

574-139X-08

Bill No. HB 1991

Amendment No. \_\_\_\_ (for drafter's use only)

<u>Senate</u>	CHAMBER ACTION	<u>House</u>
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ORIGINAL STAMP BELOW

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Representative(s) Lacasa offered the following:

**Amendment (with title amendment)**

Remove from the bill: Everything after the enacting clause  
and insert in lieu thereof:

Section 1. Section 394.490, Florida Statutes, is  
created to read:

394.490 Short title.--Sections 394.490-394.497 may be  
cited as the "Comprehensive Child and Adolescent Mental Health  
Services Act."

Section 2. Section 394.491, Florida Statutes, is  
created to read:

394.491 Guiding principles for the child and  
adolescent mental health treatment and support system.--It is  
the intent of the Legislature that the following principles  
guide the development and implementation of the publicly  
funded child and adolescent mental health treatment and  
support system:

(1) The system should be centered on the child,  
adolescent, and family, with the needs and strengths of the

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1 child or adolescent and his or her family dictating the types  
2 and mix of services provided.

3 (2) The families and surrogate families of children  
4 and adolescents, including, but not limited to, foster  
5 parents, should be active participants in all aspects of  
6 planning, selecting, and delivering mental health treatment  
7 services at the local level, as well as in developing  
8 statewide policies for child and adolescent mental health  
9 services.

10 (3) The system of care should be community-based, with  
11 accountability, the location of services, and the  
12 responsibility for management and decisionmaking resting at  
13 the local level.

14 (4) The system should provide timely access to a  
15 comprehensive array of cost-effective mental health treatment  
16 and support services.

17 (5) Children and adolescents who receive services  
18 should receive individualized services, guided by an  
19 individualized service plan, in accordance with the unique  
20 needs and strengths of each child or adolescent and his or her  
21 family.

22 (6) Through an appropriate screening and assessment  
23 process, treatment and support systems should identify, as  
24 early as possible, children and adolescents who are in need of  
25 mental health services and should target known risk factors.

26 (7) Children and adolescents should receive services  
27 within the least restrictive and most normal environment that  
28 is clinically appropriate for the service needs of the child  
29 or adolescent.

30 (8) Mental health programs and services should support  
31 and strengthen families so that the family can more adequately

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1 meet the mental health needs of the family's child or  
2 adolescent.

3 (9) Children and adolescents should receive services  
4 that are integrated and linked with schools, residential  
5 child-caring agencies, and other child-related agencies and  
6 programs.

7 (10) Services must be delivered in a coordinated  
8 manner so that a child or adolescent can move through the  
9 system of services in accordance with the changing needs of  
10 the child or adolescent.

11 (11) The delivery of comprehensive child and  
12 adolescent mental health services must enhance the likelihood  
13 of positive outcomes and contribute to the child's or  
14 adolescent's ability to function effectively at home, at  
15 school, and in the community.

16 (12) An older adolescent should be provided with the  
17 necessary supports and skills in preparation for coping with  
18 life as a young adult.

19 (13) An adolescent should be assured a smooth  
20 transition to the adult mental health system for continuing  
21 age-appropriate treatment services.

22 (14) Community-based networks must educate people to  
23 recognize emotional disturbances in children and adolescents  
24 and provide information for obtaining access to appropriate  
25 treatment and support services.

26 (15) Mental health services for children and  
27 adolescents must be provided in a sensitive manner that is  
28 responsive to cultural and gender differences and special  
29 needs. Mental health services must be provided without regard  
30 to race, religion, national origin, gender, physical  
31 disability, or other characteristics.

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1 Section 3. Section 394.492, Florida Statutes, is  
2 created to read:

3 394.492 Definitions.--As used in ss. 394.490-394.497,  
4 the term:

5 (1) "Adolescent" means a person who is at least 13  
6 years of age but under 18 years of age.

7 (2) "Case manager" means a person who is responsible  
8 for participating in the development of and implementing a  
9 services plan, linking service providers to a child or  
10 adolescent and his or her family, monitoring the delivery of  
11 services, providing advocacy services, and collecting  
12 information to determine the effect of services and treatment.

13 (3) "Child" means a person from birth until the  
14 person's 13th birthday.

15 (4) "Child or adolescent at risk of emotional  
16 disturbance" means a person under 18 years of age who has an  
17 increased likelihood of becoming emotionally disturbed because  
18 of risk factors that include, but are not limited to:

19 (a) Being homeless.

20 (b) Having a family history of mental illness.

21 (c) Being physically or sexually abused or neglected.

22 (d) Abusing alcohol or other substances.

23 (e) Being infected with human immunodeficiency virus  
24 (HIV).

25 (f) Having a chronic and serious physical illness.

26 (g) Having been exposed to domestic violence.

27 (h) Having multiple out-of-home placements.

