

583-232AX-08 Bill No. CS for CS for SB 1258, 1st Eng.
Amendment No. ____ (for drafter's use only)

	<u>Senate</u>	CHAMBER ACTION	<u>House</u>
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Representative(s) Murman offered the following:

Amendment (with title amendment)

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

Section 1. Section 394.499, Florida Statutes, is
created to read:
394.499 Integrated children's crisis stabilization
unit/juvenile addictions receiving facility services.--
(1) Beginning July 1, 2001, the Department of Children
and Family Services, in consultation with the Agency for
Health Care Administration, is authorized to establish
children's behavioral crisis unit demonstration models in
Collier, Lee, and Sarasota Counties. By December 31, 2003, the
department shall submit to the President of the Senate, the
Speaker of the House of Representatives, and the chairs of the
Senate and House committees that oversee departmental
activities a report that evaluates the number of clients
served, quality of services, performance outcomes, and
feasibility of continuing or expanding the demonstration

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1 models. Beginning July 1, 2004, subject to approval by the
2 Legislature, the department, in cooperation with the agency,
3 may expand the demonstration models to other areas in the
4 state. The children's behavioral crisis unit demonstration
5 models will integrate children's mental health crisis
6 stabilization units with substance abuse juvenile addictions
7 receiving facility services, to provide emergency mental
8 health and substance abuse services that are integrated within
9 facilities licensed and designated by the agency for children
10 under 18 years of age who meet criteria for admission or
11 examination under this section. The services shall be
12 designated as "integrated children's crisis stabilization
13 unit/juvenile addictions receiving facility services," shall
14 be licensed by the agency as children's crisis stabilization
15 units, and shall meet all licensure requirements for crisis
16 stabilization units. The department, in cooperation with the
17 agency, shall develop standards that address eligibility
18 criteria, clinical procedures, staffing requirements,
19 operational, administrative, and financing requirements, and
20 investigation of complaints for such integrated facility
21 services. Standards that are implemented specific to substance
22 abuse services shall meet or exceed existing standards for
23 addictions receiving facilities.

24 (2) Children eligible to receive integrated children's
25 crisis stabilization unit/juvenile addictions receiving
26 facility services include:

27 (a) A person under 18 years of age for whom voluntary
28 application is made by his or her guardian, if such person is
29 found to show evidence of mental illness and to be suitable
30 for treatment pursuant to s. 394.4625. A person under 18 years
31 of age may be admitted for integrated facility services only

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1 after a hearing to verify that the consent to admission is
2 voluntary.

3 (b) A person under 18 years of age who may be taken to
4 a receiving facility for involuntary examination, if there is
5 reason to believe that he or she is mentally ill and because
6 of his or her mental illness, pursuant to s. 394.463:

7 1. Has refused voluntary examination after
8 conscientious explanation and disclosure of the purpose of the
9 examination; or

10 2. Is unable to determine for himself or herself
11 whether examination is necessary; and

12 a. Without care or treatment is likely to suffer from
13 neglect or refuse to care for himself or herself; such neglect
14 or refusal poses a real and present threat of substantial harm
15 to his or her well-being; and it is not apparent that such
16 harm may be avoided through the help of willing family members
17 or friends or the provision of other services; or

18 b. There is a substantial likelihood that without care
19 or treatment he or she will cause serious bodily harm to
20 himself or herself or others in the near future, as evidenced
21 by recent behavior.

22 (c) A person under 18 years of age who wishes to enter
23 treatment for substance abuse and applies to a service
24 provider for voluntary admission, pursuant to s. 397.601.

25 (d) A person under 18 years of age who meets the
26 criteria for involuntary admission because there is good faith
27 reason to believe the person is substance abuse impaired
28 pursuant to s. 397.675 and, because of such impairment:

29 1. Has lost the power of self-control with respect to
30 substance use; and

31 2.a. Has inflicted, or threatened or attempted to

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1 inflict, or unless admitted is likely to inflict, physical
2 harm on himself or herself or another; or

3 b. Is in need of substance abuse services and, by
4 reason of substance abuse impairment, his or her judgment has
5 been so impaired that the person is incapable of appreciating
6 his or her need for such services and of making a rational
7 decision in regard thereto; however, mere refusal to receive
8 such services does not constitute evidence of lack of judgment
9 with respect to his or her need for such services.

