

By the Committee on Children, Families and Seniors and Senator Cowin

300-733-98

1 A bill to be entitled
2 An act relating to the mental health of
3 children and adolescents; creating s. 394.490,
4 F.S.; providing a short title; creating s.
5 394.491, F.S.; establishing guiding principles
6 for the child and adolescent mental health
7 treatment and support system; creating s.
8 394.492, F.S.; providing definitions; creating
9 s. 394.493, F.S.; defining target populations
10 for child and adolescent mental health
11 services; providing for fees to be based on a
12 sliding scale according to a family's income;
13 creating s. 394.494, F.S.; providing general
14 performance outcomes for the child and
15 adolescent mental health treatment and support
16 system; creating s. 394.495, F.S.; requiring
17 that the Department of Children and Family
18 Services establish the services to be provided
19 to members of the target populations under the
20 child and adolescent mental health treatment
21 and support system; providing requirements for
22 assessment services; requiring that the system
23 include the local educational multiagency
24 network for emotionally disturbed students;
25 creating s. 394.496, F.S.; providing
26 legislative intent with respect to service
27 planning; providing requirements for services
28 plans; creating s. 394.497, F.S.; specifying
29 requirements for case management services;
30 requiring the department to develop criteria to
31 define the target populations who are assigned

1 a case manager; establishing the Child and
2 Adolescent Interagency System of Care
3 Demonstration Models; specifying the goals and
4 essential elements of the demonstration models;
5 providing for the demonstration models to be
6 governed by a multiagency consortium of state
7 and county agencies; requiring that an
8 oversight body be established to direct a
9 demonstration model; requiring that a mechanism
10 be developed for selecting the children and
11 adolescents who are eligible to participate in
12 a demonstration model; providing for pooled
13 funding of the models; providing requirements
14 for the care management entity that provides
15 services for a demonstration model; requiring a
16 mechanism for measuring compliance with the
17 goals of the demonstration models; providing
18 that in one demonstration model the consortium
19 of purchasers may contract with a network of
20 service providers; requiring that a provider
21 network be identified for each demonstration
22 model; providing requirements for maintaining
23 confidentiality of records; providing
24 application requirements for designation as a
25 demonstration model; providing for evaluation
26 of the demonstration model; requiring state
27 agencies that participate in the demonstration
28 models to adopt rules; authorizing the Agency
29 for Health Care Administration to obtain
30 certain federal waivers; requiring each service
31 district to develop an implementation plan for

1 an information and referral network; repealing
2 ss. 394.50, 394.56, 394.57, 394.58, 394.59,
3 394.60, 394.61, 394.62, F.S., relating to
4 children's residential and day treatment
5 centers, voluntary and involuntary admission to
6 such centers, records, payment for care and
7 treatment of patients, transfer of patients,
8 discharge of voluntary patients, and age
9 limits; providing an effective date.

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

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

15 394.490 Short title.--Sections 394.490-394.497 may be
16 cited as the "Comprehensive Child and Adolescent Mental Health
17 Services Act."

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

20 394.491 Guiding principles for the child and
21 adolescent mental health treatment and support system.--It is
22 the intent of the Legislature that the following principles
23 guide the development and implementation of the publicly
24 funded child and adolescent mental health treatment and
25 support system:

26 (1) The system should be centered on the child,
27 adolescent, and family, with the needs and strengths of the
28 child or adolescent and his or her family dictating the types
29 and mix of services provided.

30 (2) The families and surrogate families of children
31 and adolescents, including, but not limited to, foster

1 parents, should be active participants in all aspects of
2 planning, selecting, and delivering mental health treatment
3 services at the local level, as well as in developing
4 statewide policies for child and adolescent mental health
5 services.

6 (3) The system of care should be community-based, with
7 accountability, the location of services, and the
8 responsibility for management and decisionmaking resting at
9 the local level.

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

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

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

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

27 (8) Mental health programs and services should support
28 and strengthen families so that the family can more adequately
29 meet the mental health needs of the family's child or
30 adolescent.

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

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

9 (11) The delivery of comprehensive child and
10 adolescent mental health services must enhance the likelihood
11 of positive outcomes and contribute to the child or adolescent
12 functioning effectively at home, at school, and in the
13 community.

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

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

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

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

30 Section 3. Section 394.492, Florida Statutes, is
31 created to read:

1 394.492 Definitions.--As used in ss. 394.490-394.498,
2 the term:

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

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

11 (3) "Child" means a person from birth to 12 years of
12 age.

