

By Senator Detert

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1 A bill to be entitled
2 An act relating to behavioral health services;
3 providing a short title; creating the Behavioral
4 Health Task Force within the Department of Children
5 and Families; specifying membership of the task force;
6 providing for reimbursement for per diem and travel
7 expenses; prescribing duties of the task force;
8 requiring the task force to submit a report to the
9 Governor and the Legislature by a specified date;
10 providing for staff support; creating s. 394.47892,
11 F.S.; authorizing counties to fund treatment-based
12 mental health court programs; providing legislative
13 intent; providing that pretrial program participation
14 is voluntary; specifying criteria that a court must
15 consider before sentencing a person to a
16 postadjudicatory treatment-based mental health court
17 program; requiring a judge presiding over a
18 postadjudicatory treatment-based mental health court
19 program to hear a violation of probation or community
20 control under certain circumstances; providing that
21 treatment-based mental health court programs may
22 include specified programs; requiring a judicial
23 circuit with a treatment-based mental health court
24 program to establish a coordinator position, subject
25 to annual appropriation by the Legislature; requiring
26 circuit courts to report specified data to the Office
27 of the State Courts Administrator; creating the
28 Florida Association of Mental Health Court
29 Professionals; specifying membership and duties of the

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30 association; providing county funding requirements for
31 treatment-based mental health court programs;
32 authorizing the chief judge of a judicial circuit to
33 appoint an advisory committee for the treatment-based
34 mental health court program; specifying membership of
35 the committee; amending s. 394.656, F.S.; revising the
36 duties of the Criminal Justice, Mental Health, and
37 Substance Abuse Statewide Grant Review Committee;
38 requiring the Department of Children and Families to
39 appoint a grant selection committee; authorizing a
40 designated not-for-profit community provider to apply
41 for certain grants; providing an appropriation for the
42 Criminal Justice, Mental Health, and Substance Abuse
43 Reinvestment Grant Program; creating s. 394.9086,
44 F.S.; requiring the Department of Children and
45 Families to designate qualifying organizations as
46 community behavioral health centers; providing minimum
47 criteria for designation as a community behavioral
48 health center; requiring the department to adopt
49 rules; creating s. 394.9087, F.S.; establishing the
50 Behavioral Health Workforce Loan Forgiveness Program
51 within the department; providing eligibility
52 requirements; specifying limitations and requirements
53 with respect to loan repayment; authorizing the
54 department to adopt rules; providing appropriations
55 for the Behavioral Health Workforce Loan Forgiveness
56 Program; amending s. 409.906, F.S.; requiring the
57 Agency for Health Care Administration to implement a
58 prospective payment methodology for reimbursement

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59 rates at community behavioral health centers;
60 directing the agency to require managed care plans and
61 fee-for-service providers to implement certain
62 measures with respect to the delivery of behavioral
63 health services; requiring the agency to submit a
64 federal waiver or state Medicaid plan amendment for
65 provision of health homes; specifying conditions for a
66 health home program; amending s. 409.967, F.S.;

67 revising contract requirements for managed care plans
68 under contract with the agency; requiring each managed
69 care plan to report annual spending on community
70 behavioral health services; requiring a managed care
71 plan to spend a threshold amount on direct community
72 behavioral health services; requiring a managed care
73 plan to reimburse the agency if community behavioral
74 health services spending does not reach the threshold
75 amount; amending ss. 29.004, 39.001, 39.507, 39.521,
76 409.975, and 921.0026, F.S.; conforming provisions to
77 changes made by the act; amending ss. 948.01 and
78 948.06, F.S.; conforming provisions relating to
79 probation and community control to reflect the
80 postadjudicatory treatment-based mental health court
81 program; requiring the agency to complete a study
82 regarding targeted case management services;
83 specifying requirements for the study; requiring the
84 agency to submit a report regarding the study to the
85 Legislature by a specified date; requiring the agency
86 to submit a planning grant application to the United
87 States Department of Health and Human Services;

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88 providing appropriations; providing an effective date.

89
90 WHEREAS, Florida's residents with mental illnesses and
91 substance abuse disorders are best able to recover and become
92 productive citizens when served in their own communities and
93 surrounded by family and natural support systems, and

94 WHEREAS, untreated mental illnesses and substance abuse
95 disorders place a burden on the health care and public safety
96 system, and

97 WHEREAS, research has demonstrated that the delivery of
98 behavioral health services to treat mental illnesses and
99 substance abuse disorders are cost-effective and efficient, and

100 WHEREAS, the Legislature intends to ensure greater access
101 to behavioral health services by promoting the high quality,
102 adequacy, and availability of these essential services, NOW,
103 THEREFORE,

104
105 Be It Enacted by the Legislature of the State of Florida:

106
107 Section 1. This act may be cited as the "Excellence in
108 Behavioral Health Act."

109 Section 2. Behavioral Health Task Force.—The Behavioral
110 Health Task Force, a task force as defined in s. 20.03, Florida
111 Statutes, is created within the Department of Children and
112 Families. The task force is created for the express purpose of
113 recommending a plan for the delivery of comprehensive behavioral
114 health services to the residents of this state, which includes
115 short-term, mid-range, and long-term strategies to ensure the
116 availability of a comprehensive system to serve residents with

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117 mental illnesses and substance abuse disorders.

