

## HOUSE OF REPRESENTATIVES STAFF ANALYSIS

**BILL #:** PCS for CS/HB 7021 Sexually Violent Predators

**SPONSOR(S):** Judiciary Committee

**TIED BILLS:** **IDEN./SIM. BILLS:** CS/SB 524

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
Orig. Comm.: Judiciary Committee		Cunningham	Havlicak

### SUMMARY ANALYSIS

Under the Involuntary Civil Commitment of Sexually Violent Predators Act (Ryce Act), offenders convicted of specified sex offenses who are nearing the end of their criminal sentence are referred to the Department of Children and Families (DCF) and assessed by a multidisciplinary team (MDT) to determine whether they meet the clinical definition of a sexually violent predator (SVP). If, after receiving the MDT's recommendation, the state attorney decides to file a civil commitment petition, a judge must determine whether probable cause exists to believe an offender is an SVP. If so, the offender is detained at the Florida Civil Commitment Center (FCCC) until a trial is conducted. After trial, those civilly committed as SVPs are housed for treatment at FCCC, and remain confined until the court determines that they are no longer a threat to public safety.

The bill makes a variety of changes to the MDT's assessment process. Specifically, the bill:

- Requires the MDT to recommend that the state attorney file a civil commitment petition if at least two members of the MDT, after clinical evaluation, determine a person meets the definition of a SVP (currently the MDT makes such a recommendation by majority vote); and
- Provides that if the state attorney questions the MDT's determination that a person does or does not meet the definition of a SVP, the MDT must reexamine the case before a final assessment and recommendation is submitted.

The bill also contains a variety of provisions relating to the membership of the MDT and relating to DCF's training and data collection requirements. For example, the bill:

- Requires the MDT to include, but not be limited to, two licensed psychiatrists or psychologists, or one licensed psychiatrist and one licensed psychologist, and requires them to have experience in or relevant to the evaluation or treatment of persons with mental abnormalities;
- Limits contracted members of the MDT to 1-year contracts, which may be renewed;
- Requires DCF to provide annual training to the MDT on topics that include research on sexual offenses or offenders, clinical evaluation methods, and the civil commitment process;
- Requires DCF to regularly provide feedback to and annually evaluate each MDT member;
- Requires DCF to assess trends in MDT recommendations, state attorney filings, and the results of such filings, and requires state attorneys to provide information to DCF regarding filings and their results; and
- Requires DCF to maintain the following data on each case:
  - The recommendations of the clinical evaluators in their clinical evaluations;
  - The final recommendations of the MDT; and
  - The petitions filed by state attorneys and the results of those petitions

The bill also requires private and public colleges, universities, and schools to inform students and employees about FDLE's sexual predator and offender registry website and toll-free telephone number that gives access to sexual predator and offender information. The information must be provided at orientation sessions and on the websites of the colleges, universities, and schools.

The bill may have a negative fiscal impact on DCF. See fiscal section.

The bill is effective July 1, 2014.

**FULL ANALYSIS**  
**I. SUBSTANTIVE ANALYSIS**

A. EFFECT OF PROPOSED CHANGES:

**Background**

*Jimmy Ryce Act*

On September 11, 1995, nine-year-old Samuel James “Jimmy” Ryce was abducted at gunpoint as he was walking home from his school bus stop. He was sodomized and later murdered as he was attempting to escape his abductor. The abductor was convicted of Jimmy’s kidnapping, sexual assault, and murder on September 12, 1998.<sup>1</sup>

In response to this tragedy, Jimmy’s parents, Don and Claudine Ryce, lobbied for legislation that would protect society from the criminal acts of sexually violent predators. This goal was achieved on May 19, 1998, when the Jimmy Ryce Involuntary Civil Commitment for Sexually Violent Predators’ Treatment and Care Act (the “Act”) was signed into law.

The Act places sexually violent predators in the custody and control of the Department of Children and Families (DCF), which implements the Act through the Sexually Violent Predators Program (SVPP). Recently, a media outlet raised concerns about the enforcement of the Act and in particular, the screening process for determining whether an individual meets the definition of a sexually violent predator.<sup>2</sup> In response, the Act and the evaluation process for the SVPP have been reevaluated to ensure the purpose and intent of the Act is being achieved.

