

By Senator Storms

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1 A bill to be entitled
2 An act relating to substance abuse and mental health
3 services; creating s. 394.9086, F.S.; establishing mental
4 health and substance abuse community-based provider
5 networks; providing legislative findings and intent;
6 providing definitions; providing program goals; specifying
7 the responsibilities of the Department of Children and
8 Family Services; requiring the department to annually
9 report to the Legislature on its planning and research
10 activities; requiring the department to establish
11 geographic areas and to contract with a single network to
12 provide services in that area; requiring that a portion of
13 the department's funds be allocated to the networks;
14 requiring the networks to give department employees a
15 hiring preference; providing that state employees that are
16 hired by the networks will continue to accumulate years of
17 service in the state retirement system; requiring the
18 department and the Agency for Health Care Administration
19 to execute managed care contracts with the networks;
20 providing qualifying requirements for community-based
21 networks; specifying the responsibilities of community-
22 based networks; specifying management information system
23 requirements for the department and the networks;
24 providing for an annual report to the Legislature on the
25 implementation and performance of the management
26 information system; providing for contracting, monitoring,
27 and evaluation policies and procedures; providing an
28 implementation schedule for the statewide establishment of
29 the networks; requiring the department to contract with

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30 the Louis de la Parte Florida Mental Health Institute to
31 monitor and provide implementation assistance to the
32 networks; requiring reports to the Legislature until
33 statewide implementation is accomplished; requiring the
34 Governor to establish an Interagency Committee on
35 Substance Abuse and Mental Health composed of the heads of
36 specified agencies; requiring the committee to develop a
37 plan for improving the coordination of substance abuse and
38 mental health programs administered by the participating
39 agencies; authorizing the Department of Children and
40 Family Services to adopt rules; repealing s. 394.9082,
41 F.S., relating to behavioral health service delivery
42 strategies; directing the Department of Financial Services
43 and the Department of Management Services to provide for
44 the department's flexibility in implementing this act;
45 providing an effective date.

46
47 Be It Enacted by the Legislature of the State of Florida:

48
49 Section 1. Section 394.9086, Florida Statutes, is created
50 to read:

51 394.9086 Community-based networks.--

52 (1) LEGISLATIVE FINDINGS AND INTENT.--

53 (a) The Legislature finds that substance abuse and mental
54 health disorders are a major health problem affecting an
55 estimated 48 percent of the population at some time in their
56 lives, placing a major economic burden on public and private
57 resources by significantly increasing the demands on, and the
58 disease-related expenses experienced by, families, friends, and

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59 employers and the state's juvenile and criminal justice, child
60 welfare, health care, and economic assistance systems.

61 (b) The Legislature finds that substance abuse and mental
62 health disorders are primary, chronic, and treatable diseases
63 that respond best to individually tailored regimens of treatment,
64 rehabilitation, and other supportive interventions that are most
65 effective when provided within a consumer's home community.

66 (c) The Legislature finds that state administrative
67 structures and financing for purchasing and managing treatment,
68 prevention, intervention, and other services for persons with
69 substance abuse and mental health disorders have evolved in
70 response to numerous federal, state, and local policies and
71 program initiatives. As a result, there has been a proliferation
72 of administrative entities at all levels of government having
73 overlapping roles, responsibilities, and jurisdictions, which has
74 negatively affected the public substance abuse and mental health
75 system and diminished accountability for performance and
76 treatment outcomes. It is increasingly difficult for local
77 providers to secure sufficient resources from multiple payers to
78 meet consumer and community needs, remain compliant with multiple
79 and ever-changing contracting requirements, adjust to varying
80 performance standards, and meet often disparate and redundant
81 monitoring and reporting requirements. These demands further
82 reduce the funds available for services and make it more
83 difficult to sustain local systems of care.