28 (5) "Child or adolescent who has an emotional  
29 disturbance" means a person under 18 years of age who is  
30 diagnosed with a mental, emotional, or behavioral disorder of  
31 sufficient duration to meet one of the diagnostic categories

1 specified in the most recent edition of the Diagnostic and  
 2 Statistical Manual of the American Psychiatric Association,  
 3 but who does not exhibit behaviors that substantially  
 4 interfere with or limit his or her role or ability to function  
 5 in the family, school, or community. The emotional disturbance  
 6 must not be considered to be a temporary response to a  
 7 stressful situation. The term does not include a child or  
 8 adolescent who meets the criteria for involuntary placement  
 9 under s. 394.467(1).

10 (6) "Child or adolescent who has a serious emotional  
 11 disturbance or mental illness" means a person under 18 years  
 12 of age who:

13 (a) Is diagnosed as having a mental, emotional, or  
 14 behavioral disorder that meets one of the diagnostic  
 15 categories specified in the most recent edition of the  
 16 Diagnostic and Statistical Manual of Mental Disorders of the  
 17 American Psychiatric Association; and

18 (b) Exhibits behaviors that substantially interfere  
 19 with or limit his or her role or ability to function in the  
 20 family, school, or community, which behaviors are not  
 21 considered to be a temporary response to a stressful  
 22 situation.

23  
 24 The term includes a child or adolescent who meets the criteria  
 25 for involuntary placement under s. 394.467(1).

26 (7) "Child or adolescent who is experiencing an acute  
 27 mental or emotional crisis" means a child or adolescent who  
 28 experiences an acute mental or emotional problem and includes  
 29 a child or adolescent who meets the criteria for involuntary  
 30 examination specified in s. 394.463(1).

31 (8) "Department" means the Department of Children and

1 Family Services.

2 Section 4. Section 394.493, Florida Statutes, is  
3 created to read:

4 394.493 Target populations for child and adolescent  
5 mental health services funded through the department.--

6 (1) The child and adolescent mental health system of  
7 care funded through the Department of Children and Family  
8 Services shall serve, to the extent that resources are  
9 available, the following groups of children and adolescents  
10 who reside with their parents or legal guardians or who are  
11 placed in state custody:

12 (a) Children and adolescents who are experiencing an  
13 acute mental or emotional crisis.

14 (b) Children and adolescents who have a serious  
15 emotional disturbance or mental illness.

16 (c) Children and adolescents who have an emotional  
17 disturbance.

18 (d) Children and adolescents who are at risk of  
19 emotional disturbance.

20 (2) Each mental health provider under contract with  
21 the department to provide mental health services to the target  
22 population shall collect fees from the parent or legal  
23 guardian of the child or adolescent receiving services. The  
24 fees shall be based on a sliding fee scale for families whose  
25 net family income is between 100 percent and 200 percent of  
26 the Federal Poverty Income Guidelines. The department shall  
27 adopt, by rule, a sliding fee scale for statewide  
28 implementation. A family whose net family income is 200  
29 percent or more above the Federal Poverty Income Guidelines is  
30 responsible for paying the cost of services. Fees collected  
31 from families shall be retained in the service district and

1 used for expanding child and adolescent mental health  
2 treatment services.

3 (3) Each child or adolescent who meets the target  
4 population criteria of this section shall be served to the  
5 extent possible within available resources and consistent with  
6 the portion of the district alcohol, drug abuse, and mental  
7 health plan specified in s. 394.75 which pertains to child and  
8 adolescent mental health services.

9 Section 5. Section 394.494, Florida Statutes, is  
10 created to read:

11 394.494 General performance outcomes for the child and  
12 adolescent mental health treatment and support system.--

13 (1) It is the intent of the Legislature that the child  
14 and adolescent mental health treatment and support system  
15 achieve the following performance outcomes within the target  
16 populations who are eligible for services:

17 (a) Stabilization or improvement of the emotional  
18 condition or behavior of the child or adolescent, as evidenced  
19 by resolving the presented problems and symptoms of the  
20 serious emotional disturbance recorded in the initial  
21 assessment.

22 (b) Stabilization or improvement of the behavior or  
23 condition of the child or adolescent with respect to the  
24 family, so that the child or adolescent can function in the  
25 family with minimum appropriate supports.

26 (c) Stabilization or improvement of the behavior or  
27 condition of the child or adolescent with respect to school,  
28 so that the child can function in the school with minimum  
29 appropriate supports.

30 (d) Stabilization or improvement of the behavior or  
31 condition of the child or adolescent with respect to the way

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1 he or she interacts in the community, so that the child or  
2 adolescent can avoid behaviors that may be attributable to the  
3 emotional disturbance, such as substance abuse, unintended  
4 pregnancy, delinquency, sexually transmitted diseases, and  
5 other negative consequences.

6 (2) Annually, pursuant to s. 216.0166, the department  
7 shall develop more specific performance outcomes and  
8 performance measures to assess the performance of the child  
9 and adolescent mental health treatment and support system in  
10 achieving the intent of this section.