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

17 (a) Being homeless.

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

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

20 (d) Abusing alcohol or other substances.

21 (e) Being infected with HIV.

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

23 (g) Having been exposed to domestic violence.

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

25 (5) "Child or adolescent who has an emotional
26 disturbance" means a person under 18 years of age who is
27 diagnosed with a mental, emotional, or behavioral disorder of
28 sufficient duration to meet one of the diagnostic categories
29 specified in the most recent edition of the Diagnostic and
30 Statistical Manual of the American Psychiatric Association,
31 but who does not exhibit behaviors that substantially

1 interfere with or limit his or her role or functioning in the
2 family, school, or community. The emotional disturbance must
3 not be considered to be a temporary response to a stressful
4 situation. The term does not include a child or adolescent who
5 meets the criteria for involuntary placement under s.
6 394.467(1).

7 (6) "Child or adolescent who has a serious emotional
8 disturbance or mental illness" means a person under 18 years
9 of age who:

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

15 (b) Exhibits behaviors that substantially interfere
16 with or limit his or her role or functioning in the family,
17 school, or community, which behaviors are not considered to be
18 a temporary response to a stressful situation.

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

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

27 (8) "Department" means the Department of Children and
28 Family Services.

29 Section 4. Section 394.493, Florida Statutes, is
30 created to read:

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1 394.493 Target populations for child and adolescent
2 mental health services funded through the department.--

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

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

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

13 (c) Children and adolescents who have an emotional
14 disturbance.

15 (d) Children and adolescents who are at risk of
16 emotional disturbance.

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

30 (3) Each child or adolescent who meets the target
31 population criteria of this section shall be served to the

1 extent possible within available resources and consistent with
2 the portion of the district alcohol, drug abuse, and mental
3 health plan specified in s. 394.75, which pertains to child
4 and adolescent mental health services.

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

7 394.494 General performance outcomes for the child and
8 adolescent mental health treatment and support system.--

9 (1) It is the intent of the Legislature that the child
10 and adolescent mental health treatment and support system
11 achieve the following performance outcomes within the target
12 populations who are eligible for services:

13 (a) Stabilization or improvement of the emotional
14 condition or behavior of the child or adolescent, as evidenced
15 by resolving the presented problems and symptoms of the
16 serious emotional disturbance recorded in the initial
17 assessment.

18 (b) Stabilization or improvement of the behavior or
19 condition of the child or adolescent with respect to the
20 family, so that the child or adolescent may function in the
21 family with minimum appropriate supports.

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

26 (d) Stabilization or improvement of the behavior or
27 condition of the child or adolescent with respect to the way
28 he or she interacts in the community, so that the child or
29 adolescent may avoid behaviors that may be attributable to the
30 emotional disturbance, such as substance abuse, unintended

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1 pregnancy, delinquency, sexually transmitted diseases, and
2 other negative consequences.

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

8 Section 6. Section 394.495, Florida Statutes, is
9 created to read:

10 394.495 Child and adolescent mental health system of
11 care; programs and services.--

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

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

30 (a) Physical and mental health for purposes of
31 identifying medical and psychiatric problems.

1 (b) Psychological functioning, as determined through a
2 battery of psychological tests.

3 (c) Intelligence and academic achievement.

4 (d) Social and behavioral functioning.

5 (e) Family functioning.

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

11 (3) Assessments must be performed by:

12 (a) A professional as defined in s. 394.455(2), (4),
13 (21), (23), or (24);

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

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

18
19 The department shall adopt by rule statewide standards for
20 mental health assessments, which must be based on current
21 relevant professional and accreditation standards.

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

24 (a) Prevention services.

25 (b) Home-based services.

26 (c) School-based services.

27 (d) Family therapy.

28 (e) Family support.

29 (f) Respite services.

30 (g) Outpatient treatment.

31 (h) Day treatment.

- 1 (i) Crisis stabilization.
2 (j) Therapeutic foster care.
3 (k) Residential treatment.
4 (l) Inpatient hospitalization.
5 (m) Case management.
6 (n) Services for victims of sex offenses.
7 (o) Transitional services.
8 (5) In order to enhance collaboration between agencies
9 and to facilitate the provision of services by the child and
10 adolescent mental health treatment and support system and the
11 school district, the local child and adolescent mental health
12 system of care shall include the local educational multiagency
13 network for severely emotionally disturbed students specified
14 in s. 230.2317.