84 (d) In order to improve the efficiency and effectiveness of
85 publicly funded substance abuse and mental health systems and to
86 enhance provider performance and consumer outcomes, the
87 Legislature authorized pilot programs in several areas of the

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88 state to test models that outsource administrative and service
89 functions to local systems of care. The Legislature finds that
90 these pilot programs have resulted in higher levels of consumer
91 and family satisfaction; improved provider accountability;
92 expanded the use of evidenced-based practices and continuous
93 quality improvement approaches to care; led to the design of more
94 sophisticated and accessible information systems that have
95 enhanced information management, analysis, and reporting
96 capabilities; and promoted the broader participation of
97 consumers, families, and community stakeholders in the
98 development and enhancement of local systems of care. The
99 Legislature further finds that state administrative costs may be
100 reduced by integrating and eliminating the duplication of
101 monitoring, reporting, auditing, outcome measurement, and other
102 administrative functions carried out by several state and local
103 agencies that fund substance abuse and mental health services.

104 (e) The Legislature finds that state and local communities
105 have made substantial investments in the establishment of local
106 systems of care comprised of nonprofit, community-based providers
107 governed by community boards. These community-based providers
108 have experience in serving department consumers, have long-
109 standing linkages with other community agencies, and have
110 successfully carried out statutorily prescribed public social
111 service, health, and safety functions important to consumers,
112 policymakers, and state residents.

113 (f) Therefore, it is the intent of the Legislature to
114 restructure the administration, management, and financing of
115 community-based substance abuse and mental health services by
116 privatizing the administration of publicly funded services

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117 through creating and contracting with a single community-based
118 network in a specified geographic area.

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

120 (a) "Community-based network" means an administering
121 organization that purchases and offers, through a provider-based
122 network, a full range of substance abuse and mental health
123 services, serves as a single point of accountability at the local
124 level, and is responsible for the day-to-day planning for,
125 delivery of, and monitoring of services in a local community.

126 (b) "Department" means the Department of Children and
127 Family Services.

128 (c) "Safety net provider" means a community substance abuse
129 or mental health provider that is enrolled in the Medicaid
130 program or contracts with the department; that by mandate or
131 mission organizes and delivers a significant level of care to the
132 uninsured, to Medicaid recipients, and to other vulnerable
133 populations; that offers specialized or essential substance abuse
134 or mental health services not generally provided by other local
135 agencies; and that has strong community ties.

136 (3) GOALS.--

137 (a) The overall goal of the department, working in concert
138 with community-based networks, is to restructure the
139 administration of the publicly funded substance abuse and mental
140 health system to ensure the effective coordination, integration,
141 and management of publicly funded services that are cost-
142 effective, accessible, and consumer and family oriented, and that
143 achieve the performance and outcome measures established by the
144 department.

145 (b) Other goals of the restructured substance abuse and

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146 mental health system include:

147 1. Promoting the recovery and resiliency of individuals
148 served by the system.

149 2. Identifying and treating people who have substance abuse
150 or mental health disorders, including those who are at high risk
151 of poor outcomes and involvement in other systems of care.

152 3. Improving state and local accountability for the
153 quality, appropriateness, and cost-effectiveness of substance
154 abuse and mental health care and for access to that care.

155 4. Providing greater flexibility and assigning
156 responsibility to local systems for testing new and innovative
157 strategies for the delivery and financing of substance abuse and
158 mental health services, enhancing individualized treatment and
159 support services, and promoting the coordination of the multiple
160 health and human service providers and public and private payers
161 involved with individuals who have substance abuse or mental
162 health disorders.

163 5. Improving the overall quality of substance abuse and
164 mental health services through the use of evidence-based and
165 promising practice models.

166 6. Improving the coordination and integration of the system
167 with other public systems, such as the physical health, housing,
168 employment, education, child welfare, emergency services, law
169 enforcement, and criminal justice systems.

170 7. Maximizing current resources, controlling the costs of
171 services without limiting quality of care, and increasing the
172 proportion of total funds spent on direct care.

