

HB 1429

2008

1 A bill to be entitled
2 An act relating to substance abuse and mental health
3 services; amending s. 394.9082, F.S.; providing
4 legislative findings and intent; providing definitions;
5 establishing goals of the Department of Children and
6 Family Services with respect to the administration of
7 publicly funded substance abuse and mental health
8 services; providing and specifying responsibilities of the
9 department and of community-based network providers;
10 establishing community-based systems of care; providing
11 for rules; authorizing the implementation of community-
12 based networks by the department; establishing a process
13 for contracting with community-based networks; providing
14 an implementation schedule; specifying qualifying criteria
15 for certain community-based networks; specifying
16 management information system requirements; providing for
17 evaluations and reports; requiring the department to
18 contract with an independent entity to monitor and provide
19 technical assistance to networks; establishing an
20 Interagency Advisory Council on Substance Abuse and Mental
21 Health; providing for membership, meetings, and duties;
22 providing for rules; providing for implementation;
23 providing an effective date.

24
25 Be It Enacted by the Legislature of the State of Florida:

26
27 Section 1. Section 394.9082, Florida Statutes, is amended
28 to read:

29 (Substantial rewording of section. See

30 s. 394.9082, F.S., for present text.)

31 394.9082 Community-based networks.--

32 (1) LEGISLATIVE FINDINGS AND INTENT.--The Legislature

33 finds that substance abuse and mental health disorders

34 constitute major health problems for citizens of the state,

35 affecting an estimated 48 percent of the population and are a

36 major economic burden on public and private resources, and the

37 cost of treating these disorders has significantly increased the

38 economic demands placed on families, friends, and employers, as

39 well as the juvenile justice, criminal justice, child welfare,

40 health care, and economic assistance systems. The Legislature

41 finds that substance abuse and mental health disorders are best

42 treated by individually tailored regimens of treatment,

43 rehabilitation, and other supportive interventions and that

44 health care services are most effective when operated,

45 administered, and provided in the community in which the

46 consumer lives. The Legislature finds that outsourcing the

47 administration of publicly financed substance abuse and mental

48 health services to local community agencies through pilot

49 programs has been a significant achievement. The Legislature

50 finds that although the administration and financing of

51 substance abuse and mental health services has become more

52 effective over the past several decades in response to numerous

53 federal, state, and local initiatives, there has been a

54 proliferation of administrative entities at all levels of

55 government that have overlapping roles, responsibilities, and

56 jurisdictions and that the diffusion of administrative and

57 service delivery functions has negatively affected the
58 leadership of public substance abuse and mental health services
59 and diminished accountability for performance and treatment
60 outcomes. It has become increasingly difficult for local
61 providers of substance abuse and mental health services to
62 secure sufficient resources from multiple payors to meet
63 consumer and community needs, remain compliant with multiple and
64 changing contracting and monitoring standards and requirements,
65 adjust to varying performance standards, and meet disparate and
66 redundant reporting requirements. These demands reduce funds
67 available for services and make it more difficult to sustain
68 local systems of care for individuals in recovery. In order to
69 improve the efficiency and effectiveness of publicly financed
70 substance abuse and mental health services and enhance provider
71 performance and consumer outcomes, the Legislature has
72 authorized pilot programs to test models for outsourcing
73 administrative and service functions to local systems of care.
74 The Legislature finds that these pilot programs have resulted in
75 higher levels of consumer and family satisfaction; improved
76 provider accountability; expanded use of evidenced-based
77 practices and continuous quality improvement approaches to care;
78 more sophisticated and accessible information systems with
79 enhanced information management, analysis, and reporting
80 capabilities; and broader participation by consumers, families,
81 and community stakeholders in the development and enhancement of
82 local systems of care. The Legislature further finds that state
83 administrative costs may be reduced by integrating and
84 eliminating the duplication of monitoring, reporting, auditing,

85 outcome measurement, and other administrative functions carried
86 out by several state and local agencies that fund substance
87 abuse and mental health services. Therefore, it is the intent of
88 the Legislature to restructure the administration, management,
89 and financing of community-based substance abuse and mental
90 health services by authorizing the creation of and employing the
91 administrative and service delivery competencies of existing
92 community-based networks. These networks shall be designated by
93 the Department of Children and Family Services, which shall
94 ensure that the networks are qualified to administer local
95 systems of care; assume many state administrative
96 responsibilities; receive state and federal funds to purchase
97 care from a local network of providers; assume responsibility
98 for the disbursement of state and federal funds; ensure provider
99 accountability in the use of such funds; manage data collection
100 and information technology necessary to store, analyze, and
101 report cost, encounter, and performance outcome data; and
102 mobilize and engage consumers, families, community stakeholders,
103 local governments, and service providers in the design,
104 oversight, and continuous quality improvement processes
105 necessary to establish and manage locally responsive and
106 integrated systems of care.