15 Section 7. Section 394.496, Florida Statutes, is
16 created to read:

17 394.496 Service planning.--

18 (1) It is the intent of the Legislature that the
19 service planning process:

20 (a) Focus on individualized treatment and the service
21 needs of the child or adolescent.

22 (b) Concentrate on the service needs of the family and
23 individual family members of the child's or adolescent's
24 family.

25 (c) Involve appropriate family members and pertinent
26 community-based health, education, and social agencies.

27 (2) The principals of the service planning process
28 shall:

29 (a) Assist the family and other caregivers in
30 developing and implementing a workable services plan for
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1 treating the mental health problems of the child or
2 adolescent.

3 (b) Use all available resources in the community,
4 particularly informal support services, which will assist in
5 carrying out the goals and objectives of the services plan.

6 (c) Maintain the child or adolescent in the most
7 normal environment possible, as close to home as possible; and
8 maintain the child in a stable school placement, which is
9 consistent with the child's or adolescent's and other
10 students' need for safety, if the child is removed from home
11 and placed in state custody.

12 (d) Ensure the ability and likelihood of family
13 participation in the treatment of the child or adolescent, as
14 well as enhancing family independence by building on family
15 strengths and assets.

16 (3) The services plan must include:

17 (a) A behavioral description of the problem being
18 addressed.

19 (b) A description of the services or treatment to be
20 provided to the child or adolescent and his or her family
21 which address the identified problem, including:

22 1. The type of services or treatment.

23 2. The frequency and duration of services or
24 treatment.

25 3. The location at which the services or treatment are
26 to be provided.

27 4. The name of each accountable provider of services
28 or treatment.

29 (c) A description of the measurable objectives of
30 treatment, which, if met, will result in measurable
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1 improvements of the condition of the child or adolescent, as
2 specified in s. 394.494.

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

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

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

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

19 (8) The services plan shall be reviewed at least every
20 90 days for programmatic and financial compliance.

21 Section 8. Section 394.497, Florida Statutes, is
22 created to read:

23 394.497 Case management services.--

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

26 (a) Developing and implementing a services plan
27 specified in s. 394.496.

28 (b) Providing advocacy services.

29 (c) Linking service providers to a child or adolescent
30 and his or her family.

31 (d) Monitoring the delivery of services.

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

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

12 Section 9. Child and Adolescent Interagency System of
13 Care Demonstration Models.--

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

1 needs of the child or adolescent. Participation in the
2 partnership agreement does not divest any public or private
3 agency of its responsibility for a child or adolescent but
4 allows these agencies to better meet the needs of the child or
5 adolescent through shared resources.

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

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

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

21 (c) Employ natural supports in the family and the
22 community to help meet the service needs of the child or
23 adolescent who has serious emotional disturbances.

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

27 (e) Test creative and flexible strategies for
28 financing the care of children and adolescents who have
29 serious emotional disturbances.

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

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

5 (3) MODEL ENHANCEMENTS.--

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

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

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

27 (d) Notwithstanding chapter 216, Florida Statutes, the
28 organized system of care implemented through the demonstration
29 models may expend funds for services without any categorical
30 restraints and shall provide for budget and program
31 accountability and for fiscal management using generally

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

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

19 (4) ESSENTIAL ELEMENTS.--

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

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

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

29 b. The Medicaid program of the Agency for Health Care
30 Administration.

31 c. The local school district.

- 1 d. The Department of Juvenile Justice.
2
- 3 Each agency that participates in the consortium shall enter
4 into a written interagency agreement that defines each
5 agency's responsibilities.
- 6 2. Establish an oversight body that is responsible for
7 directing the demonstration model. The oversight body must
8 include representatives from the state agencies that comprise
9 the consortium of purchasers under subparagraph 1., as well as
10 local governmental entities, a juvenile court judge, parents,
11 and other community entities. The responsibilities of the
12 oversight body must be specified in writing.
- 13 3. Select a target population of children and
14 adolescents, regardless of whether the child or adolescent is
15 eligible or ineligible for Medicaid, based on the following
16 parameters:
- 17 a. Children or adolescents who have a serious
18 emotional disturbance or mental illness, as defined in section
19 394.492(6), Florida Statutes, based on an assessment conducted
20 by a licensed practitioner defined in section 394.455(2), (4),
21 (21), (23), or (24), Florida Statutes, or by a professional
22 licensed under chapter 491, Florida Statutes;
- 23 b. The total service costs per child or adolescent
24 must have exceeded \$3,000 per month;
- 25 c. The child or adolescent has had multiple
26 out-of-home placements;
- 27 d. The existing array of services does not effectively
28 meet the needs of the child or adolescent;
- 29 e. The case of the child or adolescent has been
30 staffed by a district collaborative planning team and
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1 satisfactory results have not been achieved through existing
2 case services plans; and