173 8. Reducing unnecessary and burdensome regulatory barriers
174 to care.

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175 9 Improving the collection, analysis, and dissemination of
176 substance abuse and mental health data for planning, performance
177 measurement, and monitoring purposes, and to improving
178 departmental decisionmaking through the use of information
179 collected by the community-based networks and disseminated by the
180 department through its data warehouse capabilities.

181 10. Promoting continuity of care for all children,
182 adolescents, and adults who receive services from publicly funded
183 substance abuse and mental health systems.

184 11. Improving public safety through prevention, early
185 diagnosis and treatment, diversionary programs, and enhanced
186 system coordination.

187 12. Promoting early diagnosis and treatment to enhance
188 recovery, prevent hospitalizations, and avoid crises.

189 13. Assisting community-based networks in improving the
190 assessment of local needs for substance abuse and mental health
191 services.

192 14. Effecting the elimination of ethnic, gender, and age
193 disparities in access to care.

194 15. Improving public understanding of the causes, effects,
195 and treatment of substance abuse and mental health disorders.

196 16. Improving access to safe, affordable, and permanent
197 housing.

198 17. Promoting preventive programs and services.

199 (4) RESPONSIBILITIES OF THE DEPARTMENT.--Specific roles and
200 responsibilities of the department include:

201 (a) Providing overall system leadership and data-based
202 system oversight, and ensuring system accountability, enhancement
203 of services, and protection of the state's substance abuse and

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204 mental health safety net and safety net providers.

205 (b) Ensuring the effective design, coordination,
206 integration, and management of the public substance abuse and
207 mental health system across state agencies and levels of
208 government. The department shall establish policies and
209 procedures, including specific service definitions, eligibility
210 standards and limits, and priority service and eligibility
211 requirements; determine and establish program priorities; promote
212 the use of evidenced-based and promising practices through its
213 facilities and community-based networks; introduce innovative and
214 model programs; establish statewide systems of care for children
215 and adults; design a comprehensive array of community services
216 that promote recovery and resiliency in patients; create
217 integrated treatment programs for individuals with co-occurring
218 disorders; develop and publish treatment and service standards;
219 and designate and set standards for centers of excellence.

220 (c) Implementing a statewide, managed system of community-
221 based substance abuse and mental health care. The department
222 shall develop and provide for the phased implementation of a
223 fully privatized and locally administered community-based system,
224 with statewide implementation to be completed by June 30, 2011.
225 The department shall streamline administrative and regulatory
226 processes to maximize the flexibility available to community-
227 based networks and their providers in meeting the needs of
228 consumers. The department shall enter into contracts with
229 community-based networks in the manner prescribed in this
230 section. The department shall monitor contractors' program and
231 fiscal performance, prepare reports on network achievement of
232 program and outcome measures, set performance benchmarks and

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233 standards, ensure that network services are delivered in
234 accordance with applicable federal and state statutes and
235 regulations, and develop and implement network reimbursement
236 methods.

237 (d) Being responsible for the financial management and
238 fiscal integrity of publicly funded substance abuse and mental
239 health programs. The department shall monitor program
240 expenditures and identify budget trends and issues, expand
241 financing options and opportunities, promote the blending and
242 integration of state-appropriated funding, and maximize other
243 public and private sources of program funding.

244 (e) Working with the community-based networks, the
245 department shall design and implement a quality assurance program
246 and quality improvement program to enhance the quality of
247 substance abuse and mental health services; improve program
248 performance and consumer outcomes, including the use of pay-for-
249 performance incentives; implement model-based and evidence-based
250 treatment practices; and provide technical assistance to and
251 support for the efforts of the community-based networks in
252 developing innovative and model programs and services. The
253 department shall strive to redirect service dollars from less
254 than effective service models to successful community-based
255 services and support models, and reward cost-effective programs,
256 services, and care patterns.