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

108 (a) "Community-based network" means a provider-based
109 network that serves as an administering organization that offers
110 a full range of mental health and substance abuse services,
111 serves as a single point of accountability at the local level,
112 purchases mental health and substance abuse services, and is

113 responsible for the day-to-day planning for, administration of,
 114 delivery of, and monitoring of mental health and substance abuse
 115 services in communities in the state. The board of directors of
 116 the network shall include substance abuse and mental health
 117 service providers, including providers that only serve a
 118 substance abusing or mentally ill population, as well as
 119 consumers, family members, and other community stakeholders.
 120 Community-based networks are provider owned and operated,
 121 comprise not-for-profit safety net providers governed by
 122 community boards that have traditionally contracted with the
 123 department or enrolled as Medicaid providers, and are primarily
 124 engaged in providing care to low-income consumers.

125 (b) "Safety net provider" means a community substance
 126 abuse or mental health service provider that is:

127 1. Enrolled in the Medicaid program or contracts with the
 128 department;

129 2. Organizes and delivers a significant level of substance
 130 abuse or mental health services to uninsured individuals,
 131 Medicaid recipients, and other vulnerable populations;

132 3. Offers specialized or essential substance abuse or
 133 mental health services not generally provided by other local
 134 agencies; and

135 4. Has strong community ties.

136 (3) GOALS.--The goal of the department while working with
 137 community-based networks is to accomplish the restructuring of
 138 the administration of publicly financed substance abuse and
 139 mental health services using structural and service enhancements
 140 that ensure the effective coordination, integration, and

141 management of publicly financed substance abuse and mental
142 health services that are cost effective, accessible, consumer-
143 oriented, and family-oriented and that achieve performance and
144 outcome measures established by the department. Other goals of
145 the restructured system include the following:

146 (a) Promote the recovery and resiliency of individuals
147 served by public substance abuse and mental health treatment
148 services.

149 (b) Identify and treat individuals with substance abuse
150 disorders and mental illnesses, including individuals who are at
151 high risk of poor outcomes or who are served by other systems of
152 care.

153 (c) Improve state and local accountability regarding
154 access to and the quality, appropriateness, and cost-
155 effectiveness of substance abuse and mental health services.

156 (d) Provide greater flexibility and assign responsibility
157 to local systems of care to:

158 1. Test innovative strategies for the delivery and
159 financing of substance abuse and mental health services.

160 2. Enhance individualized treatment and support services
161 for consumers.

162 3. Promote the effective coordination of the multiple
163 health and human service providers and public and private payors
164 serving individuals with substance abuse disorders and mental
165 illnesses.

166 (e) Improve the overall quality of substance abuse and
167 mental health services through the use of evidence-based and
168 best practice models by local systems of care.

169 (f) Improve the coordination and integration of the
170 substance abuse and mental health service systems with other
171 systems, such as the physical health, housing, employment,
172 education, child welfare, emergency services, law enforcement,
173 and criminal justice systems.

174 (g) Maximize the value of current resources, control the
175 cost of services without limiting the quality of care, and
176 increase the proportion of total funds spent on direct care.

177 (h) Reduce unnecessary and burdensome regulatory barriers
178 to care.

179 (i) Improve the collection, analysis, and dissemination of
180 substance abuse and mental health service data for planning,
181 performance measurement, and monitoring purposes and improve
182 departmental decisionmaking based on information collected by
183 the community-based networks that is disseminated and used by
184 the department through its data warehouse.

185 (j) Promote the continuity of care for all children,
186 adolescents, and adults who receive services from the publicly
187 funded substance abuse and mental health service systems.

188 (k) Improve public safety through the use of prevention,
189 early diagnosis, treatment, and diversionary programs and
190 enhanced system coordination.

191 (l) Promote early diagnosis and treatment to enhance
192 recovery, prevent hospitalization, and avoid crises.

193 (m) Assist community-based networks in improving the
194 assessment of local needs for substance abuse and mental health
195 services.

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196 (n) Promote the elimination of any ethnic, gender, and age
197 disparities in access to care.

198 (o) Improve public understanding of the causes, effects,
199 and treatments of substance abuse and mental illness.

200 (p) Improve access to safe, affordable, and permanent
201 housing.

202 (q) Promote prevention programs and services.