11 Section 6. Section 394.495, Florida Statutes, is  
12 created to read:

13 394.495 Child and adolescent mental health system of  
14 care; programs and services.--

15 (1) The department shall establish, within available  
16 resources, an array of services to meet the individualized  
17 service and treatment needs of children and adolescents who  
18 are members of the target populations specified in s. 394.493,  
19 and of their families. It is the intent of the Legislature  
20 that a child or adolescent may not be admitted to a state  
21 mental health facility and such a facility may not be included  
22 within the array of services.

23 (2) The array of services must include assessment  
24 services that provide a professional interpretation of the  
25 nature of the problems of the child or adolescent and his or  
26 her family; family issues that may impact the problems;  
27 additional factors that contribute to the problems; and the  
28 assets, strengths, and resources of the child or adolescent  
29 and his or her family. The assessment services to be provided  
30 shall be determined by the clinical needs of each child or  
31 adolescent. Assessment services include, but are not limited

1 to, evaluation and screening in the following areas:

2 (a) Physical and mental health for purposes of  
3 identifying medical and psychiatric problems.

4 (b) Psychological functioning, as determined through a  
5 battery of psychological tests.

6 (c) Intelligence and academic achievement.

7 (d) Social and behavioral functioning.

8 (e) Family functioning.

9  
10 The assessment for academic achievement is the financial  
11 responsibility of the school district. The department shall  
12 cooperate with other state agencies and the school district to  
13 avoid duplicating assessment services.

14 (3) Assessments must be performed by:

15 (a) A professional as defined in s. 394.455(2), (4),  
16 (21), (23), or (24);

17 (b) A professional licensed under chapter 491; or

18 (c) A person who is under the direct supervision of a  
19 professional as defined in s. 394.455(2), (4), (21), (23), or  
20 (24) or a professional licensed under chapter 491.

21  
22 The department shall adopt by rule statewide standards for  
23 mental health assessments, which must be based on current  
24 relevant professional and accreditation standards.

25 (4) The array of services may include, but is not  
26 limited to:

27 (a) Prevention services.

28 (b) Home-based services.

29 (c) School-based services.

30 (d) Family therapy.

31 (e) Family support.

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- 1       (f) Respite services.
- 2       (g) Outpatient treatment.
- 3       (h) Day treatment.
- 4       (i) Crisis stabilization.
- 5       (j) Therapeutic foster care.
- 6       (k) Residential treatment.
- 7       (l) Inpatient hospitalization.
- 8       (m) Case management.
- 9       (n) Services for victims of sex offenses.
- 10      (o) Transitional services.
- 11      (5) In order to enhance collaboration between agencies
- 12 and to facilitate the provision of services by the child and
- 13 adolescent mental health treatment and support system and the
- 14 school district, the local child and adolescent mental health
- 15 system of care shall include the local educational multiagency
- 16 network for severely emotionally disturbed students specified
- 17 in s. 230.2317.
- 18           Section 7. Section 394.496, Florida Statutes, is
- 19 created to read:
- 20           394.496 Service planning.--
- 21           (1) It is the intent of the Legislature that the
- 22 service planning process:
- 23           (a) Focus on individualized treatment and the service
- 24 needs of the child or adolescent.
- 25           (b) Concentrate on the service needs of the family and
- 26 individual family members of the child's or adolescent's
- 27 family.
- 28           (c) Involve appropriate family members and pertinent
- 29 community-based health, education, and social agencies.
- 30           (2) The principals of the service planning process
- 31 shall:

- 1       (a) Assist the family and other caregivers in
- 2 developing and implementing a workable services plan for
- 3 treating the mental health problems of the child or
- 4 adolescent.
- 5       (b) Use all available resources in the community,
- 6 particularly informal support services, which will assist in
- 7 carrying out the goals and objectives of the services plan.
- 8       (c) Maintain the child or adolescent in the most
- 9 normal environment possible, as close to home as possible; and
- 10 maintain the child in a stable school placement, which is
- 11 consistent with the child's or adolescent's and other
- 12 students' need for safety, if the child is removed from home
- 13 and placed in state custody.
- 14       (d) Ensure the ability and likelihood of family
- 15 participation in the treatment of the child or adolescent, as
- 16 well as enhancing family independence by building on family
- 17 strengths and assets.
- 18       (3) The services plan must include:
- 19       (a) A behavioral description of the problem being
- 20 addressed.
- 21       (b) A description of the services or treatment to be
- 22 provided to the child or adolescent and his or her family
- 23 which address the identified problem, including:
- 24           1. The type of services or treatment.
- 25           2. The frequency and duration of services or
- 26 treatment.
- 27           3. The location at which the services or treatment are
- 28 to be provided.
- 29           4. The name of each accountable provider of services
- 30 or treatment.
- 31       (c) A description of the measurable objectives of

1 treatment, which, if met, will result in measurable  
2 improvements of the condition of the child or adolescent, as  
3 specified in s. 394.494.