257 (f) Conducting comprehensive substance abuse and mental
258 health program planning and research. The department shall
259 conduct statewide need assessments and maintain resource
260 inventories; identify treatment gaps; disseminate information
261 about the latest trends, issues, and research; identify the need

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262 for, and assist in, the development of new community resources
263 and service models; and identify and act on systemic and
264 structural problems in the delivery and funding of substance
265 abuse and mental health systems. The department shall prepare and
266 submit to the Governor and the Legislature by December 1 of each
267 year an update on its planning and research activities, including
268 needs identified, community-based network purchasing
269 specifications, and the department's accomplishments and needs
270 relative to the purposes of this section.

271 (g) Based on data collected through the information systems
272 of the community-based networks, enhancing agency transparency by
273 collecting and widely disseminating program data and information
274 and expanding public, provider, consumer, and other stakeholder
275 access to program information. The department shall assist
276 community-based networks in developing and implementing best-of-
277 breed information technology and management information systems,
278 establishing performance and outcome measures, establishing
279 information system requirements and data standards, and expanding
280 data sharing among state and local agencies.

281 (h) Directing a program of statewide advocacy for consumers
282 and their families. The department shall establish and operate a
283 consumer affairs office and program; establish statewide public
284 information and educational programs; increase public awareness
285 of substance abuse and mental health issues; conduct a stigma-
286 reduction campaign; expand public involvement in state and local
287 substance abuse and mental health issues; expand partnerships
288 with consumers, families, and advocates; increase the
289 availability of peer specialists; expand the use of consumers in
290 the workforce; and promote peer-based and consumer-operated

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291 services.

292 (i) Funding and assisting in the design and implementation
293 of staff development and training programs. The department shall
294 conduct workforce planning, including the completion of workforce
295 needs assessments by discipline and area of the state, develop a
296 statewide workforce plan and strategies, assist community-based
297 networks and colleges and universities in enhancing staff
298 competencies and knowledge base, and develop and implement
299 strategies for improving the recruitment and retention of a
300 qualified substance abuse and mental health workforce.

301 (j) Working with the community-based networks, the
302 department shall enhance the image and reputation of the public
303 substance abuse and mental health system's programs, leadership,
304 and management with the public, policymakers, consumers,
305 providers, other stakeholders, and the general public. The
306 department shall also serve as the chief liaison with federal,
307 state, and local entities and other stakeholders on substance
308 abuse and mental health issues.

309 (k) Focusing the regional and circuit offices of the
310 department on conducting community and regional substance abuse
311 and mental health planning, completing local needs assessments,
312 advocating for consumers and their families, providing public and
313 community education, assisting the department in assessing local
314 trends and issues, and advising departmental headquarters on
315 local priorities.

316 (5) COMMUNITY-BASED SYSTEMS OF CARE.--

317 (a) The department shall establish specified geographic
318 areas, which may be a county or combination of counties, a
319 circuit or combination of circuits, a region, or a multi-region

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320 area according to departmental discretion and based on naturally
321 occurring market areas, and shall execute a managed care contract
322 with a single community-based network to administer the provision
323 of publicly funded substance abuse and mental health services for
324 consumers in each area. In determining the geographic coverage of
325 a community-based network, the department shall also consider the
326 network's capacity to ensure that provider choice and self-
327 directed care principals can be realized and that economies of
328 scale are such that the desired cost efficiencies can be
329 achieved. The department's goal in managing services should be
330 cost-efficiency, not cost-containment.

331 (b) A substantial portion of the funds currently allocated
332 to departmental circuit and regional offices for the management
333 of contracted substance abuse and mental health services shall be
334 allocated to the community-based networks for the administrative
335 functions reassigned from the department to the networks. These
336 funds shall, to the extent possible, support the administrative
337 costs associated with network contractual responsibilities.