203 (4) SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES; DEPARTMENT
204 RESPONSIBILITIES.--

205 (a) Upon the creation of community-based networks and the
206 privatization of the administration of local service delivery
207 and certain local administrative responsibilities, the
208 department shall re-emphasize its responsibility for addressing
209 broad systemic substance abuse and mental health service issues,
210 proposing enhancements to the publicly financed systems of care,
211 and transforming the substance abuse and mental health service
212 systems by ensuring the delivery of community-based care,
213 improving cost-effectiveness and outcomes, and implementing
214 model programs based on evidence-based practices.

215 (b) The department shall provide for the availability of
216 and access to the services and supports necessary to meet the
217 substance abuse and mental health needs of individuals of all
218 ages who rely on publicly financed care, thereby enabling them
219 to live, work, and participate in their communities.

220 (c) The principles guiding the department's administration
221 of publicly financed substance abuse and mental health programs
222 shall include:

223 1. Enhancing system performance and cost-effectiveness.

224 2. Increasing accountability for care by privatizing the
225 administration of local programs and service delivery through a
226 managed care system.

227 3. Improving consumer outcomes using a recovery-based and
228 resiliency-based service delivery system.

229 4. Ensuring quality of care by promoting the adoption of
230 evidence-based practices and model programs.

231 5. Improving access to necessary care throughout the
232 state, promoting innovation and creativity in program design,
233 and ensuring that services are consumer oriented.

234 6. Implementing the best available administrative
235 practices to support system operations that provide cost-
236 effective local services and supports and maximize service
237 outcomes.

238 7. Controlling administrative costs and reducing
239 regulatory barriers while offering greater flexibility to
240 community-based networks and their providers.

241 8. Establishing performance standards and outcome measures
242 and providing for periodic evaluations thereof.

243 9. Improving collaboration and integration of multiagency
244 systems of care by promoting uniform program standards and
245 policies and integrating funding options across state agencies
246 and levels of government.

247 (d) Substantive improvements in the administration of
248 departmental substance abuse and mental health programs and
249 improved performance and outcomes demand fundamental changes in
250 or enhancement of the roles and responsibilities of both the

251 department's headquarters, its district offices, and its
252 community-based networks.

253 (e) To achieve these purposes and lead the transformation
254 of the state's substance abuse and mental health service
255 systems, the department shall:

256 1. Provide overall system leadership, focusing on data-
257 based system oversight and ensuring system accountability,
258 enhancement, and protection of the state's substance abuse and
259 mental health safety net and safety net providers.

260 2. Ensure the effective design, coordination, integration,
261 and management of public substance abuse and mental health
262 systems across state agencies and levels of government;
263 establish substance abuse and mental health policies and
264 procedures that include definitions of specific services,
265 standards, and limits regarding eligibility requirements to
266 receive services and priority services; determine and establish
267 program priorities; promote the use of evidenced-based and
268 promising practices through its facilities and community-based
269 networks; introduce innovative and model programs; establish
270 statewide systems of care for children and adults; design a
271 comprehensive array of recovery-based and resiliency-based
272 community substance abuse and mental health services; create
273 integrated treatment programs for individuals with co-occurring
274 disorders; develop and publish treatment and service standards;
275 and set standards for and designate centers of excellence.

276 3. Develop and provide for a phased implementation, with
277 statewide implementation to be completed no later than June 30,
278 2011, of the full privatization of the local administration of

279 community-based substance abuse and mental health services;
 280 implement a statewide, managed system of community substance
 281 abuse and mental health care; contract on a county, circuit,
 282 regional, or multiregional basis with community-based networks
 283 that are owned and operated by providers as specified in this
 284 section; streamline administrative and regulatory processes to
 285 maximize the flexibility afforded to community-based networks
 286 and their providers in meeting the needs of consumers; enter
 287 into contracts with community-based networks; monitor contractor
 288 program and fiscal performance; prepare reports on network
 289 achievement of program and outcome measures; set performance
 290 standards; provide technical assistance to and support the
 291 efforts of community-based networks in developing innovative and
 292 model substance abuse and mental health programs and services;
 293 collaborate with the community-based networks in developing and
 294 implementing a statewide quality assurance and quality
 295 improvement program; ensure that network services are delivered
 296 in accordance with applicable federal regulations and state law;
 297 and develop and implement network reimbursement methods.

298 4. Be responsible for the financial management and fiscal
 299 integrity of publicly financed substance abuse and mental health
 300 programs; monitor program expenditures and identify budget
 301 trends and issues; expand financing options and opportunities;
 302 promote the integration of state substance abuse and mental
 303 health funding; and maximize other public and private sources of
 304 program funding.

