

By Representative Murman

1                                   A bill to be entitled  
2           An act relating to substance abuse and mental  
3           health services; amending s. 394.66, F.S.;  
4           providing legislative intent relating to the  
5           accreditation and cost-efficiency of substance  
6           abuse and mental health service providers;  
7           creating s. 394.741, F.S., relating to  
8           accreditation requirements for providers of  
9           behavioral health care services; defining the  
10          term "behavioral health care services";  
11          providing methods of accreditation to be  
12          accepted in lieu of licensure, administrative,  
13          and program monitoring requirements;  
14          authorizing the adoption of rules; requiring  
15          that the department and the agency be allowed  
16          access to all accreditation reports, corrective  
17          action plans, and performance data submitted to  
18          accrediting organizations; authorizing followup  
19          monitoring by the department and the agency if  
20          major deficiencies are identified through the  
21          accreditation process; requiring the department  
22          and the agency to report to the Legislature on  
23          the viability of mandating accreditation and  
24          privatizing licensure and monitoring functions;  
25          specifying that the accreditation requirements  
26          of s. 394.741, F.S., apply to contracted  
27          organizations that are already accredited;  
28          amending s. 394.90, F.S., relating to substance  
29          abuse and mental health services; revising  
30          provisions relating to licensure,  
31          accreditation, and inspection of facilities, to

1 conform; providing a cross reference; amending  
2 s. 397.411, F.S., relating to substance abuse  
3 service providers; revising provisions relating  
4 to licensure, accreditation, and inspection of  
5 facilities, to conform; providing a cross  
6 reference; amending ss. 397.403 and 409.1671,  
7 F.S.; revising the name of the Commission on  
8 Accreditation of Rehabilitation Facilities;  
9 providing legislative findings with respect to  
10 providing mental health and substance abuse  
11 treatment services; requiring the Department of  
12 Children and Family Services and the Agency for  
13 Health Care Administration to contract for the  
14 establishment of two behavioral health care  
15 service delivery strategies to test methods and  
16 techniques for coordinating, integrating, and  
17 managing the delivery of mental health services  
18 and substance abuse treatment services for  
19 persons with emotional, mental, or addictive  
20 disorders; requiring a managing entity for each  
21 service delivery strategy; requiring that costs  
22 be shared by the Department of Children and  
23 Family Services and the Agency for Health Care  
24 Administration; specifying the goals of the  
25 service delivery strategies; specifying the  
26 target population of persons to be enrolled  
27 under each strategy; requiring a continuing  
28 care system; requiring an advisory body for  
29 each service delivery strategy; requiring  
30 certain cooperative agreements; providing  
31 reporting requirements; requiring an

1 independent entity to evaluate the service  
2 delivery strategies; requiring annual reports;  
3 creating a statewide Behavioral Health Policy  
4 Integration Council; requiring the council to  
5 coordinate mental health and substance abuse  
6 treatment policy; providing for the membership  
7 of the council; requiring the council to report  
8 annually to the Governor and the Legislature;  
9 providing for the abolishment of the council;  
10 providing an effective date.

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

13  
14 Section 1. Subsections (13) and (14) are added to  
15 section 394.66, Florida Statutes, to read:

16 394.66 Legislative intent with respect to substance  
17 abuse and mental health services.--It is the intent of the  
18 Legislature to:

19 (13) Ensure that best practices are followed and that  
20 contracted alcohol, drug abuse, and mental health services are  
21 maintained at the highest level of quality care through the  
22 achievement of national accreditation.

23 (14) Ensure that the state agencies licensing and  
24 monitoring contracted providers perform in the most  
25 cost-efficient and effective manner with limited duplication  
26 and disruption to organizations providing services.

27 Section 2. Section 394.741, Florida Statutes, is  
28 created to read:

29 394.741 Accreditation requirements for providers of  
30 behavioral health care services.--

31

1       (1) As used in this section, the term "behavioral  
2 health care services" means mental health and substance abuse  
3 treatment services.

