2017 Legislative Session
Final Report – Pre Vetoes
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INTRODUCTION
This report contains a summary of actions by the Florida Legislature related to the 2017 Legislative Session.

Throughout the past year, FBHA worked diligently on behalf of providers to promote legislative priorities, promote funding enhancements, promote policy and funding to address the opioid crisis, and actively track legislation to ensure patients, providers, and the system of care were protected.

Coming off an election year, there were a massive number of “freshmen” legislators. In the House, 49 new members were elected (40%), though three members were elected in a special election, meaning, while this is technically their first term in office, they represented their districts during previous sessions. The Senate had ten freshmen members (25%). The make-up of the legislature is Republican controlled with 79 Republicans and 41 Democrats in the House and 24 Republicans and 14 Democrats in the Senate. One Senator (Frank Artiles, R-Miami) resigned mid-session amidst controversy over derogatory comments made to colleagues outside of the Capitol. A special session is set July 25. Currently, there are two House members who announced their candidacy (Jose Felix Diaz, R and Daisy baez, D).

New leaders were elected in each chamber. Land- O’Lakes Republican Richard Corcoran was elected Speaker of the House and Palm City Republican Joe Negron was elected the Senate President. Each serves a two-year term. President Negron announced priorities that included funding and national status boost to higher education and environmental clean-up of Lake Okeechobee pollutants. Speaker Corcoran push for lobbying reforms and a more transparent process. New House rules required lobbyists to register for each bill and amendment they are actively promoting or opposing. House members were also required to file separate legislation for each local funding project.

The session showed an incredibly high uptick on legislation filed, with a total of 3,052 bills filed for 2017 as opposed to 1,814 bills filed in 2016. However, not counting appropriations bills, there were 1,842 bills filed. While this was a comparable number of legislation filed as in previous years, only about 7% passed (249) in 2017, compared to 15% passing in 2016 (279).

OVERVIEW OF SESSION
It would be extremely rare for a legislative session to conclude without conflict, drama, hiccups, or snags and this year proved no different. The Senate and House took very different approaches in promoting policy and funding issues, resulting in leadership directly negotiating final budget and high level legislation compromises.

The 2017 Legislative Session did not conclude on the regularly scheduled sine die (May 5). Senate and House budget leaders could not agree to a final spending plan in time and instead voted to extend session, officially adjourning sine die on Monday May 8 at 8:52 p.m. Some major policy and funding issues passed this session and were widely viewed as “session winners” Such issues include: addressing the opioid crisis, death penalty, charter schools and universities, and Lake Okeechobee water discharges. Other big ticket items were clear losers such as medical marijuana, economic development, gambling, Medicaid reform, and workers compensation. Finally, other issues were a “mixed bag” including guns and economic development. Here is a quick synopsis of the TOP TEN major issues that faced the legislature this past session:
Legislative Top Ten
(in alphabetical order)

DEATH PENALTY: In response to rulings by the state and U.S. Supreme Court on Florida’s death penalty laws, the legislature passed a bill requiring a unanimous jury in death penalty recommendations.

ECONOMIC DEVELOPMENT: An early priority for the Speaker, who pushed for the elimination of Enterprise Florida, the state’s economic development agency and Visit Florida, the state’s tourism agency. The end compromise was a drastically reduced funding level for each ($16 million for Enterprise Florida and $25 million for Visit Florida). Other failed efforts included legislation to prevent the use of public monies for sports franchises.

EDUCATION: Each chamber had two very different priorities in education. The Senate pushed to increase funding for the university system by expanding Bright Futures Scholarships and requiring block tuition rather than hourly credit fees. The House pushed to expand charter schools (creating Schools of Hope). Both got their wish.

GAMBLING: Two different plans ended up in a stalemate. The Senate plan allowed slot machines at pari-mutual facilities in selected counties. The House plan continued of the existing agreement with the Seminole Tribe of Florida.

GUNS: Legislation that passed this year shifts the burden on “stand your ground” self-defense cases from the defendant to the prosecution. Other gun measures failed to move in the Senate, including open-carry and the ability to carry guns on college campuses.

HEALTH CARE: No major health reform measure passed this year, in spite of a House priority to ease health-industry regulations such as the certificate of need process (CON) for building hospitals and hospital trauma centers. (This will be outlined in greater detail later in this report.)

INSURANCE: House and Senate leaders failed to pass three major insurance measures: address the regulator approved 14.5 percent increase in workers’ compensation insurance rates; repealing the state’s no-fault auto insurance system; and a homeowner insurance issue known as “assignment of benefits.”

MEDICAL MARIJUANA: Also dead at this time is any plan to implement Amendment 2 “Medical Marijuana,” in spite of negotiations that continued until the very end. The key issue surrounded the number of dispensaries available statewide. (This will be outlined in greater detail later in this report.) There is some speculation that a special session will be convened on this issue.

OPIOID CRISIS: Dealing with the opioid crisis was one of the few relatively non-contentious issues this session. There were four bills related to different approaches in addressing the opioid crisis. Each bill passed with modifications. The Governor also called for a 4-city listening tour to hear community input of the opioid crisis. The tour was immediately followed by the Governor’s Declaration of Public Health Emergency. (This will be outlined in greater detail later in this report.)

WATER: Another Senate priority was to create a reservoir south of Lake Okeechobee, to address the algae blooms from the lake’s polluted discharges. The two chambers agreed to a modified plan.
2017 Priority Issues

Revenue Maximization
The Association worked with our partners to promote the concept of revenue maximization, utilizing unmatched general revenue to draw down matching Medicaid funding for Medicaid eligible individuals being served in the safety net system. The end goal was to increase the availability of selected behavioral health services, authorize targeted case management for SUD providers, and to secure a rate enhancement for selected behavioral health services delivered through the managed medical assistance (MMA) program.

The Association, along with our partners, secured the services of Health Management Associates to guide this effort and inform members on enhancement efforts available through a state plan amendment, 1115 waiver or other specialized demonstration effort. Information sessions were held with members in late fall to inform on these various options. Also regular meetings were held with House and Senate legislative staff and legislative leaders to promote the concept of revenue maximization.

These efforts were addressed in both the House and Senate budgets, proviso, and conforming bills, however each chamber proposed a different approach to the end goal.

The Senate dedicated $25 million in existing unmatched general revenue for revenue maximization. Approximately $7.8 million was authorized to be transferred from DCF to AHCA to serve as matching funds for a rate increase for certain Medicaid behavioral health services with the anticipation that approximately $19 million in state/federal funds would have been available for a rate increase.

Additionally, $17.2 million was dedicated as state matching funds to eliminate Medicaid service limitations for certain behavioral health services and to add coverage for targeted case management for adults diagnosed with SUD. These funds would have been administered by the Substance Abuse and Mental Health Safety Net Network (a Managing Entity administrative services organization) with services delivered through the existing network of providers under contract to the ME. The total federal/state funds available would have eliminated caps on certain behavioral health services and would have added targeted case management for SUD (approximately $45 million).

Furthermore, the Senate conforming bill authorized AHCA to pursue administrative claiming for teaming approaches (FIT, CAT, FACT) funded with general revenue. The Senate also authorized a certified public expenditure program to certify and match funds dedicated to behavioral health services.

The House instead instructed AHCA to seek federal approval for a designated state health program which allows the state to use general revenue expended on behavioral health for non-Medicaid eligible individuals in the safety net system administered by DCF as state match for federal funds. The goal was to improve the quality of and access to behavioral health services for individuals served by either the state Medicaid program or the safety net system. AHCA would likely need to seek a waiver from CMS to implement such a program. There were no specific funds dedicated in the House budget for this initiative.

The Legislature agreed to the House proposal. The language included in Line 204 (AHCA Budget) states:
From the funds in Specific Appropriation 204, the Agency for Health Care Administration shall seek federal approval for a designated state health program which allows the state to use general revenue expended on behavioral health services for non-Medicaid eligible individuals in the substance abuse and mental health safety net system administered by the Department of Children and Families as state match for federal funds. The Agency for Health Care Administration, in consultation with the Department of Children and Families,
shall seek federal approval to use the federal funds to improve the quality of and access to behavioral health services for Medicaid and non-Medicaid eligible individuals served by either the state Medicaid program or the safety net system, as allowable. The goal for the use of funds generated by the designated state health program is to enhance long-term outcomes and improve value by increasing the use of coordinated, community-based services and supports and reducing the use of intensive services.

Practices of Substance Abuse Service Providers

Over the past decade, there has been a marked increase in licensed substance abuse programs in the South Florida corridor, particularly for Intensive Outpatient licenses. This fact combined with the near extermination of pill mills, an increase in out of state/network patients, to name a few has created a severe demand for housing while patients are in treatment and post treatment. A rapid expansion of recovery residences has been established to meet this demand.

While recovery residences are considered a vital component to aide in achieving long-term recovery, the volume of recovery residences in a concentrated area created stiff competition. At the same time, the federal parity legislation and the Affordable Care Act increased the demand for substance use disorder treatment services. Competition in an over-saturated market resulted in a surge of “bad actors”, patient brokering, over utilization of drug testing, insurance fraud, human trafficking, and drug use.

Local governments in South Florida have made several attempts to license and regulate recovery residences, many of which included attempts to eradicate recovery residences from their cities through zoning and other local ordinances. The law is clear. A “sober home” is a residence and therefore protected by the Fair Housing Act. The law also states that individuals in recovery from their substance use disorder have disabling conditions, and are provided protections through the Americans with Disabilities Act. In each instance, the courts have sided with the industry, most recently in Jeffrey O. vs. City of Boca Raton (2007).

Insurance companies have taken notice of these abuses. Cigna has pulled out of the insurance market in Florida, citing abuses in South Florida among the addiction treatment industry. Humana has filed lawsuits against labs and their attorneys in South Florida for fraudulent practices. Also, after receiving multiple reports of Massachusetts residents seeking treatment for their substance use disorder and were being recruited to centers across the country including to Florida. In April 2017, Massachusetts Attorney General Maura Healey issued an advisory warning people of scams that leave them without real care. According to some reports, many of these out-of-state programs provided little or no treatment to patients. In other instances, the have insurance premiums stopped, resulting in patients getting removed from treatment facilities and stranded without access to housing, health care, or the financial resources to return to Massachusetts.