305 5. Working with the community-based networks, design and
 306 implement a quality assurance program to enhance the quality of

307 substance abuse and mental health services, improve program
308 performance and consumer outcomes, implement model and evidence-
309 based treatment practices, redirect service dollars from less
310 effective service models to model community-based services and
311 supports, and reward cost-effective programs, services, and care
312 patterns.

313 6. Conduct comprehensive program planning and research;
314 conduct statewide needs assessments and maintain resource
315 inventories; identify treatment gaps and report those gaps to
316 the Legislature; disseminate information about the latest
317 substance abuse and mental health trends, issues, and research;
318 identify the need for and assist in the development of new
319 community substance abuse and mental health resources and
320 service models; and identify and act on systemic and structural
321 problems in the delivery and funding of substance abuse and
322 mental health systems.

323 7. Based on data collected through the information systems
324 of the community-based networks, enhance agency transparency by
325 collecting and disseminating program data and information and
326 expanding public, provider, consumer, and other stakeholder
327 access to program information; assist community-based networks
328 in developing and implementing best available information
329 technology and management information systems; establish
330 performance standards and outcome measures; establish
331 information system requirements and data standards; and expand
332 data sharing among state and local agencies.

333 8. Direct a program of statewide advocacy for consumers
334 and their families; establish and operate a consumer affairs

335 office and program; establish statewide public information and
336 educational programs; increase public awareness of substance
337 abuse and mental health issues; conduct a stigma reduction
338 campaign; expand citizen involvement in addressing state and
339 local substance abuse and mental health issues; expand
340 partnerships with consumers, families, and advocates; and
341 increase the availability of peer specialists, expand the use of
342 consumers in the workforce, and promote peer-based and consumer-
343 operated services.

344 9. Fund and assist in the design and implementation of
345 staff development and training programs; conduct workforce
346 planning, including the completion of workforce needs
347 assessments by discipline and area of the state; develop a
348 statewide workforce plan and strategies; assist community-based
349 networks, colleges, and universities in enhancing staff
350 competencies and the knowledge base; and develop and implement
351 strategies for improving the recruitment and retention of a
352 qualified substance abuse and mental health workforce.

353 10. Working with the community-based networks, enhance the
354 image and reputation of the public substance abuse and mental
355 health systems, programs, leadership, and management with
356 policymakers, consumers, providers, other stakeholders, and the
357 general public. The department shall also serve as the chief
358 liaison with federal, state, and local entities and other
359 stakeholders on substance abuse and mental health issues.

360 11. Direct the district offices to focus their efforts on
361 conducting community and regional substance abuse and mental
362 health planning; completing local needs assessments; advocating

363 for consumers and their families; providing public and community
 364 education; assessing local trends and issues; and advising the
 365 department headquarters on local priorities.

366 12. Prepare and submit to the Governor, the President of
 367 the Senate, and the Speaker of the House of Representatives by
 368 December 1 of each year an update to its annual strategic plan
 369 and a report on its community-based network purchasing
 370 specifications and the department's accomplishments and needs
 371 relative to the purposes of this paragraph.

372 (5) COMMUNITY-BASED SYSTEMS OF CARE; LEGISLATIVE INTENT.--

373 (a) It is the intent of the Legislature that the
 374 department privatize the administration of publicly financed
 375 substance abuse and mental health services by contracting with a
 376 single community-based network in a specified geographic area,
 377 which may be a county, combination of counties, district,
 378 combination of districts, region, or multiregion area according
 379 to the discretion of the department and based on naturally
 380 occurring market areas. In determining the geographic coverage
 381 of a community-based network, the department shall also consider
 382 the capacity to ensure that the principles of provider choice
 383 and self-directed care can be realized and that economies of
 384 scale are such that the desired cost efficiencies can be
 385 achieved. The department's goal in managing services shall be
 386 cost efficiency, not cost containment.

387 (b) It is the intent of the Legislature that a substantial
 388 portion of the funds currently allocated to departmental
 389 district and regional offices for the management of contracted
 390 substance abuse and mental health services be allocated to the

391 community-based networks for the administrative functions
392 reassigned from the department to the networks. These funds
393 shall to the extent possible support the administrative costs
394 associated with the network contractual responsibilities. The
395 department, working with the Louis de la Parte Florida Mental
396 Health Institute, shall identify the funds to be transferred by
397 December 31, 2008. Individuals currently employed by the
398 department to manage substance abuse and mental health services
399 whose positions are being privatized under this section shall be
400 given hiring preference by the network if the employee meets the
401 network's qualifications. For employees subsequently employed by
402 a network, years of service in such employment shall qualify as
403 years of service for purposes of the state retirement system.

