through a local network of service providers. The specific objectives of this strategy are to:

(a) Develop standardized forms and uniform procedures which shall be used for screening, intake, assessment, enrollment, service planning, case management, and utilization management;

(b) Eliminate duplication of services;

(c) Employ natural supports in the family and the community to help meet the service needs of the child who is at risk of substance abuse or has a substance abuse problem;

(d) Improve interagency planning efforts through greater collaboration between public and private community-based agencies;

(e) Test creative and flexible strategies for financing the care of children who are at risk of substance abuse or have a substance abuse problem; and

(f) Share information about the child with appropriate community agencies.

(3) PURCHASE OF SERVICES; OPERATION CRITERIA.—

(a) Each demonstration model shall be governed by a multiagency consortium of state and county agencies or other public agencies, or a community-based, not-for-profit substance abuse or behavioral health network designated by the department, hereafter referred to as the purchasing agent, which shall purchase individualized services for children who are at risk of substance abuse or have a substance abuse problem. Services shall be based

on client need rather than on traditional services limited to narrowly defined cost centers or appropriations categories. Approval to operate as a Children's Network of Care Demonstration Model shall be given by the secretary of the department and shall be based on criteria developed by the department.

(b) The local purchasing agent is responsible for designing a well-defined network of experienced substance abuse services providers. At a minimum, the consortium shall:

1. Specify the capacity and composition of the provider network;
2. Approve providers for the network;
3. Ensure enrollees' access to network services;
4. Subcontract with providers;
5. Establish qualification standards for provider staff; and
6. Monitor providers' performance.

(4) COLLABORATION.—Demonstration models established under this section may enter into collaborative partnership with demonstration models established pursuant to s. 394.498.

Section 14. Section 397.98, Florida Statutes, is created to read:

397.98 Children's substance abuse services; utilization management.—

(1) Utilization management shall be an integral part of each Children's Network of Care Demonstration Model as described under s. 397.97. The utilization management process shall include procedures for analyzing the allocation and use of resources by the purchasing agent. Such procedures shall include:

(a) Monitoring the appropriateness of admissions to residential services or other levels of care as determined by the department.

(b) Monitoring the duration of care.

(c) Developing profiles of network providers which describe their patterns of delivering care.

(d) Authorizing care for high-cost services.

(2) The procedures shall be established by the purchasing agent in consultation with the department and are subject to approval by the secretary of the department. The implementation of utilization management within the demonstration models shall be contingent upon the availability of funds.

Section 15. Section 397.99, Florida Statutes, is created 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.

(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 department by March 1 of each year. The department shall establish grant application procedures which ensure that grant recipients implement programs and practices that are effective. The department shall include the grant application document on 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 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 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 department, that the 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 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 service districts.
- (3) The department shall coordinate the review of grant applications with 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 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 department.
- (5) The department shall establish rules as necessary to implement this section.

Section 16. Section 397.997, Florida Statutes, is created to read:

397.997 Prevention resources; Internet website.—

(1) The department shall develop a publicly available substance abuse prevention Internet website. The information on the Internet website shall target youth and their parents, teachers, and other stakeholders.

(2) The Internet website shall incorporate, at a minimum, the following components;

(a) The nature of Florida's current youth alcohol, tobacco, and other drug use concerns;

(b) The health, social, and legal effects of alcohol, tobacco, and other drug use on individuals, families, schools, and the economy;

(c) National, state, and local substance abuse prevention and treatment resources; and

(d) Classroom, home, and individual instructional activities and games geared to teach targeted youth about the harmful effects of alcohol, tobacco, or other drug use, refusal and other prevention skills, and how to get help for someone using drugs.

Section 17. Section 397.998, Florida Statutes, is created to read:

397.998 Drug-free communities support match grants.—

(1) PURPOSE.—The purposes of drug-free communities match grants are to:

(a) Assist community coalitions in an effort to secure federal drug-free communities support program grants under Pub. L. No. 105-20.

(b) Reduce substance abuse among youth and, over time, to reduce substance abuse among adults.

(c) Enable community coalitions to strengthen collaboration efforts among public and private agencies to reduce substance abuse among youth.

(2) APPLICATION PROCESS.—

(a) Contingent upon specific appropriations, the department shall establish a program to provide drug-free communities match grants.

(b) The grants shall be used for all or part of the match required for community coalitions to secure a federal drug-free communities support program grant.

(3) ELIGIBLE APPLICANTS.—

(a) Community coalitions whose members have worked together on substance abuse reduction initiatives for a period of not less than 6 months are eligible to apply for match grant funds.

(b) The coalition must represent the targeted community and include at least one representative of each of the following groups: local Department of Children and Family Services official; youth; parents; business community; media; schools; organizations serving youth; law enforcement agencies; religious or fraternal organizations; civic and volunteer groups; health care professionals; other local or tribal governmental agencies with an expertise



in the field of substance abuse, including, if applicable, the state authority with primary authority for substance abuse; and other organizations involved in reducing substance abuse.

(c) To demonstrate that the coalition meets the stated criteria, the applicant must submit examples or formal agreements, such as memorandums of understanding, previous newsletters or publications, or other examples of print media coverage that are dated within 6 months prior to submittal of the application.

(4) RELEASE OF FUNDS.—Match grant funds shall be released as required by federal regulations to community coalitions upon documentation that a community coalition has been awarded a drug-free communities support program grant.

(5) IN-KIND MATCH.—The department may provide other in-kind services or goods allowed by federal regulations in lieu of money, to achieve the purpose of this section.