4 (4) For students who are served by exceptional-student  
5 education, there must be consistency between the services  
6 prescribed in the service plan and the components of the  
7 individual education plan.

8 (5) The department shall adopt by rule criteria for  
9 determining when a child or adolescent who receives mental  
10 health services under ss. 394.490-394.497 must have an  
11 individualized services plan.

12 (6) A professional as defined in s. 394.455(2), (4),  
13 (21), (23), or (24) or a professional licensed under chapter  
14 491 must be included among those persons developing the  
15 services plan.

16 (7) The services plan shall be developed in conference  
17 with the parent or legal guardian. If the parent or legal  
18 guardian believes that the services plan is inadequate, the  
19 parent or legal guardian may request that the department or  
20 its designee review and make recommended changes to the plan.

21 (8) The services plan shall be reviewed at least every  
22 90 days for programmatic and financial compliance.

23 Section 8. Section 394.497, Florida Statutes, is  
24 created to read:

25 394.497 Case management services.--

26 (1) As used in this section, the term "case  
27 management" means those activities aimed at:

28 (a) Developing and implementing a services plan  
29 specified in s. 394.496.

30 (b) Providing advocacy services.

31 (c) Linking service providers to a child or adolescent

1 and his or her family.

2 (d) Monitoring the delivery of services.

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

5 (2) The department shall adopt by rule criteria that  
6 define the target population who shall be assigned case  
7 managers. The department shall develop standards for case  
8 management services and procedures for appointing case  
9 managers. It is the intent of the Legislature that case  
10 management services not be duplicated or fragmented and that  
11 such services promote the continuity and stability of a case  
12 manager assigned to a child or adolescent and his or her  
13 family.

14 Section 9. Child and Adolescent Interagency System of  
15 Care Demonstration Models.--

16 (1) CREATION.--There is created the Child and  
17 Adolescent Interagency System of Care Demonstration Models to  
18 operate for 3 years for children and adolescents who have a  
19 serious emotional disturbance and for the families of such  
20 children and adolescents. It is the intent of the Legislature  
21 to encourage the Department of Children and Family Services,  
22 the Agency for Health Care Administration, the Department of  
23 Education, the Department of Health, the Department of  
24 Juvenile Justice, local governments, and any other interested  
25 public or private source to enter into a partnership agreement  
26 to provide a locally organized system of care for children and  
27 adolescents who have a serious emotional disturbance and for  
28 the families of such children and adolescents. A demonstration  
29 model must be provided within existing funds, center on the  
30 client and his or her family, promote the integration and  
31 coordination of services, provide for accountable outcomes,

1 and emphasize the provision of services in the least  
 2 restrictive setting that is clinically appropriate to the  
 3 needs of the child or adolescent. Participation in the  
 4 partnership agreement does not divest any public or private  
 5 agency of its responsibility for a child or adolescent but  
 6 allows these agencies to better meet the needs of the child or  
 7 adolescent through shared resources.

8       (2) GOALS.--The goal of the Child and Adolescent  
 9 Interagency System of Care Demonstration Models is to provide  
 10 a design for an effective interagency strategy for delivering  
 11 services to children and adolescents who have a serious  
 12 emotional disturbance and for the families of such children  
 13 and adolescents. In addition to the guiding principles  
 14 specified in s. 394.491, Florida Statutes, and the principles  
 15 for service planning specified in s. 394.496(2), Florida  
 16 Statutes, the goal of the strategy is to:

17       (a) Enhance and expedite services to the seriously  
 18 emotionally disturbed children and adolescents who choose to  
 19 be served under the strategies of the demonstration model.

20       (b) Refine the process of case management using the  
 21 strengths approach in assessment and service planning and  
 22 eliminating duplication of the case management function.

23       (c) Employ natural supports in the family and the  
 24 community to help meet the service needs of the child or  
 25 adolescent who has a serious emotional disturbance.

26       (d) Improve interagency planning efforts through  
 27 greater collaboration between public and private  
 28 community-based agencies.

29       (e) Test creative and flexible strategies for  
 30 financing the care of children and adolescents who have a  
 31 serious emotional disturbance.

1           (f) Share pertinent information about the child or  
2 adolescent among appropriate community agencies.

3  
4 Except as otherwise specified, the demonstration models must  
5 comply with the requirements of ss. 394.490-394.497, Florida  
6 Statutes.

7           (3) MODEL ENHANCEMENTS.--

8           (a) The Legislature finds that strict reimbursement  
9 categories do not typically allow flexible funding for  
10 purchasing the formal and informal services that are needed by  
11 children and adolescents who have a serious emotional  
12 disturbance and who have particularly complex needs for  
13 services. Therefore, each demonstration model shall be  
14 governed by a multiagency consortium of state and county  
15 agencies and may use an integrated blend of state, federal,  
16 and local funds to purchase individualized treatment and  
17 support services for children and adolescents who have a  
18 serious emotional disturbance, based on client need rather  
19 than on traditional services limited to narrowly defined cost  
20 centers or appropriation categories.