404 (c) It is further the intent of the Legislature that by
405 January 1, 2011, a single point of access to integrated services
406 for publicly financed consumers of substance abuse and mental
407 health services shall be achieved through the implementation of
408 managed care contracts with community-based networks.

409 (d) The department and the Agency for Health Care
410 Administration shall both execute contracts with community-based
411 networks to provide for the integration of funding for consumers
412 of departmental and Medicaid services. The department and the
413 agency shall jointly prepare and submit a plan to the
414 Legislature by December 1, 2008, to integrate funding sources to
415 better coordinate service delivery through a single entity in
416 each area of the state.

417 (e) The community-based networks selected by the
418 department are recognized as independent vendors that may also

419 contract with public or private organizations to manage plans
420 and services operated by other organizations to increase their
421 cost effectiveness.

422 (f) The department is authorized to adopt rules pursuant
423 to ss. 120.536(1) and 120.54 necessary to carry out the
424 provisions of this subsection, including any revisions to state
425 standards and processes for approval of departmental contracts.

426 (6) SELECTION OF COMMUNITY-BASED NETWORKS.--

427 (a) The Legislature recognizes that the state and local
428 communities have made substantial investments in local systems
429 of care that are composed of nonprofit, community-based
430 providers governed by community boards. These community-based
431 providers have the necessary expertise in serving departmental
432 consumers, have long-standing linkages with other community
433 agencies, and have successfully carried out statutorily
434 prescribed public social service, health, and safety functions
435 important to consumers, policymakers, and citizens of the state.
436 In several areas of the state, community substance abuse
437 treatment and mental health care service providers have already
438 demonstrated through pilot projects that they have the capacity
439 to manage care as described in this section and are achieving
440 good results in administering and providing substance abuse and
441 mental services on the local level.

442 (b) During a 3-year implementation period beginning in the
443 2008-2009 fiscal year, the department shall contract with a
444 community-based network, in areas designated by the department,
445 that shall be responsible for the provision, administration, and
446 management of substance abuse and mental health services. The

447 department shall enter into a multiyear contract in the
448 designated areas with existing or newly formed community-based
449 networks. The department may contract on a sole-source basis
450 with entities that qualify as community-based networks as
451 described in subsection (8).

452 (c) The department may enter into noncompetitive contracts
453 with existing community-based networks that meet the
454 qualifications specified under this subsection.

455 (7) SCHEDULE FOR COMMUNITY-BASED NETWORK CONTRACTING.--

456 (a) By March 1, 2009, the department shall initiate a
457 process that gives the community-based networks in districts 1,
458 4, 11, and 12 and in the Suncoast Region the opportunity to
459 contract with the department as a community-based network for
460 their respective service area. These established community-based
461 networks shall be given a minimum of 90 days after the
462 department publishes community-based network standards to
463 prepare an application for designation as the community-based
464 network for a specified geographic area. After review of the
465 application, if the department determines that the network's
466 application and prior contractual history meet the criteria
467 established in this section, the department shall enter into a
468 contract with the community-based network. If the department
469 determines additional changes are needed to comply with
470 departmental requirements, the network applicant shall be
471 notified of the standards and criteria that it fails to meet and
472 given a minimum of 90 days to meet these requirements in order
473 to enter into a contract with the department.

474 (b) During the 2009-2010 fiscal year, in other areas of
475 the state where a single community-based network has formed with
476 the governance structure and ownership capabilities specified
477 for community-based networks under this section and which is
478 determined by the department to cover a sufficient geographical
479 area to achieve the necessary cost effectiveness, and there is
480 no competing network in the same area, the entity shall be given
481 the opportunity to contract as the community-based network for
482 that area, based on qualification and negotiation of a
483 noncompetitive contract as described in subsection (6). These
484 community-based networks shall be given a minimum of 90 days to
485 submit applications after the department notifies these
486 additional areas that it is accepting applications for
487 qualification as a community-based network. After reviewing an
488 application, if the department determines the network applicant
489 complies with the criteria specified in this section or meets
490 these requirements prior to execution of a contract, the
491 department shall enter into a contract with the network.

492 (c) By the end of the 2010-2011 fiscal year, the
493 department shall have entered into contracts in any remaining
494 districts without a network and select the contractors through a
495 competitive procurement process.