4       (2) Notwithstanding any provision of law to the  
5 contrary, accreditation by the following means shall be  
6 accepted by the agency in lieu of its own facility licensure  
7 requirements and by the department as a substitute for its  
8 administrative and program monitoring requirements, except as  
9 required pursuant to subsection (3):

10       (a) Accreditation of any organization from which the  
11 department or the agency purchases behavioral health care  
12 services by the Joint Commission on Accreditation of  
13 Healthcare Organizations or accreditation of those programs  
14 that are being purchased by the department or the agency by  
15 CARF--the Rehabilitation Accreditation Commission.

16       (b) Accreditation of any network of providers from  
17 which the department or the agency purchases behavioral health  
18 care services by the Joint Commission on Accreditation of  
19 Healthcare Organizations or the National Committee for Quality  
20 Assurance. An organization, if it is part of an accredited  
21 network, is afforded the same rights under this section.

22       (3) The department and the agency may adopt rules that  
23 establish:

24       (a) Additional standards for monitoring and licensing  
25 programs and facilities that the department and the agency  
26 have determined are necessary to protect the safety and  
27 welfare of clients. These standards and the associated  
28 monitoring must not duplicate the standards and processes  
29 already covered by the accrediting bodies.

30       (b) A sampling methodology, standards, and procedures  
31 for a system of validation inspections of accredited

1 organizations that are in the middle of a 3-year accreditation  
2 cycle in order to substantiate that accredited organizations  
3 are maintaining compliance with identified critical standards.

4 (c) A process for reviewing all organizations 24  
5 months after accreditation to substantiate that accreditation  
6 standards continue to be met.

7 (4) The department and the agency shall be given  
8 access to all accreditation reports, corrective action plans,  
9 and performance data submitted to the accrediting  
10 organizations. When major deficiencies, as defined by the  
11 accrediting organization, are identified through the  
12 accreditation process, the department and the agency may  
13 perform followup monitoring to assure that such deficiencies  
14 are corrected and that the corrections are sustained over  
15 time.

16 (5) The department and the agency shall report to the  
17 Legislature by January 1, 2002, on:

18 (a) The viability of mandating that all organizations  
19 under contract with the department or the agency to provide  
20 behavioral health care services and that participate in the  
21 Medicaid community mental health services or targeted case  
22 management programs be accredited.

23 (b) The viability of privatizing all licensure and  
24 monitoring functions through an accrediting organization.

25 (6) The accreditation requirements of this section  
26 shall apply to contracted organizations that are already  
27 accredited immediately upon becoming law.

28 Section 3. Subsection (5) of section 394.90, Florida  
29 Statutes, is amended to read:

30 394.90 Inspection; right of entry; records.--  
31

1           (5)(a) The agency shall ~~may~~ accept, in lieu of its own  
2 inspections for licensure, the survey or inspection of an  
3 accrediting organization, if the provider is accredited  
4 according to the provisions of s. 394.741 and the agency  
5 receives the report of the accrediting organization. ~~The~~  
6 ~~department, in consultation with the agency, shall develop,~~  
7 ~~and adopt by rule, specific criteria for assuring that the~~  
8 ~~accrediting organization has specific standards and experience~~  
9 ~~related to the program area being licensed, specific criteria~~  
10 ~~for accepting the standards and survey methodologies of an~~  
11 ~~accrediting organization, delineations of the obligations of~~  
12 ~~accrediting organizations to assure adherence to those~~  
13 ~~standards, criteria for receiving, accepting and maintaining~~  
14 ~~the confidentiality of the survey and corrective action~~  
15 ~~reports, and allowance for the agency's participation in~~  
16 ~~surveys.~~

17           (b) ~~The agency shall conduct compliance investigations~~  
18 ~~and sample validation inspections to evaluate the inspection~~  
19 ~~process of accrediting organizations to ensure minimum~~  
20 ~~standards are maintained as provided in Florida statute and~~  
21 ~~rule. The agency may conduct a lifesafety inspection in~~  
22 ~~calendar years in which an accrediting organization survey is~~  
23 ~~not conducted and shall conduct a full state inspection,~~  
24 ~~including a lifesafety inspection, if an accrediting~~  
25 ~~organization survey has not been conducted within the previous~~  
26 ~~36 months. The agency, by accepting the survey or inspection~~  
27 ~~of an accrediting organization, does not forfeit its right to~~  
28 ~~perform inspections.~~

