

By the Committees on Health, Aging and Long-Term Care;  
Children and Families; and Senator Mitchell

317-1690A-01

1                                   A bill to be entitled  
2           An act relating to behavioral health services;  
3           providing legislative findings with respect to  
4           providing mental health and  
5           substance-abuse-treatment services; permitting  
6           the Department of Children and Family Services  
7           and the Agency for Health Care Administration  
8           to contract for the establishment of two  
9           behavioral health service delivery strategies  
10          to test methods and techniques for  
11          coordinating, integrating, and managing the  
12          delivery of mental health services and  
13          substance-abuse-treatment services for persons  
14          with emotional, mental, or addictive disorders;  
15          requiring a managing entity for each service  
16          delivery strategy; requiring that costs be  
17          shared by the Department of Children and Family  
18          Services and the Agency for Health Care  
19          Administration; specifying the goals of the  
20          service delivery strategies; specifying the  
21          target population of persons to be enrolled  
22          under each strategy; requiring a continuing  
23          care system; requiring an advisory body for  
24          each demonstration model; requiring certain  
25          cooperative agreements; providing reporting  
26          requirements; requiring an independent entity  
27          to evaluate the service delivery strategies;  
28          requiring annual reports; creating a Behavioral  
29          Health Services Integration Workgroup;  
30          requiring the Secretary of the Department of  
31          Children and Family Services to appoint members

1 to the Workgroup; providing authority for a  
2 transfer of funds to support the Workgroup;  
3 requiring the Workgroup to report to the  
4 Governor and the Legislature; creating s.  
5 394.499, F.S.; authorizing the Department of  
6 Children and Family Services, in consultation  
7 with the Agency for Health Care Administration,  
8 to establish children's behavioral crisis unit  
9 demonstration models to provide integrated  
10 emergency mental health and substance abuse  
11 services to persons under 18 years of age at  
12 facilities licensed as children's crisis  
13 stabilization units; providing for standards,  
14 procedures, and requirements for services;  
15 providing eligibility criteria; requiring the  
16 department to report on the initial  
17 demonstration models; providing for expanding  
18 the demonstration models; providing for  
19 independent evaluation and report; providing  
20 rulemaking authority; amending s. 394.66, F.S.;  
21 providing legislative intent; creating s.  
22 394.741, F.S.; requiring the Agency for Health  
23 Care Administration and the Department of  
24 Children and Family Services to accept  
25 accreditation in lieu of its administrative and  
26 program monitoring under certain circumstances;  
27 amending s. 394.90, F.S.; requiring the Agency  
28 for Health Care Administration to accept  
29 accreditation in lieu of its onsite licensure  
30 reviews; amending s. 397.411, F.S.; requiring  
31 the Department of Children and Family Services

1 to accept accreditation in lieu of its onsite  
2 licensure reviews; amending s. 397.403, F.S.;  
3 conforming provisions; providing an effective  
4 date.

5  
6 Be It Enacted by the Legislature of the State of Florida:

7  
8 Section 1. Behavioral Health Service Delivery  
9 Strategies.--

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

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

25 (a) "Behavioral health services" means mental health  
26 services and substance-abuse-treatment services that are  
27 provided with state and federal funds.

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

30 (3) SERVICE DELIVERY STRATEGIES.--The Department of  
31 Children and Family Services and the Agency for Health Care

1 Administration shall develop service delivery strategies that  
2 will improve the coordination, integration, and management of  
3 the delivery of mental health and substance-abuse-treatment  
4 services to persons with emotional, mental, or addictive  
5 disorders. It is the intent of the Legislature that a  
6 well-managed service delivery system will increase access for  
7 those in need of care, improve the coordination and continuity  
8 of care for vulnerable and high-risk populations, redirect  
9 service dollars from restrictive care settings and out-of-date  
10 service models to community-based psychiatric rehabilitation  
11 services, and reward cost-effective and appropriate care  
12 patterns. The Legislature recognizes that the Medicaid, mental  
13 health, and substance-abuse-treatment programs are three  
14 separate systems and that each has unique characteristics,  
15 including unique requirements for eligibility. To move toward  
16 a well-integrated system of behavioral health care services  
17 will require careful planning and implementation. It is the  
18 intent of the Legislature that the service delivery strategies  
19 will be the first phase of transferring the provision and  
20 management of mental health and substance-abuse-treatment  
21 services provided by the Department of Children and Family  
22 Services and the Medicaid program from traditional  
23 fee-for-service and unit-cost contracting methods to  
24 risk-sharing arrangements. As used in this section, the term  
25 "behavioral health care services" means mental health services  
26 and substance-abuse-treatment services that are provided with  
27 state and federal funds.