Perhaps the most negatively impacted is the stigma around addiction. Residents in communities along the South Florida corridor have made pleas to the government to intervene. When it comes to substance abuse treatment providers and the recovery industry, there is a strong “Not in My Backyard” (NIMBY) attitude, which has overshadowed the work of most providers, who provide excellent treatment, and patient care.

In 2015, the Association helped develop a framework for voluntary certification process for recovery residences. The Legislature passed this legislation and also added a voluntary certification process for recovery residence administrators. Additionally, the law prohibited substance abuse treatment providers from referring any patient to a non-certified recovery residence, beginning July 1, 2016. Recovery residences wholly-owned by a licensed substance abuse provider were exempt from this requirement.
In the fall of 2015, members of the FBHA Business of Behavioral Health Division met in South Florida and worked to develop legislation relating to ethical marketing practices and clarification of patient brokering statutes. Sponsored by Senator Jeff Clemens (D-Lake Worth) and Representatives Tom Rooney (R-West Palm Beach) and Bill Hager (R-Boca Raton), legislation was filed for the 2016 session. With the support of local governments, the Senate bill moved swiftly through committee. The House, however, was hesitant to address the issue. As an alternative, the association developed proviso language funding a Task Force to be convened through the Fifteenth Judicial Circuit (Palm Beach) State Attorney Dave Aronberg that included local elected officials, treatment providers, DCF, certifying entities, first responders, the Association, and health care attorneys.

There was such an overwhelming interest from the community that Mr. Aronberg created two task forces. The first followed the guidelines from the proviso language while the second included a broader group of community providers and leaders. Both groups have met monthly since July 2016. The proviso group made a series of recommendations to the legislature, which included marketing and patient brokering legislation mimicking language promoted previously by the Association. In addition, a grand jury was convened and released a comprehensive report documenting the abuse in the industry.

Sponsored by Senator Clemens and Representative Hagar, both bills as filed followed the initial recommendations of the task force, along with express authority to prosecute patient brokering and abuses through the state attorney and Office of Statewide Prosecutor. At the first committee in the Senate, an amendment was added to the bill that mandated that every clinician be either certified or licensed, a recommendation adopted by the Task Force in February. The FBHA raised concerns to the Legislature that mandatory certification was cost-prohibitive to many providers, particularly to those under contract with the managing entities.

Presentations were subsequently made to Senate and House committees by State Attorney Aronberg and DCF Assistant Secretary John Bryant, who made further recommendations for regulatory changes in licensure requirements. The House adopted an amendment requiring all substance abuse treatment providers attain accreditation in each service component they are licensed for, and place a tiered violation structure for licensure, which they believe will allow DCF greater flexibility in pull licenses of unethical providers. Rather than mandating certification or licensure of clinicians, the House bill requires DCF to place into rule qualifications of clinical staff and submit a report to the Legislature (December 1, 2020) on further recommendations for staff qualifications and complaints made to the department of substance abuse treatment providers.

The House bill (HB 807) passed unanimously. Some of the rather significant differences between the House and Senate bill, specifically as it related to facility licensure, accreditation, and staff qualifications delayed the bill from being heard on the Senate floor. In the end, FBHA coordinated a massive effort to calendar the bill on Special Order on Thursday May 4. With little debate, the Senate bill was laid on the table, and the Senate unanimously passed the House bill in its entirety. FBHA met with the Governor’s staff to educate them on the components of the bill, and encouraged the Governor to approve of the legislation.

Below are key provisions to the bill (CS/CS/HB 807). A section by section analysis of the bill is included in Appendix C (page 25).
### ISSUE

#### Marketing Practices, *Prohibiting*
- False, misleading statements of information about business
- Include false information, links or coding that provides false information or redirects to another website
- Entering into a contract with marketing provider to generate leads, unless that marketing provider discloses information about who they represent and where to find information on licensed providers on DCF website
- Holds 3rd party marketing entities to same standards as telemarketers under the Florida Telemarketing Act, requiring them to register with the Department of Agriculture and Consumer Services (exempts from bonding requirements)

#### Patient Brokering
- References entire patient brokering statutes in Substance Abuse Chapter 397
- Adds the term “benefit” to the list of prohibitions (commission, bonus, rebate, kickback, bribe) a person, health provider or facility may offer or receive in exchange for referrals
- Creates graduated monetary penalties and adds new first and second degree felony offenses (with corresponding Criminal Punishment Code”:
  - 10 patients or fewer – 3rd degree felony + $50,000 fine
  - 10-19 patients – 2nd degree felony + $100,000 fine
  - 20 patients or more – 1st degree felony +500,000 fine
- Prohibits referrals to or from uncertified recovery residences. Exemption included for providers under contract with a managing entity; or where there is no benefit (directly or indirectly); or referrals made before July 1, 2018 by a provider to its wholly owned subsidiary.
- Authorizes a fine of $1,000 per occurrence if referrals are made to or from uncertified recovery residence.
- Ensures access to treatment by exempting above in instances where there is no formal relationship and/or providers under contract with managing entities are exempt

#### Facility Licensure
- Only authorizes DCF to issue ONE probationary license (versus current ability to extend) and ONLY if patient health safety or welfare is NOT at risk
- Increases penalties for operating without a license (3rd degree felony + up to 5 years)
- Requires DCF to draft minimum licensure standards for administrative personnel, best practices, and facility standards
- Authorizes DCF inspection on announced or unannounced basis
- Expands DCF authority to take action against provider through suspension, deny, revoking a license
- Classifies violations in scope and nature using a tier system (with fines), the same as hospitals and other licensed awarded by AHCA
- Authorizes use of Corrective Action Plans
- Authorizes actions against false representation, impacts to client health or safety, violation of statute/rule, demonstrated pattern of deficiencies, failure to remove personnel failing background screening
- Authorizes DCF to deny renewal of license if application is not submitted within 30-days of expiration. May also issue a late fee of renewal isn’t submitted within 60-days of expiration

#### Facility Accreditation
- Requires licensed providers of clinical services to apply for accreditation by the end of their first year and achieve accreditation in each clinical service component by the end of 2nd renewal

#### Staff Qualifications
- Requires DCF in rule to determine level of appropriateness, staff qualifications, and staffing ratios for each level of care by Jan 1, 2018
- Requires DCF to gather data on clinical services, including staffing qualifications, required trainings and complaints, and report to Legislature by December 1, 2020
Patient Records
Authorizes disclosure of patient records without consent based upon court order showing good cause, and with adequate notification – allowing individual to file written response/appear in person

Creates statutes that adopt the federal standard on patient notice

Jurisdiction
Expands jurisdiction of the Statewide Prosecutor to extend to the investigation and prosecution of patient brokering

Adds patient brokering to list of crimes in RICO (racketeering) statute

Background Screening
Current law applies to owners, directors and CFO, or any staff with direct contact with children or developmentally disabled receiving services. This term adds clinical directors to background screening requirement.

Prohibits DCF from issuing a license if staff do not pass background screening and subsequently fail to obtain exemptions

Florida’s OPIOID Crisis
On January 25, 2017, the FBHA assembled a group of stakeholders that included Attorney General Pam Bondi, substance abuse and mental health community providers, local government, law enforcement, first responders, hospital health care professionals, an epidemiologist, the recovery community, and nearly two dozen law makers for a press conference to emphasize the opioid crisis facing the state. A representative from each group spoke briefly, describing the impact heroin and other opioids have had in their communities and challenges they have had in addressing the epidemic.

Visual aids flanked both sides of a packed media room in the Capitol showing the increase in opioid deaths over the past five years and hospital emergency department charges (Medicaid, uncompensated care, private pay, and other government funding). Six communities having the largest impact were also highlighted: Broward, Duval, Manatee, Orange, Palm Beach, and Sarasota Counties.

The FBHA outlined the actions Florida has taken to date, such as shutting down pill mills, passing legislation to tighten regulations around pain clinics; creating the Prescription Drug Monitoring Program (PDMP), Good Samaritan Law, increasing access to naloxone, and increasing weight thresholds for certain opioid on minimum mandatory sentencing to better reflect an addiction.

Recommendations for further actions were also presented. Some of those include: passing laws to create a bridge between emergency departments and substance abuse treatment providers; strengthening the PDMP; creating trafficking offenses for fentanyl and its derivatives; and gathering better statewide data on overdoses. The FBHA also called for a Task Force to make recommendations and for the Governor to declare a public health crisis.

Legislation was filed this year that addressed many of the recommendations made at the press conference and each bill passed, evidencing the fact that the Legislature took notice.

In February, the state applied for a federal grant totaling $27.1 million each year for two years through appropriations associated with the 21st Century Cures Act signed into law last December by President Obama. The state’s proposal is to expand Medication Assisted Treatment and associated counseling services; implement a pilot program that links emergency departments and substance abuse treatment; creates a training program for law enforcement, first responders and health care professionals on
evidence-based practices for opioid use disorders and opioid overdoses. The Senate included in their budget spending authority for these funds.

Meanwhile at the federal levels, President Trump recently signed an Executive Order creating an Opioid and Drug Abuse commission. Chaired by New Jersey Governor Chris Christie, the commission which also names Attorney General Pam Bondi as a member is expected to make short term recommendations, and submit a long-range plan in October.

In late April, Governor Rick Scott and Attorney General Pam Bondi held a news conference announcing a statewide listening tour in four communities most deeply impacted by the epidemic. Communities selected by the Governor were communities highlighted at the January 25 press conference (Palm Beach, Manatee, Orange, & Duval Counties). The listening tour was led by Department of Children & Families Secretary Mike Carroll, Department of Health Secretary and state Surgeon General Dr. Celeste Philip, and the Florida Department of Law Enforcement and was joined by FBHA Executive Director Mark Fontaine, who presented state agency leaders with a series of recommendations the state could take to address the crisis. Shortly after the final workshop, the Governor declared a Public Health Emergency on the Opioid Crisis. In the Emergency, the Governor issued a standing order for naloxone, and the authorization to immediately begin spending the federal grant funding.

The Florida Behavioral Health Association has worked incredibly hard to implement the “Ten a Day Die This Way” campaign. This effort parallels a national movement to speak up about addiction and address it as a disease. The result, many of the association’s recommendations are coming to fruition. While there is still much more to be accomplished, our efforts show that the Legislature, Governor and Cabinet, and state agencies have taken notice and are taking action.