*Purpose and Constitutionality*

The Act was created to protect the public from sexual offenses committed by sexually violent predators while providing these individuals with long-term care and treatment.<sup>3</sup> The Act defines “sexually violent predators” as:

1. Any person who has been convicted of a sexually violent offense; and
2. Suffers from a mental abnormality or personality disorder that makes the person likely to engage in acts of sexual violence if not confined in a secure facility for long-term control, care, and treatment.<sup>4</sup>

Sexually violent predators represent a small but extremely dangerous percentage of the sexual offender population. These individuals are a clear and present danger to the public due to their mental abnormalities or personality disorders. These conditions cannot be readily addressed through existing mental illness treatment modalities due to the antisocial personality features of these individuals.<sup>5</sup> Thus, the use of civil commitment under the Baker Act is precluded as short-term care and treatment is ineffective. The Act addresses these issues by providing long-term care and treatment for sexually violent predators through involuntary civil commitment. This civil commitment continues until such time as the mental abnormality or personality disorder has been resolved such that these individuals no longer pose a menace to society.

The U.S. Supreme Court has upheld the constitutionality of involuntary civil commitment of sexually violent predators. In 1994, Kansas enacted its Sexually Violent Predator Act which permits involuntary civil commitment when there is a finding that a person suffers from a mental abnormality or personality disorder which makes the person likely to engage in repeat acts of sexual violence.<sup>6</sup> Shortly after

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<sup>1</sup> Jimmy Ryce’s abductor was executed on February 12, 2014.

<sup>2</sup> *Sex Predators Unleashed*, [Sun Sentinel](#), Sally Kestin and Dana Williams, August 18, 2013.

<sup>3</sup> Twenty states and the District of Columbia have enacted sexual offender civil commitment laws.

<sup>4</sup> Section 394.912(10), F. S. “Mental abnormality” means a mental condition affecting a person’s emotional or volitional capacity which predisposes the person to commit sexually violent offenses. Section 394.912(5), F. S.

<sup>5</sup> Section 394.10, F.S.

<sup>6</sup> Chapter 59, Article 29a, Kansas Statutes.

enactment the constitutionality of the Act was challenged on due process, double jeopardy, and ex post facto grounds in Kansas v. Hendrix.<sup>7</sup>

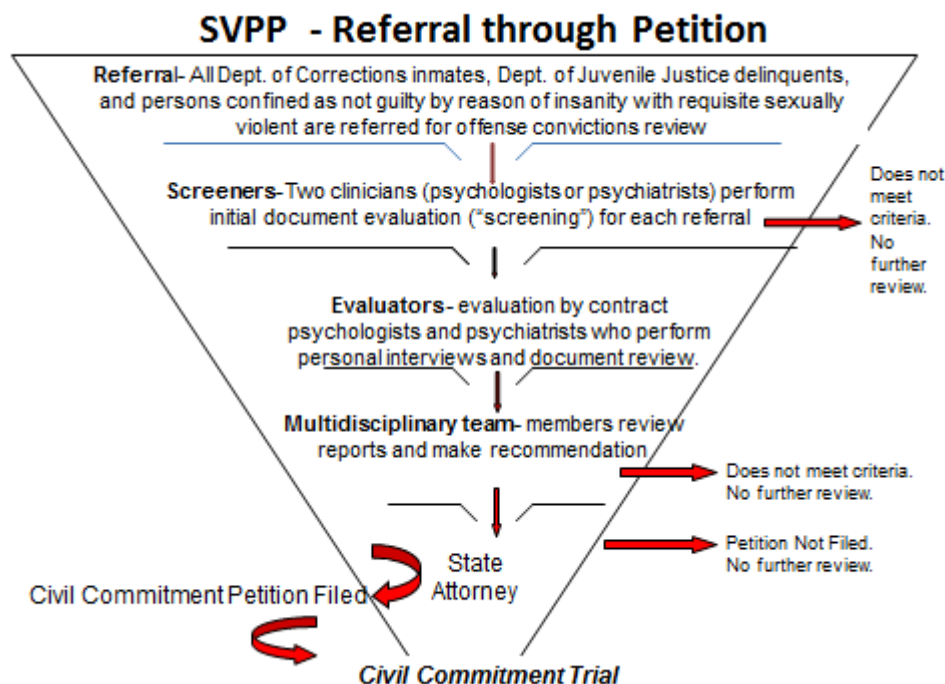
The U.S. Supreme Court acknowledged in Hendrix that a person's substantive due process rights are violated when dangerousness is the sole factor used to justify indefinite involuntary commitment. The fact that an individual has dangerous or violent tendencies does not guarantee he or she will commit a violent crime in the future. However, the Kansas Act added an additional factor of having a mental abnormality as a second requirement for involuntary civil commitment. The Court held that the Kansas Act did not violate due process because it coupled the dangerousness requirement with a mental abnormality requirement.<sup>8</sup> This is because the additional mental abnormality requirement serves to limit involuntary civil commitment to those who suffer from a volitional impairment rendering them dangerous beyond their control.<sup>9</sup> The Court also held that ex post facto and double jeopardy were inapplicable because the Kansas Act was neither criminal nor punitive in nature.<sup>10</sup>

The Jimmy Ryce Act was modeled after the Kansas Act. In 2002, the Florida Supreme Court, in Westerheide v. State, held that the Act is constitutional.<sup>11</sup>

## Present Situation

### *Sexually Violent Predator Determination*

The Act requires both a clinical and judicial determination that a person meets the criteria of a "sexually violent predator" prior to his or her involuntary civil commitment. The clinical determination is conducted by licensed psychologists and psychiatrists. If a clinical determination is established and it is recommended that a petition be filed, the matter is forwarded to the state attorney, who may then proceed with the judicial determination.