28 (4) CONTRACT FOR SERVICES.--

29 (a) The Department of Children and Family Services and  
30 the Agency for Health Care Administration may contract for the  
31 provision or management of behavioral health services with a

1 managing entity in at least two geographic areas. Both the  
2 Department of Children and Family Services and the Agency for  
3 Health Care Administration must contract with the same  
4 managing entity in any distinct geographic area where the  
5 strategy operates. This managing entity shall be accountable  
6 for the delivery of behavioral health services specified by  
7 the department and the agency for children, adolescents, and  
8 adults. The geographic area must be of sufficient size in  
9 population and have enough public funds for behavioral health  
10 services to allow for flexibility and maximum efficiency. At  
11 least one demonstration model must be in the G. Pierce Wood  
12 Memorial Hospital catchment area.

13 (b) Under one of the service delivery strategies, the  
14 Department of Children and Family Services may contract with a  
15 prepaid mental health plan that operates under section  
16 409.912, Florida Statutes, to be the managing entity. Under  
17 this strategy, the Department of Children and Family Services  
18 is not required to competitively procure those services and,  
19 notwithstanding other provisions of law, may employ  
20 prospective payment methodologies that the department finds  
21 are necessary to improve client care or institute more  
22 efficient practices. The Department of Children and Family  
23 Services may employ in its contract any provision of the  
24 current prepaid behavioral health care plan authorized under  
25 s. 409.912(3)(a) and (b), Florida Statutes, or any other  
26 provision necessary to improve quality, access, continuity,  
27 and price. Any contracts under this strategy in Area 6 of the  
28 Agency for Health Care Administration or in the prototype  
29 region under section 20.19(7), Florida Statutes, of the  
30 Department of Children and Family Services may be entered with  
31 the existing substance-abuse-treatment provider network if an

1 administrative services organization is part of its network.  
2 In Area 6 of the Agency for Health Care Administration or in  
3 the prototype region of the Department of Children and Family  
4 Services, the Department of Children and Family Services and  
5 the Agency for Health Care Administration may employ  
6 alternative service delivery and financing methodologies,  
7 which may include prospective payment for certain population  
8 groups. The population groups that are to be provided these  
9 substance-abuse services would include at a minimum:  
10 individuals and families receiving family safety services;  
11 Medicaid-eligible children, adolescents, and adults who are  
12 substance-abuse-impaired; or current recipients and persons at  
13 risk of needing cash assistance under Florida's welfare reform  
14 initiatives.

15 (c) Under the second service delivery strategy, the  
16 Department of Children and Family Services and the Agency for  
17 Health Care Administration shall competitively procure a  
18 contract for the management of behavioral health services with  
19 a managing entity. The Department of Children and Family  
20 Services and the Agency for Health Care Administration may  
21 purchase from the managing entity the management services  
22 necessary to improve continuity of care and access to care,  
23 contain costs, and improve quality of care. The managing  
24 entity shall manage and coordinate all publicly funded  
25 diagnostic or assessment services, acute care services,  
26 rehabilitative services, support services, and continuing care  
27 services for persons who meet the financial criteria specified  
28 in part IV of chapter 394, Florida Statutes, for publicly  
29 funded mental health and substance-abuse-treatment services or  
30 for persons who are Medicaid eligible. The managing entity  
31 shall be solely accountable for a geographic area and shall

1 coordinate the emergency care system. The managing entity may  
2 be a network of existing providers with an  
3 administrative-services organization that can function  
4 independently, may be an administrative-services organization  
5 that is independent of local provider agencies, or may be an  
6 entity of state or local government.