338 1. The department, working with the Florida Mental Health
339 Institute, shall identify the funds to be transferred by December
340 2008.

341 2. Persons currently employed by the department to manage
342 substance abuse and mental health services whose positions are
343 being privatized pursuant to this section shall be given hiring
344 preference by the network if the departmental employee meets the
345 network's qualifications. For those departmental employees
346 subsequently employed by a network, years of service in network
347 employment shall qualify as years of service in the state
348 retirement system.

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349 (c) The community-based networks selected by the department
350 are recognized as independent vendors that may also contract with
351 other public or private organizations to manage plans and
352 services operated by other organizations in order to increase the
353 network's cost-effectiveness.

354 (d) The department and the Agency for Health Care
355 Administration shall both execute managed care contracts with
356 community-based networks to provide for the integration of
357 funding for consumers of departmental and Medicaid services. The
358 department and the agency shall jointly prepare and submit a plan
359 to the Legislature by December 1, 2008, on their proposal to
360 blend and integrate funding sources to better coordinate service
361 delivery through a single entity in each area of the state.

362 (6) QUALIFICATION OF COMMUNITY-BASED NETWORKS.--The
363 department shall adopt criteria and a process for qualifying
364 community-based networks. In order to be qualified a network
365 must:

366 (a) Be incorporated in this state and qualify as a non-
367 profit organization under s. 501(c)(3) of the Internal Revenue
368 Service.

369 (b) Be provider-owned and operated and comprised of
370 nonprofit safety net providers governed by community boards that
371 have traditionally contracted with the department or enrolled as
372 Medicaid providers and that have engaged primarily in providing
373 care to low-income individuals.

374 (c) Have a board of directors that includes a combination
375 of substance abuse and mental health providers, as defined in
376 chapters 394 and 397, including those that only serve a substance
377 abusing or mentally ill population, as well as consumers, family

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378 members, and other community stakeholders.

379 (d) Submit a business plan that includes network program,
380 financial, and operational plans.

381 (e) Have provider networks that include a mix of facilities
382 and providers that cover the entire range of substance abuse and
383 mental health services provided by the department, including
384 acute services, crisis services, residential care, housing,
385 recovery supports, and preventive services.

386 (f) Provide evidence that all providers in the same
387 geographic area which have current contracts with the department
388 have been offered a contract by the network.

389 (g) Provide evidence of a recovery and resiliency-based
390 service mission.

391 (h) Offer self-directed, consumer, and family-oriented
392 care, such as clubhouses and drop-in centers through its provider
393 network.

394 (i) Demonstrate that program plans and operations reflect
395 the preferences and recommendations of consumers, families, and
396 community stakeholders.

397 (j) Demonstrate that all network-contracted providers are
398 using one of the department's approved standardized assessment
399 tools and that treatment plans are individualized and based on
400 standardized assessments.

401 (k) Have providers that employ people with substance abuse
402 and mental health disorders and offer consumer operated programs.

403 (l) Offer criminal justice diversionary services that
404 comply with the criteria established for the Criminal Justice,
405 Mental Health, and Substance Abuse Investment Grant program.

406 (m) Demonstrate sound financial management practices.

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407 (n) Have comprehensive quality assurance and quality
408 improvement programs.

409 (o) Have operational performance and outcome measurement
410 systems.

411 (p) Have comprehensive accessible information system and
412 data analysis capabilities meeting department standards.

413 (q) Demonstrate well-established relationships with their
414 communities and written agreements with related health and social
415 service agencies and programs such as, at a minimum, the child
416 welfare-related community-based care agencies, hospitals and
417 hospital emergency departments, other health care providers, law
418 enforcement agencies, drug and mental health courts operating in
419 the area, juvenile justice agencies, and the schools.

420 (r) Promote the coordination of care of departmental and
421 Medicaid recipients.

422 (s) Provide convenient and timely access to care.

423 (t) Meet such other criteria as the department specifies by
424 rule.

