

1 A bill to be entitled
2 An act relating to substance abuse and mental
3 health services; creating s. 394.499, F.S.;
4 authorizing the Department of Children and
5 Family Services, in consultation with the
6 Agency for Health Care Administration, to
7 establish children's behavioral crisis unit
8 demonstration models to provide integrated
9 emergency mental health and substance abuse
10 services to persons under 18 years of age at
11 facilities licensed as children's crisis
12 stabilization units; providing for standards,
13 procedures, and requirements for services;
14 providing eligibility criteria; requiring the
15 department to report on the initial
16 demonstration models; providing for expanding
17 the demonstration models; providing for
18 independent evaluation and report; providing
19 rulemaking authority; amending s. 394.66, F.S.;
20 providing legislative intent relating to the
21 accreditation and cost-efficiency of substance
22 abuse and mental health service providers;
23 creating s. 394.741, F.S., relating to
24 accreditation requirements for providers of
25 behavioral health care services; defining the
26 term "behavioral health care services";
27 requiring the accreditation of certain entities
28 to be accepted in lieu of licensure,
29 administrative, and program monitoring
30 requirements; authorizing the adoption of
31 rules; requiring that the Department of

1 Children and Family Services and the Agency for
2 Health Care Administration be allowed access to
3 all accreditation reports, corrective action
4 plans, and performance data submitted to
5 accrediting organizations; authorizing followup
6 monitoring by the department and the agency if
7 major deficiencies are identified through the
8 accreditation process; preserving the right of
9 the department and agency to perform
10 inspections, including contract monitoring;
11 requiring the department and the agency to
12 report to the Legislature on the viability of
13 mandating accreditation and privatizing
14 licensure and monitoring functions; specifying
15 that the accreditation requirements of s.
16 394.741, F.S., apply to contracted
17 organizations that are already accredited;
18 amending s. 394.90, F.S., relating to substance
19 abuse and mental health services; revising
20 provisions relating to licensure,
21 accreditation, and inspection of facilities, to
22 conform; providing a cross reference; amending
23 s. 397.411, F.S., relating to substance abuse
24 service providers; revising provisions relating
25 to licensure, accreditation, and inspection of
26 facilities, to conform; providing a cross
27 reference; amending ss. 397.403 and 409.1671,
28 F.S.; revising the name of the Commission on
29 Accreditation of Rehabilitation Facilities;
30 providing legislative findings with respect to
31 providing mental health and substance abuse

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

1 the Governor and the Legislature; providing an
2 effective date.

3
4 Be It Enacted by the Legislature of the State of Florida:

5
6 Section 1. Section 394.499, Florida Statutes, is
7 created to read:

8 394.499 Integrated children's crisis stabilization
9 unit/juvenile addictions receiving facility services.--

10 (1) Beginning July 1, 2001, the Department of Children
11 and Family Services, in consultation with the Agency for
12 Health Care Administration, is authorized to establish
13 children's behavioral crisis unit demonstration models in
14 Collier, Lee, and Sarasota Counties. By December 31, 2003, the
15 department shall submit to the President of the Senate, the
16 Speaker of the House of Representatives, and the chairs of the
17 Senate and House committees that oversee departmental
18 activities a report that evaluates the number of clients
19 served, quality of services, performance outcomes, and
20 feasibility of continuing or expanding the demonstration
21 models. Beginning July 1, 2004, subject to approval by the
22 Legislature, the department, in cooperation with the agency,
23 may expand the demonstration models to other areas in the
24 state. The children's behavioral crisis unit demonstration
25 models will integrate children's mental health crisis
26 stabilization units with substance abuse juvenile addictions
27 receiving facility services, to provide emergency mental
28 health and substance abuse services that are integrated within
29 facilities licensed and designated by the agency for children
30 under 18 years of age who meet criteria for admission or
31 examination under this section. The services shall be

1 designated as "integrated children's crisis stabilization
2 unit/juvenile addictions receiving facility services," shall
3 be licensed by the agency as children's crisis stabilization
4 units, and shall meet all licensure requirements for crisis
5 stabilization units. The department, in cooperation with the
6 agency, shall develop standards that address eligibility
7 criteria, clinical procedures, staffing requirements,
8 operational, administrative, and financing requirements, and
9 investigation of complaints for such integrated facility
10 services. Standards that are implemented specific to substance
11 abuse services shall meet or exceed existing standards for
12 addictions receiving facilities.