7 (d) Under both strategies, the Department of Children  
8 and Family Services and the Agency for Health Care  
9 Administration may:

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

12 2. Align and integrate procedure codes, standards, or  
13 other requirements if it is jointly determined that these  
14 actions will simplify or improve client services and  
15 efficiencies in service delivery;

16 3. Use prepaid per capita and prepaid aggregate  
17 fixed-sum payment methodologies; and

18 4. Modify their current procedure codes to increase  
19 clinical flexibility, encourage the use of the most-effective  
20 interventions, and support rehabilitative activities.

21 (e) The cost of the managing entity contract shall be  
22 funded through a combination of funds from the Department of  
23 Children and Family Services and the Agency for Health Care  
24 Administration. To operate the managing entity, the Department  
25 of Children and Family Services and the Agency for Health Care  
26 Administration may not expend more than 10 percent of the  
27 annual appropriations for mental health and  
28 substance-abuse-treatment services prorated to the geographic  
29 areas and must include all behavioral health Medicaid funds,  
30 including psychiatric inpatient funds. This restriction does  
31 not apply to a prepaid behavioral health plan that is

1 authorized under section 409.912(3)(a) and (b), Florida  
2 Statutes.

3 (f) Contracting and payment mechanisms for services  
4 should promote flexibility and responsiveness and should allow  
5 different categorical funds to be combined. The service array  
6 should be determined by using needs assessment and  
7 best-practice models.

8 (g) Medicaid reimbursement shall remain  
9 fee-for-service and the mental health and  
10 substance-abuse-treatment contracts under the Department of  
11 Children and Family Services shall be based on unit service  
12 costs until there has been sufficient experience with case-mix  
13 analysis and service modeling to determine appropriate  
14 prospective payment methodologies.

15 (h) Medicaid contracts for Behavioral Health Overlay  
16 Services for dependent children or delinquent children will  
17 remain fee-for-service. Any provider who currently contracts  
18 to provide Medicaid behavioral health services with  
19 residential group care facilities under the Family Safety  
20 program of the Department of Children and Family Services or  
21 with the Department of Juvenile Justice to serve delinquent  
22 youth in residential commitment programs shall be included in  
23 the network of providers in both service delivery strategies  
24 and shall continue the existing staffing arrangements. During  
25 the operation of the service delivery strategies, any new  
26 behavioral health provider that enters into a contract with  
27 residential group care facilities under the Family Safety  
28 program of the Department of Children and Family Services or  
29 with the Department of Juvenile Justice for delinquent youth  
30 in residential commitment programs shall also be included in  
31 the network.



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

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

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

7           (k) Promote specialized behavioral health services to  
8 residents of assisted living facilities.

9           (l) Reduce the admissions and the length of stay for  
10 dependent children in residential treatment centers.

11           (m) Provide services to abused and neglected children  
12 and their families as indicated in court-ordered case plans.

13           (6) ESSENTIAL ELEMENTS.--

14           (a) The managing entity must demonstrate the ability  
15 of its network of providers to comply with the pertinent  
16 provisions of chapters 394 and 397, Florida Statutes, and to  
17 assure the provision of comprehensive behavioral health  
18 services. The network of providers shall include, but is not  
19 limited to, mental health centers, substance-abuse-treatment  
20 providers, hospitals, licensed psychiatrists, licensed  
21 psychiatric nurses, and mental health professionals licensed  
22 under chapter 490 or chapter 491, Florida Statutes. A  
23 behavioral health client served by the network under the  
24 service delivery strategies may reside in his or her own home  
25 or in settings including, but not limited to, assisted living  
26 facilities, skilled nursing facilities, foster homes, or group  
27 homes.