**OPIOID LEGISLATION**

**Controlled Substances**


The bill addresses scheduling for controlled substances and punishment for controlled substance offenses. Specifically, the bill:

- Provides that a person 18 years of age or older commits felony murder if he or she unlawfully distributes any specified controlled substance, including a specified fentanyl-related substance, and the distribution is proven to be the proximate cause of death of the user;
- Includes in Schedule I of the controlled substance schedules a class of fentanyl derivatives and five substances originally developed for legitimate research but have emerged in the illicit drug market;
- Provides that it is a first-degree felony to unlawfully possess 10 grams or more of certain Schedule II substances, including certain fentanyl-related substances;
- Adds codeine, an isomer of hydrocodone, to a current provision punishing trafficking in hydrocodone, and adds additional phenethylamines and phenacyclidines to current provisions punishing trafficking in phencyclidine and phenethylamine;
- Punishes trafficking in fentanyl, synthetic cannabinoids, and n-benzyl phenethylamines, including mandatory minimum terms of imprisonment and mandatory fines;
- Ranks new trafficking offenses in the severity ranking chart of the Criminal Punishment Code;
- Authorizes certain crime laboratory personnel to possess, store, and administer emergency opioid antagonists used to treat opioid overdoses; and

If approved by the Governor, these provisions take effect October 1, 2017. *Vote: Senate 31-7; House 118-0*
Drug Overdoses

The bill also authorizes the voluntary reporting of a suspected or actual overdose of a controlled substance to the Department of Health (DOH) by basic and advanced life support service providers that treat and release, or transport, a person in response to an emergency call. If a report is made, it must contain specified demographic information, whether an emergency opioid antagonist was administered, whether the overdose was fatal or non-fatal, and the suspected controlled substances involved, if permitted by the reporting mechanism. Reporters must use best efforts to make the report within 120 hours.

The DOH must make the data received available to law enforcement, public health, fire rescue, and EMS agencies in each county within 120 hours after receipt. The DOH must provide quarterly, summarized reports, to the Statewide Drug Policy Advisory Council, the Department of Children and Families, and the Florida Fusion Center, which may be used to maximize the utilization of funding programs for licensed basic and advanced life support service providers, and to disseminate available federal, state and, private funds for local substance abuse treatment services.

The bill provides that no new cause of action is created by requiring hospitals with emergency departments to develop policies to promote the prevention of unintentional overdoses. A reporter is also exempt from civil or criminal liability for reporting, if the report is made in good faith. The bill provides that failing to make a report is not grounds for licensure discipline.

The bill also includes the contents of HB 61 by Representative Larry Lee, Jr. (D-Ft. Pierce), requiring hospitals with emergency departments to develop best practice policies that focus upon the prevention of unintentional drug overdoses. The bill defines “overdose” and provides parameters for the contents of a hospital’s overdose prevention policy.

If approved by the Governor, these provisions take effect October 1, 2017. Vote: Senate 37-0; House 117-0

Prescription Drug Monitoring Program
HB 557 Rep. Nicholas Duran (D-Miami)/ Sen. Jeff Clemens (D-Lake Worth)

The bill amends provisions relating to the Prescription Drug Monitoring Program (PDMP) by requiring dispensers to report the dispensing of a controlled substance to the PDMP by the close of the next business day, rather than seven days, after the controlled substance is dispensed. This expedited timeframe for reporting is effective January 1, 2018. The bill also requires the dispenser to report via the department-approved electronic system.

The bill clarifies an exemption from reporting to the PDMP for rehabilitative hospitals, assisted living facilities, or nursing homes dispensing controlled substances, as needed, to a patient as ordered by the patient’s treating physician. The dispensing must occur while the patient is present and receiving care in the facility in order for the dispensing to be exempt from mandatory reporting.

A patient’s personal identifying information in the PDMP is confidential, and access to information in the PDMP is limited by law. The bill authorizes an employee of the U.S. Department of Veterans Affairs, who is authorized to prescribe controlled substances but who may not be licensed to practice his or her profession under Florida law, to access the PDMP for the purpose of reviewing his or her patient’s controlled substance prescription history. Health care practitioners licensed under Florida law and authorized to prescribe
controlled substances have similar authorization to review their patients’ controlled substance prescription history.

If approved by the Governor, these provisions take effect July 1, 2017, except where otherwise provided.

Vote: Senate 28-0; House 119-0

MEDICAL MARIJUANA
Unable to agree on the number of medical marijuana dispensaries the state should have, the Legislature failed to pass legislation that would have created a framework to implement Amendment 2. The Senate pushed to cap the number of retail outlets at ten, whereas the House pushed for a cap of 100 retail outlets for each of the approved dispensaries.

Neither proposal included the tax on medical marijuana, even though Amendment 2 stated that a tax would be likely. The House bill implicitly stated that a tax would not be collected. However, the House bill included several funding issues for education and use prevention ($1 million R, $2 million NR); $1 million NR for impaired driving campaign; and other research initiatives.

Speaker Corcoran announced that he would like to hold a special session to reconcile the differences between the two chambers. President Negron indicated a willingness to move forward, too. Unless the Legislature passes legislation in a Special Session, the Department of Health will assume the lead role for developing the rules to implement the amendment.

HEALTH INSURANCE
No major health insurance legislation passed in 2017. Some of the notable bills included a bill allowing patients to directly contract for basic health services with their doctor, also known as direct primary care (HB 161). The bill was amended to add the substance of two other bills: SB 530 that would have created an expedited, standard process for exceptions to the “step-therapy protocol” which requires patients to try approved drugs or treatments before getting covered by insurers for alternative care; and SB 102 which have prohibited health insurers and health maintenance organizations from retroactively denying a claim after they have verified the eligibility of a patient.

Another measure (HB 7117) to restructure the state's Medicaid program failed on the last day of the 2017 regular session. The bill sought to consolidate the program from 11 regions throughout the state into 8 larger regions and would have directed state health officials to contract additional health plans for each region later this year. Currently, the state is starting the process of re-procuring health plans for a five-year contract. This is the first time managed care contracts have been up for bid since the managed care system began in 2013.

CRIMINAL JUSTICE
The Legislature failed to pass any meaningful justice reform this year including codifying a framework for adult civil citation programs into law, mandating juvenile civil citations for certain misdemeanor crimes, or relaxing minimum mandatory sentencing for certain drug related crimes. At one point, an amendment was added to SB 150 (fentanyl/minimum mandatory) that would have authorized a judge to depart from minimum mandatory sentencing. The amendment was supported by the Senate, but the House refused to concur, putting the bill in jeopardy. In the end, the language was stripped from the bill on a narrow vote margin (20-18).

Other bills that would position the Legislature for future reform also failed this year including creating a Florida Criminal Justice Reform Task Force (SB 458) and requiring the Office of Program Policy Analysis and Government Accountability (OPPAGA) to study sentencing data (SB 382).
Budget

Senate and House budget leaders agreed to the budget on May 5, the regularly scheduled sine die. Because the Constitution requires a 72-hour “cooling off” period, session was extended to Monday, May 8. Facing potentially significant budget gaps in FY2018-19 and FY2019-20, Speaker Corcoran directed his budget chairs to conduct budget reduction exercises. In contrast, the Senate increased funding in each of the budget categories.

The Conference Committee Report on the budget revealed an $82.95 billion dollar spending plan, which included much of President Negron’s priorities for higher education and Lake Okeechobee clean-up. The House priority to drastically cut funding for Enterprise Florida and Visit Florida was also agreed to. Healthcare dominates the budget with 41% total budget (30% through general revenue); Criminal Justice makes up 5% of the total budget (12% through general revenue). The FY2017-18 budget is approximately $600 million more than last year’s budget. Below is a breakdown of spending by budget category (in millions).

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<th>GENERAL REVENUE FUND</th>
<th>General Revenue</th>
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Health Care

The health care spending plan for FY2017-18 totals $34.2 billion, almost $100 million less than FY2016-17. AHCA receives the largest share ($26.4 billion), mostly through Medicaid. While funding for the Low Income Pool (LIP) was not identified in the budget, the conforming bill directs the Joint Legislative Budget Commission to meet later this year to determine how LIP funding would be allocated. Hospitals will have a $521 million reduction, mostly to hospitals that treat a large number of Medicaid patients. The AHCA budget also includes funding for graduate medical education. This year, that funding will also include two positions in addiction medicine ($200,000).

The DCF budget totals $3.1 billion ($1.7 billion GR, $1.4 billion TF), which is slightly higher than the FY2016-17 budget after vetoes ($3.0 billion). The budget includes an increase to Vivitrol ($1.5 million R, $1.0 million NR).

The budget does not include the Governor’s priorities to creating teaming approaches with an emphasis on housing in Pinellas, Alachua, or Broward Counties, not does it add a FACT team in Broward County. The DCF budget does not add FIT teams requested by the Governor and DCF (Seminole, St. Lucie, Broward, Dade) and only adds two of the four requested CATs in Volusia and Leon. The Governor and DCF also
requested a CAT in Pasco and Broward. Instead, the Legislature added a third new CAT in Charlotte. The total for CAT is $19.5 million R/NR and the total for FIT is $10.2 million R. However, on a separate budget line, the legislature added $10 million ($6.0 million R, $4.0 million NR) to establish a grant program for teaming approaches such as FIT, CAT, and FACT.

Central Receiving Facilities were reduced by almost half. The House pushed to reduce this funding by $10 million. Instead, CRF will be funded at $11.88 R/NR. The Reinvestment Grant, which was at risk of losing 30% of its funding, was fully funded at $9 million recurring.

**Criminal Justice**

The Criminal Justice budget for FY2017-18 totals $5.0 billion, a slight increase over the FY2016-17 budget.

While the Department of Corrections (DOC) received a downward adjustment based off the Criminal Justice Estimating Conference ($18.3 million), the budget grew by $21 million to $2.4 billion. The Department also received $14.4 million to add a new mental health wing to Wakulla Correctional Institution.

Correctional and law enforcement officers will receive salary increases, with (correctional officers $2,500, state LEO 5%). Additionally, correctional officers working in the mental health unit will receive a 10% increase in pay, and new correctional officers will receive $1,000 signing bonus. Pay raises were a priority for DOC Secretary Julie Jones, who argued that the current pay structure was non-competitive and the department was facing safety and security risks due to low staffing levels.

With the exception of reentry programs such as Ready4Work, and six new veterans courts, many of the local funding initiatives were eliminated. Funding for Vivitrol, however, increased from $5 million to $7.5 million ($5.0 million R, $2.5 million NR).