10 (e) A person under 18 years of age who meets the
11 criteria for examination or admission under paragraph (b) or
12 paragraph (d) and has a coexisting mental health and substance
13 abuse disorder.

14 (3) The department shall contract for an independent
15 evaluation of the children's behavioral crisis unit
16 demonstration models to identify the most effective ways to
17 provide integrated crisis stabilization unit/juvenile
18 addiction receiving facility services to children. The
19 evaluation shall be reported to the Legislature by December
20 31, 2003.

21 (4) The department, in cooperation with the agency, is
22 authorized to adopt rules regarding standards and procedures
23 for integrated children's crisis stabilization unit/juvenile
24 addictions receiving facility services.

25 Section 2. Nothing in s. 394.499, Florida Statutes,
26 shall be construed to require an existing crisis stabilization
27 unit or juvenile addictions receiving facility to convert to a
28 children's behavioral crisis unit.

29 Section 3. Subsections (13) and (14) are added to
30 section 394.66, Florida Statutes, to read:

31 394.66 Legislative intent with respect to substance

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1 abuse and mental health services.--It is the intent of the
2 Legislature to:

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

6 (14) Ensure that the state agencies licensing and
7 monitoring contracted providers perform in the most
8 cost-efficient and effective manner with limited duplication
9 and disruption to organizations providing services.

10 Section 4. Section 394.741, Florida Statutes, is
11 created to read:

12 394.741 Accreditation requirements for providers of
13 behavioral health care services.--

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

17 (2) Notwithstanding any provision of law to the
18 contrary, accreditation shall be accepted by the agency and
19 department in lieu of the agency's and department's facility
20 licensure on-site review requirements and shall be accepted as
21 a substitute for the department's administrative and program
22 monitoring requirements, except as required by subsections (3)
23 and (4):

24 (a) Any organization from which the department
25 purchases behavioral health care services that is accredited
26 by the Joint Commission on Accreditation of Healthcare
27 Organizations or the Council on Accreditation for Children and
28 Family Services, or have those services that are being
29 purchased by the department accredited by CARF--the
30 Rehabilitation Accreditation Commission.

31 (b) Any mental health facility licensed by the agency

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1 or any substance abuse component licensed by the department
2 that is accredited by the Joint Commission on Accreditation of
3 Healthcare Organizations, CARF--the Rehabilitation
4 Accreditation Commission, or the Council on Accreditation of
5 Children and Family Services.

6 (c) Any network of providers from which the department
7 or the agency purchase behavioral health care services
8 accredited by the Joint Commission on Accreditation of
9 Healthcare Organizations, CARF--the Rehabilitation
10 Accreditation Commission, the Council on Accreditation of
11 Children and Family Services, or the National Committee for
12 Quality Assurance. A provider organization, which is part of
13 an accredited network, is afforded the same rights under this
14 part.

15 (3) For mental health services, the department and the
16 agency may adopt rules that establish:

17 (a) Additional standards for monitoring and licensing
18 accredited programs and facilities that the department and the
19 agency have determined are not specifically and distinctly
20 covered by the accreditation standards and processes. These
21 standards and the associated monitoring must not duplicate the
22 standards and processes already covered by the accrediting
23 bodies.

24 (b) An on-site monitoring process between 24 months
25 and 36 months after accreditation for nonresidential
26 facilities to assure that accredited organizations exempt from
27 licensing and monitoring activities under this part continue
28 to comply with critical standards.

29 (c) An on-site monitoring process between 12 months
30 and 24 months after accreditation for residential facilities
31 to assure that accredited organizations exempt from licensing

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1 and monitoring activities under this part continue to comply
2 with critical standards.

3 (4) For substance abuse services, the department shall
4 conduct full licensure inspections every 3 years and shall
5 develop in rule criteria which would justify more frequent
6 inspections.

7 (5) 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. Proof of compliance with fire and health safety
16 standards will be submitted as required by rule.

17 (6) The department or agency, by accepting the survey
18 or inspection of an accrediting organization, does not forfeit
19 its rights to perform inspections at any time, including
20 contract monitoring to ensure that deliverables are provided
21 in accordance with the contract.

22 (7) The department and the agency shall report to the
23 Legislature by January 1, 2003, on the viability of mandating
24 all organizations under contract with the department for the
25 provision of behavioral health care services, or licensed by
26 the agency or department to be accredited. The department and
27 the agency shall also report to the Legislature by January 1,
28 2003, on the viability of privatizing all licensure and
29 monitoring functions through an accrediting organization.