### Clinical Determination

<sup>7</sup> Kansas v. Hendrix, 521 U.S. 346 (1997).

<sup>8</sup> *Id.* at 358; Mental abnormality is a clinical determination which, in cases of involuntary civil commitment, is later confirmed through a judicial determination.

<sup>9</sup> *Id.*

<sup>10</sup> *Id.* at 361 and 369

<sup>11</sup> Westerheide v. State, 831 So.2d 93 (Fla. 2002).

The process of determining whether a person meets sexually violent predator criteria begins with the clinical determination. The clinical determination is a three-step process consisting of referral, evaluation and recommendation. The referral is made by an agency with jurisdiction over the person while the evaluation and recommendation are performed by DCF employees and contractors.

### *Referral*

The clinical evaluation begins with the referral of a person by an agency with jurisdiction.<sup>12</sup> Under the Jimmy Ryce Act the Department of Corrections (DOC), the Department of Juvenile Justice (DJJ), and the Department of Children and Families (DCF) are agencies with jurisdiction.<sup>13</sup> These agencies are required to provide written notice (known as a “referral”) to DCF and the state attorney of the circuit where that person was last convicted of a sexually violent offense<sup>14</sup> prior to the release of that person from total confinement.<sup>15</sup> DCF receives 93.5% of its referrals from DOC with DJJ and DCF contributing 3.5% and 3% respectively.<sup>16</sup> The referring agency must provide DCF with the following information:

- The person’s name; identifying characteristics; anticipated future residence; the type of supervision the person will receive in the community, if any; and the person’s offense history;
- The person’s criminal history, including police reports, victim statements, presentence investigation reports, post-sentence investigation reports, if available, and any other documents containing facts of the person’s criminal incidents or indicating whether the criminal incidents included sexual acts or were sexually motivated;
- Mental health, mental status, and medical records, including all clinical records and notes concerning the person;
- Documentation of institutional adjustment and any treatment received and, in the case of an adjudicated delinquent committed to the DJJ, copies of the most recent performance plan and performance summary; and
- If the person was returned to custody after a period of supervision, documentation of adjustment during supervision and any treatment received.<sup>17</sup>

### *Evaluation*

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<sup>12</sup> DCF receives approximately 3,000 to 3,500 referrals per year.

<sup>13</sup> Section 394.912(1), F.S.

<sup>14</sup> Pursuant to s. 394.912(9), F.S., “sexually violent offense” means:

(a) Murder of a human being while engaged in sexual battery in violation of s. 782.04(1)(a)2.;

(b) Kidnapping of a child under the age of 13 and, in the course of that offense, committing:

1. Sexual battery; or

2. A lewd, lascivious, or indecent assault or act upon or in the presence of the child;

(c) Committing the offense of false imprisonment upon a child under the age of 13 and, in the course of that offense, committing:

1. Sexual battery; or

2. A lewd, lascivious, or indecent assault or act upon or in the presence of the child;

(d) Sexual battery in violation of s. 794.011;

(e) Lewd, lascivious, or indecent assault or act upon or in presence of the child in violation of s. 800.04 or s. 847.0135(5);

(f) An attempt, criminal solicitation, or conspiracy, in violation of s. 777.04, of a sexually violent offense;

(g) Any conviction for a felony offense in effect at any time before October 1, 1998, which is comparable to a sexually violent offense under paragraphs (a)-(f) or any federal conviction or conviction in another state for a felony offense that in this state would be a sexually violent offense; or

(h) Any criminal act that, either at the time of sentencing for the offense or subsequently during civil commitment proceedings under this part, has been determined beyond a reasonable doubt to have been sexually motivated.

<sup>15</sup> Section 394.913(1). The Department of Corrections (DOC) must provide notice at least 545 days prior to the release of a person whereas the Department of Juvenile Justice (DJJ) and Department of Children and Families (DCF) must each provide notice at least 180 days prior to the release of a person from total confinement. Section 394.913(1)(a), (b) and (c). Individuals who are immediately released from confinement but who have committed a sexual offense are transferred to the custody of DCF, s. 394.9135(1). The multidisciplinary team then has 72 hours to determine if the individual meets the definition of sexually violent predator. Section 394.9135(2).