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

31           1. Adults in mental health crisis;

- 1           2. Older adults in crisis;  
2           3. Adults with serious and persistent mental illness;  
3           4. Adults with substance-abuse problems;  
4           5. Adults with forensic involvement;  
5           6. Older adults with severe and persistent mental  
6 illness;  
7           7. Older adults with substance-abuse problems;  
8           8. Children and adolescents with serious emotional  
9 disturbances as defined in section 394.492(6), Florida  
10 Statutes;  
11           9. Children with substance-abuse problems as defined  
12 in section 397.93(2), Florida Statutes;  
13           10. Children and adolescents in state custody pursuant  
14 to chapter 39, Florida Statutes; and  
15           11. Children and adolescents in residential commitment  
16 programs of the Department of Juvenile Justice pursuant to  
17 chapter 985, Florida Statutes.  
18           (c) The service delivery strategies must include a  
19 continuing care system for persons whose clinical and  
20 functional status indicates the need for these services. These  
21 persons will be eligible for a range of treatment,  
22 rehabilitative, and support services until they no longer need  
23 the services to maintain or improve their level of  
24 functioning. Given the long-term nature of some mental and  
25 addictive disorders, continuing care services should be  
26 sensitive to the variable needs of individuals across time and  
27 shall be designed to help assure easy access for persons with  
28 these long-term problems. The Department of Children and  
29 Family Services shall develop criteria for the continuing care  
30 program for behavioral health services.  
31

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

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

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

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

4           2. Clinical improvement of individuals served,  
5 clinically and functionally.

6           3. Reduction of jail admissions.

7           4. Consumer and family satisfaction.

8           5. Satisfaction of key community constituents such as  
9 law enforcement agencies, juvenile justice agencies, the  
10 courts, the schools, local government entities, and others as  
11 appropriate for the locality.

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

21           (h)1. The Department of Children and Family Services,  
22 in consultation with the Agency for Health Care  
23 Administration, shall prepare an amendment by October 31,  
24 2001, to the 2001 master state plan required under section  
25 394.75(1), Florida Statutes, which describes each service  
26 delivery strategy, including at least the following details:

27           a. Operational design;

28           b. Counties or service districts included in each  
29 strategy;

30           c. Expected outcomes; and

31           d. Timeframes.

1           2. The amendment shall specifically address the  
2 application of each service delivery strategy to  
3 substance-abuse services, including:

4           a. The development of substance-abuse-service  
5 protocols;

6           b. Credentialing requirements for substance-abuse  
7 services; and

8           c. The development of new service models for  
9 individuals with co-occurring mental health and  
10 substance-abuse disorders.

11           3. The amendment must specifically address the  
12 application of each service delivery strategy to the child  
13 welfare system, including:

14           a. The development of service models that support  
15 working with both children and their families in a  
16 community-based care system and that are specific to the child  
17 welfare system.

18           b. A process for providing services to abused and  
19 neglected children and their families as indicated in  
20 court-ordered case plans.

21           (7) MONITORING AND EVALUATION.--The Department of  
22 Children and Family Services and the Agency for Health Care  
23 Administration shall provide routine monitoring and oversight  
24 of and technical assistance to the managing entities. The  
25 Louis de la Parte Florida Mental Health Institute shall  
26 conduct an ongoing formative evaluation of each strategy to  
27 identify the most effective methods and techniques used to  
28 manage, integrate, and deliver behavioral health services. The  
29 entity conducting the evaluation shall report to the  
30 Department of Children and Family Services, the Agency for  
31 Health Care Administration, the Executive Office of the

1 Governor, and the Legislature every 12 months regarding the  
2 status of the implementation of the service delivery  
3 strategies. The report must include a summary of activities  
4 that have occurred during the past 12 months of implementation  
5 and any problems or obstacles that prevented, or may prevent  
6 in the future, the managing entity from achieving performance  
7 goals and measures. The first status report is due January 1,  
8 2002. After the service delivery strategies have been  
9 operational for 1 year, the status report must include an  
10 analysis of administrative costs and the status of the  
11 achievement of performance outcomes. Upon receiving the annual  
12 report from the evaluator, the Department of Children and  
13 Family Services and the Agency for Health Care Administration  
14 shall jointly make any recommendations to the Executive Office  
15 of the Governor regarding changes in the service delivery  
16 strategies or in the implementation of the strategies,  
17 including timeframes. The Executive Office of the Governor  
18 shall consult with the appropriate legislative committees  
19 prior to making changes in the design of the strategies or  
20 prior to implementing the strategies in other geographic  
21 areas. If the Executive Office of the Governor makes no  
22 recommendation to implement the service delivery strategies in  
23 other areas of the state after the strategies have operated  
24 for 3 years, the strategies will cease. The Executive Office  
25 of the Governor shall then submit a final report to the  
26 Legislature which details the reasons for terminating the  
27 strategies.