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

16 (a) A person under 18 years of age for whom voluntary
17 application is made by his or her guardian, if such person is
18 found to show evidence of mental illness and to be suitable
19 for treatment pursuant to s. 394.4625. A person under 18 years
20 of age may be admitted for integrated facility services only
21 after a hearing to verify that the consent to admission is
22 voluntary.

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

27 1. Has refused voluntary examination after
28 conscientious explanation and disclosure of the purpose of the
29 examination; or

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

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

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

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

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

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

20 2.a. Has inflicted, or threatened or attempted to
21 inflict, or unless admitted is likely to inflict, physical
22 harm on himself or herself or another; or

23 b. Is in need of substance abuse services and, by
24 reason of substance abuse impairment, his or her judgment has
25 been so impaired that the person is incapable of appreciating
26 his or her need for such services and of making a rational
27 decision in regard thereto; however, mere refusal to receive
28 such services does not constitute evidence of lack of judgment
29 with respect to his or her need for such services.

30 (e) A person under 18 years of age who meets the
31 criteria for examination or admission under paragraph (b) or

1 paragraph (d) and has a coexisting mental health and substance
2 abuse disorder.

3 (3) The department shall contract for an independent
4 evaluation of the children's behavioral crisis unit
5 demonstration models to identify the most effective ways to
6 provide integrated crisis stabilization unit/juvenile
7 addiction receiving facility services to children. The
8 evaluation shall be reported to the Legislature by December
9 31, 2003.

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

14 Section 2. Nothing in section 394.499, Florida
15 Statutes, shall be construed to require an existing crisis
16 stabilization unit or juvenile addictions receiving facility
17 to convert to a children's behavioral crisis unit.

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

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

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

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

30 Section 4. Section 394.741, Florida Statutes, is
31 created to read:

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

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

6 (2) Notwithstanding any provision of law to the
7 contrary, accreditation shall be accepted by the agency and
8 department in lieu of the agency's and department's facility
9 licensure on-site review requirements and shall be accepted as
10 a substitute for the department's administrative and program
11 monitoring requirements, except as required by subsections (3)
12 and (4):

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

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

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

1 Quality Assurance. A provider organization, which is part of
2 an accredited network, is afforded the same rights under this
3 part.

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

6 (a) Additional standards for monitoring and licensing
7 accredited programs and facilities that the department and the
8 agency have determined are not specifically and distinctly
9 covered by the accreditation standards and processes. These
10 standards and the associated monitoring must not duplicate the
11 standards and processes already covered by the accrediting
12 bodies.

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

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

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

27 (5) The department and the agency shall be given
28 access to all accreditation reports, corrective action plans,
29 and performance data submitted to the accrediting
30 organizations. When major deficiencies, as defined by the
31 accrediting organization, are identified through the

1 accreditation process, the department and the agency may
2 perform followup monitoring to assure that such deficiencies
3 are corrected and that the corrections are sustained over
4 time. Proof of compliance with fire and health safety
5 standards will be submitted as required by rule.

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

11 (7) The department and the agency shall report to the
12 Legislature by January 1, 2003, on the viability of mandating
13 all organizations under contract with the department for the
14 provision of behavioral health care services, or licensed by
15 the agency or department to be accredited. The department and
16 the agency shall also report to the Legislature by January 1,
17 2003, on the viability of privatizing all licensure and
18 monitoring functions through an accrediting organization.

19 (8) The accreditation requirements of this section
20 shall apply to contracted organizations that are already
21 accredited immediately upon becoming law.