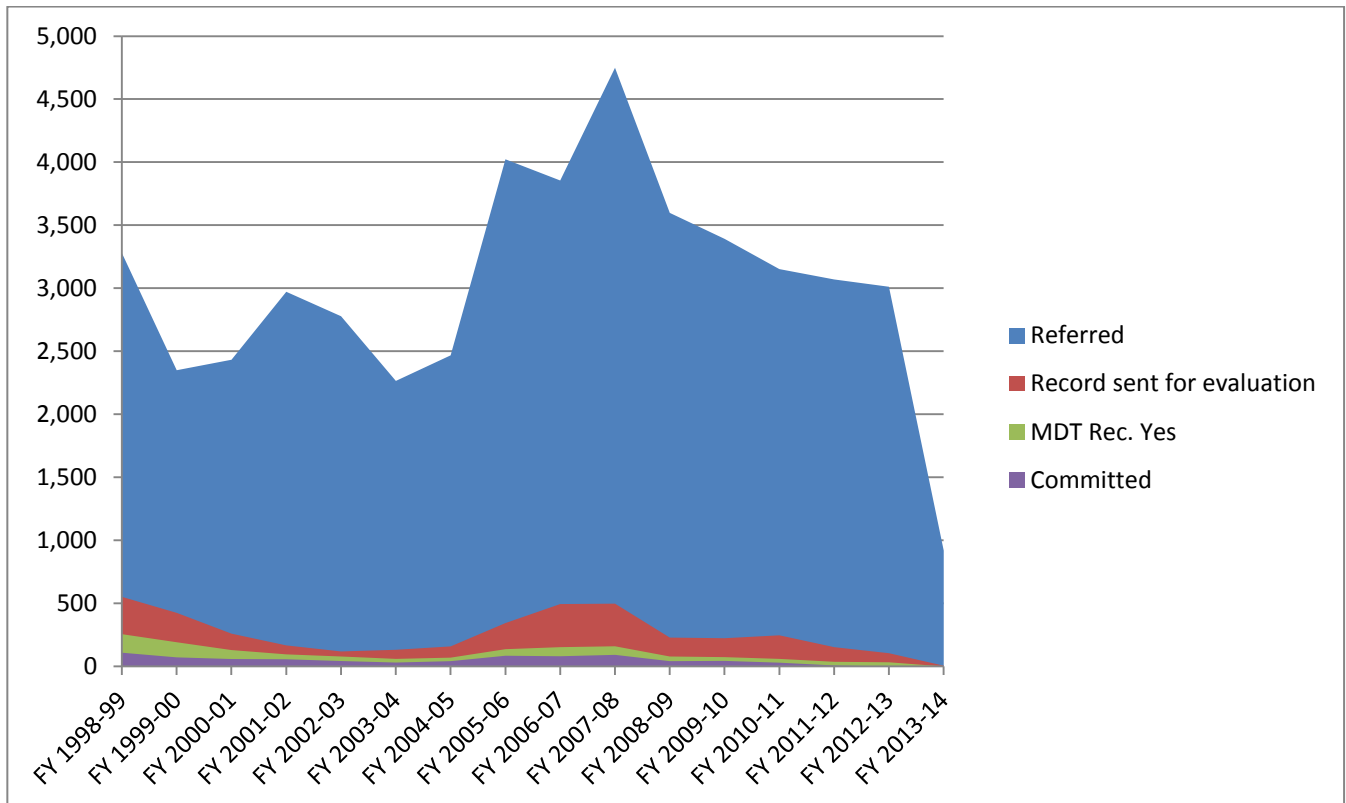
<sup>16</sup> Department of Children and Families presentation to the House of Representatives Healthy Families Subcommittee, November 5, 2013.

<sup>17</sup> Section 394.913(2) (a), (b), (c), (d) and (e).

The evaluation begins with documentation compilation by a reviewer. The reviewer (generally an individual with a master’s degree in social work or psychology) is a DCF employee tasked with compiling and summarizing all records and information regarding a particular individual. The reviewer does not evaluate or assess any of the documentation he or she compiles. Instead, once the information is compiled, the reviewer forwards it to screeners for evaluation.

The next stage is a document review of all pertinent records of the referred person. The screening is performed by licensed psychologists employed by DCF. Screeners work independently of one another, and at least two review each file. If any screener reviewing a case determines that the person may meet criteria for commitment, the case is sent on for a clinical evaluation, as described below. However, as the following chart indicates, the vast majority of the referral pool is eliminated in this stage.