30 (8) The accreditation requirements of this section
31 shall apply to contracted organizations that are already

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1 accredited immediately upon becoming law.

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

4 394.90 Inspection; right of entry; records.--

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

21 ~~(b) The agency shall conduct compliance investigations~~
22 ~~and sample validation inspections to evaluate the inspection~~
23 ~~process of accrediting organizations to ensure minimum~~
24 ~~standards are maintained as provided in Florida statute and~~
25 ~~rule. The agency may conduct a lifesafety inspection in~~
26 ~~calendar years in which an accrediting organization survey is~~
27 ~~not conducted and shall conduct a full state inspection,~~
28 ~~including a lifesafety inspection, if an accrediting~~
29 ~~organization survey has not been conducted within the previous~~
30 ~~36 months. The agency, by accepting the survey or inspection~~
31 ~~of an accrediting organization, does not forfeit its right to~~

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1 ~~perform inspections.~~

2 Section 6. Subsection (3) of section 397.403, Florida
3 Statutes, is amended to read:

4 397.403 License application.--

5 (3) The department shall accept proof of accreditation
6 by CARF--the Rehabilitation Accreditation Commission ~~on~~
7 ~~Accreditation of Rehabilitation Facilities (CARF)~~ or the Joint
8 Commission on Accreditation of Health Care Organizations
9 (JCAHCO), or through any other nationally recognized
10 certification process that is acceptable to the department and
11 meets the minimum licensure requirements under this chapter,
12 in lieu of requiring the applicant to submit the information
13 required by paragraphs (1)(a)-(c).

14 Section 7. Subsection (2) of section 397.411, Florida
15 Statutes, is amended to read:

16 397.411 Inspection; right of entry; records.--

17 (2)~~(a)~~ The department shall ~~may~~ accept, in lieu of its
18 own inspections for licensure, the survey or inspection of an
19 accrediting organization, if the provider is accredited
20 according to the provisions of s. 394.741 and the department
21 receives the report of the accrediting organization. ~~The~~
22 ~~department shall develop, and adopt by rule, specific criteria~~
23 ~~for assuring that the accrediting organization has specific~~
24 ~~standards and experience related to the program area being~~
25 ~~licensed; specific criteria for accepting the standards and~~
26 ~~survey methodologies of an accrediting organization;~~
27 ~~delineations of the obligations of accrediting organizations~~
28 ~~to assure adherence to those standards; criteria for~~
29 ~~receiving, accepting, and maintaining the confidentiality of~~
30 ~~the survey and corrective action reports; and allowance for~~
31 ~~the department's participation in surveys.~~

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

14 Section 8. Paragraph (a) of subsection (4) of section
15 409.1671, Florida Statutes, is amended to read:

16 409.1671 Foster care and related services;
17 privatization.--

18 (4)(a) The department shall establish a quality
19 assurance program for privatized services. The quality
20 assurance program shall be based on standards established by a
21 national accrediting organization such as the Council on
22 Accreditation of Services for Families and Children, Inc.
23 (COA) or CARF--the Rehabilitation Accreditation Commission ~~the~~
24 ~~Council on Accreditation of Rehabilitation Facilities (CARF)~~.
25 The department may develop a request for proposal for such
26 oversight. This program must be developed and administered at
27 a statewide level. The Legislature intends that the department
28 be permitted to have limited flexibility to use funds for
29 improving quality assurance. To this end, effective January 1,
30 2000, the department may transfer up to 0.125 percent of the
31 total funds from categories used to pay for these

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1 contractually provided services, but the total amount of such
2 transferred funds may not exceed \$300,000 in any fiscal year.
3 When necessary, the department may establish, in accordance
4 with s. 216.177, additional positions that will be exclusively
5 devoted to these functions. Any positions required under this
6 paragraph may be established, notwithstanding ss.
7 216.262(1)(a) and 216.351. The department, in consultation
8 with the community-based agencies that are undertaking the
9 privatized projects, shall establish minimum thresholds for
10 each component of service, consistent with standards
11 established by the Legislature. Each program operated under
12 contract with a community-based agency must be evaluated
13 annually by the department. The department shall submit an
14 annual report regarding quality performance, outcome measure
15 attainment, and cost efficiency to the President of the
16 Senate, the Speaker of the House of Representatives, the
17 minority leader of each house of the Legislature, and the
18 Governor no later than January 31 of each year for each
19 project in operation during the preceding fiscal year.