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

24 394.90 Inspection; right of entry; records.--

25 (5)~~(a)~~ The agency shall ~~may~~ accept, in lieu of its own
26 inspections for licensure, the survey or inspection of an
27 accrediting organization, if the provider is accredited
28 according to the provisions of s. 394.741 and the agency
29 receives the report of the accrediting organization. ~~The~~
30 ~~department, in consultation with the agency, shall develop,~~
31 ~~and adopt by rule, specific criteria for assuring that the~~

1 ~~accrediting organization has specific standards and experience~~
2 ~~related to the program area being licensed, specific criteria~~
3 ~~for accepting the standards and survey methodologies of an~~
4 ~~accrediting organization, delineations of the obligations of~~
5 ~~accrediting organizations to assure adherence to those~~
6 ~~standards, criteria for receiving, accepting and maintaining~~
7 ~~the confidentiality of the survey and corrective action~~
8 ~~reports, and allowance for the agency's participation in~~
9 ~~surveys.~~

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

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

24 397.403 License application.--

25 (3) The department shall accept proof of accreditation
26 by CARF--the Rehabilitation Accreditation Commission ~~on~~
27 ~~Accreditation of Rehabilitation Facilities (CARF)~~ or the Joint
28 Commission on Accreditation of Health Care Organizations
29 (JCAHCO), or through any other nationally recognized
30 certification process that is acceptable to the department and
31 meets the minimum licensure requirements under this chapter,

1 in lieu of requiring the applicant to submit the information
2 required by paragraphs (1)(a)-(c).

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

5 397.411 Inspection; right of entry; records.--

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

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

1 ~~organization, does not forfeit its right to perform~~
2 ~~inspections.~~

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

5 409.1671 Foster care and related services;
6 privatization.--

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

1 contract with a community-based agency must be evaluated
2 annually by the department. The department shall submit an
3 annual report regarding quality performance, outcome measure
4 attainment, and cost efficiency to the President of the
5 Senate, the Speaker of the House of Representatives, the
6 minority leader of each house of the Legislature, and the
7 Governor no later than January 31 of each year for each
8 project in operation during the preceding fiscal year.

9 Section 9. Behavioral Health Service Delivery
10 Strategies.--

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

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

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

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

31

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

30 (4) CONTRACT FOR SERVICES.--
31

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

18 (b) Under one of the service delivery strategies, the
19 Department of Children and Family Services may contract with a
20 prepaid mental health plan that operates under section
21 409.912, Florida Statutes, to be the managing entity. Under
22 this strategy, the Department of Children and Family Services
23 is not required to competitively procure those services and,
24 notwithstanding other provisions of law, may employ
25 prospective payment methodologies that the department finds
26 are necessary to improve client care or institute more
27 efficient practices. The Department of Children and Family
28 Services may employ in its contract any provision of the
29 current prepaid behavioral health care plan authorized under
30 section 409.912(3)(a) and (b), Florida Statutes, or any other
31 provision necessary to improve quality, access, continuity,

1 and price. Any contracts under this strategy in Area 6 of the
2 Agency for Health Care Administration or in the prototype
3 region under section 20.19(7), Florida Statutes, of the
4 Department of Children and Family Services may be entered with
5 the existing substance abuse treatment provider network if an
6 administrative services organization is part of its network.
7 In Area 6 of the Agency for Health Care Administration or in
8 the prototype region of the Department of Children and Family
9 Services, the Department of Children and Family Services and
10 the Agency for Health Care Administration may employ
11 alternative service delivery and financing methodologies,
12 which may include prospective payment for certain population
13 groups. The population groups that are to be provided these
14 substance abuse services would include at a minimum:
15 individuals and families receiving family safety services;
16 Medicaid-eligible children, adolescents, and adults who are
17 substance-abuse-impaired; or current recipients and persons at
18 risk of needing cash assistance under Florida's welfare reform
19 initiatives.