**Status of Referrals to Sexually Violent Predator Program by Fiscal Year Received**<sup>18</sup>



Next, clinical evaluations are performed by evaluators who are either licensed psychologists or psychiatrists and who have contracted with DCF to perform the clinical evaluations. The clinical evaluation includes, but is not limited to, administering assessment tools (Static 99R and other similar tools), a face-to-face interview (if the referred individual cooperates), documentation review (on-site documents and documents compiled by the reviewers) and interviews with staff and personnel at the site where the person is being held. Upon completion of the evaluation, the evaluator submits his or her opinion as to whether the individual meets criteria as a sexually violent predator to the multidisciplinary team (MDT).<sup>19</sup>

The MDT is established by the Secretary of DCF or his or her designee. Each team must include, but is not limited to, two licensed psychiatrists or psychologists or one licensed psychiatrist and one licensed psychologist. The evaluation is a multi-tiered process designed to eliminate from the referral pool individuals who do not meet criteria while accurately identifying sexually violent predators.

<sup>18</sup> See footnote 16. The graph terminates at FY 11-12 because the large number of referrals with pending dispositions precludes the availability of meaningful data for FY 12-13 and FY 13-14.

<sup>19</sup> Evaluators are considered members of the MDT with their “votes” represented by the conclusions contained within the evaluation reports.

The MDT is responsible for the final evaluation and clinical determination of whether a referred person meets criteria for a sexually violent predator. The members of the MDT review all information compiled throughout the evaluation process and may request additional information as needed. The MDT meets once every two to three weeks to discuss cases and make a final determination as to whether specific individuals meet criteria for sexually violent predators. The determination is based upon a majority vote of the MDT (typically consisting of five to seven members).

### *Recommendation*

The recommendation on whether to file a petition is the final stage of the clinical determination. If the MDT finds criteria is not met, then a recommendation not to file a petition is forwarded to the state attorney and the matter is closed. However, if the MDT finds criteria are met, then a recommendation to file a petition is forwarded to the state attorney and the case enters the judicial determination phase.

### Judicial Determination

The judicial determination process begins with the filing of a petition and continues through a trial, and, if it results in a commitment, concludes with annual review.

### *Petition and Trial*

The judicial determination phase is a multi-step process which begins with the state attorney filing a petition for involuntary civil commitment.<sup>20</sup> The state attorney has discretionary authority to file a petition; however, this authority only vests if the MDT determines the referred individual meets criteria and recommends filing a petition.<sup>21</sup> If the state attorney elects to go forward with the case, he or she files a petition with the circuit court which contains factual allegations that the person is a sexually violent predator.<sup>22</sup>

Upon receipt of the petition, the judge must determine whether probable cause exists to believe that the person named in the petition is a sexually violent predator.<sup>23</sup> If the judge determines there is probable cause, an order is issued requiring the person to remain in custody and be immediately transferred to an appropriate secure facility if his or her incarcerative sentence expires.<sup>24</sup>

The court is required to conduct a trial to determine whether the referred individual is a sexually violent predator within 30 days of its determination of probable cause.<sup>25</sup> The trial is held before either a judge or a six-member jury who must determine, by clear and convincing evidence, whether a person is a sexually violent predator.<sup>26</sup> If the court or jury determines that the person is a sexually violent predator, upon the expiration of the incarcerative portion of all criminal sentences, the person is committed to the custody of DCF.<sup>27</sup> The person will remain under the control, care, and treatment of DCF until such time as his or her mental abnormality or personality disorder has so changed that it is safe for the person to be at large.<sup>28</sup>

### *Annual Review*

A person committed under the Act is required to have an examination of his or her mental condition conducted at least once every year.<sup>29</sup> The committed person is also entitled to file a petition for release

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<sup>20</sup> Approximately 1,500 petitions have been filed since the inception of the Act.

<sup>21</sup> *Harden v. State*, 932 So.2d 1152 (Fla. 3d DCA 2006) (a positive MDT assessment and recommendation is a condition precedent to the State's ability to exercise its discretion in filing a petition for involuntary commitment). Thus, without the positive finding and recommendation from the MDT, state attorneys are prohibited from filing a petition.

<sup>22</sup> Section 394.914, F.S.

<sup>23</sup> Section 394.915(1), F.S.

<sup>24</sup> *Id.* The secured facility to which the person is transferred is the Florida Civil Commitment Center.

<sup>25</sup> Section 394.916, F.S.

<sup>26</sup> Section 394.917(1), F.S.

<sup>27</sup> S. 394.917(2), F.S.

<sup>28</sup> *Id.* See also footnote 4.