425 (7) COMMUNITY-BASED NETWORK RESPONSIBILITIES.--The
426 community-based networks shall be responsible for the following:

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

429 (b) Reorganizing or developing services to meet priority
430 unmet needs.

431 (c) Contracting with providers to build a comprehensive
432 service network with staff that meet credentialing standards by
433 retaining traditional providers that meet minimum standards and,
434 at the same time, expanding the range of consumer choice in
435 services and providers.

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436 (d) Establishing an organized and unified system of care
437 that is easier for consumers to access and navigate.

438 (e) Developing systems of care that are able to link with
439 other related systems including health, child welfare, criminal
440 justice, law enforcement, emergency services, education, economic
441 assistance, elder services, homeless programs, and other health,
442 social service, and public safety and criminal justice systems.

443 (f) Ensuring that priority services are accessible
444 throughout the service area for each target population and that
445 linkages are in place so that clients can move easily through
446 various levels of care.

447 (g) Providing outreach to substance abusing and mentally
448 ill individuals who need care.

449 (h) Establishing uniform clinical policies based on
450 evidence-based practices.

451 (i) Monitoring provider services to measure compliance with
452 standards and contractual requirements.

453 (j) Establishing provider training programs and provider
454 information exchange processes to support improvements in quality
455 of care.

456 (k) Building an information management system capable of
457 integrating clinical, fiscal, and management data and reporting
458 uniform client level and aggregate data to support performance
459 measurement and quality improvement initiatives.

460 (l) Promoting cost-effective and appropriate care through
461 the use of utilization management techniques that, over time,
462 become internal to network provider agencies.

463 (m) Fostering innovation in service delivery and technology
464 development among contracted agencies in order to increase

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465 efficiency and effectiveness.

466 (n) Coordinating network activities with other local
467 organizations managing substance abuse and mental health care, so
468 long as cost shifting does not occur.

469 (o) Operating in the public interest by maximizing the
470 investment of public funds for the direct benefit of consumers,
471 maintaining a high level of consumer satisfaction, and re-
472 investing savings in new community services.

473 (p) Consolidating the management functions of network
474 providers in order to reduce costs and maximize funding for
475 direct services, and promoting the economical use of limited
476 resources through measures such as group purchasing.

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

481 (r) Monitoring network providers and ensuring that
482 monitoring results are used to improve both direct services and
483 administrative practices.

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

486 (8) MANAGEMENT INFORMATION SYSTEMS.--

487 (a) To support the conversion of substance abuse and mental
488 health service delivery and financing to community-based
489 networks, the department shall coordinate the development and
490 implementation of statewide management information system
491 requirements and system linkages across community-based networks.
492 In developing system requirements, the department shall consider
493 the availability of, and the costs associated with, using

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494 existing community-based network software and systems or those
495 that are operational in other states. The department shall also
496 consider the compatibility of existing software and systems with
497 the development of an integrated management information system
498 across community-based networks.

499 (b) The management information systems implemented by a
500 community-based network must, at a minimum, include an integrated
501 service delivery information system that captures information on
502 individuals served through community-based networks, including
503 comprehensive consumer, provider, clinical, demographic,
504 performance, outcome, and financial information for all of the
505 substance abuse and mental health programs administered by the
506 network. The community-based network management information
507 systems must also be designed to promote efficient and effective
508 use of resources and ensure network accountability. The system
509 must contain, at a minimum, information essential for ongoing
510 administration of service delivery, monitoring, and outcome
511 measurement, and for making management decisions.

512 (c) The department shall establish a data warehouse using
513 the data contained in the community-based network management
514 information systems and be able to provide nonconfidential data
515 to stakeholders for planning, monitoring, evaluation, and
516 research purposes. The department shall aggregate, on a quarterly
517 and an annual basis, the data provided into descriptive and
518 statistical reports that shall be disseminated through quarterly
519 and annual reports and placed on websites for use by interested
520 parties and disseminated to the Legislature.