20 Section 9. Behavioral Health Service Delivery
21 Strategies.--

22 (1) LEGISLATIVE FINDINGS AND INTENT.--The Legislature
23 finds that a management structure that places the
24 responsibility for mental health and substance abuse treatment
25 services within a single entity and that contains a flexible
26 funding arrangement will allow for customized services to meet
27 individual client needs and will provide incentives for
28 provider agencies to serve persons in the target population
29 who have the most complex treatment and support needs. The
30 Legislature recognizes that in order for the state's publicly
31 funded mental health and substance abuse treatment systems to

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1 evolve into a single well-integrated behavioral health system,
2 a transition period is needed and demonstration sites must be
3 established where new ideas and technologies can be tested and
4 critically reviewed.

5 (2) DEFINITIONS.--As used in this section, the term:

6 (a) "Behavioral health services" means mental health
7 services and substance abuse treatment services that are
8 provided with state and federal funds.

9 (b) "Managing entity" means an entity that manages the
10 delivery of behavioral health services.

11 (3) SERVICE DELIVERY STRATEGIES.--The Department of
12 Children and Family Services and the Agency for Health Care
13 Administration shall develop service delivery strategies that
14 will improve the coordination, integration, and management of
15 the delivery of mental health and substance abuse treatment
16 services to persons with emotional, mental, or addictive
17 disorders. It is the intent of the Legislature that a
18 well-managed service delivery system will increase access for
19 those in need of care, improve the coordination and continuity
20 of care for vulnerable and high-risk populations, redirect
21 service dollars from restrictive care settings and out-of-date
22 service models to community-based psychiatric rehabilitation
23 services, and reward cost-effective and appropriate care
24 patterns. The Legislature recognizes that the Medicaid, mental
25 health, and substance abuse treatment programs are three
26 separate systems and that each has unique characteristics,
27 including unique requirements for eligibility. To move toward
28 a well-integrated system of behavioral health care services
29 will require careful planning and implementation. It is the
30 intent of the Legislature that the service delivery strategies
31 will be the first phase of transferring the provision and

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1 management of mental health and substance abuse treatment
2 services provided by the Department of Children and Family
3 Services and the Medicaid program from traditional
4 fee-for-service and unit-cost contracting methods to
5 risk-sharing arrangements. As used in this section, the term
6 "behavioral health care services" means mental health services
7 and substance abuse treatment services that are provided with
8 state and federal funds.

9 (4) CONTRACT FOR SERVICES.--

10 (a) The Department of Children and Family Services and
11 the Agency for Health Care Administration may contract for the
12 provision or management of behavioral health services with a
13 managing entity in at least two geographic areas. Both the
14 Department of Children and Family Services and the Agency for
15 Health Care Administration must contract with the same
16 managing entity in any distinct geographic area where the
17 strategy operates. This managing entity shall be accountable
18 for the delivery of behavioral health services specified by
19 the department and the agency for children, adolescents, and
20 adults. The geographic area must be of sufficient size in
21 population and have enough public funds for behavioral health
22 services to allow for flexibility and maximum efficiency.
23 Notwithstanding the provisions of s. 409.912(3)(b) 1. and 2.,
24 Florida Statutes, at least one service delivery strategy must
25 be in one of the service districts in the catchment area of G.
26 Pierce Wood Memorial Hospital.

27 (b) Under one of the service delivery strategies, the
28 Department of Children and Family Services may contract with a
29 prepaid mental health plan that operates under s. 409.912,
30 Florida Statutes, to be the managing entity. Under this
31 strategy, the Department of Children and Family Services is