29           Section 4. Subsections (2) through (5) of section  
30 397.411, Florida Statutes, are amended to read:

31           397.411 Inspection; right of entry; records.--

1           (2)(a) The department shall ~~may~~ accept, in lieu of its  
2 own inspections for licensure, the survey or inspection of an  
3 accrediting organization, if the provider is accredited  
4 according to the provisions of s. 394.741 and the department  
5 receives the report of the accrediting organization. ~~The~~  
6 ~~department shall develop, and adopt by rule, specific criteria~~  
7 ~~for assuring that the accrediting organization has specific~~  
8 ~~standards and experience related to the program area being~~  
9 ~~licensed; specific criteria for accepting the standards and~~  
10 ~~survey methodologies of an accrediting organization;~~  
11 ~~delineations of the obligations of accrediting organizations~~  
12 ~~to assure adherence to those standards; criteria for~~  
13 ~~receiving, accepting, and maintaining the confidentiality of~~  
14 ~~the survey and corrective action reports; and allowance for~~  
15 ~~the department's participation in surveys.~~

16           ~~(b) The department shall conduct compliance~~  
17 ~~investigations and sample validation inspections to evaluate~~  
18 ~~the inspection process of accrediting organizations to ensure~~  
19 ~~minimum standards are maintained as provided in Florida~~  
20 ~~statute and rule. The department may conduct a fire, safety,~~  
21 ~~and health inspection in calendar years in which an~~  
22 ~~accrediting organization survey is not conducted and shall~~  
23 ~~conduct a full state inspection, including a lifesafety~~  
24 ~~inspection, if an accrediting organization survey has not been~~  
25 ~~conducted within the previous 36 months. The department, by~~  
26 ~~accepting the survey or inspection of an accrediting~~  
27 ~~organization, does not forfeit its right to perform~~  
28 ~~inspections.~~

29           ~~(3) Notwithstanding the confidentiality provisions of~~  
30 ~~this chapter, a designated and authorized agent of the~~  
31 ~~department may access the records of the clients of licensed~~

1 ~~service providers, but only for purposes of licensing,~~  
2 ~~monitoring, and investigation. The department may interview~~  
3 ~~clients, as specified by rule.~~

4 ~~(4) The authorized agents of the department shall~~  
5 ~~schedule periodic inspections of licensed service providers in~~  
6 ~~order to minimize costs and the disruption of services;~~  
7 ~~however, such authorized agents may inspect the facilities of~~  
8 ~~any licensed service provider at any time.~~

9 ~~(5) The department shall maintain as public~~  
10 ~~information, available to any person upon request and upon~~  
11 ~~payment of a reasonable charge for copying, copies of~~  
12 ~~licensure reports of licensed providers.~~

13 Section 5. Subsection (3) of section 397.403, Florida  
14 Statutes, is amended to read:

15 397.403 License application.--

16 (3) The department shall accept proof of accreditation  
17 by CARF--the Rehabilitation Accreditation Commission ~~on~~  
18 ~~Accreditation of Rehabilitation Facilities (CARF)~~ or the Joint  
19 Commission on Accreditation of Health Care Organizations  
20 (JCAHCO), or through any other nationally recognized  
21 certification process that is acceptable to the department and  
22 meets the minimum licensure requirements under this chapter,  
23 in lieu of requiring the applicant to submit the information  
24 required by paragraphs (1)(a)-(c).