521 (d) The department shall provide an annual report to the
522 Legislature on the implementation and performance of the

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523 community-based networks management information system. In
524 developing system requirements, the department shall report on
525 the availability of, and the costs associated with using,
526 existing community-based network software and systems or those
527 that are operational in other states. The department shall also
528 report on the compatibility of existing software and systems with
529 the development of an integrated management information system
530 across community-based networks. The report shall be submitted no
531 later than December 1 of each year.

532 (e) In conjunction with the community-based networks, the
533 department shall develop its information system to track consumer
534 participation in substance abuse or mental health programs on a
535 timely basis and their involvement with other systems of care,
536 such as criminal justice, housing, and education, and shall share
537 this data with community-based networks.

538 (9) DEPARTMENT CONTRACTING AND MONITORING OF COMMUNITY-
539 BASED NETWORKS.--The department shall adopt contract, monitoring,
540 and program policies and procedures for community-based service
541 networks. The policies and procedures adopted must minimize the
542 duplication of the department's and the community-based network's
543 monitoring activities.

544 (a) The policies and procedures must, at a minimum, address
545 the evaluation of fiscal accountability and program operations
546 including achievement of performance standards, network
547 monitoring of subcontractors, and timely follow-up on monitoring
548 findings. The department shall recognize the national
549 accreditation of networks and their providers in determining the
550 extent of departmental monitoring.

551 (b) The services of community-based networks contracting

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552 with the department must be evaluated annually by the department.
553 The department shall use independent audits of financial and
554 service records provided by the network to eliminate or
555 significantly reduce contract and administrative reviews
556 conducted by the department. The department may suggest items to
557 be included in the independent audits to meet departmental needs.

558 (c) Department contracts with the community-based networks
559 must:

560 1. Include provisions that specify procedures to be used to
561 resolve differences in interpreting the contract or to resolve
562 disputes as to the adequacy of a party's compliance with its
563 obligations under the contract.

564 2. Ensure payment to the network for reasonable
565 administrative costs in addition to reasonable funding for the
566 cost of delivering services. The department shall redirect
567 savings in departmental administrative costs to community-based
568 networks.

569 3. Include performance and consumer outcome measures that
570 are adjusted annually to enable the department to meet its system
571 performance and outcome standards. The department shall establish
572 network performance measures, performance benchmarks and
573 standards, and consumer outcome measures and standards.

574 (d) Contract monitoring shall be carried out by a single
575 contract monitoring unit located within the substance abuse and
576 mental health central office of the department.

577 (e) In order to eliminate or significantly reduce the
578 number of inspections by various entities, the department shall
579 coordinate or consolidate its monitoring with surveys conducted
580 by other agencies.

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581 (10) SCHEDULE FOR NETWORK CONTRACTING.--During the
582 following 3-year implementation period, the department shall
583 enter into a multi-year contract with an existing or newly formed
584 community-based network in each departmentally designated area
585 for the provision, administration, and management of substance
586 abuse and mental health services in that area.

587 (a) By March 2009, the department shall initiate a process
588 that gives the community-based networks in districts 1, 4 and 12,
589 11, and the Suncoast region the opportunity to contract with the
590 department as a community-based network for their service area.
591 These established community-based networks shall be given a
592 minimum of 90 days after the department publishes network
593 standards to prepare an application for designation as the
594 community-based network for a specified geographic area. If the
595 department determines after a review of the application that a
596 network's application and prior contractual history meet the
597 criteria established in this section, the department shall enter
598 into a contract with the community-based network on a sole source
599 basis. If the department determines that additional changes are
600 needed to comply with departmental requirements, the network
601 applicant shall be notified of the standards and criteria that it
602 fails to meet and given a minimum of 90 days to meet these
603 requirements in order to enter into a contract with the
604 department.