In the DJJ budget, the Juvenile Redirections Program was reduced by $2.2 million, though other programs such as PACE and AMI Kids were increased. Funding for residential commitment capacity was also increased.

**Housing**

*Summary provided by the Florida Supportive Housing Coalition*

Each year, the legislature redirects funding for housing to other priority areas. The “trust fund sweeps” this year totaled $154.4 million. Funding for the State Housing Initiatives Partnership Program (SHIP) totaled $100 million that included $200,000 for the Continuum of Care Training and Technical Assistance ($200,000); and affordable housing catalyst program $500,000).

The State Apartment Incentive Loan (SAIL) Program budgets $113 million from Guarantee Funds and appropriates $37 million for Affordable Housing Programs. Proviso language also requires 5-10% of the units within SAIL be designated for persons with special needs. A Task Force on Affordable Housing was funded ($100,000) to develop recommendations for the state’s affordable housing needs.

In addition, $75,000 was provided to the Florida Supportive Housing Coalition to train on and promote supportive housing.

The AHCA budget also included housing funding totaling $10.4 million for Medicaid treatment and housing waiver services.
APPENDIX A
2017 Bills That Passed

Alcohol Regulation

Beverage Law

This bill repeals the prohibition of requiring liquor to be sold in stand-alone retail stores. The effect is that liquor and other spirits may be sold in retail centers such as grocery stores and supercenters though a phase in period, to be completed by June 30, 2021. Other components of the bill include:

- Issuing a package store license for the sale of beer, wine, and distilled spirits for any location or business located within 1,000 feet of a public or private elementary, middle school, or secondary school.
- Prohibits the sale or display of distilled spirits in containers that are less than 200 milliliters or 6.8 ounces in any area where access is not restricted to the vendor or employees of the vendor. A business that maintains the current package store restrictions is exempt from this requirement.
- Prohibits issuance of a package store license for any location that includes a gas station unless the location of the premises consists of a minimum of 10,000 square feet of retail space for the general public.
- Authorizes a retail drug store, grocery store, department store, florist shop, specialty gift shop, or automobile service station that is licensed under the Beverage Law to employ a person under the age of 18 under supervision. However, a minor may not work during a month in which a vendor’s gross revenue from the sale of alcoholic beverages exceeds 30 percent of its total revenue.

Subject to the Governor’s veto powers, the effective date of the bill is July 1, 2017. Vote: Senate 21-17; House 58-57

Craft Distilleries
HB 141 Rep. Cyndi Stevenson (R-St. Augustine) / Sen. Greg Steube (R-Sarasota)

A “craft distillery” is a licensed distillery that produces 75,000 or fewer gallons of distilled spirits per year. Current law authorizes a craft distillery to sell branded product directly to consumers from its souvenir gift shop, subject to certain conditions and restrictions. This bill expands these provisions to allow craft distilleries to sell up to six individual containers of each branded product to a consumer in a calendar year directly to a customer from their souvenir gift shop. The bill does not change any other condition or requirement in current law relating to the direct sale of individual containers to consumers by craft distilleries.

Subject to the Governor’s veto powers, this bill will take effect upon becoming law. Vote: Senate 378-0; House 114-2

Child Safety/Child Welfare/Benefits

Child Welfare
HB 1121 Rep. Cyndi Stevenson (R-St. Augustine) / Sen. Denise Grimsley (R-Sebring)

This bill makes a number of revisions to current law to improve the care of children in the child welfare system. Most of these changes are recommended by DCF and seek to better ensure child safety. Specifically, the bill:

- Requires the state to identify a child’s father earlier in the legal process to allow for more placement
options and family involvement when a child is removed from his or her family by DCF.

- Allows DCF to return an abused or neglected child to his or her home with an in-home safety plan when the conditions that caused the child to be removed are resolved rather than when the parents have substantially completed their case plan.
- Requires DCF to consider the safety of any new children added to the home of a family after a child abuse investigation has begun.
- Requires a parent to be assessed for substance abuse and complete treatment when there is evidence of harm to a child as a result of substance abuse.
- Allows DCF to terminate parental rights when a child has been placed in out-of-home care in any jurisdiction three or more times.
- Requires DCF to develop, in collaboration with the Florida Institute for Child Welfare, service providers, and other community stakeholders, a statewide quality accountability system for providers of residential group care that promotes high quality in services and accommodations. CBCs must implement the quality accountability system by July 1, 2022. DCF must submit a report to the Governor and Legislature on October 1, 2017, and by October 1 of each year thereafter.
- Requires DCF to convene a workgroup on increasing the number of high-quality foster homes and report to the Governor and Legislature by November 15, 2017.
- Allows the dependency court to order a case plan with a permanency goal of “maintain and strengthen” in the child’s home by adding “maintain and strengthen” to the list of permanency options that a court may order and revises the definition of “permanency goal” by removing language duplicated in substantive law.
- Extends the jurisdiction of the dependency court over young adults with a disability until the age of 22, requires that a child’s transition plan must be approved by the court before a child’s 18th birthday regardless of whether the child is leaving care at 18 and requires that the transition plan must be attached to the case plan and updated before each judicial review.
- Requires the appropriate CBC or subcontracted agency to establish a multi-disciplinary team to determine appropriate placement of a child after gathering customized data and information on the child.
- Requires DCF to collect data on out-of-home placements, post the data on its website, and update the website twice a year.
- Establishes a shared family care residential services pilot program to facilitate the temporary placement of substance-exposed newborns and their families in the home of trained volunteer families for the purpose of mentoring and receiving treatment and services.
- Makes additional changes such as prohibiting payments under the Relative Caregiver Program when the parent is living with the relative along with the dependent child, allowing the release of medical records by hospitals and physicians for child abuse cases, and using child abuse records to screen employees of group homes for foster children.

The bill also makes a number of changes to laws related to children who are not involved with the child welfare system. Specifically, the bill:

- Allows certain children services councils, as independent special districts having taxing authority, to remain in existence without additional voter approval in 2020 if they were reapproved for a second time since 2005.
- Prohibits the use of state-appropriated funds to pay the salary of a CBC administrative employee in an amount that exceeds 150% of the salary paid to the secretary of DCF.
- Addresses issues related to the needs of unaccompanied homeless youth by clarifying eligibility for college and university tuition exemptions and current law relating to being able to obtain medical care without parental permission.
- Requires the initiation of an involuntary mental health examination under the Baker Act of a minor.
within 12 hours of arriving at a facility. The bill creates a task force within DCF to address the issue of involuntary examinations of children age 17 and younger.

- Establishes a technical advisory panel within the Department of Health for the purpose of developing procedures and standards for measuring outcomes of pediatric cardiac catheterization programs and pediatric open-heart surgery programs. The bill specifies the duties and composition of the panel.

If approved by the Governor, the bill takes effect July 1, 2017, except for the provisions relating to the assessment of a child removed from his or her home and placed in out-of-home care, which takes effect January 1, 2018. **Vote: Senate 38-0; House 117-0**

**Recovery Residences**

HB 329 Rep. Gayle Harrell (R-Port St. Lucie) / Sen. Dennis Baxley (R-Ocala)

CS/HB 329 relates to child visitation when a parent resides in a recovery residence, or sober home, because of a drug or alcohol addiction. The bill provides that in such cases, a court-ordered time-sharing plan may not require a minor child to visit a parent between the hours of 9 p.m. and 7 a.m. if that parent lives in a recovery residence. The bill provides as a condition of certification by the Department of Children and Families that a recovery residence may not allow a child to visit a resident parent during those hours. The bill also prohibits court-ordered visitation of a minor child to a recovery residence where a sexual predator or sexual offender resides.

If approved by the Governor, these provisions take effect July 1, 2017. **Vote: Senate 38-0; House 117-0**

**Mental Health**

**Hospital Diversion**

HB 1051 Rep. Mel Ponder (R-Panama City) / Sen. George Gainer (R-Panama City)

HB 1051 authorizes the Department of Children and Families to implement a Forensic Hospital Diversion Pilot Program in Okaloosa County in conjunction with the First Judicial Circuit. The purpose of the program is to provide competency-restoration and community-reintegration services in either a locked residential treatment facility when appropriate or a community-based facility based on consideration of public safety, the needs of the individual, and available resources.

If approved by the Governor, these provisions take effect July 1, 2017. **Vote: Senate 37-0; House 117-0**

**Law Enforcement Officer Training**


The bill requires the Florida Department of Law Enforcement to establish continued employment training relating to autism spectrum disorder. Instruction must include, but is not limited to, instruction on the recognition of the symptoms and characteristics of an individual on the autism disorder spectrum and appropriate responses to a person exhibiting such symptoms and idiosyncrasies. Completion of the training may count toward the 40 hours of required instruction for continued employment or appointment as a law enforcement officer.

If approved by the Governor, these provisions take effect October 1, 2017. **Vote: Senate 38-0; House 115-0**
Substance Abuse

Impaired Practitioner
HB 229      Rep. Cord Byrd (R-Jacksonville Beach)/ Sen. Dana Young (R-Tampa)

The bill updates the operation of the impaired practitioner program (IPP). Specifically:

- Authorizes the Department of Health (DOH) to retain one or more consultants to operate the IPP.
- Allows certain licensed practitioners to report practitioners having, or suspected of having, an impairment to a consultant rather than to the DOH. To encourage self-referral, the bill prohibits a consultant from providing information to the DOH about a self-referring participant if the consultant is not aware of a pending action against the practitioner and the participant is complying and making progress with the terms of the IPP contract, unless authorized by the participant.
- A program referral or participant must enter into a participant contract with the consultant which provides the consultant's requirements for the participant to successfully complete the IPP and monitoring plan. If a participant fails to complete, or is terminated from, or presents a danger to public health, a consultant must notify the DOH for disciplinary action.
- Authorizes the consultant to release information to a participant, referral, or legal representative of a participant or referral. If the consultant discloses information to any of the above, the participant or referral may obtain a copy of the consultant's file from either the consultant or the DOH.
- The provisions of the IPP also apply to other state agencies, medical schools, or educational institutions preparing students for licensure as a health care practitioner that contract with a consultant for IPP services.
- DOH may not refer a licensed emergency medical technician or paramedic who is employed by a governmental entity to a consultant if the practitioner has already been referred by the employer to an employee assistance program, unless the practitioner fails to satisfactorily complete the employee assistance program.
- Exempts from the denial of initial licensure or license renewal individuals who were arrested or charged with a disqualifying felony offense before July 1, 2009, when the licensure disqualification law was enacted.
- Authorizes the DOH to issue or renew the license of an individual who is convicted of or enters a plea of guilty or nolo contendere to a disqualifying felony if the applicant successfully completes a pretrial diversion program and the plea has been withdrawn or the charges have been dismissed.