28           Section 2. Behavioral Health Services Integration  
29 Workgroup.--

30           (1) The Secretary of the Department of Children and  
31 Family Services shall establish the Behavioral Health Services

1 Integration Workgroup, which, at a minimum, shall include  
2 representatives from the following: Department of Juvenile  
3 Justice, the Department of Corrections, and the Department of  
4 Education; the Office of Drug Control Policy; the Agency for  
5 Health Care Administration; and county jails, homeless  
6 coalitions, county government, providers of behavioral health  
7 services, public and private Baker Act receiving facilities,  
8 providers of child-protection services, assisted living  
9 facilities serving behavioral health clients, and consumers of  
10 behavioral health services and their families. The Behavioral  
11 Health Services Integration Workgroup shall assess barriers to  
12 the effective and efficient integration of mental health and  
13 substance-abuse-treatment services across various systems,  
14 propose solutions to these barriers, and ensure that plans for  
15 mental health and substance-abuse-treatment services which are  
16 required by statute consider these solutions. Under chapter  
17 216, Florida Statutes, the Department of Children and Family  
18 Services may transfer up to \$200,000 to support the Behavioral  
19 Health Services Integration Workgroup.

20 (2) The Behavioral Health Services Integration  
21 Workgroup shall submit a report to the Governor, the President  
22 of the Senate, and the Speaker of the House of Representatives  
23 by January 1, 2002, regarding the Workgroup's progress toward  
24 achieving the goals specified in subsection (1).

25 Section 3. Section 394.499, Florida Statutes, is  
26 created to read:

27 394.499 Integrated children's crisis stabilization  
28 unit/juvenile addictions receiving facility services.--

29 (1) Beginning July 1, 2001, the Department of Children  
30 and Family Services, in consultation with the Agency for  
31 Health Care Administration, is authorized to establish



1 children's behavioral crisis unit demonstration models in  
2 Collier, Lee, and Sarasota Counties. By December 31, 2003, the  
3 department shall submit to the President of the Senate, the  
4 Speaker of the House of Representatives, and the chairs of the  
5 Senate and House committees that oversee departmental  
6 activities a report that evaluates the number of clients  
7 served, quality of services, performance outcomes, and  
8 feasibility of continuing or expanding the demonstration  
9 models. Beginning July 1, 2004, subject to approval by the  
10 Legislature, the department, in cooperation with the agency,  
11 may expand the demonstration models to other areas in the  
12 state. The children's behavioral crisis unit demonstration  
13 models will integrate children's mental health crisis  
14 stabilization units with substance abuse juvenile addictions  
15 receiving facility services, to provide emergency mental  
16 health and substance abuse services that are integrated within  
17 facilities licensed and designated by the agency for children  
18 under 18 years of age who meet criteria for admission or  
19 examination under this section. The services shall be  
20 designated as "integrated children's crisis stabilization  
21 unit/juvenile addictions receiving facility services," shall  
22 be licensed by the agency as children's crisis stabilization  
23 units, and shall meet all licensure requirements for crisis  
24 stabilization units. The department, in cooperation with the  
25 agency, shall develop standards that address eligibility  
26 criteria, clinical procedures, staffing requirements,  
27 operational, administrative, and financing requirements, and  
28 investigation of complaints for such integrated facility  
29 services. Standards that are implemented specific to substance  
30 abuse services shall meet or exceed existing standards for  
31 addictions receiving facilities.

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

4           (a) A person under 18 years of age for whom voluntary  
5 application is made by his or her guardian, if such person is  
6 found to show evidence of mental illness and to be suitable  
7 for treatment pursuant to s. 394.4625. A person under 18 years  
8 of age may be admitted for integrated facility services only  
9 after a hearing to verify that the consent to admission is  
10 voluntary.