25 Section 6. Paragraph (a) of subsection (4) of section  
26 409.1671, Florida Statutes, is amended to read:

27 409.1671 Foster care and related services;  
28 privatization.--

29 (4)(a) The department shall establish a quality  
30 assurance program for privatized services. The quality  
31 assurance program shall be based on standards established by a



1 national accrediting organization such as the Council on  
2 Accreditation of Services for Families and Children, Inc.  
3 (COA) or CARF--the Rehabilitation Accreditation Commission ~~the~~  
4 ~~Council on Accreditation of Rehabilitation Facilities (CARF)~~.  
5 The department may develop a request for proposal for such  
6 oversight. This program must be developed and administered at  
7 a statewide level. The Legislature intends that the department  
8 be permitted to have limited flexibility to use funds for  
9 improving quality assurance. To this end, effective January 1,  
10 2000, the department may transfer up to 0.125 percent of the  
11 total funds from categories used to pay for these  
12 contractually provided services, but the total amount of such  
13 transferred funds may not exceed \$300,000 in any fiscal year.  
14 When necessary, the department may establish, in accordance  
15 with s. 216.177, additional positions that will be exclusively  
16 devoted to these functions. Any positions required under this  
17 paragraph may be established, notwithstanding ss.  
18 216.262(1)(a) and 216.351. The department, in consultation  
19 with the community-based agencies that are undertaking the  
20 privatized projects, shall establish minimum thresholds for  
21 each component of service, consistent with standards  
22 established by the Legislature. Each program operated under  
23 contract with a community-based agency must be evaluated  
24 annually by the department. The department shall submit an  
25 annual report regarding quality performance, outcome measure  
26 attainment, and cost efficiency to the President of the  
27 Senate, the Speaker of the House of Representatives, the  
28 minority leader of each house of the Legislature, and the  
29 Governor no later than January 31 of each year for each  
30 project in operation during the preceding fiscal year.  
31

1           Section 7. Behavioral health care service delivery  
2 strategies.--

3           (1) LEGISLATIVE FINDINGS.--The Legislature finds that  
4 a management structure that establishes the responsibility for  
5 mental health and substance abuse treatment services with a  
6 single entity and that contains a flexible funding arrangement  
7 is more likely to allow for customized services to meet  
8 individual client needs and to provide incentives for provider  
9 agencies to serve persons in the target population who have  
10 the most complex treatment and support needs. The Legislature  
11 recognizes that in order for the state's publicly funded  
12 mental health and substance abuse treatment systems to evolve  
13 into a single, well-integrated behavioral health care system,  
14 a transition period is needed and demonstration sites must be  
15 developed where new ideas and technologies may be experienced  
16 and critically reviewed.

17           (2) SERVICE DELIVERY STRATEGIES.--The Department of  
18 Children and Family Services and the Agency for Health Care  
19 Administration shall develop service delivery strategies that  
20 will improve the coordination, integration, and management of  
21 the delivery of mental health and substance abuse treatment  
22 services to persons with emotional, mental, or addictive  
23 disorders. It is the intent of the Legislature that a  
24 well-managed service delivery system will increase access for  
25 those in need of care, improve the coordination and continuity  
26 of care for vulnerable and high-risk populations, redirect  
27 service dollars from restrictive care settings and out-of-date  
28 service models to community-based psychiatric rehabilitation  
29 services, and reward cost-effective and appropriate care  
30 patterns. The Legislature recognizes that the Medicaid, mental  
31 health, and substance abuse treatment programs are three

1 separate systems and that each has unique characteristics,  
2 including unique requirements for eligibility. To move toward  
3 a well-integrated system of behavioral health care services  
4 will require careful planning and implementation. It is the  
5 intent of the Legislature that the service delivery strategies  
6 will be the first phase of transferring the provision and  
7 management of mental health and substance abuse treatment  
8 services provided by the Department of Children and Family  
9 Services and the Medicaid program from traditional  
10 fee-for-service and unit-cost contracting methods to  
11 risk-sharing arrangements. As used in this section, the term  
12 "behavioral health care services" means mental health services  
13 and substance abuse treatment services that are provided with  
14 state and federal funds.