If approved by the Governor, these provisions take effect upon becoming law, except where otherwise provided. Vote: Senate 37-0; House 119-0

Marchman Act/Public Records
B 886          Sen. Bobby Powell (D-West Palm Beach)/ Rep. Joe Abruzzo (D-Boca Raton)

CS/CS/SB 886 makes all pleadings and other documents, and the images of all pleadings and other documents, in court involved involuntary admissions proceedings under the Marchman Act confidential and exempt and may only be released to specified entities. The bill prevents the public from being able to inspect any documents filed with the court in involuntary admissions proceedings under the Marchman Act and prohibits the clerk of the court from publishing personal identifying information on the court docket or in publicly accessible files. Additionally, anyone who receives such records must keep them confidential. The bill provides that the exemption applies to all documents filed with a court before, on, or after July 1, 2017.

Subject to the Governor’s veto powers, the effective date of this bill is July 1, 2017. Vote: Senate 39-0; House 117-0
APPENDIX B
2017 Bills That Failed

HEALTH CARE

Alcohol Regulation

Providing/Serving Alcoholic Beverages
SB 1254  Sen. Darryl Rouson (D-St. Petersburg)
HB 983  Rep. Thad Altman (R-Viera)

These bills provided liability for injury or damage to any person who knowingly furnishes alcoholic beverages to a person, including minors, who are visibly intoxicated.

Baker Act

Involuntary Examination of Children and Adolescents
SB 1580  Sen. Audrey Gibson (D-Jacksonville)
HB 1183  Rep. David Silvers (D-West Palm Beach)

The bill required a receiving facility to initiate an involuntary examination of a minor age 10 or younger within 12 hours of arrival at the facility and complete the involuntary examination within 24 hours of arrival.

Note: The contents of this bill was amended into HB 1121, an omnibus child welfare bill that passed.

Involuntary Examinations Under the Baker Act
SB 634  Sen. Daphne Campbell (R-Miami)
HB 645  Rep. Larry Lee, Jr. (D-Port Pierce)

These bills added advanced registered nurse practitioners (ARNPs) and physician assistants (PAs) to the list of health care practitioners who may initiate an involuntary mental examination of a person under the Florida Mental Health Act.

SB 1756  Sen. Rene Garcia (R-Hialeah)

This was a large legislative package that supports the recommendations of the Supreme Court Task Force on Substance Abuse and Mental Health, making changes to involuntary examinations such as authorizing surrogates/proxies to act as decision makers as serve as the designated representative; expanding the definition of service provider's employee to include contractors; and adds PAs and ARNPs to the list of individuals who may execute a certificate to initiate an involuntary examination.

Involuntary Commitment
SB 1614  Sen. Rene Garcia (R-Hialeah)

This bill made changes to the involuntary commitment process by requiring that a petition be executed by a petitioning commission of 2-3 individuals and filed with the Agency for Persons with Disabilities.

Child Safety/Child Welfare/Benefits

TANF
SB 1392  Sen. Jack Latvala (R-Clearwater)
HB 1117  Rep. Chris Latvala (R-Clearwater)
The bill required the Department of Children and Families (DCF) to drug test applicants for Temporary Assistance for Needy Families (TANF) who have been convicted of committing or attempting to commit certain drug-related felonies within the last 10 years and who the department has reasonable suspicion is engaging in the illegal use of a controlled substance.

The bill also removed the requirement that the criteria for testing include any parent or caretaker included in the cash assistance group, that in two-parent families both parents must comply with the drug-testing and any teen parent not required to live with a parent, legal guardian or other caretaker relative must be drug-tested.

**Drinking and Driving**

**Driving or Boating Under the Influence**

HB 237 Rep. David Silvers (D-West Palm Beach)

This bill added tetrahydrocannabinol to the “Driving Under the Influence” statutes.

**Driving Under the Influence**

SB 918 Sen. David Simmons (R-Longwood)

HB 949 Rep. Cord Byrd (R-Jacksonville Beach)

These bills placed conditions on ignition interlock devices. If defendant is convicted of driving under the influence and agrees or the court orders placement of an ignition interlock device then the court must withhold adjudication if the defendant does not have a prior withholding of adjudication or adjudication of guilt for any other offense. If the defendant fails to comply with the terms of the ignition interlock device, then the court may order, among other penalties, an adjudication of guilt for the defendant.

**Housing**

**Housing Assistance**

SB 1656 Sen. Victor Torres (D-Orlando)

HB 133 Rep. Bob Cortes (R-Altamonte Springs)

This bill increased percentage of local housing distribution funds that may be used to provide rental housing from 25% to 50%.

**Task Force on Affordable Housing**

SB 854 Sen. Jeff Brandes (R-St. Petersburg)

HB 1013 Rep. Newt Newton, Sr. (D-St. Petersburg)

These bills create a 13-member task force on affordable housing to develop recommendations for Florida’s affordable housing needs that include, but are not limited to, a review of market rate developments; affordable housing developments; land use for affordable housing developments; building codes for affordable housing developments; the states’ implementation of the low-income housing tax credit; private and public sector development and construction industries; and the rental market for assisted rental housing. The task force must also include recommendations for the development of strategies and pathways for low-income housing.

*Note: While the bill did not pass, it was added in proviso language in the budget.*
Managed Care/Private Health Plans

Payment of Health Care Claims
SB 102       Sen. Greg Steube (R-Sarasota)
HB 579       Rep. Bill Hager (R-Boca Raton)

This legislation prohibited health insurers and HMOs from retroactively denying a claim, if at any time, the insurer or HMO verified the eligibility of an insured or subscriber at the time of treatment and provided an authorization number.

Prior Authorization/Fail First
SB 530       Sen. Greg Steube (R-Sarasota)
HB 877       Rep. Shawn Harrison (R-Tampa)

These bills required a health insurer/HMO to publish on its website & provide in writing, a procedure for an insured and health care provider to request an exception to a fail-first protocol and establish timeframes for the authorization/denial of protocol exception request in urgent/non-urgent care situations.

Health Information Transparency
SB 1550      Sen. Frank Artiles (R-Miami)
HB 1209      Rep. Jason Brodeur (R-Sanford)

These bills make a number of changes to managed care including:
- Extended the time for AHCA to file a claim of lien against any recovery a beneficiary receives for an illness or injury for which a third party may be legally liable from one year to three years;
- Required any entity that is legally responsible for the payment of health care services to respond within 90 days of receipt of a written proof of loss or claim for payment of health care services;
- Specified that failure to pay or deny a claim within 140 days of receipt creates an uncontestable obligation to pay such claim;
- Clarified that a beneficiary may contest the amount of reimbursement from a medical expense;
- Repealed provisions requiring AHCA to enter into cooperative agreements with OIR and the DOR related to obtaining and sharing information for third party coverage of Medicaid beneficiaries;
- Required AHCA to contract with a vendor to evaluate the health information technology identify best practices for developing data systems.

Direct Primary Care Agreements
SB 240       Sen. Tom Lee (R-Brandon)
HB 161       Rep. Danny Burgess (R-Zephyrhills)

These bills outlined a framework for direct primary care agreements; clarified that these agreements are not insurance and not subject to regulation under the Florida Insurance Code. They also exempted a primary care provider, which included a primary care group practice, or his or her agent, from any certification or licensure requirements in the Code for marketing, selling, or offering to sell an agreement.

Health Insurance
SB 528       Sen. Greg Steube (R-Sarasota)
HB 449       Rep. Paul Renner (R-Jacksonville)

The bills required certain health insurers to provide a method for an insured to request information on the contracted amount with a health care provider for certain health care services, called shoppable health care
services, and the average price for those same services. They also required insurers to post quality information on shoppable health care services and providers, if available. Upon the request of an insured, an insurer would have been required to provide within 2 working days a good faith estimate of the contracted amount for the shoppable health care service, as well as an estimate of copayments, deductibles, and other cost-sharing responsibilities. Using the information from the health insurer, if the insured obtains a shoppable health care service for less than the average price for the service, the bill required the savings to be shared by the health insurer and the insured.

**Statewide Medicaid Managed Care Program**

*SB 916* Sen. Denise Grimsley (R-Sebring)

This bill modified the Statewide Medicaid Managed Care program (SMMC) and deleted the fee-for-service reimbursement option for provider service networks (PSNs) and revised the requirements for the contents of the data book used for rate setting to be consistent with actuarial rate-setting practices and standards.

**MENTAL HEALTH**

**Law Enforcement Certification**

*SB 960* Sen. Randolph Bracy (D-Ocoee)

This bill required a law enforcement, correctional, and correctional probation officers to pass a job-related psychological evaluation performed by a mental health professional before initial employment or appointment; and required all officers to pass such psychological evaluation every 4 years as a condition of continued employment or appointment.

*SB 12 Glitch*

*SB 358* Sen. Rene Garcia (R-Hialeah)
*HB 1327* Rep. Kathleen Peters (R-St. Petersburg)

SB 358 authorized the Department of Children and Families to approve behavioral health care receiving systems, designate and monitor receiving and treatment facilities and suspend or withdraw such designation for non-compliance with the law or the department’s rules. This bill revised the reporting requirements of the managing entities for the Acute Care Services Utilization Database. The department would have been required to post certain data on its website monthly, and the court would have been required to schedule a hearing on a petition for involuntary services for substance use disorder within five court working days unless a continuance is granted.

**Miscellaneous Health Care**

**Licensure**

*SB 1120* Sen. Frank Artiles (R-Miami)

This bill shifted the licensing and regulation of substance abuse programs to the Agency for Health Care Administration, rather than the Department of Children and Families.

**Health Care Access**

*HB 7011* Health Quality Subcommittee, Rep. Cary Pigman (R-Sebring)

This bill is a retread of legislation filed in previous years. It authorized certain ARNPs to practice advanced or specialized medicine; created a framework, authorized the use of, and provided tax exemptions for use of telehealth.
Kratom
SB 424  Sen. Darryl Rouson (R-St. Petersburg)
HB 183  Rep. Kristin Jacobs (D-Coconut Creek)

This bill would have provided for a first-degree misdemeanor change for selling or delivering Kratom to minors.