496 (8) QUALIFICATION OF ESTABLISHED SUBSTANCE ABUSE AND
497 MENTAL HEALTH COMMUNITY-BASED NETWORKS.--Based on standards
498 published by the department, a community-based network shall:

499 (a) Be a nonprofit corporation under state law and s.
500 501(c) (3) of the United States Internal Revenue Code.

501 (b) Have a network governance structure that includes
502 providers of substance abuse and mental health services, as
503 defined in this chapter and chapter 397, with community boards
504 of directors that include consumers and family members and other
505 representatives of community stakeholders.

506 (c) Have submitted a business plan that includes network
507 program, financial, and operational plans.

508 (d) Have provider networks that include a mix of
509 facilities and providers covering the entire range of substance
510 abuse and mental health services provided by the department,
511 including acute services, crisis services, residential care,
512 housing, recovery supports, and preventive services.

513 (e) Provide evidence that all providers with current
514 contracts with the department in the same geographic area have
515 been offered a contract by the network.

516 (f) Provide evidence of a recovery and resiliency based
517 service mission.

518 (g) Through its network, offer self-directed and consumer-
519 and family-oriented care, such as clubhouses and drop-in
520 centers.

521 (h) Demonstrate that program plans and operations reflect
522 the preferences and recommendations of consumers, families, and
523 community stakeholders.

524 (i) Demonstrate that all providers under contract with the
525 network are using one of the department-approved standardized
526 assessment tools and that treatment plans are individualized
527 based on standardized assessments.

528 (j) Have providers that employ individuals with substance
529 abuse disorders and mental illnesses and offer consumer-
530 orientated programs.

531 (k) Offer criminal justice diversionary services that
532 comply with the criteria established for the Criminal Justice,
533 Mental Health, and Substance Abuse Reinvestment Grant Program.

534 (l) Demonstrate sound financial management practices.

535 (m) Have comprehensive quality assurance and quality
536 improvement programs.

537 (n) Have operational performance and outcome measurement
538 systems.

539 (o) Have a comprehensive, accessible information system
540 and data analysis capabilities that meet departmental standards.

541 (p) Demonstrate well-established relationships with the
542 communities it serves and have written agreements with related
543 health and social service agencies and programs such as, at a
544 minimum, the child welfare-related, community-based care
545 agencies, hospitals and hospital emergency departments, other
546 health care providers, law enforcement agencies, drug courts and
547 mental health courts operating in the area, juvenile justice
548 agencies, and schools.

549 (q) Promote the coordination of care for departmental and
550 Medicaid consumers.

551 (r) Provide convenient and timely access to care.

552 (9) COMMUNITY-BASED NETWORK RESPONSIBILITIES.--The
553 community-based networks shall be responsible for the following:

554 (a) Working with consumers, families, advocates, and
555 referral agencies to identify community service needs.

556 (b) Reorganizing or developing services to meet unmet
557 needs that are a priority.

558 (c) Contracting with providers to build a comprehensive
559 service network with staff that meets credentialing standards,
560 retaining traditional providers that meet minimum standards, and
561 seeking to expand the range of consumer choices of services and
562 providers.

563 (d) Establishing an organized and unified system of care
564 that will be easier for consumers to access and navigate.

565 (e) Developing systems of care that ensure linkages with
566 other related systems, such as health care, child welfare,
567 criminal justice, law enforcement, public safety, emergency
568 services, education, economic assistance, elder services,
569 homeless programs, and other social service systems.

570 (f) Ensuring that priority services are accessible
571 throughout the service area for each target population and that
572 linkages are in place so that consumers can move easily through
573 various levels of care.

574 (g) Ensuring outreach to engage substance abusing and
575 mentally ill individuals who need care.

576 (h) Establishing uniform clinical policies based on
577 evidence-based practices.

578 (i) Monitoring provider services to measure compliance
579 with standards and contractual requirements.

580 (j) Establishing provider training programs and provider
581 information exchange processes to support quality improvement.

582 (k) Building an information management system capable of
583 integrating clinical, fiscal, and management data and reporting

584 uniform consumer level and aggregate data to support performance
585 measurement and quality improvement initiatives.

586 (l) Promoting cost-effective and appropriate care through
587 the use of utilization management techniques with the goal that
588 the techniques will become internal to network provider
589 agencies.

590 (m) Fostering innovation in service delivery and in
591 technology development among contracted agencies to increase
592 program efficiency and cost effectiveness.

593 (n) Coordinating network activities with other local
594 organizations managing substance abuse and mental health care as
595 long as cost shifting does not occur.

596 (o) Operating in the public interest by maximizing the
597 investment of public funds for the direct benefit of consumers,
598 maintaining a high level of consumer satisfaction, and
599 reinvesting savings in new community services.