<sup>29</sup> Section 394.918(1), F.S.

at any time after his or her initial commitment.<sup>30</sup> Under both scenarios, the court is required to hold a limited, non-adversarial hearing to determine whether there is probable cause to believe that:

1. The person's condition has so changed that it is safe for the person to be at large; and
2. The person will not engage in acts of sexual violence if discharged.<sup>31</sup>

The court sets a trial if it determines that there is probable cause.<sup>32</sup> At the trial, the state bears the burden of proving, by clear and convincing evidence, that the person's mental condition remains such that it is not safe for the person to be at large and that, if released, the person is likely to engage in acts of sexual violence.<sup>33</sup>

### *Florida Civil Commitment Center*

All individuals detained<sup>34</sup> or committed under the Act reside in the Florida Civil Commitment Center (FCCC) located in Arcadia, Florida. The FCCC has a capacity of approximately 720 people and houses 648 individuals as of December 2013.<sup>35</sup> The population is projected to increase at a rate of 22 persons a year with population anticipated to be 744 in FY 16-17.<sup>36</sup> Annual cost per resident is approximately \$36,500.<sup>37</sup>

Committed residents receive long-term care and treatment at the FCCC. The treatment program is not mandatory and many committed residents elect not to participate.<sup>38</sup> For those persons who participate, the treatment program consists of four phases:

- Phase I is "Preparation for Change" and takes approximately 15-18 months to complete;
- Phase II is "Awareness" and takes approximately 18-24 months to complete;
- Phase III is "Healthy Alternative Behaviors" and takes approximately 18-24 months to complete; and,
- Phase IV is "Maintenance and Comprehensive Discharge Planning" and takes approximately 6-9 months to complete.

Completion of each phase is based solely upon the individual's active participation in the treatment (i.e. an individual who has not participated will not progress to the next phase simply because that individual has been in a particular phase for a specific period of time). Additionally, an individual will not be immediately discharged upon completion of all four phases. As previously noted, the standard for discharge is that the person's condition has so changed that it is safe for the person to be at large and that the person is unlikely to engage in acts of sexual violence if discharged.<sup>39</sup>

### *Recidivism*

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<sup>30</sup> Section 394.920, F.S.

<sup>31</sup> Section 394.918(3), F.S. As this is a non-adversarial hearing only the committed person or his/her counsel may present evidence establishing probable cause. The State is prohibited from presenting any evidence which refutes the committed person's evidence.

<sup>32</sup> Section 394.918(3), F.S.

<sup>33</sup> Section 394.918(4), F.S.

<sup>34</sup> Detainees are individuals in DCF's custody who have been clinically determined to meet criteria for a sexually violent predator but have not been adjudicated as such. These individuals reside at the Center until the conclusion of their trial. However, these individuals are not provided any treatment at the Center due to the lack of adjudication.

<sup>35</sup> The overall population varies slightly from month to month based primarily upon changes in the detainee population. Last census data was provided by DCF in the *Contract #LI702 Financial Summary* of the Florida Civil Commitment Center, on file with Appropriations Committee staff.

<sup>36</sup> *Involuntary Civil Commitment of Sexually Violent Predators—History and Forecast*, Adopted at the November 20, 2013, Criminal Justice Estimating Conference, Office of Economic & Demographic Research.

<sup>37</sup> See footnote 16.

<sup>38</sup> Department of Children and Families presentation to the House of Representatives Healthy Families Subcommittee, January 8, 2014 (some of the committed residents do not begin participating in treatment until many years after their initial commitment to the Center).

<sup>39</sup> Section 394.918(4), F.S.

From 1998 to 2013, 47,846 individuals were referred to DCF for evaluation and assessment. The MDT determined that 1,611 of these individuals met criteria.<sup>40</sup> Currently, there is no recidivism data for the 46,235 individuals that the MDT determined did not meet criteria.

DCF has analyzed the recidivism of offenders who were recommended for commitment and later released. As previously noted, the Act's commitment process requires both a clinical determination and a judicial determination that a person is a sexually violent predator. Although the MDT determined the individuals in this group met the clinical criteria, for various reasons the state attorney has elected not to pursue a judicial determination. These reasons include insufficient probable cause, lack of evidence or witness testimony and other similar factors which would likely result in the judicial determination that a person does not meet criteria.

There have been 762 offenders who were recommended for commitment and subsequently released. Some were released after having been committed as sexually violent predators and receiving some level of treatment, but most were released without having been committed. These offenders comprised:

- 85 released directly from prison;
- 406 released as detainees;
- 170 released pursuant to settlement agreements; and
- 101 released after being determined as no longer meeting criteria.<sup>41</sup>

DCF analyzed arrest and conviction data for the 762 offenders and determined there had been 74 arrests for sexual offenses. These arrests resulted in 48 convictions. Thus, the average<sup>42</sup> recidivism rate for sexual offenses perpetrated by this group was 9.7% for arrests and 5.5% for convictions.<sup>43</sup>

Only 23 of the 101 released after being determined as no longer meeting criteria had completed all four phases of treatment at FCCC.<sup>44</sup> The arrest recidivism rate for this group is 8.6% (2 of 23).<sup>45</sup> However, caution must be exercised when analyzing this data for trends due to the small size of the group.