Department of Management Services
SB 1540  Sen. Jeff Brandes (R-St. Petersburg)
HB 1281  Rep. Ben Albritton (R-Bartow)

These bills created the Statewide Procurement Efficiency Task Force for the purpose of evaluating the effectiveness and value of state and local procurement laws and policies to the taxpayers of the state and determining where inconsistencies in such laws and policies exist. The bill required the task force to submit a final report to the Governor, the President of the Senate, and the Speaker of the House of Representatives by July 1, 2018. Such report must, at a minimum, include recommendations for consideration by the Legislature to promote procurement efficiency, streamline procurement policies, establish best management practices, and encourage increased use of state term contracts.

JUSTICE

Adult Civil Citation
SB 448/459  Sen. Jeff Brandes (R-St. Petersburg)
HB 367/369  Rep. Scott Plakon (R-Longwood)

These bills and their linked public records exemption proposals established a framework and encourages local communities and public and private educational institutions to implement a prearrest diversion program. The bill required an adult who receives a civil citation or similar notice to report for intake and comply with requirements in order to avoid an arrest. There are bills creating public records exemptions that were linked to this legislation.

Criminal Justice Reform Task Force
SB 458  Sen. Jeff Brandes (R-St. Petersburg)
HB 387  Rep. Kathleen Peters (R-St. Petersburg)

This created a 28-member joint legislative entity called Florida Criminal Justice Reform Task Force for conducting a comprehensive review of the state’s criminal justice system, court system, and corrections system. The task force would have submitted a report of its findings, conclusions, and recommendations for proposed legislation to the President of the Senate and the Speaker of the House of Representatives by the date of convening of the 2018 Regular Legislative Session (January 9, 2018).

Sentencing

Minimum-Mandatory Departure
SB 290  Sen. Darryl Rouson (D-St. Petersburg)
HB 641  Rep. Sean Shaw (D-Tampa)
SB 834  Sen. Bobby Powell (D-West Palm Beach)
The bills created various prison diversion for certain nonviolent felony offenders including: diversion for simple possession of a controlled substance; authorized a court to depart from a mandatory minimum term of imprisonment for a nonviolent felony or misdemeanor if the court finds that specified criteria are met; reestablished a sentencing commission to provide recommendations regarding offense severity level rankings of noncapital felonies; restored a circumstance for mitigating (reducing) a sentence based on substance abuse or addiction and amenability to treatment; and created a new mitigating circumstance for certain nonviolent felony offenders.

**Controlled Substance Offenses**
SB 1436 Sen. Jeff Clemens (D-Lake Worth)
HB 731 Rep. Katie Edwards (D-Sunrise)

These bills reduced the minimum mandatory time served and fines required, as well as increased the weight thresholds for drug offenses.

**Sentencing**
SB 1068 Sen. Jeff Brandes (R-St. Petersburg)
HB 157 Rep. Danny Burgess (R-Zephyrhills)

This bill authorized a court to sentence certain offenders to county jail for up to 24 months if county has contract with the Department of Corrections.

**Recreational Marijuana**
SB 1662 Sen. Jeff Clemens (D-Lake Worth)
HB 1403 Rep. Carlos Guillermo Smith (D-Winter Park)

These bills decriminalized possession of marijuana and marijuana-related accessories.

**Post-Release Employment**

**Background Screening**
HB 31 Rep. Shevrin Jones (D-West Park)

This bill prohibited employers from excluding applicants from initial interview for employment if they have been convicted of a felony. It did not prohibit the employer from completing a background check in the hiring process.
APPENDIX C
SECTION BY SECTION SUMMARY OF HB 807

HB 807 – An Act Related to Practices of Substance Abuse Service Providers

Section 1 - Authorizes the Office of Statewide Prosecution in the Attorney General’s Office to investigate and prosecute patient brokering

Section 2 – Adds definition in 397.311 – “clinical supervisor” means a person who manages personnel who provide direct clinical treatment

Section 3 – Raises from a misdemeanor to a felony of the 3rd degree to act as a substance abuse service provider unless it is licensed or exempt from licensure

Section 4 & 5 – Renumbering of existing statute

Section 6 – As a condition of licensure:

- Adds a requirement for background screening of clinical supervisors along with all owners, directors, and chief financial officers.
- Calls for applicant to provide a comprehensive list of the proposed services including sufficient detail to evaluate compliance with clinical and treatment best practices
- Calls for applicant to supply proof of the ability to provide services in accordance with Department rules
- Allows Department to request any other information that the Department finds necessary to determine the applicant’s ability to carry out its duties under statute and applicable rules
- Applications for licensure for the first renewal must include proof of application for accreditation by an accrediting organization acceptable to the Department for each licensed service component providing clinical treatment and proof of accreditation for any subsequent renewals

Section 7 – Regarding the licensure process the Department shall:

- As part of the licensure application, ensure background screening of all owners, directors, chief financial officers, and clinical supervisors of a service provider. If the screening finds the applicant of any offense prohibited under the screening standard, a license may not be issued unless an exemption for disqualification has been granted by the Department as set forth in Chapter 435. The individual has 90 days to obtain the required exemption. The applicant’s licensure remains in effect during this time period.
- States Department may issue a probationary license only after receipt of a complete application, payment of applicable fees, and a demonstration of substantial compliance with all applicable statutory and regulatory requirements. The Department may not issue a probationary license when it would place the health, safety, or welfare of individual at risk.
- The Department may deny a renewal license application submitted fewer than 30 days before the license expires

Section 8 – Restates that background checks shall be conducted on clinical supervisors; authorizes the Department to assess employment history checks on clinical supervisors as part of background screening process

Section 9 – Renumbering of statutes
Section 10 – Establishes licensure requirements, minimum standards, and rule expectations:

- Department shall establish minimum requirements for licensure for each service component including:
  - Standards and procedures for the administrative management of licensed service component including procedures for record keeping, referrals, and financial management
  - Standards consistent with clinical and treatment best practices that ensure quality treatment
  - Number and qualifications of all personnel including management, nursing, and qualified professionals having responsibility for any part of clinical treatment. Requirements must include:
    - education and credentials such as licensure or certification, training, and supervision of personnel providing direct clinical treatment
    - Minimum staffing ratios
    - Hours of service coverage
    - The maximum number of individuals who may receive clinical services together in a group setting
    - Maximum number of licensed service providers for which a physician may serve as medical director and the total number of individuals he or she may treat in that capacity
  - Service facility standards including
    - Safety and adequacy of the facility and grounds
    - Space, furnishings, and equipment for each individual served
    - Infection control, housekeeping, sanitation, and facility maintenance
    - Meals and snacks
  - Disaster planning policies and procedures

- Department shall adopt rules that if the criteria is not met the deficiencies shall be classified according to the nature and scope of the deficiency as follows:
  - Isolated deficiency – deficiency affecting one or a very limited number of individuals involving one or a limited number of staff or situation that occurred occasionally or in a limited number of locations
  - Patterned deficiency – more than a limited number of individuals are affected or more than a limited number of staff are involved, the situation has occurred in several locations, or the same individual has been affected but the practice is not persuasive throughout the facility
  - Widespread deficiency – problems causing the deficiency are pervasive throughout the facility or represent systemic failure that affects a large portion of individuals

- Department shall publish notice of rulemaking by October 1, 2017 to address above and by January 1, 2018 publish a notice of proposed rule

- Department by December 1, 2020, shall provide report to Governor, President of the Senate, and Speaker of the House concerning the appropriateness of service component licensure related to qualifications of personnel providing clinical treatment. Report shall include complaints received regarding personnel providing direct clinical treatment, the qualifications of those staff, and the cause and number of licensure actions

Section 11 – Renumbering of statutes

Section 12 – Clarifies issues related to inspection, right of entry, and classifications of violations: ***See note

- Allows agent of Department to conduct announced or unannounced inspections of a licensed service provider
- Violations shall be classified according to nature of the violation and gravity of its effect on those receiving treatment
Class I violation – conditions or occurrences that the Department determines present an imminent danger or a substantial probability that death or serious physical/emotional harm would result – the violation shall be abated within 24 hours unless fixed period is required by Department. A fine shall be levied.

Class II violation – conditions or occurrences that Department determines directly threaten the physical or emotional health, safety, or security of an individual. A fine shall be levied.

Class III violation – conditions that the Department determines indirectly or potentially threaten the physical health, safety, or security of an individual. A fine shall be imposed unless the condition is corrected within the specified timeframe.

Class IV violation – Conditions or occurrences related to the operation or maintenance of a service component that do not threaten the health, safety, or security of an individual. A fine may not be imposed if the violation is corrected within the specified timeframe.

Section 13 – Administrative fines and licensure suspension:
- Department may impose an administrative fine for Class I, II, III, or IV violations.
- Department may impose fine not to exceed $500 for other unclassified violations which may include:
  - Violating term or condition of a license
  - Violating provision of Florida statutes or applicable rule
  - Providing services beyond the scope of a license
  - Violating a moratorium due to suspension or revocation of a license
- Department shall establish fine criteria by rule; each day of violation constitutes a separate violation and is subject to a separate fine. Fines are imposed by final order of the Department and not subject to appeal. Fines are subject to interest if not paid on time.
- Department may require a corrective action plan for violations.
- Department may impose an immediate moratorium or emergency suspension of a license. Notice of moratorium/suspension shall be posted and visible to the public at the location of the provider.
- Authorizes Department to deny, revoke or suspend license for:
  - False representation of material fact in licensure application
  - Intentional or negligent act materially affecting the health and safety of an individual receiving services from the provider
  - Violation of Florida statutes or applicable rules
  - A demonstrated pattern of deficient performance
  - Failure to immediately remove provider personnel subject to background screening who have been arrested, found guilty, or entered plea of nolo contendere and notify the Department within 2 days after such removal (excluding weekends and holidays)

Section 14 – Repeals F.S. 397.471

Section 15 – Prohibitions related to referrals to and from recovery residences:
- Licensed service provider may not make a referral or a prospective, current, or discharged patient, or accept a referral from a recovery residence unless the recovery residence is certified and the recovery residence administrator is certified.
- Above section does not apply to:
  - Licensed service provider under contract to a managing entity
  - Referrals by a recovery residence to a service provider

Section 16 – Right to Confidentiality of Individual Records
• Adds the ability of an order disclosing patient records if there is a pending criminal investigation. Current law allows for an Order to be granted in pending civil actions
  o In civil actions, individuals involved must have adequate advance notice
  o In criminal actions, upon discretion of court, Order may be granted without advance notice. All persons involved must be allowed to seek revocation or amendment to Order prior to disclosing patient records