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1 not required to competitively procure those services and,
2 notwithstanding other provisions of law, may employ
3 prospective payment methodologies that the department finds
4 are necessary to improve client care or institute more
5 efficient practices. The Department of Children and Family
6 Services may employ in its contract any provision of the
7 current prepaid behavioral health care plan authorized under
8 s. 409.912(3)(a) and (b), Florida Statutes, or any other
9 provision necessary to improve quality, access, continuity,
10 and price. Any contracts under this strategy in Area 6 of the
11 Agency for Health Care Administration or in the prototype
12 region under s. 20.19(7), Florida Statutes, of the Department
13 of Children and Family Services may be entered with the
14 existing substance abuse treatment provider network if an
15 administrative services organization is part of its network.
16 In Area 6 of the Agency for Health Care Administration or in
17 the prototype region of the Department of Children and Family
18 Services, the Department of Children and Family Services and
19 the Agency for Health Care Administration may employ
20 alternative service delivery and financing methodologies,
21 which may include prospective payment for certain population
22 groups. The population groups that are to be provided these
23 substance abuse services would include at a minimum:
24 individuals and families receiving family safety services;
25 Medicaid-eligible children, adolescents, and adults who are
26 substance-abuse-impaired; or current recipients and persons at
27 risk of needing cash assistance under Florida's welfare reform
28 initiatives.
29 (c) Under the second service delivery strategy, the
30 Department of Children and Family Services and the Agency for
31 Health Care Administration shall competitively procure a

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1 contract for the management of behavioral health services with
2 a managing entity. The Department of Children and Family
3 Services and the Agency for Health Care Administration may
4 purchase from the managing entity the management services
5 necessary to improve continuity of care and access to care,
6 contain costs, and improve quality of care. The managing
7 entity shall manage and coordinate all publicly funded
8 diagnostic or assessment services, acute care services,
9 rehabilitative services, support services, and continuing care
10 services for persons who meet the financial criteria specified
11 in part IV of chapter 394, Florida Statutes, for publicly
12 funded mental health and substance abuse treatment services or
13 for persons who are Medicaid eligible. The managing entity
14 shall be solely accountable for a geographic area and shall
15 coordinate the emergency care system. The managing entity may
16 be a network of existing providers with an administrative
17 services organization that can function independently, may be
18 an administrative services organization that is independent of
19 local provider agencies, or may be an entity of state or local
20 government.

21 (d) Under both strategies, the Department of Children
22 and Family Services and the Agency for Health Care
23 Administration may:

24 1. Establish benefit packages based on the level of
25 severity of illness and level of client functioning;

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

30 3. Use prepaid per capita and prepaid aggregate
31 fixed-sum payment methodologies; and

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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 managing entity contract shall be
5 funded through a combination of funds from the Department of
6 Children and Family Services and the Agency for Health Care
7 Administration. To operate the managing entity, the Department
8 of Children and Family Services and the Agency for Health Care
9 Administration may not expend more than 10 percent of the
10 annual appropriations for mental health and substance abuse
11 treatment services prorated to the geographic areas and must
12 include all behavioral health Medicaid funds, including
13 psychiatric inpatient funds. This restriction does not apply
14 to a prepaid behavioral health plan that is authorized under
15 s. 409.912(3)(a) and (b), Florida Statutes.

16 (f) Contracting and payment mechanisms for services
17 should promote flexibility and responsiveness and should allow
18 different categorical funds to be combined. The service array
19 should be determined by using needs assessment and best
20 practice models.

21 (5) STATEWIDE ACTIONS.--If Medicaid appropriations for
22 Community Mental Health Services or Mental Health Targeted
23 Case Management are reduced in Fiscal Year 2001-02, the agency
24 and the department shall jointly develop and implement
25 strategies that reduce service costs in a manner that
26 mitigates the impact on persons in need of those services. The
27 agency and department may employ any methodologies on a
28 regional or statewide basis necessary to achieve the
29 reduction, including but not limited to use of case rates,
30 prepaid per capita contracts, utilization management, expanded
31 use of care management, use of waivers from the Health Care

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1 Financing Administration to maximize federal matching of
2 current local and state funding, modification or creation of
3 additional procedure codes, and certification of match or
4 other management techniques.

5 (6) GOALS.--The goal of the service delivery
6 strategies is to provide a design for an effective
7 coordination, integration, and management approach for
8 delivering effective behavioral health services to persons who
9 are experiencing a mental health or substance abuse crisis,
10 who have a disabling mental illness or substance abuse
11 disorder and will require extended services in order to
12 recover from their illness, or who need brief treatment or
13 supportive interventions to avoid a crisis or disability.
14 Other goals of the models include the following:

15 (a) Improve accountability for a local system of
16 behavioral health care services to meet performance outcomes
17 and standards.

18 (b) Assure continuity of care for all children,
19 adolescents, and adults who enter the publicly funded
20 behavioral health service system.