20 (c) Under the second service delivery strategy, the
21 Department of Children and Family Services and the Agency for
22 Health Care Administration shall competitively procure a
23 contract for the management of behavioral health services with
24 a managing entity. The Department of Children and Family
25 Services and the Agency for Health Care Administration may
26 purchase from the managing entity the management services
27 necessary to improve continuity of care and access to care,
28 contain costs, and improve quality of care. The managing
29 entity shall manage and coordinate all publicly funded
30 diagnostic or assessment services, acute care services,
31 rehabilitative services, support services, and continuing care

1 services for persons who meet the financial criteria specified
2 in part IV of chapter 394, Florida Statutes, for publicly
3 funded mental health and substance abuse treatment services or
4 for persons who are Medicaid eligible. The managing entity
5 shall be solely accountable for a geographic area and shall
6 coordinate the emergency care system. The managing entity may
7 be a network of existing providers with an administrative
8 services organization that can function independently, may be
9 an administrative services organization that is independent of
10 local provider agencies, or may be an entity of state or local
11 government.

12 (d) Under both strategies, the Department of Children
13 and Family Services and the Agency for Health Care
14 Administration may:

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

17 2. Align and integrate procedure codes, standards, or
18 other requirements if it is jointly determined that these
19 actions will simplify or improve client services and
20 efficiencies in service delivery;

21 3. Use prepaid per capita and prepaid aggregate
22 fixed-sum payment methodologies; and

23 4. Modify their current procedure codes to increase
24 clinical flexibility, encourage the use of the most effective
25 interventions, and support rehabilitative activities.

26 (e) The cost of the managing entity contract shall be
27 funded through a combination of funds from the Department of
28 Children and Family Services and the Agency for Health Care
29 Administration. To operate the managing entity, the Department
30 of Children and Family Services and the Agency for Health Care
31 Administration may not expend more than 10 percent of the

1 annual appropriations for mental health and substance abuse
2 treatment services prorated to the geographic areas and must
3 include all behavioral health Medicaid funds, including
4 psychiatric inpatient funds. This restriction does not apply
5 to a prepaid behavioral health plan that is authorized under
6 section 409.912(3)(a) and (b), Florida Statutes.

7 (f) Contracting and payment mechanisms for services
8 should promote flexibility and responsiveness and should allow
9 different categorical funds to be combined. The service array
10 should be determined by using needs assessment and best
11 practice models.

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

29 (5) STATEWIDE ACTIONS.--If Medicaid appropriations for
30 Community Mental Health Services or Mental Health Targeted
31 Case Management are reduced in fiscal year 2001-02, the agency

1 and the department shall jointly develop and implement
2 strategies that reduce service costs in a manner that
3 mitigates the impact on persons in need of those services. The
4 agency and department may employ any methodologies on a
5 regional or statewide basis necessary to achieve the
6 reduction, including but not limited to use of case rates,
7 prepaid per capita contracts, utilization management, expanded
8 use of care management, use of waivers from the Health Care
9 Financing Administration to maximize federal matching of
10 current local and state funding, modification or creation of
11 additional procedure codes, and certification of match or
12 other management techniques.

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

23 (a) Improve accountability for a local system of
24 behavioral health care services to meet performance outcomes
25 and standards.

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

29 (c) Provide early diagnosis and treatment
30 interventions to enhance recovery and prevent hospitalization.

31

1 (d) Improve assessment of local needs for behavioral
2 health services.

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

5 (f) Demonstrate improved service integration between
6 behavioral health programs and other programs, such as
7 vocational rehabilitation, education, child welfare, primary
8 health care, emergency services, and criminal justice.

9 (g) Provide for additional testing of creative and
10 flexible strategies for financing behavioral health services
11 to enhance individualized treatment and support services.

12 (h) Control the costs of services without sacrificing
13 quality of care.

14 (i) Coordinate the admissions and discharges from
15 state mental health hospitals and residential treatment
16 centers.