605 (b) During the 2009-2010 fiscal year, in other areas of the
606 state where a single community-based network has formed that has
607 the governance structure and ownership capabilities specified for
608 community-based networks and that is determined by the department
609 to cover a sufficient geographical area to achieve the necessary

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610 cost efficiencies, and there is no competing network in the same
611 area, the network shall be given the opportunity to contract as
612 the community-based network for that area, based on qualification
613 and negotiation of a noncompetitive contract. These community-
614 based networks shall be given a minimum of 90 days to submit an
615 application after the department notifies the respective areas
616 that it is accepting applications for qualification as a
617 community-based network. After review of an application, if the
618 department determines the network applicant complies with the
619 criteria specified in this section or meets these requirements
620 prior to execution of a contract, the department shall enter into
621 a contract with the network.

622 (c) By the end of the 2010-2011 fiscal year, the department
623 shall have entered into contracts in any remaining circuits
624 without a network, selecting the contractors through a
625 competitive procurement process.

626 (11) MONITORING THE SUBSTANCE ABUSE AND MENTAL HEALTH
627 SYSTEM REDESIGN.--The department shall contract with The Louis de
628 la Parte Florida Mental Health Institute to monitor and provide
629 technical assistance to community-based networks; assist in
630 developing network standards, qualification criteria, and
631 contracts; identify administrative funds eligible for transfer to
632 community-based networks; develop information system
633 requirements; set performance and consumer outcome measures;
634 conduct stakeholder surveys during the transition process; and
635 identify best and promising practices. Reports of these
636 activities and reviews must be submitted to the Legislature on
637 March 1 and September 1 of each year until full transition to
638 community-based management has been accomplished statewide,

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639 except that the first report must be submitted by February 1,
640 2009, and address all readiness activities undertaken through
641 November 30, 2008. The perspectives of all participants in the
642 review process must be included in each report.

643 (12) INTERAGENCY ADVISORY COMMITTEE ON SUBSTANCE ABUSE AND
644 MENTAL HEALTH.--

645 (a) The Executive Office of the Governor shall establish an
646 Interagency Advisory Committee on Substance Abuse and Mental
647 Health to advise the department as the single state authority for
648 provision of publicly funded services.

649 (b) The committee shall be comprised of the heads, or their
650 designees, of the Agency for Health Care Administration, the
651 Agency for Workforce Innovation, the Department of Corrections,
652 the Department of Elderly Affairs, the Department of Health, the
653 Department of Juvenile Justice, the Department of Law
654 Enforcement, the Attorney General, and the Commissioner of
655 Education or a representative of the Department of Education, and
656 a representative of the Office of Drug Control.

657 (c) The committee shall meet at least quarterly to develop
658 a plan for improving the coordination and integration of
659 substance abuse and mental health programs administered by
660 various state agencies. The plan shall address the coordination
661 of consumer eligibility, funded services, contract
662 specifications, performance and outcome measures and procedures,
663 joint or collaborative purchasing, and an integrated data system
664 for performance reporting in order to maximize cost-effective
665 provision of services, agency performance, and consumer outcomes.
666 Each committee member shall propose plans and a schedule for the
667 transition of state agency contracting to a common contracting

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668 entity or otherwise promoting collaborative purchasing using
669 braided or integrated funding approaches so that available state
670 and federal funds can be matched to consumer needs by the
671 community-based networks. The plan must be submitted to the
672 Governor by December 2009. The committee shall expire upon the
673 submission of the plan.

674 (13) RULES.--The department shall adopt rules to administer
675 this section and, as necessary, to further specify requirements
676 of community-based networks.

677 Section 2. Section 394.9082, Florida Statutes, is repealed.

678 Section 3. The Department of Financial Services and the
679 Department of Management Services shall provide the Department of
680 Children and Family Services with the flexibility necessary to
681 implement this act.

682 Section 4. This act shall take effect July 1, 2008.