21 (c) Provide early diagnosis and treatment
22 interventions to enhance recovery and prevent hospitalization.

23 (d) Improve assessment of local needs for behavioral
24 health services.

25 (e) Improve the overall quality of behavioral health
26 services through the use of best practice models.

27 (f) Demonstrate improved service integration between
28 behavioral health programs and other programs, such as
29 vocational rehabilitation, education, child welfare, primary
30 health care, emergency services, and criminal justice.

31 (g) Provide for additional testing of creative and

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1 flexible strategies for financing behavioral health services
2 to enhance individualized treatment and support services.
3 (h) Control the costs of services without sacrificing
4 quality of care.
5 (i) Coordinate the admissions and discharges from
6 state mental health hospitals and residential treatment
7 centers.
8 (j) Improve the integration, accessibility, and
9 dissemination of behavioral health data for planning and
10 monitoring purposes.
11 (k) Promote specialized behavioral health services to
12 residents of assisted living facilities.
13 (l) Reduce the admissions and the length of stay for
14 dependent children in residential treatment centers.
15 (m) Provide services to abused and neglected children
16 and their families as indicated in court-ordered case plans.
17 (7) ESSENTIAL ELEMENTS.--
18 (a) The managing entity must demonstrate the ability
19 of its network of providers to comply with the pertinent
20 provisions of chapters 394 and 397, Florida Statutes, and to
21 assure the provision of comprehensive behavioral health
22 services. The network of providers shall include, but is not
23 limited to, mental health centers, substance abuse treatment
24 providers, hospitals, licensed psychiatrists, licensed
25 psychiatric nurses, and mental health professionals licensed
26 under chapter 490 or chapter 491, Florida Statutes. A
27 behavioral health client served by the network under the
28 service delivery strategies may reside in his or her own home
29 or in settings including, but not limited to, assisted living
30 facilities, skilled nursing facilities, foster homes, or group
31 homes.

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1 (b) The target population to be served in the service
2 delivery strategies must include children, adolescents, and
3 adults who fall into the following categories:

- 4 1. Adults in mental health crisis;
- 5 2. Older adults in crisis;
- 6 3. Adults with serious and persistent mental illness;
- 7 4. Adults with substance abuse problems;
- 8 5. Adults with forensic involvement;
- 9 6. Older adults with severe and persistent mental
10 illness;
- 11 7. Older adults with substance abuse problems;
- 12 8. Children and adolescents with serious emotional
13 disturbances as defined in s. 394.492(6), Florida Statutes;
- 14 9. Children with substance abuse problems as defined
15 in s. 397.93(2), Florida Statutes;
- 16 10. Children and adolescents in state custody pursuant
17 to chapter 39, Florida Statutes; and
- 18 11. Children and adolescents in residential commitment
19 programs of the Department of Juvenile Justice pursuant to
20 chapter 985, Florida Statutes.

21 (c) The service delivery strategies must include a
22 continuing care system for persons whose clinical and
23 functional status indicates the need for these services. These
24 persons will be eligible for a range of treatment,
25 rehabilitative, and support services until they no longer need
26 the services to maintain or improve their level of
27 functioning. Given the long-term nature of some mental and
28 addictive disorders, continuing care services should be
29 sensitive to the variable needs of individuals across time and
30 shall be designed to help assure easy access for persons with
31 these long-term problems. The Department of Children and

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1 Family Services shall develop criteria for the continuing care
2 program for behavioral health services.

3 (d) A local body or group must be identified by the
4 district administrator of the Department of Children and
5 Family Services to serve in an advisory capacity to the
6 behavioral health service delivery strategy and must include
7 representatives of the local school system, the judicial
8 system, county government, public and private Baker Act
9 receiving facilities, and law enforcement agencies; a consumer
10 of the public behavioral health system; and a family member of
11 a consumer of the publicly funded system. This advisory body
12 may be the community alliance established under section
13 20.19(6), Florida Statutes, or any other suitable established
14 local group.

15 (e) The managing entity shall ensure that written
16 cooperative agreements are developed among the judicial
17 system, the criminal justice system, and the local behavioral
18 health providers in the geographic area which define
19 strategies and alternatives for diverting, from the criminal
20 justice system to the civil system as provided under part I of
21 chapter 394, Florida Statutes, or chapter 397, Florida
22 Statutes, persons with behavioral health problems who are
23 arrested for a misdemeanor. These agreements must also address
24 the provision of appropriate services to persons with
25 behavioral health problems who leave the criminal justice
26 system.