17 (j) Improve the integration, accessibility, and
18 dissemination of behavioral health data for planning and
19 monitoring purposes.

20 (k) Promote specialized behavioral health services to
21 residents of assisted living facilities.

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

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

26 (7) ESSENTIAL ELEMENTS.--

27 (a) The managing entity must demonstrate the ability
28 of its network of providers to comply with the pertinent
29 provisions of chapters 394 and 397, Florida Statutes, and to
30 assure the provision of comprehensive behavioral health
31 services. The network of providers shall include, but is not

1 limited to, mental health centers, substance abuse treatment
2 providers, hospitals, licensed psychiatrists, licensed
3 psychiatric nurses, and mental health professionals licensed
4 under chapter 490 or chapter 491, Florida Statutes. A
5 behavioral health client served by the network under the
6 service delivery strategies may reside in his or her own home
7 or in settings including, but not limited to, assisted living
8 facilities, skilled nursing facilities, foster homes, or group
9 homes.

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

13 1. Adults in mental health crisis;
14 2. Older adults in crisis;
15 3. Adults with serious and persistent mental illness;
16 4. Adults with substance abuse problems;
17 5. Adults with forensic involvement;
18 6. Older adults with severe and persistent mental
19 illness;

20 7. Older adults with substance abuse problems;
21 8. Children and adolescents with serious emotional
22 disturbances as defined in section 394.492(6), Florida
23 Statutes;

24 9. Children with substance abuse problems as defined
25 in section 397.93(2), Florida Statutes;

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

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

31

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

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

26 (e) The managing entity shall ensure that written
27 cooperative agreements are developed among the judicial
28 system, the criminal justice system, and the local behavioral
29 health providers in the geographic area which define
30 strategies and alternatives for diverting, from the criminal
31 justice system to the civil system as provided under part I of

1 chapter 394, Florida Statutes, or chapter 397, Florida
2 Statutes, persons with behavioral health problems who are
3 arrested for a misdemeanor. These agreements must also address
4 the provision of appropriate services to persons with
5 behavioral health problems who leave the criminal justice
6 system.

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

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

17 2. Clinical improvement of individuals served,
18 clinically and functionally.

19 3. Reduction of jail admissions.

20 4. Consumer and family satisfaction.

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

25 (g) The Agency for Health Care Administration may
26 establish a certified match program, which must be voluntary.
27 Under a certified match program, reimbursement is limited to
28 the federal Medicaid share to Medicaid-enrolled strategy
29 participants. The agency shall take no action to implement a
30 certified match program without ensuring that the consultation
31 provisions of chapter 216, Florida Statutes, have been met.

1 The agency may seek federal waivers that are necessary to
2 implement the behavioral health service delivery strategies.

3 (h)1. The Department of Children and Family Services,
4 in consultation with the Agency for Health Care
5 Administration, shall prepare an amendment by October 31,
6 2001, to the 2001 master state plan required under section
7 394.75(1), Florida Statutes, which describes each service
8 delivery strategy, including at least the following details:

9 a. Operational design;

10 b. Counties or service districts included in each
11 strategy;

12 c. Expected outcomes; and

13 d. Timeframes.

14 2. The amendment shall specifically address the
15 application of each service delivery strategy to substance
16 abuse services, including:

17 a. The development of substance abuse service
18 protocols;

19 b. Credentialing requirements for substance abuse
20 services; and

21 c. The development of new service models for
22 individuals with co-occurring mental health and substance
23 abuse disorders.

24 3. The amendment must specifically address the
25 application of each service delivery strategy to the child
26 welfare system, including:

27 a. The development of service models that support
28 working with both children and their families in a
29 community-based care system and that are specific to the child
30 welfare system.

31

1 b. A process for providing services to abused and
2 neglected children and their families as indicated in
3 court-ordered case plans.

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

1 Section 10. Behavioral Health Services Integration
2 Workgroup.--

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

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

29 Section 11. This act shall take effect upon becoming a
30 law.

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