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

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

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

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

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

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

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

30 7. Identify a care management entity that reports to
31 the oversight body. For purposes of the demonstration models,

1 the term "care management entity" means the entity that
2 assumes responsibility for the organization, planning,
3 purchasing, and management of mental health treatment services
4 to the target population in the demonstration model. The care
5 management entity may not provide direct services to the
6 target population. The care management entity shall:

7 a. Manage the funds of the demonstration model within
8 budget allocations. The administrative costs associated with
9 the operation of the demonstration model must be itemized in
10 the entity's operating budget.

11 b. Purchase individual services in a timely manner.

12 c. Review the completed client assessment information
13 and complete additional assessments that are needed, including
14 an assessment of the strengths of the child or adolescent and
15 his or her family.

16 d. Organize a child-family team to develop a single,
17 unified services plan for the child or adolescent, in
18 accordance with sections 394.490-394.497, Florida Statutes.
19 The team shall include the parents and other family members of
20 the child or adolescent, friends and community-based
21 supporters of the child or adolescent, and appropriate service
22 providers who are familiar with the problems and needs of the
23 child or adolescent and his or her family. The plan must
24 include a statement concerning the strengths of the child or
25 adolescent and his or her family, and must identify the
26 natural supports in the family and the community that might be
27 used in addressing the service needs of the child or
28 adolescent. A copy of the completed service plan shall be
29 provided to the parents of the child or adolescent.

30 e. Identify a network of providers that meet the
31 requirements of paragraph (b).

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

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

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

19
20 Each person or organization that performs any of the care
21 management responsibilities specified in this subparagraph is
22 responsible only to the care management entity. However, such
23 care management responsibilities do not preclude the person or
24 organization from performing other responsibilities for
25 another agency or provider.

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

1 established in the General Appropriations Act and the outcomes
2 and measures that are unique to the demonstration models.

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

7 10. Develop and monitor grievance procedures.

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

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

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

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

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

1 significant proportion of the target population. The applicant
2 must demonstrate the capability to manage the network of
3 providers for the purchasers that participate in the
4 demonstration model. The applicant must demonstrate its
5 ability to perform the following network management functions:
6 1. Identify providers within the designated area of
7 the demonstration model which are currently funded by the
8 state agencies included in the model, and identify additional
9 providers that are needed to provide additional services for
10 the target population. The network of providers may include:
11 a. Licensed mental health professionals as defined in
12 section 394.455(2), (4), (21), (23), or (24), Florida
13 Statutes;
14 b. Professionals licensed under chapter 491, Florida
15 Statutes;
16 c. Teachers certified under section 231.17, Florida
17 Statutes;
18 d. Facilities licensed under chapter 395, Florida
19 Statutes, as a hospital; section 394.875, Florida Statutes, as
20 a crisis stabilization unit or short-term residential
21 facility; or section 409.175, Florida Statutes, as a
22 residential child-caring 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 in order to help
5 families identify appropriate service providers, choose the
6 provider, 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 section 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

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

1 (a) A resource file that contains information about
2 the child and adolescent mental health services as described
3 in section 394.495, Florida Statutes, including, but not
4 limited to:

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

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

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

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

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

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

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

1 and other persons to call for information that concerns child
2 and adolescent mental health services and a community public
3 service campaign to inform the public about information and
4 referral services.

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

8 Section 12. This act shall take effect July 1, 1998.

9
10 STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN
11 COMMITTEE SUBSTITUTE FOR
12 Senate Bill 236

- 13 - Removes from the definitions of "child or adolescent
14 who has a serious emotional disturbance" and "child
15 or adolescent who has an emotional disturbance" the
requirement that the disturbance is expected to
continue for at least one year.
- 16 - Requires that a professional defined in s.
17 394.455(2), (4), (21), (23), or (24), F.S., or a
18 professional licensed under chapter 491, F.S., be
included in the development of the client's service
plan.
- 19 - Specifies that in local communities designated as
20 demonstration models, funds appropriated by the
Legislature for services to the target population
21 may not be used for any other purpose.
- 22 - In the development of implementation plans for
23 district-wide child and adolescent information and
24 referral networks, requires the districts of the
Department of Children and Family Services to use
25 existing information and referral providers when
they conclude that those providers deliver services
26 in a more efficient and effective manner.
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