(6) RULES.—The department is authorized to adopt rules specifically to address procedures necessary to administer the drug-free communities match grants as provided in this section.

Section 18. (1) The Department of Children and Family Services shall develop written cooperative agreements with the judicial system, the criminal justice system, and local mental health providers in each district of the Department of Children and Family Services which define strategies and community alternatives within current statutory authority and existing resources for diverting from the criminal justice system to the civil system under the Baker Act persons with mental illness who are arrested for a misdemeanor. Persons who have been convicted of a violation of chapter 794, chapter 800, chapter 827, or chapter 847, Florida Statutes, or convicted of a similar offense in a foreign jurisdiction, when the victim was under 18 years of age, shall not be diverted from the criminal justice system to the mental health system under these strategies or alternatives. At a minimum, the district diversion strategies must consider:

(a) Prebooking or postbooking interventions;

(b) Ways in which mental health professionals may assist law enforcement agencies with difficult mental health cases;

(c) Information-sharing among community entities regarding persons with mental illness who are frequently arrested for misdemeanors, in order to improve early identification and treatment of these persons;

(d) Referral of misdemeanant clients to appropriate aftercare services upon release from jail or a facility that receives clients under the Baker Act;

(e) Provision of appropriate psychotropic medications to misdemeanant clients for a reasonable number of days following discharge from jail or a facility that receives clients under the Baker Act; and

(f) Provision of intensive case-management services to the appropriate misdemeanant clients.

For the purpose of uniformity, each district must work with the central program office to develop and include an analysis of the client population and client movement, an analysis of available and unavailable resources, and, consistent with section 216.0166, Florida Statutes, the identification of key indicators that will measure the impact of these strategies on the clients and on the community systems. The department must complete the district diversion strategies, client data analysis, and identification of key indicators and submit a copy to the Louis de la Parte Florida Mental Health Institute by October 1, 1999.

(2) The Louis de la Parte Florida Mental Health Institute at the University of South Florida shall review the state's district diversion strategies developed by the department, as well as cost-effective strategies being used in communities in other states, to divert misdemeanants from the criminal justice system to the mental health system. Based on this review, the Institute must recommend those diversion strategies and treatment activities used by Florida or other states which have proven to be the most effective in meeting performance standards, including those identified pursuant to section 216.0166, Florida Statutes, with the misdemeanant population. The review must include details about the cost savings that are associated with those programs and must explain how those long-term or short-term cost savings are achieved. The Institute shall submit a final report on its findings, conclusions, and recommendations to the President of the Senate and Speaker of the House of Representatives by January 1, 2001. The report must specify what results can be expected based on the current level of resources, as well as specify additional resources that are needed to adequately serve the misdemeanant population. A preliminary report on the status of the review must be submitted to the President of the Senate and Speaker of the House of Representatives on January 1, 2000.

Section 19. The Florida Department of Law Enforcement and the Department of Children and Family Services shall jointly evaluate the extent and effectiveness of current training curricula and training efforts provided by the Criminal Justice Standards and Training Commission under section 943.17, Florida Statutes, and the Department of Children and Family Services under part I of chapter 394, Florida Statutes, for law enforcement officers in identifying mental illness and shall make recommendations for improvements to the head of each department. The Florida Department of Law Enforcement and the Department of Children and Family Services shall prepare a joint report that includes the findings and recommendations by December 31, 1999.

Section 20. The Department of Children and Family Services, in consultation with the Office of the State Courts Administrator, shall contract with the Louis de la Parte Florida Mental Health Institute to study the concept of increasing court jurisdiction and supervision over persons with mental illness who are arrested for or convicted of a misdemeanor to assure compliance with an approved individualized treatment or service plan. The study shall focus on whether extending court jurisdiction would enhance mental

stability of persons with mental illness in order for them to live in the community, function at their optimal level, and not be involved in any type of criminal behavior. The Department of Children and Family Services shall prepare a report by December 31, 1999, which includes recommendations for statutory changes or departmental policy changes that do not require statutory revisions.

Section 21. The district forensic coordinators of the Department of Children and Family Services shall assess the provision of in-jail mental health diagnostic and treatment services. The department shall prepare a report of its findings, conclusions, and recommendations by December 31, 1999, including any proposed statutory revisions.

Section 22. The reports that are required in sections 20, 21, and 22 of this act to be prepared by the Department of Children and Family Services, including the joint report in section 20, must be submitted in one report to the President of the Senate and Speaker of the House of Representatives by December 31, 1999.

Section 23. The Louis de la Parte Florida Mental Health Institute shall evaluate the effectiveness of the specialized mental health court established in Broward County to determine client and system outcomes and cost efficiencies and shall make recommendations for establishing similar special courts in other judicial circuits. This evaluation must include tracking clients for 1 year following release from the Broward County jail by the special mental health court and from a county jail without a special mental health court. The Louis de la Parte Florida Mental Health Institute shall report to the President of the Senate and Speaker of the House of Representatives on the findings of the evaluation, including recommendations for any statutory revisions, by October 1, 2000.

Section 24. For the purpose of implementing the requirements of sections 19, 21, and 24 of this act, the sum of \$100,000 is appropriated from the General Revenue Fund to the Department of Children and Family Services for the 1999-2000 fiscal year. The department may not use more than \$20,000 of the appropriation for the purpose of implementing the requirements of section 19.

Section 25. This act shall take effect July 1, 1999.

Approved by the Governor June 18, 1999.

Filed in Office Secretary of State June 18, 1999.