600 (p) Consolidating the management functions of network
601 providers, as much as possible, in order to reduce costs and
602 maximize funding for direct services and promoting the
603 economical use of limited resources through measures such as
604 group purchasing.

605 (q) Routinely evaluating network services based on
606 consumer-centered outcome measures that reflect national and
607 state standards and the recommendations of stakeholders,
608 including community agencies, consumers, and their families.

609 (r) Monitoring network providers and ensuring that
610 monitoring results are used to improve both direct services and
611 administrative practices.

612 (s) Working with consumers, advocates, and referral
613 agencies to identify community service needs.

614 (10) MANAGEMENT INFORMATION SYSTEMS REQUIREMENTS.--

615 (a) The Legislature finds that the information systems
616 supporting departmental substance abuse and mental health
617 programs are insufficient to meet service reporting and
618 performance and outcome measurement goals. To support the
619 conversion of substance abuse and mental health service delivery
620 and financing to community-based networks, the department shall
621 coordinate the development and implementation of common
622 information system requirements and system linkages across
623 community-based networks. The department shall establish a data
624 warehouse using the data contained in community-based network
625 information systems. The substance abuse and mental health
626 management information systems implemented by community-based
627 networks shall provide, at a minimum, an integrated service
628 delivery information system to capture information about
629 individuals served through community-based networks, including
630 comprehensive consumer, provider, clinical, demographic,
631 performance, outcome, and financial information for all of the
632 substance abuse and mental health programs administered by the
633 networks.

634 (b)1. Community-based network management information
635 systems shall be designed to promote efficient and effective use
636 of resources and ensure network accountability. The system shall
637 contain, at a minimum, that information essential for ongoing
638 administration of service delivery, monitoring, and outcome

639 measurement systems and for the purpose of making management
640 decisions.

641 2. The department shall aggregate, on a quarterly and an
642 annual basis, data provided by the management information
643 systems maintained by the community-based networks into
644 descriptive and statistical reports that shall be disseminated
645 through quarterly and annual reports and placed on Internet
646 websites for use by interested parties and shall be disseminated
647 to the appropriate substantive and appropriations committees of
648 the House of Representatives and the Senate.

649 3. The department shall provide a data warehouse for
650 storage of nonconfidential data that shall be accessible to
651 stakeholders for planning, monitoring, evaluation, and research
652 purposes.

653 (c) The department shall provide an annual report on the
654 planning and performance of the information system as executed
655 by the department and the community-based networks to the
656 appropriate substantive and appropriations committees of the
657 House of Representatives and the Senate. In developing system
658 requirements, the department shall consider and report on the
659 availability of, and the costs associated with using, existing
660 community-based network computer systems, including associated
661 hardware and software, or computer systems that are operational
662 in other states to meet the requirements of this subsection. The
663 department shall also consider and report on the compatibility
664 of existing systems and software with the development of an
665 integrated management information system across community-based

666 networks. The report to the House of Representatives and the
667 Senate shall be submitted no later than December 1 of each year.

668 (d) In conjunction with the community-based networks, the
669 department shall develop its information system to track the
670 participation of consumers in substance abuse or mental health
671 programs on a timely basis and the extent to which the consumer
672 is involved with other systems of care, such as criminal
673 justice, housing, and education, and share this data with
674 community-based networks.

675 (11) DEPARTMENTAL CONTRACTING, MONITORING, AND EVALUATION
676 OF COMMUNITY-BASED NETWORKS.--

677 (a) The department shall set contract and program
678 standards for community-based service networks in accordance
679 with the requirements of this section.

680 (b) The department shall adopt written policies and
681 procedures for monitoring contracts with community-based
682 networks. The contract monitoring shall be carried out by a
683 single contract monitoring unit located within the substance
684 abuse and mental health central program office of the
685 department.

686 (c) These policies and procedures shall:

687 1. Address the evaluation of fiscal accountability and
688 program operations, including achievement of performance
689 standards, network monitoring of subcontractors, and timely
690 followup on monitoring findings.

691 2. Include provisions for eliminating any duplication of
692 the monitoring activities of the department and the community-
693 based networks.

694
695 The department shall recognize the national accreditation of
696 networks and their providers in determining the extent of
697 departmental monitoring required.

698 (d) The services of community-based networks contracting
699 with the department must be evaluated annually by the
700 department. The department shall use independent audits of both
701 financial and service records provided by the network to
702 eliminate or significantly reduce contract and administrative
703 reviews conducted by the department. The department may suggest
704 additional items to be included in such independent audits to
705 meet departmental needs.