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

15           1. Has refused voluntary examination after  
16 conscientious explanation and disclosure of the purpose of the  
17 examination; or

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

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

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

30  
31

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

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

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

10           2.a. Has inflicted, or threatened or attempted to  
11 inflict, or unless admitted is likely to inflict, physical  
12 harm on himself or herself or another; or

13           b. Is in need of substance abuse services and, by  
14 reason of substance abuse impairment, his or her judgment has  
15 been so impaired that the person is incapable of appreciating  
16 his or her need for such services and of making a rational  
17 decision in regard thereto; however, mere refusal to receive  
18 such services does not constitute evidence of lack of judgment  
19 with respect to his or her need for such services.

20           (e) A person under 18 years of age who meets the  
21 criteria for examination or admission under paragraph (b) or  
22 paragraph (d) and has a coexisting mental health and substance  
23 abuse disorder.

24           (3) The department shall contract for an independent  
25 evaluation of the children's behavioral crisis unit  
26 demonstration models to identify the most effective ways to  
27 provide integrated crisis stabilization unit/juvenile  
28 addiction receiving facility services to children. The  
29 evaluation shall be reported to the Legislature by December  
30 31, 2003.

31

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

5           Section 4. Nothing in section 3 of this act shall be  
6 construed to require an existing crisis stabilization unit or  
7 juvenile addictions receiving facility to convert to a  
8 children's behavioral crisis unit.

9           Section 5. Subsections (13) and (14) are added to  
10 section 394.66, Florida Statutes, to read:

11           394.66 Legislative intent with respect to substance  
12 abuse and mental health services.--It is the intent of the  
13 Legislature to:

14           (13) Promote best practices and the highest quality of  
15 care in contacted alcohol, drug abuse, and mental health  
16 services through achievement of national accreditation.

17           (14) Ensure that the state agencies, licensing and  
18 monitoring contracted providers, perform in the most  
19 cost-efficient and effective manner with limited duplication  
20 and disruption to organizations providing services.

21           Section 6. Section 394.741, Florida Statutes, is  
22 created to read:

23           394.741 Accreditation requirements for providers of  
24 behavioral health services.--

25           (1) As used in this section, the term "behavioral  
26 health services" means mental health and substance abuse  
27 treatment services.

28           (2) Notwithstanding any provision of law to the  
29 contrary, accreditation shall be accepted by the agency and  
30 department in lieu of the agency's and department's facility  
31 licensure on-site review requirements and shall be accepted as

1 a substitute for the department's administrative and program  
2 monitoring requirements, except as required by subsections (3)  
3 and (4):

4 (a) Any organization from which the department  
5 purchases behavioral health care services that is accredited  
6 by the Joint Commission on Accreditation of Healthcare  
7 Organizations or the Council on Accreditation for Children and  
8 Family Services, or have those services that are being  
9 purchased by the department accredited by CARF--the  
10 Rehabilitation Accreditation Commission.

11 (b) Any mental health facility licensed by the agency  
12 or any substance abuse component licensed by the department  
13 that is accredited by the Joint Commission on Accreditation of  
14 Healthcare Organizations, CARF--the Rehabilitation  
15 Accreditation Commission or the Council on Accreditation of  
16 Children and Family Services.

17 (c) Any network of providers from which the department  
18 or the agency purchase behavioral health care services  
19 accredited by the Joint Commission on Accreditation of  
20 Healthcare Organizations, CARF--the Rehabilitation  
21 Accreditation Commission, the Council on Accreditation of  
22 Children and Family Services, or the National Committee for  
23 Quality Assurance. A provider organization, which is part of  
24 an accredited network, is afforded the same rights under this  
25 part.

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

28 (a) Additional standards for monitoring and licensing  
29 accredited programs and facilities that the department and the  
30 agency have determined are not specifically and distinctly  
31 covered by the accreditation standards and processes. These

1 standards and the associated monitoring must not duplicate the  
2 standards and processes already covered by the accrediting  
3 bodies.