27 (f) Managing entities must submit data to the
28 Department of Children and Family Services and the Agency for
29 Health Care Administration on the use of services and the
30 outcomes for all enrolled clients. Managing entities must meet
31 performance standards developed by the Agency for Health Care

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- 1 Administration and the Department of Children and Family
2 Services related to:
3 1. The rate at which individuals in the community
4 receive services, including persons who receive followup care
5 after emergencies.
6 2. Clinical improvement of individuals served,
7 clinically and functionally.
8 3. Reduction of jail admissions.
9 4. Consumer and family satisfaction.
10 5. Satisfaction of key community constituents such as
11 law enforcement agencies, juvenile justice agencies, the
12 courts, the schools, local government entities, and others as
13 appropriate for the locality.

14 (g) The Agency for Health Care Administration may
15 establish a certified match program, which must be voluntary.
16 Under a certified match program, reimbursement is limited to
17 the federal Medicaid share to Medicaid-enrolled strategy
18 participants. The agency shall take no action to implement a
19 certified match program without ensuring that the consultation
20 provisions of chapter 216, Florida Statutes, have been met.
21 The agency may seek federal waivers that are necessary to
22 implement the behavioral health service delivery strategies.

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

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1 c. Expected outcomes; and
2 d. Timeframes.
3 2. The amendment shall specifically address the
4 application of each service delivery strategy to substance
5 abuse services, including:
6 a. The development of substance abuse service
7 protocols;
8 b. Credentialing requirements for substance abuse
9 services; and
10 c. The development of new service models for
11 individuals with co-occurring mental health and substance
12 abuse disorders.
13 3. The amendment must specifically address the
14 application of each service delivery strategy to the child
15 welfare system, including:
16 a. The development of service models that support
17 working with both children and their families in a
18 community-based care system and that are specific to the child
19 welfare system.
20 b. A process for providing services to abused and
21 neglected children and their families as indicated in
22 court-ordered case plans.
23 (8) MONITORING AND EVALUATION.--The Department of
24 Children and Family Services and the Agency for Health Care
25 Administration shall provide routine monitoring and oversight
26 of and technical assistance to the managing entities. The
27 Louis de la Parte Florida Mental Health Institute shall
28 conduct an ongoing formative evaluation of each strategy to
29 identify the most effective methods and techniques used to
30 manage, integrate, and deliver behavioral health services. The
31 entity conducting the evaluation shall report to the

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1 Department of Children and Family Services, the Agency for
2 Health Care Administration, the Executive Office of the
3 Governor, and the Legislature every 12 months regarding the
4 status of the implementation of the service delivery
5 strategies. The report must include a summary of activities
6 that have occurred during the past 12 months of implementation
7 and any problems or obstacles that prevented, or may prevent
8 in the future, the managing entity from achieving performance
9 goals and measures. The first status report is due January 1,
10 2002. After the service delivery strategies have been
11 operational for 1 year, the status report must include an
12 analysis of administrative costs and the status of the
13 achievement of performance outcomes. Upon receiving the annual
14 report from the evaluator, the Department of Children and
15 Family Services and the Agency for Health Care Administration
16 shall jointly make any recommendations to the Executive Office
17 of the Governor regarding changes in the service delivery
18 strategies or in the implementation of the strategies,
19 including timeframes.

20 Section 10. Behavioral Health Services Integration
21 Workgroup.--

22 (1) The Secretary of Children and Family Services
23 shall establish the Behavioral Health Services Integration
24 Workgroup, which, at a minimum, shall include representatives
25 from the following: Department of Juvenile Justice, the
26 Department of Corrections, and the Department of Education;
27 the Office of Drug Control Policy; the Agency for Health Care
28 Administration; and county jails, homeless coalitions, county
29 government, providers of behavioral health services, public
30 and private Baker Act receiving facilities, providers of child
31 protection services, assisted living facilities serving

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1 behavioral health clients, and consumers of behavioral health
2 services and their families. The Behavioral Health Services
3 Integration Workgroup shall assess barriers to the effective
4 and efficient integration of mental health and substance abuse
5 treatment services across various systems, propose solutions
6 to these barriers, and ensure that plans for mental health and
7 substance abuse treatment services which are required by
8 statute consider these solutions. Under chapter 216, Florida
9 Statutes, the Department of Children and Family Services may
10 transfer up to \$200,000 to support the Behavioral Health
11 Services Integration Workgroup.