21           (b) The local consortium of purchasers is responsible  
22 for designing a well-defined care management system and  
23 network of experienced mental health providers in order to  
24 achieve delineated client outcomes.

25           (c) The purpose of the demonstration models is to  
26 enhance the holistic concepts of mental health care by serving  
27 the total needs of the child or adolescent through an  
28 individualized services plan.

29           (d) Notwithstanding chapter 216, Florida Statutes, the  
30 organized system of care implemented through the demonstration  
31 models may expend funds for services without any categorical

1 restraints and shall provide for budget and program  
 2 accountability and for fiscal management using generally  
 3 accepted business practices pursuant to the direction of the  
 4 multiagency oversight body. Funds shall be allocated so as to  
 5 allow the local purchasing entity to provide the most  
 6 appropriate care and treatment to the child or adolescent,  
 7 including a range of traditional and nontraditional services  
 8 in the least restrictive setting that is clinically  
 9 appropriate to the needs of the child or adolescent. The  
 10 consortium of purchasers shall assure that funds appropriated  
 11 in the General Appropriations Act for services for the target  
 12 population are not used for any other purpose than direct  
 13 services to clients.

14 (e) A local consortium of purchasers which chooses to  
 15 participate in the demonstration model may reinvest cost  
 16 savings in the community-based child and adolescent mental  
 17 health treatment and support system. A purchaser that  
 18 participates in the consortium is exempt from administrative  
 19 procedures otherwise required with respect to budgeting and  
 20 expending state and federal program funds.

21 (4) ESSENTIAL ELEMENTS.--

22 (a) In order to be approved as a Child and Adolescent  
 23 Interagency System of Care Demonstration Model, the applicant  
 24 must demonstrate its capacity to perform the following  
 25 functions:

26 1. Form a consortium of purchasers, which includes at  
 27 least three of the following agencies:

28 a. The Mental Health Program and Family Safety and  
 29 Preservation Program of the Department of Children and Family  
 30 Services.

31 b. The Medicaid program of the Agency for Health Care

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1 Administration.

2 c. The local school district.

3 d. The Department of Juvenile Justice.

4  
5 Each agency that participates in the consortium shall enter  
6 into a written interagency agreement that defines each  
7 agency's responsibilities.

8 2. Establish an oversight body that is responsible for  
9 directing the demonstration model. The oversight body must  
10 include representatives from the state agencies that comprise  
11 the consortium of purchasers under subparagraph 1., as well as  
12 local governmental entities, a juvenile court judge, parents,  
13 and other community entities. The responsibilities of the  
14 oversight body must be specified in writing.

15 3. Select a target population of children and  
16 adolescents, regardless of whether the child or adolescent is  
17 eligible or ineligible for Medicaid, based on the following  
18 parameters:

19 a. The child or adolescent has a serious emotional  
20 disturbance or mental illness, as defined in s. 394.492(6),  
21 Florida Statutes, based on an assessment conducted by a  
22 licensed practitioner defined in s. 394.455(2), (4), (21),  
23 (23), or (24), Florida Statutes, or by a professional licensed  
24 under chapter 491, Florida Statutes;

25 b. The total service costs per child or adolescent  
26 have exceeded \$3,000 per month;

27 c. The child or adolescent has had multiple  
28 out-of-home placements;

29 d. The existing array of services does not effectively  
30 meet the needs of the child or adolescent;

31 e. The case of the child or adolescent has been

1 staffed by a district collaborative planning team and  
2 satisfactory results have not been achieved through existing  
3 case services plans; and

4 f. The parent or legal guardian of the child or  
5 adolescent consents to participating in the demonstration  
6 model.

7 4. Select a geographic site for the demonstration  
8 model. A demonstration model may be comprised of one or more  
9 counties and may include multiple service districts of the  
10 Department of Children and Family Services.

11 5. Develop a mechanism for selecting the pool of  
12 children and adolescents who meet the criteria specified in  
13 this section for participating in the demonstration model.

14 6. Establish a pooled funding plan that allocates  
15 proportionate costs to the purchasers. The plan must address  
16 all of the service needs of the child or adolescent and funds  
17 may not be identified in the plan by legislative appropriation  
18 category or any other state or federal funding category.

19 a. The funding plan shall be developed based on an  
20 analysis of expenditures made by each participating state  
21 agency during the previous 2 fiscal years in which services  
22 were provided for the target population or for individuals who  
23 have characteristics that are similar to the target  
24 population.

25 b. Based on the results of this cost analysis, funds  
26 shall be collected from each of the participating state  
27 agencies and deposited into a central financial account.

28 c. A financial body shall be designated to manage the  
29 pool of funds and shall have the capability to pay for  
30 individual services specified in a services plan.