## Effect of the Bill

The bill makes a variety of changes to the MDT's assessment process. Specifically, the bill:

- Requires DCF to recommend that the state attorney file a civil commitment petition if at least two members of the MDT, after clinical evaluation, determine a person meets the definition of a sexually violent predator (currently the MDT makes such a recommendation by majority vote); and
- Provides that if the state attorney questions the MDT's determination that a person does or does not meet the definition of a sexually violent predator, the MDT must reexamine the case before a final assessment and recommendation is submitted.

The bill also contains a variety of provisions relating to the membership of the MDT and relating to DCF's training and data collections requirements. For example, s. 934.913, F.S., currently requires the MDT to include, but not be limited to, two licensed psychiatrists or psychologists, or one licensed psychiatrist and one licensed psychologist. The bill requires the licensed psychiatrists and psychologists on the MDT to have experience in or relevant to the evaluation or treatment of persons with mental abnormalities. Contracted members of the MDT are limited to 1-year contracts, which may be renewed. The bill requires DCF to provide annual training to the MDT on topics that include research on sexual offenses or offenders, clinical evaluation methods, and the civil commitment

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<sup>40</sup> See footnote 16.

<sup>41</sup> Department of Children and Families presentation to the House of Representatives Healthy Families Subcommittee, January 8, 2014.

<sup>42</sup> Amongst the four released offender groups (prison, detention, no longer meets criteria and settlement agreement) the recidivism rate for arrests ranged from 6.9% to 11.3% and from 3.5% to 8.1% for convictions.

<sup>43</sup> See footnote 43. As a matter of comparison, Texas, Washington and California have recidivism rates of .8%, 25.2% and 6.5%, respectively.

<sup>44</sup> See footnote 16.

<sup>45</sup> *Id.*



process. DCF is also required to regularly provide feedback to and annually evaluate each MDT member. Such evaluation must include:

- Scope of knowledge and understanding of clinical research regarding risk factors for sexual deviance and recidivism;
- Ability to identify relevant clinical data from a review of criminal records and other data, including law enforcement recommendations and insights from victim advocates; and
- Ability to apply clinical information in a structured assessment of both static risk factors and dynamic predictors of recidivism.

The bill requires DCF to maintain the following data on each case:

- The recommendations of the clinical evaluators in their clinical evaluations;
- The final recommendations of the MDT; and
- The petitions filed by state attorneys and the results of those petitions.

DCF must also analyze, at least annually, this data to assess inter-rater reliability between clinical evaluators and the level of agreement between an individual evaluator's recommendation and the MDT's recommendation for the same individual. The bill requires DCF to assess trends in MDT recommendations, state attorney filings, and the results of such filings, and requires state attorneys to provide information to DCF regarding filings and their results.

### **Timeframes - Notice to the State Attorney**

Once the MDT receives notice from DOC, DJJ, or DCF that a person convicted of a sexually violent offense is nearing release, the MDT must, within 180 days after receiving notice, assess the person to determine whether he or she meets the clinical definition of a sexually violent predator. The MDT's assessment and recommendation must be provided to the state attorney. In cases where an assessment and recommendation have not been completed at least 365 days before a person's release, DCF must prioritize the assessment based upon the person's release date.

### **Effect of the Bill**

The bill eliminates the requirement that the MDT provide an assessment and recommendation to the state attorney within 180 days of receiving notice that a person convicted of a sexually violent offense is nearing release. Instead, the bill requires the MDT to prioritize the assessment and recommendation based upon the person's release date. However, the MDT must provide the assessment and recommendation to the state attorney at least one month before a person's scheduled release date (if all clinical evaluations have been completed and the referral date is at least 90 days before the person's scheduled release date). If the referral date is less than 90 days before the person's scheduled release date, the assessment and recommendation must be provided as soon as practicable.

### **Sexual Predator and Offender Notification**

As part of the registration process, sexual predators and offenders who are enrolled, employed, or carrying on a vocation at an institution of higher education<sup>46</sup> must provide the sheriff's office the name, address, and county of each institution, including each campus attended, and the sexual offender's or predator's enrollment or employment status.<sup>47</sup> Each change in enrollment or employment status must be reported in person at the sheriff's office, within 48 hours after any change in status.<sup>48</sup> The sheriff is required to promptly notify each institution of the sexual offender's or predator's presence and any change in enrollment or employment status.<sup>49</sup>

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<sup>46</sup> Sections 775.21(2)(j) and 943.0435(1)(d), F.S., define the term "institution of higher education" as a career center, community college, college, state university, or independent postsecondary institution.

<sup>47</sup> Section 775.21(6)(a)1.b. and 943.0435(2)(b)2., F.S.