4 (b) An on-site monitoring process between 24 months  
5 and 36 months after accreditation for non-residential  
6 facilities to assure that accredited organizations exempt from  
7 licensing and monitoring activities under this part continue  
8 to comply with critical standards.

9 (c) An on-site monitoring process between 12 months  
10 and 24 months after accreditation for residential facilities  
11 to assure that accredited organizations exempt from licensing  
12 and monitoring activities under this part continue to comply  
13 with critical standards.

14 (4) For substance abuse services, the department shall  
15 conduct full licensure inspections every three years and shall  
16 develop in rule criteria which would justify more frequent  
17 inspections.

18 (5) The department and the agency shall be given  
19 access to all accreditation reports, corrective action plans,  
20 and performance data submitted to the accrediting  
21 organizations. When major deficiencies, as defined by the  
22 accrediting organization, are identified through the  
23 accreditation process, the department and the agency may  
24 perform followup monitoring to assure that such deficiencies  
25 are corrected and that the corrections are sustained over  
26 time. Proof of compliance with fire and health safety  
27 standards will be submitted as required by rule.

28 (6) The department or agency, by accepting the survey  
29 or inspection of an accrediting organization, does not forfeit  
30 its rights to perform inspections at any time, including  
31

1 contract monitoring to ensure that deliverables are provided  
2 in accordance with the contract.

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

11 (8) The accreditation requirements of this section  
12 shall apply to contracted organizations that are already  
13 accredited immediately upon becoming law.

14 Section 7. Subsection (5) of section 394.90, Florida  
15 Statutes, is amended to read:

16 394.90 Inspection; right of entry; records.--

17 (5)~~(a)~~ The agency shall ~~may~~ accept, in lieu of its own  
18 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 agency  
21 receives the report of the accrediting organization. ~~The~~  
22 ~~department, in consultation with the agency, shall develop,~~  
23 ~~and adopt by rule, specific criteria for assuring that the~~  
24 ~~accrediting organization has specific standards and experience~~  
25 ~~related to the program area being licensed, specific criteria~~  
26 ~~for accepting the standards and survey methodologies of an~~  
27 ~~accrediting organization, delineations of the obligations of~~  
28 ~~accrediting organizations to assure adherence to those~~  
29 ~~standards, criteria for receiving, accepting and maintaining~~  
30 ~~the confidentiality of the survey and corrective action~~

31

1 ~~reports, and allowance for the agency's participation in~~  
2 ~~surveys.~~

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

15 Section 8. Subsection (2) of section 397.411, Florida  
16 Statutes, is amended to read:

17 397.411 Inspection; right of entry; records.--

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

31



1 ~~the survey and corrective action reports; and allowance for~~  
2 ~~the department's participation in surveys.~~

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

16 Section 9. Subsection (3) of section 397.403, Florida  
17 Statutes, is amended to read:

18 397.403 License application.--

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

28 Section 10. This act shall take effect upon becoming a  
29 law.

30  
31

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31

STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN  
COMMITTEE SUBSTITUTE FOR  
CS for Senate Bill 1258

The Committee Substitute for Committee Substitute for Senate Bill 1258 adds definitions for "behavioral health services" and "managing entity"; exempts current prepaid behavioral health contractors from a 10 percent limit on administrative costs; requires that Medicaid contracts for behavioral health overlay services remain fee-for-service and that present and future providers be included as network providers under the strategies that will be developed; adds additional goals to the strategies including reduction in admissions and length of stay in child residential treatment centers and the provision of services to abused and neglected children and their families per court ordered case plans; clarifies that performance standards are to be developed by the Agency for Health Care Administration and the Department of Children and Family Services; requires additional details to be described in the master state plan including development of models supporting working with children in the child welfare system and a process for providing court-ordered services to abused and neglected children and their families; adds providers of child protection services to the Behavioral Health Integration Workgroup; authorizes the Department of Children and Family Services to establish children's behavioral crisis demonstration models in certain counties; and requires the Agency for Health Care Administration and the Department of Children and Family Services to accept accreditation in lieu of onsite licensure reviews and in lieu of administrative and program monitoring under certain circumstances for certain behavioral health services providers.