15 (3) ORGANIZATION AND FUNCTIONS.--

16 (a) The Department of Children and Family Services and  
17 the Agency for Health Care Administration shall contract for  
18 the provision and management of behavioral health care  
19 services with a managing entity in at least two geographic  
20 areas. The department and the agency must contract with the  
21 same managing entity in each distinct geographic area. This  
22 managing entity shall be accountable for the delivery of all  
23 behavioral health care services for children, adolescents, and  
24 adults which are funded under the Medicaid program and under  
25 the department. The geographic area must be of sufficient size  
26 in population and sufficient in the amount of available public  
27 funds for behavioral health care services to allow for  
28 flexibility and maximum efficiency. At least one demonstration  
29 model must complement the closure of the G. Pierce Wood  
30 Memorial Hospital.

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1           (b) Under one service delivery strategy, the  
2 Department of Children and Family Services may contract with a  
3 prepaid mental health plan that operates pursuant to s.  
4 409.912, Florida Statutes. Under that strategy, the department  
5 is not required to competitively procure those services and,  
6 notwithstanding other provisions of law, may employ  
7 prospective payment methodologies that the department finds  
8 are necessary to improve client care or institute more  
9 efficient practices. The department may employ in its contract  
10 any provision of the current Medicaid contract with the  
11 prepaid plan or any other provision necessary to improve  
12 quality, access, continuity, and price.

13           (c) Under one service delivery strategy, the  
14 Department of Children and Family Services and the Agency for  
15 Health Care Administration shall competitively procure a  
16 contract for the management of behavioral health care services  
17 with a managing entity. The department and the agency may  
18 purchase from the managing entity the management services  
19 necessary to improve continuity of care and access to care,  
20 contain costs, and improve quality of care and may:

21           1. Establish benefit packages based on the level of  
22 severity of illness and level of client functioning.

23           2. Align and integrate procedure codes, standards, or  
24 other requirements if it is jointly determined that these  
25 actions will simplify or improve client services and  
26 efficiencies in service delivery.

27           3. Use prepaid per capita and prepaid aggregate  
28 fixed-sum payment methodologies.

29           4. Modify their current procedure codes to increase  
30 clinical flexibility, encourage the use of the most effective  
31 interventions, and support rehabilitative activities.

1       (d) Under both strategies, the managing entity shall  
2 manage and coordinate all publicly funded diagnostic or  
3 assessment services, acute care services, rehabilitative  
4 services, support services, and continuing care services for  
5 persons who meet the financial criteria specified in part IV  
6 of chapter 394, Florida Statutes, for publicly funded mental  
7 health and substance abuse treatment services. The managing  
8 entity shall be solely accountable for a geographic area and  
9 shall coordinate the emergency care system. The managing  
10 entity may be a network of existing providers with an  
11 administrative services organization that can function  
12 independently, may be an administrative services organization  
13 that is independent of local provider agencies, or may be an  
14 entity of state or local government.

15       (e) The cost of the contract shall be shared through a  
16 combination of funds from the Department of Children and  
17 Family Services and the Agency for Health Care Administration.  
18 To operate the managing entity, the department and the agency  
19 may not expend more than 10 percent of the annual  
20 appropriations for mental health and substance abuse treatment  
21 services prorated to the geographic areas and must include all  
22 behavioral health Medicaid funds, including psychiatric  
23 inpatient funds.

24       (f) Contracting and payment mechanisms for services  
25 should promote flexibility and responsiveness and should allow  
26 different categorical funds to be combined. The service array  
27 should be determined by using needs assessment and best  
28 practice models.

29       (4) GOALS.--The goal of the service delivery  
30 strategies is to provide a design for an effective  
31 coordination, integration, and management approach for