<sup>48</sup> *Id.*

<sup>49</sup> *Id.*

In addition to the above requirements, the federal Campus Sex Crimes Prevention Act<sup>50</sup> requires colleges and universities to issue a statement advising the campus community where state law enforcement agency information concerning registered sexual predators and offenders may be obtained. There is no similar requirement in Florida law. However, in October, 2013, the Florida Department of Law Enforcement (FDLE) created a new search on Florida's Sex Offender Registry that allows citizens to look for sex offenders who are working, living or going to school on college campuses and institutions of higher learning throughout Florida.<sup>51</sup>

#### Effect of the Bill

The bill requires private and public colleges, universities, and schools to inform students and employees about FDLE's sexual predator and offender registry website and toll-free telephone number that gives access to sexual predator and offender information. The information must be provided at orientation sessions and on the websites of the colleges, universities, and schools.

#### B. SECTION DIRECTORY:

Section 1. Cites the act as the "Protecting Our Children and Adults from Sexual Predators Act."

Section 2. Amends s. 394.913, F.S., relating to notice to state attorney and multidisciplinary team of release of sexually violent predator; establishing multidisciplinary teams; information to be provided to multidisciplinary teams.

Section 3. Creates s. 1005.10, F.S., relating to sexual predator and sexual offender notification; nonpublic colleges, universities, and schools.

Section 4. Creates s. 1006.695, F.S., relating to sexual predator and sexual offender notification; public colleges, universities, and schools.

Section 5. Providing an effective date of July 1, 2014.

## II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

#### A. FISCAL IMPACT ON STATE GOVERNMENT:

##### 1. Revenues:

The bill does not appear to have any impact on state government revenues.

##### 2. Expenditures:

The bill could increase the number of persons referred to DCF's Sexually Violent Predator Program (SVPP) and the program's costs by an indeterminate amount. To the extent that only two members of the multidisciplinary team must find that a person meets the definition of a sexually violent predator, the number of cases referred to the state attorney for civil commitment proceedings could increase by an indeterminate amount. There will also be costs associated with the bill's annual training and evaluation requirements.

The bill is not expected to have an impact on the prison bed population.

The Board of Governors of the State University System of Florida (BOG) reports that the requirement to inform students about FDLE's sexual offender registry and phone number at

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<sup>50</sup> 20 U.S.C. 19(f)(1)(I).

<sup>51</sup> <http://www.fdle.state.fl.us/Content/News/2013/October/Florida-Sex-Offender-Registry-unveils-new-campus-s.aspx> (last visited on February 26, 2014).

orientation will not have a fiscal impact.<sup>52</sup> The cost of placing this information on college and university web sites will likely be absorbed within existing resources.

**B. FISCAL IMPACT ON LOCAL GOVERNMENTS:**

1. Revenues:

The bill does not appear to have any impact on local government revenues.

2. Expenditures:

The bill does not appear to have any impact on local government expenditures.

**C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:**

None.

**D. FISCAL COMMENTS:**

None.

**III. COMMENTS**

**A. CONSTITUTIONAL ISSUES:**

1. Applicability of Municipality/County Mandates Provision:

The bill does not appear to require counties or municipalities to take action requiring the expenditure of funds, reduce the authority that counties or municipalities have to raise revenue in the aggregate, nor reduce the percentage of state tax shared with counties or municipalities.

2. Other:

None.

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<sup>52</sup> Board of Governors, State University System of Florida, *2014 Legislative Bill Analysis* (January 13, 2014) (on file with the Criminal Justice Subcommittee).

## B. RULE-MAKING AUTHORITY:

Section 394.930, F.S., requires DCF to adopt rules for:

- Procedures that must be followed by members of the MDT when assessing and evaluating persons;
- Education and training requirements for members of the MDT and professionals who assess and evaluate persons;
- The criteria that must exist in order for the MDT to recommend to a state attorney that a petition should be filed to involuntarily commit a person;
- The designation of secure facilities for sexually violent predators who are subject to involuntary commitment;
- The components of the basic treatment plan for all committed persons; and
- The protocol to inform a person that he or she is being examined to determine whether he or she is a sexually violent predator.

The bill does not appear to create a need for additional rulemaking or rulemaking authority.

## C. DRAFTING ISSUES OR OTHER COMMENTS:

The bill creates ss. 1005.10 and 1006.695, F.S., to require private and public colleges, universities, and schools to inform students and employees about FDLE's sexual predator and offender registry website and toll-free telephone number that gives access to sexual predator and offender information. While the terms "college," "university," and "school" are defined for purposes of ch. 1005, F.S., these terms are not defined for purposes of ch. 1006, F.S. As such, the term "school" could be interpreted to include K-12 institutions.

## IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES