

By the Committee on Child & Family Security and
Representatives Murman, Argenziano and Detert

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 requiring the accreditation of certain entities
12 to be accepted in lieu of licensure,
13 administrative, and program monitoring
14 requirements; authorizing the adoption of
15 rules; requiring that the Department of
16 Children and Family Services and the Agency for
17 Health Care Administration be allowed access to
18 all accreditation reports, corrective action
19 plans, and performance data submitted to
20 accrediting organizations; authorizing followup
21 monitoring by the department and the agency if
22 major deficiencies are identified through the
23 accreditation process; preserving the right of
24 the department and agency to perform
25 inspections, including contract monitoring;
26 requiring the department and the agency to
27 report to the Legislature on the viability of
28 mandating accreditation and privatizing
29 licensure and monitoring functions; specifying
30 that the accreditation requirements of s.
31 394.741, F.S., apply to contracted

1 organizations that are already accredited;
2 amending s. 394.90, F.S., relating to substance
3 abuse and mental health services; revising
4 provisions relating to licensure,
5 accreditation, and inspection of facilities, to
6 conform; providing a cross reference; amending
7 s. 397.411, F.S., relating to substance abuse
8 service providers; revising provisions relating
9 to licensure, accreditation, and inspection of
10 facilities, to conform; providing a cross
11 reference; amending ss. 397.403 and 409.1671,
12 F.S.; revising the name of the Commission on
13 Accreditation of Rehabilitation Facilities;
14 providing legislative findings with respect to
15 providing mental health and substance abuse
16 treatment services; requiring the department
17 and the agency to contract for the
18 establishment of two behavioral health care
19 service delivery strategies to test methods and
20 techniques for coordinating, integrating, and
21 managing the delivery of mental health services
22 and substance abuse treatment services for
23 persons with emotional, mental, or addictive
24 disorders; requiring a managing entity for each
25 service delivery strategy; requiring that costs
26 be shared by the department and the agency;
27 specifying the goals of the service delivery
28 strategies; specifying the target population of
29 persons to be enrolled under each strategy;
30 requiring a continuing care system; requiring
31 an advisory body for each service delivery

1 strategy; requiring certain cooperative
2 agreements; providing reporting requirements;
3 authorizing the agency to certify matching
4 funds and seek federal waivers; requiring
5 preparation of an amendment to the state
6 substance abuse and mental health master plan;
7 requiring an independent entity to evaluate the
8 service delivery strategies; requiring annual
9 reports; requiring establishment of an
10 interagency workgroup to report on the state
11 substance abuse and mental health master plan;
12 providing membership; providing report
13 requirements; providing an effective date.

14
15 Be It Enacted by the Legislature of the State of Florida:

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

19 394.66 Legislative intent with respect to substance
20 abuse and mental health services.--It is the intent of the
21 Legislature to:

22 (13) Promote best practices and the highest quality of
23 care in contracted alcohol, drug abuse, and mental health
24 services through achievement of national accreditation.

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

29 Section 2. Section 394.741, Florida Statutes, is
30 created to read:

31

1 394.741 Accreditation requirements for providers of
2 behavioral health care services.--

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

6 (2) Notwithstanding any provision of law to the
7 contrary, accreditation of the following shall be accepted by
8 the agency and department in lieu of the agency's and
9 department's facility licensure onsite review requirements and
10 shall be accepted as a substitute for the department's
11 administrative and program monitoring requirements, except as
12 required by subsection (3):

13 (a) Any organization from which the department
14 purchases behavioral health care services that is accredited
15 by the Joint Commission on Accreditation of Health Care
16 Organizations or the Council on Accreditation for Children and
17 Family Services; or which has those services that are being
18 purchased by the department accredited by CARF--the
19 Rehabilitation Accreditation Commission.

20 (b) Any mental health facility licensed by the agency
21 or any substance abuse component licensed by the department
22 that is accredited by the Joint Commission on Accreditation of
23 Health Care Organizations, CARF--the Rehabilitation
24 Accreditation Commission, or the Council on Accreditation of
25 Children and Family Services.

26 (c) Any network of providers from which the department
27 or the agency purchases behavioral health care services
28 accredited by the Joint Commission on Accreditation of Health
29 Care Organizations, CARF--the Rehabilitation Accreditation
30 Commission, the Council on Accreditation of Children and
31 Family Services, or the National Committee for Quality

1 Assurance. A provider organization which is part of an
2 accredited network is afforded the same rights under this
3 part.
4 (3) The department and the agency may adopt rules that
5 establish:
6 (a) Additional standards for monitoring and licensing
7 accredited programs and facilities that the department and the
8 agency have determined are not specifically and distinctly
9 covered by the accreditation standards and processes. These
10 standards and the associated monitoring must not duplicate the
11 standards and processes already covered by the accrediting
12 bodies.
13 (b) An onsite monitoring process between 24 months and
14 36 months after accreditation for nonresidential facilities to
15 assure that accredited organizations exempt from licensing and
16 monitoring activities under this part continue to comply with
17 critical standards.
18 (c) An onsite monitoring process between 12 months and
19 24 months after accreditation for residential facilities to
20 assure that accredited organizations exempt from licensing and
21 monitoring activities under this part continue to comply with
22 critical standards.
23 (4) The department and the agency shall be given
24 access to all accreditation reports, corrective action plans,
25 and performance data submitted to the accrediting
26 organizations. When major deficiencies, as defined by the
27 accrediting organization, are identified through the
28 accreditation process, the department and the agency may
29 perform followup monitoring to assure that such deficiencies
30 are corrected and that the corrections are sustained over
31 time.

1 (5) The department or the agency, by accepting the
2 survey or inspection of an accrediting organization, does not
3 forfeit its right to perform inspections at any time,
4 including contract monitoring to ensure that deliverables are
5 provided in accordance with the contract.

6 (6) The department and the agency shall report to the
7 Legislature by January 1, 2003, on the viability of mandating
8 all organizations under contract with the department for the
9 provision of behavioral health care services, or licensed by
10 the department or the agency, to be accredited. The department
11 and the agency shall also report to the Legislature by January
12 1, 2003, on the viability of privatizing all licensure and
13 monitoring functions through an accrediting organization.

14 (7) The accreditation requirements of this section
15 shall apply to contracted organizations that are already
16 accredited immediately upon becoming law.

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

19 394.90 Inspection; right of entry; records.--

20 (5)~~(a)~~ The agency shall ~~may~~ accept, in lieu of its own
21 inspections for licensure, the survey or inspection of an
22 accrediting organization, if the provider is accredited
23 according to the provisions of s. 394.741 and the agency
24 receives the report of the accrediting organization. ~~The~~
25 ~~department, in consultation with the agency, shall develop,~~
26 ~~and adopt by rule, specific criteria for assuring that the~~
27 ~~accrediting organization has specific standards and experience~~
28 ~~related to the program area being licensed, specific criteria~~
29 ~~for accepting the standards and survey methodologies of an~~
30 ~~accrediting organization, delineations of the obligations of~~
31 ~~accrediting organizations to assure adherence to those~~

1 ~~standards, criteria for receiving, accepting and maintaining~~
2 ~~the confidentiality of the survey and corrective action~~
3 ~~reports, and allowance for the agency's participation in~~
4 ~~surveys.~~

5 ~~(b) The agency shall conduct compliance investigations~~
6 ~~and sample validation inspections to evaluate the inspection~~
7 ~~process of accrediting organizations to ensure minimum~~
8 ~~standards are maintained as provided in Florida statute and~~
9 ~~rule. The agency may conduct a lifesafety inspection in~~
10 ~~calendar years in which an accrediting organization survey is~~
11 ~~not conducted and shall conduct a full state inspection,~~
12 ~~including a lifesafety inspection, if an accrediting~~
13 ~~organization survey has not been conducted within the previous~~
14 ~~36 months. The agency, by accepting the survey or inspection~~
15 ~~of an accrediting organization, does not forfeit its right to~~
16 ~~perform inspections.~~

17 Section 4. Subsection (3) of section 397.403, Florida
18 Statutes, is amended to read:

19 397.403 License application.--

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

29 Section 5. Subsection (2) of section 397.411, Florida
30 Statutes, is 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 Section 6. Paragraph (a) of subsection (4) of section
30 409.1671, Florida Statutes, is amended to read:

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1 409.1671 Foster care and related services;
2 privatization.--
3 (4)(a) The department shall establish a quality
4 assurance program for privatized services. The quality
5 assurance program shall be based on standards established by a
6 national accrediting organization such as the Council on
7 Accreditation of Services for Families and Children, Inc.
8 (COA) or CARF--the Rehabilitation Accreditation Commission ~~the~~
9 ~~Council on Accreditation of Rehabilitation Facilities (CARF)~~.
10 The department may develop a request for proposal for such
11 oversight. This program must be developed and administered at
12 a statewide level. The Legislature intends that the department
13 be permitted to have limited flexibility to use funds for
14 improving quality assurance. To this end, effective January 1,
15 2000, the department may transfer up to 0.125 percent of the
16 total funds from categories used to pay for these
17 contractually provided services, but the total amount of such
18 transferred funds may not exceed \$300,000 in any fiscal year.
19 When necessary, the department may establish, in accordance
20 with s. 216.177, additional positions that will be exclusively
21 devoted to these functions. Any positions required under this
22 paragraph may be established, notwithstanding ss.
23 216.262(1)(a) and 216.351. The department, in consultation
24 with the community-based agencies that are undertaking the
25 privatized projects, shall establish minimum thresholds for
26 each component of service, consistent with standards
27 established by the Legislature. Each program operated under
28 contract with a community-based agency must be evaluated
29 annually by the department. The department shall submit an
30 annual report regarding quality performance, outcome measure
31 attainment, and cost efficiency to the President of the

1 Senate, the Speaker of the House of Representatives, the
2 minority leader of each house of the Legislature, and the
3 Governor no later than January 31 of each year for each
4 project in operation during the preceding fiscal year.

5 Section 7. Behavioral health care service delivery
6 strategies.--

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

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

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

19 (3) ORGANIZATION AND FUNCTIONS.--

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

1 flexibility and maximum efficiency. At least one demonstration
2 model must complement the closure of the G. Pierce Wood
3 Memorial Hospital.

4 (b) Under one service delivery strategy, the
5 Department of Children and Family Services may contract with a
6 prepaid mental health plan that operates pursuant to s.
7 409.912, Florida Statutes. Under that strategy, the department
8 is not required to competitively procure those services and,
9 notwithstanding other provisions of law, may employ
10 prospective payment methodologies that the department finds
11 are necessary to improve client care or institute more
12 efficient practices. The department may employ in its contract
13 any provision of the current Medicaid contract with the
14 prepaid plan or any other provision necessary to improve
15 quality, access, continuity, and price. In Area 6 of the
16 Agency for Health Care Administration and in the Prototype
17 Region of the Department of Children and Family Services
18 established pursuant to s. 20.19(7), Florida Statutes, the
19 agency and the department may contract with the existing
20 substance abuse provider network when an administrative
21 services organization is part of their network. The department
22 and agency may employ alternative service delivery and
23 financing methodologies, which may include prospective payment
24 for certain populations. These populations would include, at a
25 minimum: individuals and families receiving Family Safety
26 services, Medicaid-eligible children, adolescents, and adults
27 who are substance-abuse impaired, or current recipients of and
28 persons at risk of needing cash assistance under Florida's
29 welfare reform initiatives.

30 (c) Under one service delivery strategy, the
31 Department of Children and Family Services and the Agency for

1 Health Care Administration shall competitively procure a
2 contract for the management of behavioral health care services
3 with a managing entity.

4 1. The managing entity shall manage and coordinate all
5 publicly funded diagnostic or assessment services, acute care
6 services, rehabilitative services, support services, and
7 continuing care services for persons who meet the financial
8 criteria specified in part IV of chapter 394, Florida
9 Statutes, for publicly funded mental health and substance
10 abuse treatment services.

11 2. The managing entity shall be solely accountable for
12 a geographic area and shall coordinate the emergency care
13 system. The managing entity may be a network of existing
14 providers with an administrative services organization that
15 can function independently, may be an administrative services
16 organization that is independent of local provider agencies,
17 or may be an entity of state or local government.

18 (d) The department and the agency may purchase from
19 the managing entity the management services necessary to
20 improve continuity of care and access to care, contain costs,
21 and improve quality of care and may:

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

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

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

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1 4. Modify their current procedure codes to increase
2 clinical flexibility, encourage the use of the most effective
3 interventions, and support rehabilitative activities.

4 (e) The cost of the contract shall be shared through a
5 combination of funds from the Department of Children and
6 Family Services and the Agency for Health Care Administration.
7 To operate the managing entity, the department and the agency
8 may not expend more than 10 percent of the annual
9 appropriations for mental health and substance abuse treatment
10 services prorated to the geographic areas and must include all
11 behavioral health Medicaid funds, including psychiatric
12 inpatient funds.

13 (f) Contracting and payment mechanisms for services
14 shall promote flexibility and responsiveness and allow
15 different categorical funds to be combined. The service array
16 shall be determined by using needs assessment and best
17 practice models. Medicaid reimbursement for substance abuse
18 services shall remain fee-for-service and Department of
19 Children and Family Services contracts shall be based on unit
20 service costs until there has been sufficient experience with
21 case mix analysis and service modeling to determine
22 appropriate prospective payment methodologies. The department
23 shall recommend prospective payment methodologies by January
24 1, 2002.

25 (4) GOALS.--The goal of the service delivery
26 strategies is to provide a design for an effective
27 coordination, integration, and management approach for
28 delivering effective behavioral health care services to
29 persons who are experiencing a mental health or substance
30 abuse crisis, who have a disabling mental illness or substance
31 abuse disorder and will require extended services in order to

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

1 (k) To promote specialized behavioral health care
2 services to residents of assisted living facilities.