1 delivering effective behavioral health care services to  
2 persons who are experiencing a mental health or substance  
3 abuse crisis, who have a disabling mental illness or substance  
4 abuse disorder and will require extended services in order to  
5 recover from their illness, or who need brief treatment or  
6 supportive interventions to avoid a crisis or disability.  
7 Additional goals of the strategies include the following:  
8 (a) To improve accountability for a local system of  
9 behavioral health care services to meet performance outcomes  
10 and standards.  
11 (b) To assure continuity of care for all children,  
12 adolescents, and adults who enter the publicly funded  
13 behavioral health care service system.  
14 (c) To provide early diagnosis and treatment  
15 interventions to enhance recovery and prevent hospitalization.  
16 (d) To improve assessment of local needs for  
17 behavioral health care services.  
18 (e) To improve the overall quality of behavioral  
19 health care through the use of best practice models.  
20 (f) To demonstrate improved service integration  
21 between behavioral health programs and other programs, such as  
22 vocational rehabilitation, education, child welfare, primary  
23 health care, emergency services, and criminal justice.  
24 (g) To provide for additional testing of creative and  
25 flexible strategies for financing behavioral health care  
26 services to enhance individualized treatment and support  
27 services.  
28 (h) To control the costs of services without  
29 sacrificing quality of care.  
30  
31

1        (i) To coordinate the admissions and discharges from  
2 state mental health hospitals and residential treatment  
3 centers.

4        (j) To improve the integration, accessibility, and  
5 dissemination of behavioral health data for planning and  
6 monitoring purposes.

7        (5) ESSENTIAL ELEMENTS.--

8        (a) The managing entity must demonstrate the ability  
9 of its network of providers to comply with the pertinent  
10 provisions of chapters 394 and 397, Florida Statutes, and to  
11 assure the provision of comprehensive behavioral health care  
12 services.

13        (b) The target population to be enrolled in the  
14 service delivery strategies must include children,  
15 adolescents, and adults who fall into the following  
16 categories:

17            1. Adults in mental health crisis.

18            2. Older adults in crisis.

19            3. Adults with severe and persistent mental illness.

20            4. Adults with substance abuse problems.

21            5. Adults with forensic involvement.

22            6. Older adults with severe and persistent mental  
23 illness.

24            7. Older adults with substance abuse problems.

25            8. Children and adolescents with serious emotional  
26 disturbances as defined in s. 394.492(6), Florida Statutes.

27            9. Children with substance abuse problems as defined  
28 in s. 397.93(2), Florida Statutes.

29            10. Children and adolescents in state custody pursuant  
30 to chapter 39, Florida Statutes.

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1           11. Children and adolescents in residential commitment  
2 programs of the Department of Juvenile Justice pursuant to  
3 chapter 985, Florida Statutes.

4           (c) The service delivery strategies must include a  
5 continuing care system for persons whose clinical and  
6 functional status indicates the need for these services. These  
7 persons will be eligible for a range of treatment,  
8 rehabilitative, and support services until they no longer need  
9 the services to maintain or improve their level of  
10 functioning. Given the long-term nature of some mental and  
11 addictive disorders, continuing care services should be  
12 sensitive to the variable needs of individuals across time and  
13 shall be designed to help assure easy access for persons with  
14 these long-term needs. The Department of Children and Family  
15 Services shall develop criteria for the continuing care  
16 program for behavioral health care services.

17           (d) A local body or group must be identified by the  
18 district administrator to serve in an advisory capacity to the  
19 behavioral health care service delivery strategy and must  
20 include representatives of the local school system, the  
21 judicial system, county government, and law enforcement  
22 agencies; a consumer of the publicly funded behavioral health  
23 care service system; and a family member of a consumer of the  
24 publicly funded system. This advisory body may be the  
25 community alliance established under s. 20.19(6), Florida  
26 Statutes, or any other suitable established local group.

27           (e) The managing entity shall ensure that written  
28 cooperative agreements are developed among the judicial  
29 system, the criminal justice system, and the local mental  
30 health providers in the geographic area which define  
31 strategies and alternatives for diverting, from the criminal



1 justice system to the civil system as provided under the Baker  
2 Act, persons with mental illness who are arrested for a  
3 misdemeanor. These agreements must also address the provision  
4 of appropriate services to persons with behavioral health  
5 problems who leave the criminal justice system.

6 (f) Managing entities must submit data to the  
7 Department of Children and Family Services and the Agency for  
8 Health Care Administration on the use of services and the  
9 outcomes for all enrolled clients. Managing entities must meet  
10 performance expectations related to:

11 1. The rate at which individuals in the community  
12 receive services, including persons who receive followup care  
13 after emergencies.