31 7. Identify a care management entity that reports to

1 the oversight body. For purposes of the demonstration models,  
2 the term "care management entity" means the entity that  
3 assumes responsibility for the organization, planning,  
4 purchasing, and management of mental health treatment services  
5 to the target population in the demonstration model. The care  
6 management entity may not provide direct services to the  
7 target population. The care management entity shall:  
8       a. Manage the funds of the demonstration model within  
9 budget allocations. The administrative costs associated with  
10 the operation of the demonstration model must be itemized in  
11 the entity's operating budget.  
12       b. Purchase individual services in a timely manner.  
13       c. Review the completed client assessment information  
14 and complete additional assessments that are needed, including  
15 an assessment of the strengths of the child or adolescent and  
16 his or her family.  
17       d. Organize a child-family team to develop a single,  
18 unified services plan for the child or adolescent, in  
19 accordance with ss. 394.490-394.497, Florida Statutes. The  
20 team shall include the parents and other family members of the  
21 child or adolescent, friends and community-based supporters of  
22 the child or adolescent, and appropriate service providers who  
23 are familiar with the problems and needs of the child or  
24 adolescent and his or her family. The plan must include a  
25 statement concerning the strengths of the child or adolescent  
26 and his or her family, and must identify the natural supports  
27 in the family and the community that might be used in  
28 addressing the service needs of the child or adolescent. A  
29 copy of the completed service plan shall be provided to the  
30 parents of the child or adolescent.  
31       e. Identify a network of providers that meet the

1 requirements of paragraph (b).

2 f. Identify informal, unpaid supporters, such as  
3 persons from the child's or adolescent's neighborhood, civic  
4 organizations, clubs, and churches.

5 g. Identify additional service providers who can work  
6 effectively with the child or adolescent and his or her  
7 family, including, but not limited to, a home health aide,  
8 mentor, respite-care worker, and in-home behavioral health  
9 care worker.

10 h. Implement a case management system that  
11 concentrates on the strengths of the child or adolescent and  
12 his or her family and uses these strengths in case planning  
13 and implementation activities. The case manager is primarily  
14 responsible for developing the services plan and shall report  
15 to the care management entity. The case manager shall monitor  
16 and oversee the services provided by the network of providers.  
17 The parents must be informed about contacting the care  
18 management entity or comparable entity to address concerns of  
19 the parents.

20  
21 Each person or organization that performs any of the care  
22 management responsibilities specified in this subparagraph is  
23 responsible only to the care management entity. However, such  
24 care management responsibilities do not preclude the person or  
25 organization from performing other responsibilities for  
26 another agency or provider.

27 8. Develop a mechanism for measuring compliance with  
28 the goals of the demonstration models specified in subsection  
29 (2), which mechanism includes qualitative and quantitative  
30 performance outcomes, report on compliance rates, and conduct  
31 quality improvement functions. At a minimum, the mechanism for

1 measuring compliance must include the outcomes and measures  
2 established in the General Appropriations Act and the outcomes  
3 and measures that are unique to the demonstration models.

4 9. Develop mechanisms to ensure that family  
5 representatives have a substantial role in planning the  
6 demonstration model and in designing the instrument for  
7 measuring the effectiveness of services provided.

8 10. Develop and monitor grievance procedures.

9 11. Develop policies to ensure that a child or  
10 adolescent is not rejected or ejected from the demonstration  
11 model because of a clinical condition or a specific service  
12 need.

13 12. Develop policies to require that a participating  
14 state agency remains a part of the demonstration model for its  
15 entire duration.

16 13. Obtain training for the staff involved in all  
17 aspects of the project.

18 (b) In at least one demonstration model, rather than  
19 using a care management entity, the local consortium of  
20 purchasers may contract directly with a network of service  
21 providers that may use prospective payment mechanisms through  
22 which the providers would accept financial risk for producing  
23 outcomes for the target population. These demonstration models  
24 must provide an annual report to the purchasers who are  
25 participating in the demonstration model which specifies the  
26 types of services provided and the number of clients who  
27 receive each service.

28 (c) In order for children, adolescents, and families  
29 of children and adolescents to receive timely and effective  
30 services, the basic provider network identified in each  
31 demonstration model must be well designed and managed. The

1 provider network should be able to meet the needs of a  
2 significant proportion of the target population. The applicant  
3 must demonstrate the capability to manage the network of  
4 providers for the purchasers that participate in the  
5 demonstration model. The applicant must demonstrate its  
6 ability to perform the following network management functions:

7       1. Identify providers within the designated area of  
8 the demonstration model which are currently funded by the  
9 state agencies included in the model, and identify additional  
10 providers that are needed to provide additional services for  
11 the target population. The network of providers may include:

12           a. Licensed mental health professionals as defined in  
13 s. 394.455(2), (4), (21), (23), or (24), Florida Statutes;  
14           b. Professionals licensed under chapter 491, Florida  
15 Statutes;  
16           c. Teachers certified under s. 231.17, Florida  
17 Statutes;  
18           d. Facilities licensed under chapter 395, Florida  
19 Statutes, as a hospital; s. 394.875, Florida Statutes, as a  
20 crisis stabilization unit or short-term residential facility;  
21 or s. 409.175, Florida Statutes, as a residential child-caring  
22 agency; and  
23           e. Other community agencies.

24       2. Define access points and service linkages of  
25 providers in the network.

26       3. Define the ways in which providers and  
27 participating state agencies are expected to collaborate in  
28 providing services.

29       4. Define methods to measure the collective  
30 performance outcomes of services provided by providers and  
31 state agencies, measure the performance of individual

1 agencies, and implement a quality improvement process across  
2 the provider network.

3 5. Develop brochures for family members which are  
4 written in understandable terminology, to help families  
5 identify appropriate service providers, choose the provider,  
6 and access care directly whenever possible.

7 6. Ensure that families are given a substantial role  
8 in planning and monitoring the provider network.

9 7. Train all providers with respect to the principles  
10 of care outlined in this section, including effective  
11 techniques of cooperation, the wraparound process and  
12 strengths-based assessment, the development of service plans,  
13 and techniques of case management.

14 (d) Each demonstration model must comply with the  
15 requirements for maintaining the confidentiality of clinical  
16 records, as specified in s. 394.4615, Florida Statutes.

17 (e) Each application for designation as a Child and  
18 Adolescent Interagency System of Care Demonstration Model must  
19 include:

20 1. A plan for reinvesting the anticipated cost savings  
21 that result from implementing the demonstration model in the  
22 child and adolescent mental health treatment and support  
23 system. The plan must detail the methodology used to identify  
24 cost savings and must specify the programs and services that  
25 will be enhanced for the population that has complex service  
26 needs and for other children and adolescents who have  
27 emotional disturbances.

28 2. A plan describing the methods by which community  
29 agencies will share pertinent client information.

30 3. A statement that the appropriate business,  
31 accounting, and auditing procedures will be followed, as

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1 specified by law, in expending federal, state, and local  
2 funds.

3 (f) Each consortium of purchasers shall submit an  
4 annual report on the progress of the demonstration model to  
5 the secretary or director of each state agency that  
6 participates in the model. At a minimum, the report must  
7 include the level of participation of each purchaser, the  
8 purchasing strategies used, the services provided to the  
9 target population, identified cost savings, and any other  
10 information that concerns the implementation of or problems  
11 associated with the demonstration model.

12 (g) Each participating local agency and the  
13 administrative officers of each participating state agency  
14 must participate in interagency collaboration. The secretary  
15 or director of each participating state agency shall appoint a  
16 representative to select applications that meet the criteria  
17 for designation as a Child and Adolescent Interagency System  
18 of Care Demonstration Model, as specified in this section. The  
19 appointed representatives shall also provide technical  
20 assistance to the consortia in developing applications and in  
21 implementing demonstration models.

22 (5) EVALUATION.--The Louis de la Parte Florida Mental  
23 Health Institute shall conduct an independent evaluation of  
24 each demonstration model to identify more effective ways in  
25 which to serve the most complex cases of children and  
26 adolescents who have a serious emotional disturbance or mental  
27 illness, determine better utilization of public resources, and  
28 assess ways that community agencies may share pertinent client  
29 information. The institute shall identify each distinct  
30 demonstration model to be evaluated. The evaluation must  
31 analyze all administrative costs associated with operating the

1 demonstration models. The institute shall report to the  
 2 Legislature by December 31, 2001, which report must include  
 3 findings and conclusions for each distinct demonstration model  
 4 and provide recommendations for statewide implementation.  
 5 Based upon the findings and conclusions of the evaluation, the  
 6 financial strategies and the best-practice models that are  
 7 proven to be effective shall be implemented statewide.

8 (6) RULES FOR IMPLEMENTATION.--Each participating  
 9 state agency shall adopt rules for implementing the  
 10 demonstration models. These rules shall be developed in  
 11 cooperation with other appropriate state agencies for  
 12 implementation within 90 days after obtaining any necessary  
 13 federal waivers. The Medicaid program within the Agency for  
 14 Health Care Administration may obtain any federal waivers that  
 15 are necessary for implementing the demonstration models.

16 Section 10. (1) Each service district of the  
 17 Department of Children and Family Services shall develop a  
 18 detailed implementation plan for a district-wide comprehensive  
 19 child and adolescent mental health information and referral  
 20 network to be operational by July 1, 1999. The plan must  
 21 include an operating budget that demonstrates cost  
 22 efficiencies and identifies funding sources for the district  
 23 information and referral network. The plan must be submitted  
 24 by the department to the Legislature by October 1, 1998. The  
 25 district shall use existing district information and referral  
 26 providers if, in the development of the plan, it is concluded  
 27 that these providers would deliver information and referral  
 28 services in a more efficient and effective manner when  
 29 compared to other alternatives. The district information and  
 30 referral network must include:

31 (a) A resource file that contains information about

1 the child and adolescent mental health services as described  
2 in s. 394.495, Florida Statutes, including, but not limited  
3 to:

- 4       1. Type of program;
- 5       2. Hours of service;
- 6       3. Ages of persons served;
- 7       4. Program description;
- 8       5. Eligibility requirements; and
- 9       6. Fees.

10       (b) Information about private providers and  
11 professionals in the community which serve children and  
12 adolescents with an emotional disturbance.

13       (c) A system to document requests for services that  
14 are received through the network referral process, including,  
15 but not limited to:

- 16       1. Number of calls by type of service requested;
- 17       2. Ages of the children and adolescents for whom  
18 services are requested; and
- 19       3. Type of referral made by the network.

20       (d) The ability to share client information with the  
21 appropriate community agencies.

22       (e) The submission of an annual report to the  
23 department, the Agency for Health Care Administration, and  
24 appropriate local government entities, which contains  
25 information about the sources and frequency of requests for  
26 information, types and frequency of services requested, and  
27 types and frequency of referrals made.

28       (2) In planning the information and referral network,  
29 the district shall consider the establishment of a 24-hour  
30 toll-free telephone number, staffed at all times, for parents  
31 and other persons to call for information that concerns child

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1 and adolescent mental health services and a community public  
2 service campaign to inform the public about information and  
3 referral services.

4 Section 11. Sections 394.50, 394.56, 394.57, 394.58,  
5 394.59, 394.60, 394.61, and 394.62, Florida Statutes, are  
6 repealed.

7 Section 12. This act shall take effect July 1 of the  
8 year in which enacted.

9  
10

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

12 And the title is amended as follows:

13 remove from the title of the bill: the entire title

14

15 and insert in lieu thereof:

16

A bill to be entitled

17

An act relating to the mental health of

18

children and adolescents; creating s. 394.490,

19

F.S.; providing a short title; creating s.

20

394.491, F.S.; establishing guiding principles

21

for the child and adolescent mental health

22

treatment and support system; creating s.

23

394.492, F.S.; providing definitions; creating

24

s. 394.493, F.S.; defining target populations

25

for child and adolescent mental health

26

services; providing for fees based on a sliding

27

scale according to the family's income;

28

creating s. 394.494, F.S.; providing general

29

performance outcomes for the child and

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adolescent mental health treatment and support

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system; creating s. 394.495, F.S.; requiring

1           that the Department of Children and Family  
2           Services establish the services to be provided  
3           to members of the target populations under the  
4           child and adolescent mental health treatment  
5           and support system; providing requirements for  
6           assessment services; requiring that the system  
7           include the local educational multiagency  
8           network for emotionally disturbed students;  
9           creating s. 394.496, F.S.; providing  
10          legislative intent with respect to service  
11          planning; providing requirements for services  
12          plans; creating s. 394.497, F.S.; specifying  
13          requirements for case management services;  
14          requiring the department to develop criteria to  
15          define the target populations who are assigned  
16          a case manager; establishing the Child and  
17          Adolescent Interagency System of Care  
18          Demonstration Models; specifying the goals and  
19          essential elements of the demonstration models;  
20          providing for the demonstration models to be  
21          governed by a multiagency consortium of state  
22          and county agencies; providing an exemption  
23          from certain budget and expenditure  
24          requirements; requiring that an oversight body  
25          be established to direct a demonstration model;  
26          requiring that a mechanism be developed for  
27          selecting the children and adolescents who are  
28          eligible to participate in a demonstration  
29          model; providing for pooled funding of the  
30          models; providing requirements for the care  
31          management entity that provides services for a

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1 demonstration model; requiring a mechanism for  
2 measuring compliance with the goals of the  
3 demonstration models; providing that in one  
4 demonstration model the consortium of  
5 purchasers may contract with a network of  
6 service providers using prospective payment  
7 mechanisms; requiring that a provider network  
8 be identified for each demonstration model;  
9 providing requirements for maintaining  
10 confidentiality of records; providing  
11 application requirements for designation as a  
12 demonstration model; requiring annual reports;  
13 providing for interagency collaboration;  
14 providing for independent evaluation of each  
15 demonstration model; requiring a report to the  
16 Legislature; requiring state agencies that  
17 participate in the demonstration models to  
18 adopt rules; authorizing the Agency for Health  
19 Care Administration to obtain certain federal  
20 waivers; requiring each service district of the  
21 Department of Children and Family Services to  
22 develop an implementation plan for an  
23 information and referral network; repealing ss.  
24 394.50, 394.56, 394.57, 394.58, 394.59, 394.60,  
25 394.61, 394.62, F.S., relating to children's  
26 residential and day treatment centers,  
27 voluntary and involuntary admission to such  
28 centers, and records, payment for care and  
29 treatment of patients, transfer of patients,  
30 discharge of voluntary patients, and age limits  
31 with regard to such centers; providing an

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1           effective date.  
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