706 (e) A departmental contract with a community-based network
707 shall include provisions that specify the procedures to be used
708 by the parties to resolve differences in interpreting the
709 contract or to resolve disputes as to the adequacy of the
710 parties' compliance with their respective obligations under the
711 contract.

712 (f) The departmental contract shall ensure payment to the
713 network for reasonable administrative costs and reasonable
714 funding for the cost of delivering services. The department
715 shall redirect savings in departmental administrative costs to
716 community-based networks.

717 (g) The department shall establish network performance
718 measures, performance benchmarks and standards, and consumer-
719 outcome measures and standards. Each contract with a community-
720 based network must include performance and consumer outcome

721 measures that are adjusted annually to enable the department to
722 meet its system performance and consumer-outcome standards.

723 (h) The department shall collaborate with community-based
724 networks in developing standards for and implementing a quality
725 assurance and improvement program, including the use of pay-for-
726 performance incentives.

727 (i) The department shall ensure that network services are
728 delivered in accordance with applicable federal regulations and
729 state law.

730 (j) The department shall provide technical assistance to
731 and support the efforts of the community-based networks to
732 develop innovative and model substance abuse and mental health
733 programs and services.

734 (k) The department, in order to eliminate or significantly
735 reduce the number of duplicate inspections by various entities,
736 shall coordinate inspections required pursuant to licensure of
737 agencies required under part II of chapter 408.

738 (12) MONITORING THE REDESIGN OF THE SUBSTANCE ABUSE AND
739 MENTAL HEALTH SYSTEM.--

740 (a) The department shall contract with the Louis de la
741 Parte Florida Mental Health Institute to monitor and provide
742 technical assistance to community-based networks; assist in
743 developing network standards, qualification criteria, and
744 contracts; identify administrative funds eligible for transfer
745 to community-based networks; develop information system
746 requirements; set performance and consumer outcome measures;
747 conduct stakeholder surveys during the transition process; and
748 identify best and promising practices.

749 (b) Reports of these activities and reviews shall be
750 submitted to the appropriate substantive and appropriations
751 committees in the House of Representatives and the Senate by
752 March 1 and September 1 of each year until full transition to
753 community-based management has been accomplished statewide,
754 except that the first report must be submitted by February 1,
755 2009, and address all readiness activities undertaken through
756 November 30, 2008. The perspectives of all participants in this
757 review process must be included in each report.

758 (13) INTERAGENCY ADVISORY COUNCIL ON SUBSTANCE ABUSE AND
759 MENTAL HEALTH.--

760 (a) The Executive Office of the Governor shall establish
761 an Interagency Advisory Council on Substance Abuse and Mental
762 Health, the members of which shall advise the department as the
763 single state authority for the provision of publicly financed
764 services.

765 (b) The council shall be composed of the secretaries of
766 the Agency for Health Care Administration, the Agency for
767 Workforce Innovation, the Department of Corrections, the
768 Department of Elderly Affairs, the Department of Health, the
769 Department of Juvenile Justice, and the Department of Law
770 Enforcement, or their designees; the Attorney General or his or
771 her representative; the Commissioner of Education or his or her
772 representative; and a representative of the Office of Drug
773 Control.

774 (c) The council shall meet at least quarterly to develop a
775 plan for improving the coordination and integration of substance
776 abuse and mental health programs administered by various state

777 agencies. The plan shall address coordination of consumer
778 eligibility, funded services, contract specifications,
779 performance and outcome measures and procedures, joint or
780 collaborative purchasing, and an integrated data system for
781 performance reporting in order to maximize cost-effective
782 provision of services, agency performance, and consumer
783 outcomes. Each council member shall propose plans and a schedule
784 for the transition of state agency contracting to a common
785 contracting entity or otherwise promote collaborative purchasing
786 using integrated funding approaches so that available state and
787 federal funds are matched to consumer needs by the community-
788 based networks. The plan shall be submitted to the Governor by
789 December 1, 2009.

790 (14) RULES.--The department shall develop and adopt rules
791 pursuant to ss. 120.536(1) and 120.54 to implement this section
792 only to the extent necessary to further specify requirements of
793 community-based networks and other changes required by this
794 section. The department shall involve providers, community-based
795 networks, and other stakeholders in the development of
796 administrative rules.

797 (15) AGENCY FLEXIBILITY.--Notwithstanding any other
798 provisions of law or administrative rule, the Department of
799 Financial Services and the Department of Management Services
800 shall provide the Department of Children and Family Services
801 with the flexibility needed to implement this section.

802 Section 2. This act shall take effect upon becoming a law.