14 2. Clinical improvement of individuals served,  
15 clinically and functionally.

16 3. Reduction of jail admissions.

17 4. Consumer and family satisfaction.

18 5. Satisfaction of key community constituents such as  
19 law enforcement agencies, juvenile justice agencies, courts,  
20 schools, local government entities, and others as appropriate  
21 for the locality.

22 (g) The Agency for Health Care Administration may seek  
23 federal waivers that are necessary to implement the behavioral  
24 health care service delivery strategies.

25 (h) The Department of Children and Family Services, in  
26 consultation with the Agency for Health Care Administration,  
27 shall prepare an amendment by October 31, 2001, to the 2001  
28 state master plan required under s. 394.75(1), Florida  
29 Statutes, which describes each service delivery strategy,  
30 including at least the following details:

31 1. Operational design.

1           2. Counties or service districts included in each  
2 strategy.

3           3. Expected outcomes.

4           4. Timeframes.

5           (6) MONITORING AND EVALUATION.--The Department of  
6 Children and Family Services and the Agency for Health Care  
7 Administration shall provide routine monitoring and oversight  
8 of and technical assistance to the service delivery  
9 strategies. The department shall contract with an independent  
10 entity to conduct a formative evaluation of each strategy to  
11 identify the most effective methods and techniques used to  
12 manage, integrate, and deliver publicly funded behavioral  
13 health care services. The entity conducting the evaluation  
14 shall report to the department, the agency, the Executive  
15 Office of the Governor, and the Legislature every 12 months  
16 regarding the status of the implementation of the service  
17 delivery strategies. The report must include a summary of  
18 activities that have occurred during the past 12 months of  
19 implementation and any problems or obstacles that prevented,  
20 or may in the future prevent, the managing entity from  
21 achieving performance goals and measures. The first status  
22 report is due January 1, 2002. After the service delivery  
23 strategies have been operational for 1 year, the status report  
24 must include an analysis of administrative costs and the  
25 status of the achievement of performance outcomes. Upon  
26 receiving the annual report from the entity conducting the  
27 evaluation, the department and the agency shall jointly make  
28 any recommendations to the Executive Office of the Governor  
29 regarding changes in the service delivery strategies or in the  
30 implementation of the strategies, including timeframes. The  
31 Executive Office of the Governor shall consult with the

1 appropriate legislative committees prior to making changes in  
2 the design of the strategies or prior to implementing the  
3 strategies in other geographic areas. If the Executive Office  
4 of the Governor makes no recommendation to implement the  
5 service delivery strategies in other areas of the state after  
6 the strategies have operated for 3 years, the strategies will  
7 cease. The Executive Office of the Governor shall then submit  
8 a final report to the Legislature which details the reasons  
9 for terminating the strategies.

10 Section 8. Behavioral Health Policy Integration  
11 Council.--

12 (1) There is created, in conjunction with the Office  
13 of Drug Control, a statewide Behavioral Health Policy  
14 Integration Council for the purpose of coordinating mental  
15 health and substance abuse treatment policy. For  
16 organizational and staffing purposes, the Behavioral Health  
17 Policy Integration Council is assigned to the Louis de la  
18 Parte Florida Mental Health Institute. The council shall:

19 (a) Develop a statewide strategy for coordinating and  
20 integrating mental health and substance abuse treatment  
21 services across the public and private sector, the criminal  
22 justice system, emergency services and the primary health care  
23 system, the educational system, the judicial system, the child  
24 protection system, the vocational and employment services  
25 system, the business community, law enforcement agencies,  
26 county-based human services programs, and other state and  
27 community services systems as considered necessary by the  
28 council to fulfill its responsibilities.

29 (b) Assemble information from multiple sources to  
30 assess the progress of the statewide strategy, facilitate data  
31

1 integration and dissemination, and improve needs assessment  
2 methodologies.

3 (c) Coordinate and improve performance monitoring  
4 systems.

5 (d) Identify barriers to the effective and efficient  
6 integration of mental health and substance abuse treatment  
7 services across various systems.