Section 17 – Creates the section Prohibition of Deceptive Marketing Practices, prohibiting service providers, operators of recovery residences, or third parties that provide any form of advertising or marketing services to either of those entities, from engaging in deceptive, false, or misleading marketing practices. These entities cannot:
• Make or provide false or misleading statements or information about their business in marketing, advertising, media, or on their websites;
• Include on their websites false information, links, or coding or activation that provides false information or redirects to another website;
• Enter into a contract with a marketing provider who agrees to generate referrals or leads for patient placement through a call center or website. However, the entity can enter into such a contract if
  o Market provider discloses information about who they represent (including both treatment programs or recovery residences); and
  o Provide clear and concise instructions that allow the prospective patient to easily access list of licensed treatment providers and certified recovery residences on DCF website
• Clarifies that patient brokering includes entities soliciting or receiving a commission, benefit, bonus, rebate, kickback, or bribe in exchange for a patient referral or acceptance or acknowledgement of treatment. Violations for patient brokering are considered a felony offense under s. 817.505, F.S.
• Violations created in this section are punishable as first degree misdemeanors. *(Note: patient brokering is not a created offense. The felony offense statute was pulled into and clarified in Chapter 397)*

Sections 18 – 22 Amends the Florida Telemarketing Act to include entities providing substance abuse marketing services, requiring that the entities (not individuals) be licensed by DACS ($1,500 licensure fee), but exempts them from the bond, line of credit, and certificate of deposit requirement. They will be regulated and subject to discipline in the same manner as commercial telephone sellers; in addition to any civil or criminal penalties for fraudulent or deceptive practices under current law, the bill will subject them to licensure discipline for such actions.

Section 23 – Creates a section in the crimes statutes (Ch. 817) prohibiting a person to knowingly and willfully make a materially false or misleading statement with the intent to induce another to seek treatment with a particular service provider. A violation of this section is punishable as a felony of the third degree

Section 24 – Patient Brokering
• Amends patient brokering statutes (s. 817.505(1)), to add the term “benefit” to the list of things a person, health care provider, or health care facility may not offer, pay, solicit, or receive:
  o To induce the referral of a patient or patronage to or from a health care provider or facility;
  o In return for a referral of a patient or patronage to or from a health care provider or facility; or
  o In return for the acceptance or acknowledgment of treatment.
• also creates the following graduated monetary penalties and new second and first degree felony offenses for violations of s. 817.505, F.S., based upon the number of patients involved in the violation:
If fewer than 10 patients are involved, the third degree felony penalties apply and a new $50,000 fine is created by the bill; 
If 10-19 patients are involved, a new second degree felony and a $100,000 fine is created; and 
If 20 or more patients are involved, a new first degree felony and a $500,000 fine is created.

Section 25 – RICO (Racketeering Influences and Corrupt Organizations Act) is amended to add “patient brokering” to the list of crimes, thereby authorizing prosecution under the Attorney General, Office of Statewide Prosecution

Section 26 – Criminal Punishment Code: amends the Criminal Punishment Code to rank patient brokering offenses outlined in Section 24 as a Level 4, Level 6, and Level 8, for the purpose of assigning sentencing points

Sections 27 – 34 Conforms cross-references

Section 28 - Effective Date: July 1, 2017 (unless otherwise noted in the bill)

**Note** The following entities are currently subject to Class Violations under (Ch. 408)

408.802 Applicability. — The provisions of this part apply to the provision of services that require licensure as defined in this part and to the following entities licensed, registered, or certified by the agency, as described in chapters 112, 383, 390, 394, 395, 400, 429, 440, 483, and 765:

(1) Laboratories authorized to perform testing under the Drug-Free Workplace Act, as provided under ss. 112.0455 and 440.102.
(2) Birth centers, as provided under chapter 383.
(3) Abortion clinics, as provided under chapter 390.
(4) Crisis stabilization units, as provided under parts I and IV of chapter 394.
(5) Short-term residential treatment facilities, as provided under parts I and IV of chapter 394.
(6) Residential treatment facilities, as provided under part IV of chapter 394.
(7) Residential treatment centers for children and adolescents, as provided under part IV of chapter 394.
(8) Hospitals, as provided under part I of chapter 395.
(9) Ambulatory surgical centers, as provided under part I of chapter 395.
(10) Mobile surgical facilities, as provided under part I of chapter 395.
(11) Health care risk managers, as provided under part I of chapter 395.
(12) Nursing homes, as provided under part II of chapter 400.
(13) Assisted living facilities, as provided under part I of chapter 429.
(14) Home health agencies, as provided under part III of chapter 400.
(15) Nurse registries, as provided under part III of chapter 400.
(16) Companion services or homemaker services providers, as provided under part III of chapter 400.
(17) Adult day care centers, as provided under part III of chapter 429.
(18) Hospices, as provided under part IV of chapter 400.
(19) Adult family-care homes, as provided under part II of chapter 429.
(20) Homes for special services, as provided under part V of chapter 400.
(21) Transitional living facilities, as provided under part XI of chapter 400.
(22) Prescribed pediatric extended care centers, as provided under part VI of chapter 400.
(23) Home medical equipment providers, as provided under part VII of chapter 400.
(24) Intermediate care facilities for persons with developmental disabilities, as provided under part VIII of chapter 400.
(25) Health care services pools, as provided under part IX of chapter 400.
(26) Health care clinics, as provided under part X of chapter 400.
(27) Clinical laboratories, as provided under part I of chapter 483.
(28) Multiphasic health testing centers, as provided under part II of chapter 483.
(29) Organ, tissue, and eye procurement organizations, as provided under part V of chapter 765.
## APPENDIX C – The Budget

### Separated by Agency

### AGENCY FOR HEALTH CARE ADMINISTRATION

<table>
<thead>
<tr>
<th>Statewide and Local Funding</th>
<th>Line</th>
<th>Category Amount</th>
<th>Proviso Amount</th>
<th>R/NR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Special Categories</strong></td>
<td></td>
<td></td>
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<tr>
<td>SalusCare - Reach Institute Behavioral Health Services</td>
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<tr>
<td>4 positions at FQHCs</td>
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<tr>
<td>2 positions in addiction medicine</td>
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<td><strong>Fee for Service</strong></td>
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<td>From the funds in Specific Appropriation 204, the Agency for Health Care Administration shall seek federal approval for a designated state health program which allows the state to use general revenue funds expended on behavioral health services for non-Medicaid eligible individuals in the substance abuse and mental health safety net system administered by the Department of Children and Families as state match for federal funds. The Agency for Health Care Administration, in consultation with the Department of Children and Families, shall seek federal approval to use the federal funds to improve the quality of and access to behavioral health services for Medicaid and non-Medicaid eligible individuals served by either the state Medicaid program or the safety net system, as allowable. The goal for the use of funds generated by the designated state health program is to enhance long-term outcomes and improve value by increasing the use of coordinated, community-based services and supports and reducing the use of intensive services.</td>
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<td><strong>Home and Community Based Services</strong></td>
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<td>Flexible Services for persons with SMI or SUD, including but not limited to housing assistance</td>
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<td>Statewide and Local Funding</td>
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<td>Proviso Amount</td>
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<td>Family Safety: Grants and aids - Contracted Services ($3,275,000R/$100,000 TF)</td>
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<td>Mental Health: Grants and AIDS: Challenge Grant</td>
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<td>Grants and Aids: Homeless Housing</td>
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<td>Transition House - Residential Recovery for Homeless Vets</td>
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<td>Community-Based SAMH Programs: Grant program for FIT/CAT/FACT ($6.0m R/$4.0m TF)</td>
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<td>Community Action Teams</td>
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<td>SalusCare - Lee</td>
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<tr>
<td>Manatee Glens - Sarasota, Desoto</td>
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<td>Circles of Care - Brevard</td>
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<td>David Lawrence Center - Collier</td>
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<td>Child Guidance Center - Duval</td>
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<td>Institute for Child and Family Health - Dade</td>
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<td>Mental Health Care - Hillsborough</td>
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<td>Personal Enrichment Mental Health Services - Pinellas</td>
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<td>Peace River Center - Polk Highlands, Hardee</td>
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<td>COPE Center - Walton</td>
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<td>Family Preservation Services of Florida - Treasure Coast</td>
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<td>Lakeside Behavioral Healthcare - Orange</td>
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<td>Citrus Health - Dade</td>
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<td>Manatee Glens - Manatee</td>
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<td>Sinfonia - Alachua</td>
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<td>Baycare BH - Pasco</td>
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<td>Meridian BH - Alachua, Columbia, Dixie, Hamilton, Lafayette, Suwanee</td>
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<td>The Centers - Marion</td>
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<td>Grants and Aids: Community Mental Health Services</td>
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<td>Citrus Health Network</td>
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<td>Apalachee Center: Forensic Treatment Services</td>
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<td>Baker Act Services</td>
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<td>Pregnant women, mothers, and their affected families</td>
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<td>Here’s Help</td>
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<td>DACCO</td>
<td>$100,000</td>
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<td>Florida Association of Recovery Residences</td>
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<td>Grants and Aids: Central Receiving Facilities ($10,114,918 GR/$1,770,165 TF)</td>
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<td>Naltrexone Extended Release Injectable Medication (Vivitrol)</td>
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<td>State Attorney: Sober Homes Task Force</td>
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<td>David Lawrence Center</td>
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<td>Starting Point Behavioral Healthcare</td>
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<tr>
<td>Organization</td>
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<td>AGAPE: Integrated Care Team</td>
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**Children’s Therapeutic Services**

370 | $8,911,958

**Indigent Psychiatric Medication Program**

371 | $6,780,276

**Residential Treatment: Emotionally Disturbed Children and Youth**

372 | $2,201,779

**Managing Entity Administration**

373 | $21,765,157

**Grants and Aids: Fixed Capital Outlay/Gateway Community Services**

377A | $400,000

**Grants and Aids: Fixed Capital Outlay/Okaloosa County SAMH Diversion Facility**

377B | $100,000

**Grants and Aids: Fixed Capital Outlay/Henderson BH CSU**

377C | $500,000

**Grants and Aids: Fixed Capital Outlay/Fellowship House Transitional Housing**

377D | $67,000
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APPENDIX D – Budget Proviso (Statewide Programs)
Separated by Agency