3 (5) ESSENTIAL ELEMENTS.--

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

9 (b) The target population to be enrolled in the
10 service delivery strategies must include children,
11 adolescents, and adults who fall into the following
12 categories:

13 1. Adults in mental health crisis.

14 2. Older adults in crisis.

15 3. Adults with severe and persistent mental illness.

16 4. Adults with substance abuse problems.

17 5. Adults with forensic involvement.

18 6. Older adults with severe and persistent mental
19 illness.

20 7. Older adults with substance abuse problems.

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

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

25 10. Children and adolescents in state custody pursuant
26 to chapter 39, Florida Statutes.

27 11. Children and adolescents in residential commitment
28 programs of the Department of Juvenile Justice pursuant to
29 chapter 985, Florida Statutes.

30 (c) The service delivery strategies must include a
31 continuing care system for persons whose clinical and

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

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

22 (e) The managing entity shall ensure that written
23 cooperative agreements are developed among the judicial
24 system, the criminal justice system, and the local mental
25 health providers in the geographic area which define
26 strategies and alternatives for diverting, from the criminal
27 justice system to the civil system as provided under the Baker
28 Act, persons with mental illness who are arrested for a
29 misdemeanor. These agreements must also address the provision
30 of appropriate services to persons with behavioral health
31 problems who leave the criminal justice system.

- 1 (f) Managing entities must submit data to the
2 Department of Children and Family Services and the Agency for
3 Health Care Administration on the use of services and the
4 outcomes for all enrolled clients. Managing entities must meet
5 performance expectations related to:
- 6 1. The rate at which individuals in the community
7 receive services, including persons who receive followup care
8 after emergencies.
- 9 2. Clinical improvement of individuals served,
10 clinically and functionally.
- 11 3. Reduction of jail admissions.
- 12 4. Consumer and family satisfaction.
- 13 5. Satisfaction of key community constituents such as
14 law enforcement agencies, juvenile justice agencies, courts,
15 schools, local government entities, and others as appropriate
16 for the locality.
- 17 (g) The Agency for Health Care Administration may
18 certify matching funds or seek federal waivers that are
19 necessary to implement the behavioral health care service
20 delivery strategies.
- 21 (h) The Department of Children and Family Services, in
22 consultation with the Agency for Health Care Administration,
23 shall prepare an amendment by October 31, 2001, to the 2001
24 state master plan required under s. 394.75(1), Florida
25 Statutes, which describes each service delivery strategy,
26 including at least the following details:
- 27 1. Operational design.
- 28 2. Counties or service districts included in each
29 strategy.
- 30 3. Expected outcomes.
- 31 4. Timeframes.

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

1 receiving the annual report from the entity conducting the
2 evaluation, the department and the agency shall jointly make
3 any recommendations to the Executive Office of the Governor
4 regarding changes in the service delivery strategies or in the
5 implementation of the strategies, including timeframes. The
6 Executive Office of the Governor shall consult with the
7 appropriate legislative committees prior to making changes in
8 the design of the strategies or prior to implementing the
9 strategies in other geographic areas. If the Executive Office
10 of the Governor makes no recommendation to implement the
11 service delivery strategies in other areas of the state after
12 the strategies have operated for 3 years, the strategies will
13 cease. The Executive Office of the Governor shall then submit
14 a final report to the Legislature which details the reasons
15 for terminating the strategies.

16 Section 8. Report on state substance abuse and mental
17 health master plan.--

18 (1) The Mental Health Program Office of the Department
19 of Children and Family Services shall establish an interagency
20 workgroup that is responsible for preparing a report that
21 addresses issues identified in the development of the state
22 master plan for mental health and substance abuse treatment
23 services pursuant to s. 394.75, Florida Statutes. The report
24 shall address:

25 (a) Specific barriers to improved linkage of services
26 among departments and agencies.

27 (b) How the barriers will be addressed over time.

28 (c) Areas of overlap in services and funding.

29 (d) Gaps in services among the agencies.

30 (e) Strategies to achieve regulatory consistency.

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1 (f) Due dates for specific products, and
2 responsibility for developing the products.

3 (2) In addition to the Mental Health Program Office,
4 the workgroup shall include representatives from the following
5 government agencies:

6 (a) The Agency for Health Care Administration.

7 (b) The Substance Abuse Program Office and the Office
8 of Family Safety of the Department of Children and Family
9 Services.

10 (c) The Department of Corrections.

11 (d) The Department of Education.

12 (e) The Department of Elderly Affairs.

13 (f) The Department of Health.

14 (g) The Department of Juvenile Justice.

15 (h) The Office of Drug Control.

16 (i) County government.

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18 The report of the workgroup shall be submitted to the
19 Governor, the President of the Senate, and the Speaker of the
20 House of Representatives by January 1, 2002.

21 Section 9. This act shall take effect upon becoming a
22 law.