12 (2) The Behavioral Health Services Integration
13 Workgroup shall submit a report to the Governor, the President
14 of the Senate, and the Speaker of the House of Representatives
15 by January 1, 2002, regarding the Workgroup's progress toward
16 achieving the goals specified in subsection (1).

17 Section 11. This act shall take effect upon becoming a
18 law.

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

22 And the title is amended as follows:
23 remove from the title of the bill: the entire title
24
25 and insert in lieu thereof:

26 A bill to be entitled
27 An act relating to substance abuse and mental
28 health services; creating s. 394.499, F.S.;
29 authorizing the Department of Children and
30 Family Services, in consultation with the
31 Agency for Health Care Administration, to

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1 establish children's behavioral crisis unit
2 demonstration models to provide integrated
3 emergency mental health and substance abuse
4 services to persons under 18 years of age at
5 facilities licensed as children's crisis
6 stabilization units; providing for standards,
7 procedures, and requirements for services;
8 providing eligibility criteria; requiring the
9 department to report on the initial
10 demonstration models; providing for expanding
11 the demonstration models; providing for
12 independent evaluation and report; providing
13 rulemaking authority; amending s. 394.66, F.S.;
14 providing legislative intent relating to the
15 accreditation and cost-efficiency of substance
16 abuse and mental health service providers;
17 creating s. 394.741, F.S., relating to
18 accreditation requirements for providers of
19 behavioral health care services; defining the
20 term "behavioral health care services";
21 requiring the accreditation of certain entities
22 to be accepted in lieu of licensure,
23 administrative, and program monitoring
24 requirements; authorizing the adoption of
25 rules; requiring that the Department of
26 Children and Family Services and the Agency for
27 Health Care Administration be allowed access to
28 all accreditation reports, corrective action
29 plans, and performance data submitted to
30 accrediting organizations; authorizing followup
31 monitoring by the department and the agency if

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1 major deficiencies are identified through the
2 accreditation process; preserving the right of
3 the department and agency to perform
4 inspections, including contract monitoring;
5 requiring the department and the agency to
6 report to the Legislature on the viability of
7 mandating accreditation and privatizing
8 licensure and monitoring functions; specifying
9 that the accreditation requirements of s.
10 394.741, F.S., apply to contracted
11 organizations that are already accredited;
12 amending s. 394.90, F.S., relating to substance
13 abuse and mental health services; revising
14 provisions relating to licensure,
15 accreditation, and inspection of facilities, to
16 conform; providing a cross reference; amending
17 s. 397.411, F.S., relating to substance abuse
18 service providers; revising provisions relating
19 to licensure, accreditation, and inspection of
20 facilities, to conform; providing a cross
21 reference; amending ss. 397.403 and 409.1671,
22 F.S.; revising the name of the Commission on
23 Accreditation of Rehabilitation Facilities;
24 providing legislative findings with respect to
25 providing mental health and substance abuse
26 treatment services; permitting the Department
27 of Children and Family Services and the Agency
28 for Health Care Administration to contract for
29 the establishment of two behavioral health
30 service delivery strategies to test methods and
31 techniques for coordinating, integrating, and

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1 managing the delivery of mental health services
2 and substance abuse treatment services for
3 persons with emotional, mental, or addictive
4 disorders; requiring a managing entity for each
5 service delivery strategy; requiring that costs
6 be shared by the Department of Children and
7 Family Services and the Agency for Health Care
8 Administration; specifying the goals of the
9 service delivery strategies; specifying the
10 target population of persons to be enrolled
11 under each strategy; requiring a continuing
12 care system; requiring an advisory body for
13 each demonstration model; requiring certain
14 cooperative agreements; providing reporting
15 requirements; requiring an independent entity
16 to evaluate the service delivery strategies;
17 requiring annual reports; creating a Behavioral
18 Health Services Integration Workgroup;
19 requiring the Secretary of Children and Family
20 Services to appoint members to the Workgroup;
21 providing authority for a transfer of funds to
22 support the Workgroup; requiring the Workgroup
23 to report to the Governor and the Legislature;
24 providing an effective date.

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