AGENCY FOR HEALTH CARE ADMINISTRATION

197 SPECIAL CATEGORIES GRADUATE MEDICAL EDUCATION FROM GENERAL REVENUE FUND . . . . 37,343,740
FROM GRANTS AND DONATIONS TRUST FUND . . . . . . . 38,380,000
FROM MEDICAL CARE TRUST FUND . . . . 121,576,260

From the funds in Specific Appropriation 197, $37,343,700 from the General Revenue Fund, $38,380,000 from the Grants and Donations Trust Fund, and $121,576,260 from the Medical Care Trust Fund are provided to fund the Statewide Medicaid Residency Program and the Graduate Medical Education Startup Bonus Program. Of these funds, $80,000,000 shall be used to fund the Statewide Medicaid Residency Program in accordance with section 409.909 (3), Florida Statutes. Of these funds, $42,262,976 shall be distributed to the two hospitals with the largest number of graduate medical residents in statewide supply/demand deficit; $400,000 is provided to four positions in place during state fiscal year 2017-2018 at Federally Qualified Health Centers that hold institutional accreditation from the Accreditation Council for Graduate Medical Education, which have had those positions for a period of one year (Senate Form 2175); and $200,000 is provided for two accredited addiction medicine positions in place during state fiscal year 2017-2018 at a substance abuse treatment facility which has had those positions for a period of five years (HB 4031). The remaining funds shall be used to fund the Graduate Medical Education Startup Bonus Program in accordance with section 409.909 (5), Florida Statutes, and are provided for the following physician specialties and subspecialties, both adult and pediatric, that are in statewide supply/demand deficit: allergy or immunology; anesthesiology; cardiology; endocrinology; family medicine; general surgery; hematology; oncology; infectious diseases; nephrology; neurology; obstetrics/gynecology; ophthalmology; orthopedic surgery; otolaryngology; psychiatry; pulmonary; radiology; hematology; thoracic surgery; and urology. Funding for the Graduate Medical Education Startup Bonus Program is contingent on the non-federal share being provided through intergovernmental transfers in the Grants and Donation Trust Fund.

214 SPECIAL CATEGORIES HOME AND COMMUNITY BASED SERVICES FROM GENERAL REVENUE FUND . . 5,777,082
FROM MEDICAL CARE TRUST FUND . . . . 1,091,034,261

From the funds in Specific Appropriation 214, $4,000,000 from the General Revenue Fund and $6,422,095 from the Medical Care Trust Fund are provided for flexible services for persons with severe mental illness or substance abuse disorders, including, but not limited to, temporary housing assistance, subject to federal approval under section 409.906(13)(e), Florida Statutes.

DEPARTMENT OF CHILDREN AND FAMILIES
361A LUMP SUM COMMUNITY-BASED SUBSTANCE ABUSE AND MENTAL HEALTH PROGRAMS FROM GENERAL REVENUE FUND . . . . 6,000,000
FROM FEDERAL GRANTS TRUST FUND . . . 4,000,000

Funds provided in Specific Appropriation 361A are provided to the department for community-based behavioral health programs that address the unique needs of certain geographic areas of the state. Such programs include, but are not limited to, Florida Assertive Community Treatment (FACT) teams, Children’s Community Action Treatment (CAT) teams, and Family Intensive Treatment (FIT) teams. The department’s
determination shall be based upon those areas lacking in adequate resources and having the greatest need. The department shall submit budget amendments requesting release of these funds pursuant to the provisions of chapter 216, Florida Statutes.

363 SPECIAL CATEGORIES CHILDREN’S ACTION TEAMS FOR MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES FROM GENERAL REVENUE FUND . . . . 19,500,000

Funds provided in Specific Appropriation 363, shall be used by the Department of Children and Families to contract with the following providers for the operation of Community Action Treatment (CAT) teams that provide community-based services to children ages 11 to 21 with a mental health or co-occurring substance abuse diagnosis with any accompanying characteristics such as being at-risk for out-of-home placement as demonstrated by repeated failures at less intensive levels of care; having two or more hospitalizations or repeated failures; involvement with the Department of Juvenile Justice or multiple episodes involving law enforcement; or poor academic performance or suspensions. Children younger than 11 may be candidates if they display two or more of the aforementioned characteristics.

From the funds in Specific Appropriation 363, the following recurring base appropriation projects are funded from general revenue funds:
SalusCare (Lee Mental Health) - Lee............................ 750,000
Manatee Glens - Sarasota, Desoto............................. 750,000
Circles of Care - Brevard........................................ 750,000
Life Management Center - Bay..................................... 750,000
David Lawrence Center - Collier................................. 750,000
Child Guidance Center - Duval................................. 750,000
Institute for Child and Family Health - Miami-Dade......... 750,000
Mental Health Care - Hillsborough.............................. 750,000
Personal Enrichment Mental Health Services - Pinellas..... 750,000
Peace River Center - Polk, Highlands, Hardee............... 750,000
COPE Center - Walton............................................ 750,000
Lifstream Behavioral Center - Sumter and Lake.............. 750,000
Family Preservation Services of Florida - Treasure Coast... 750,000
Lakeside Behavioral Healthcare - Orange...................... 750,000
Citrus Health Network - Miami-Dade............................ 750,000
Manatee Glens - Manatee.......................................... 750,000
Lakeview Center - Escambia...................................... 750,000
Sinfonia - Alachua.................................................. 750,000
Baycare Behavioral Health - Pasco.............................. 750,000
Meridian Behavioral Health - Alachua, Columbia, Dixie,
   Hamilton, Lafayette, and Suwannee........................... 750,000
The Centers - Marion............................................... 750,000
Sinfonia - Palm Beach............................................. 750,000
Bridgeway Center - Okaloosa.................................... 750,000

From the funds in Specific Appropriation 363, the following projects are funded from nonrecurring general revenue funds:
Charlotte Behavioral Healthcare - Charlotte (HB 2639)...... 750,000
Halifax Health - Volusia and Flagler (HB 2699).............. 750,000
Apalachee Center - Leon, Gadsden, Wakulla (Senate Form 2267) 750,000
From the funds in Specific Appropriation 364, the nonrecurring sum of $1,000,000 from the General Revenue Fund is provided for supported employment services for individuals with mental health disorders.

From the funds in Specific Appropriation 366, the recurring sum of $10,000,000 from the General Revenue Fund shall continue to be provided for the expansion of substance abuse services for pregnant women, mothers, and their affected families. These services shall include the expansion of residential treatment, outpatient treatment with housing support, outreach, detoxification, child care and post-partum case management supporting both the mother and child consistent with recommendations from the Statewide Task Force on Prescription Drug Abuse and Newborns. Priority for services shall be given to counties with the greatest need and available treatment capacity.

From the funds in Specific Appropriation 366, the recurring sum of $9,360,000 from the General Revenue Fund is provided to implement the Family Intensive Treatment (FIT) team model that is designed to provide intensive team-based, family-focused, comprehensive services to families in the child welfare system with parental substance abuse. Treatment shall be available and provided in accordance with the indicated level of care required and providers shall meet program specifications. Funds shall be targeted to select communities with high rates of child abuse cases.

From the funds in Specific Appropriation 366, $840,000 from the General Revenue Fund shall be provided to Centerstone of Florida (recurring base appropriations project) for the operation of a Family Intensive Treatment (FIT) team.

From the funds provided in Specific Appropriation 367, the sum of $10,114,918 from the General Revenue Fund and the nonrecurring sum of $1,770,165 from the Alcohol, Drug Abuse and Mental Health Trust Fund are provided to fund centralized receiving facilities designed for individuals needing evaluation or stabilization under section 394.463 or section 397.675, Florida Statutes, or crisis services as defined in subsections 394.67(17)-(18), Florida Statutes.

From the funds provided in Specific Appropriation 367, the sum of $10,114,918 from the General Revenue Fund and the nonrecurring sum of $1,770,165 from the Alcohol, Drug Abuse and Mental Health Trust Fund are provided to fund centralized receiving facilities designed for individuals needing evaluation or stabilization under section 394.463 or section 397.675, Florida Statutes, or crisis services as defined in subsections 394.67(17)-(18), Florida Statutes.
FROM FEDERAL GRANTS TRUST FUND … 1,049,511
FROM OPERATIONS AND MAINTENANCE TRUST FUND ……….. 37,599

From the funds in Specific Appropriation 368, the recurring sum of $1,500,000 and the nonrecurring sum of $1,021,726 from the General Revenue Fund is provided to the department to contract with a nonprofit organization for the distribution and associated medical costs of naltrexone extended-release injectable medication to treat alcohol and opioid dependency (Senate Form 1470).

From the funds in Specific Appropriation 368, the nonrecurring sum of $300,000 from the General Revenue Fund is provided to the Office of the State Attorney in the Fifteenth Judicial Circuit to investigate and prosecute criminal and regulatory violations within the substance abuse treatment industry (Senate Form 2277).

JUSTICE: DEPARTMENT OF CORRECTIONS, DEPARTMENT OF JUVENILE JUSTICE, OFFICE OF THE STATE COURTS ADMINISTRATOR

755 SPECIAL CATEGORIES CONTRACTED SERVICES
FROM GENERAL REVENUE FUND … 4,493,762

From the funds in Specific Appropriation 755, $500,000 in recurring general revenue funds is provided for naltrexone extended-release injectable medication to treat alcohol and opioid dependence within the Department of Corrections (recurring base appropriations project).

755 SPECIAL CATEGORIES CONTRACTED SERVICES FROM GENERAL REVENUE FUND … 4,493,762

From the funds in Specific Appropriation 755, $500,000 in recurring general revenue funds is provided for naltrexone extended-release injectable medication to treat alcohol and opioid dependence within the Department of Corrections (recurring base appropriations project).

3187 SPECIAL CATEGORIES CONTRACTED SERVICES
FROM GENERAL REVENUE FUND … 13,729,504

From the funds in Specific Appropriation 3187, $5,000,000 in recurring general revenue funds and $2,500,000 in nonrecurring general revenue funds are provided for naltrexone extended-release injectable medication to treat alcohol- or opioid-addicted individuals involved in the criminal justice system, individuals who have a high likelihood of criminal justice involvement, or who are in court-ordered, community-based drug treatment (recurring base appropriations project; Senate Form 1470). The Office of the State Courts Administrator shall use the funds to contract with a non-profit entity for the purpose of distributing the medication.