8 (e) Coordinate and provide a wide range of public  
9 education and preventative activities.

10

11 The activities of the council shall be coordinated with, and  
12 may not duplicate the activities of, the Office of Drug  
13 Control.

14 (2) The council shall be composed of the following:

15 (a) The Attorney General, or his or her designee.

16 (b) The executive director of the Department of Law  
17 Enforcement, or his or her designee.

18 (c) The Secretary of Children and Family Services, or  
19 his or her designee.

20 (d) The Secretary of Health, or his or her designee.

21 (e) The Secretary of Corrections, or his or her  
22 designee.

23 (f) The Secretary of Juvenile Justice, or his or her  
24 designee.

25 (g) The Secretary of Elderly Affairs, or his or her  
26 designee.

27 (h) The Secretary of Health Care Administration, or  
28 his or her designee.

29 (i) The Commissioner of Education, or his or her  
30 designee.

31

1       (j) The Secretary of Community Affairs, or his or her  
2 designee.

3       (k) The director of the Office of Drug Control, or his  
4 or her designee.

5       (l) The dean of the Louis de la Parte Florida Mental  
6 Health Institute, or his or her designee.

7       (m) The following members of the public, appointed by  
8 the Governor:

9           1. Eight members to represent the following  
10 stakeholders:

11           a. Primary consumers of mental health and substance  
12 abuse services.

13           b. Family members of consumers.

14           c. The Florida Chamber of Commerce.

15           d. The Florida Association of Counties.

16           2. A professional having expertise or general  
17 knowledge concerning issues that relate to mental health  
18 programs and services.

19           3. A professional having expertise or general  
20 knowledge concerning issues that relate to substance abuse  
21 treatment programs and services.

22       (3) The following shall serve on the committee in a  
23 nonvoting, advisory capacity:

24           (a) A member of the Senate, appointed by the President  
25 of the Senate.

26           (b) A member of the House of Representatives,  
27 appointed by the Speaker of the House of Representatives.

28           (c) A member of the judiciary, appointed by the Chief  
29 Justice of the Supreme Court.

30           (4) Beginning January 1, 2002, and each year  
31 thereafter, the Behavioral Health Policy Integration Council

1 shall report to the Governor, the President of the Senate, and  
2 the Speaker of the House of Representatives regarding the  
3 council's progress toward fulfilling its duties as specified  
4 in subsection (1). The first report must include the council's  
5 proposed statutory language for implementing the strategies  
6 and improvements to the publicly funded behavioral health care  
7 service system.

8 (5) The Behavioral Health Policy Integration Council  
9 is abolished on July 1, 2005.

10 Section 9. This act shall take effect upon becoming a  
11 law.

12 \*\*\*\*\*

13 HOUSE SUMMARY

14 Provides legislative intent relating to the accreditation  
15 and efficiency of substance abuse and mental health  
16 service providers. Establishes accreditation requirements  
17 for providers of behavioral health care services.  
18 Authorizes the adoption of rules. Requires the department  
19 and the agency to report to the Legislature on the  
20 viability of mandating accreditation and privatizing  
21 licensure and monitoring functions. Specifies that the  
22 newly established accreditation requirements shall apply  
23 to contracted organizations that are already accredited.  
24 Revises provisions relating to the licensure,  
25 accreditation, and inspection of substance abuse and  
26 mental health services facilities to conform. Revises the  
27 name of the Commission on Accreditation of Rehabilitation  
28 Facilities. Creates behavioral health care service  
29 delivery strategies to operate for 3 years. Requires that  
30 the Department of Children and Family Services and the  
31 Agency for Health Care Administration contract for the  
establishment of two service delivery strategies to test  
techniques and strategies for coordinating, integrating,  
and managing mental health services and substance abuse  
treatment services. Provides requirements for the service  
delivery strategies. Requires a managing entity and an  
advisory body for each strategy. Creates a statewide  
Behavioral Health Policy Integration Council to  
coordinate mental health and substance abuse treatment  
policy. Requires the council to report to the Governor  
and the Legislature each year. See bill for details.