118 (1) The task force shall consist of 23 members, as follows:

119 (a) One member from each of the following agencies,

120 appointed by the Governor:

121 1. The Executive Office of the Governor.

122 2. The Department of Children and Families.

123 3. The Agency for Health Care Administration.

124 4. The Department of Corrections.

125 5. The Department of Elderly Affairs.

126 6. The Agency for Persons with Disabilities.

127 7. The Department of Juvenile Justice.

128 (b) Two members of the Senate, one of whom shall be a
129 member of the minority party, appointed by the President of the
130 Senate.

131 (c) Two members of the House of Representatives, one of
132 whom shall be a member of the minority party, appointed by the
133 Speaker of the House of Representatives.

134 (d) Three members, one of whom shall be a circuit judge,
135 one of whom shall be a state attorney, and one of whom shall be
136 a public defender, appointed by the Chief Justice of the Supreme
137 Court.

138 (e) The Insurance Consumer Advocate.

139 (f) Two members appointed by the president of the Florida
140 Association of Health Plans.

141 (g) One member appointed by the executive director of the
142 Florida Alcohol and Drug Abuse Association.

143 (h) One member appointed by the president of the Florida
144 Council for Community Mental Health.

145 (i) One member appointed by the Florida Association of

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146 Managing Entities.

147 (j) One sheriff appointed by the executive director of the
148 Florida Sheriffs Association.

149 (k) One consumer member appointed by the program director
150 of the National Alliance on Mental Illness Florida.

151 (l) One consumer member appointed by Floridians for
152 Recovery.

153 (2) Members of the task force shall serve without
154 compensation. Per diem and travel expenses for each member shall
155 be the responsibility of the member's sponsoring agency or
156 organization; however, the consumer members appointed to the
157 task force are entitled to reimbursement for per diem and travel
158 expenses from the Department of Children and Families, pursuant
159 to s. 112.061, Florida Statutes.

160 (3) The task force shall prepare a comprehensive State
161 Strategic Behavioral Health Plan, which must address the
162 following items:

163 (a) Evaluate whether current funding for the treatment of
164 mental illnesses and substance abuse treatment services in this
165 state is adequate.

166 (b) Evaluate whether the current size of the state's
167 behavioral health workforce meets current demand.

168 (c) Propose funding mechanisms that maximize available
169 funding through federal, state, and local sources.

170 (d) Develop strategies to streamline funding strategies for
171 behavioral health services, including how to eliminate
172 unnecessary legislative, regulatory, and other bureaucratic
173 barriers that impede efforts to efficiently deliver behavioral
174 health services.

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175 (e) Develop measures necessary to promote the formation of
176 a network of community-based treatment providers to facilitate
177 greater accessibility to cost-effective care and prevent persons
178 with mental illnesses or substance abuse disorders from
179 homelessness, imprisonment, or seeking care in hospital
180 emergency rooms.

181 (f) Develop strategies for interagency coordination between
182 the criminal justice system and the mental health and substance
183 abuse treatment system.

184 (g) Provide a proposal for a comprehensive data collection
185 system that measures patients served, services delivered,
186 treatment outcomes, and the cost-effectiveness of care.

187 (h) Assess and report on the state's current progress in
188 implementing the federal Paul Wellstone and Pete Domenici Mental
189 Health Parity and Addiction Equity Act of 2008, 29 U.S.C. s.
190 1185a, and propose any strategy necessary to assist in the
191 implementation.

192 (i) Evaluate the need and potential placement of a
193 specialized mental health and substance abuse agency within
194 state government.

195 (4) The task force shall submit a report of its findings
196 and recommendations to the Governor, the President of the
197 Senate, and the Speaker of the House of Representatives by June
198 30, 2016. Upon submission of the report, the task force shall
199 expire.

200 (5) The Department of Children and Families shall provide
201 the task force with staff necessary to assist the task force in
202 the performance of its duties.

203 Section 3. Section 394.47892, Florida Statutes, is created

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204 to read:

205 394.47892 Treatment-based mental health court programs.—

206 (1) Each county may fund a treatment-based mental health
207 court program under which persons in the justice system assessed
208 with a mental illness will be processed in such a manner as to
209 appropriately address the severity of the identified mental
210 health problem through treatment services tailored to the
211 individual needs of the participant. The Legislature intends to
212 encourage the Department of Corrections, the Department of
213 Children and Families, the Department of Juvenile Justice, the
214 Department of Health, the Department of Law Enforcement, the
215 Department of Education, and such agencies, local governments,
216 law enforcement agencies, other interested public or private
217 sources, and individuals to support the creation and
218 establishment of these problem-solving court programs.
219 Participation in the treatment-based mental health court
220 programs does not divest any public or private agency of its
221 responsibility for a child or adult, but enables these agencies
222 to better meet their needs through shared responsibility and
223 resources.

224 (2) Entry into a pretrial treatment-based mental health
225 court program is voluntary.

226 (3) (a) Entry into a postadjudicatory treatment-based mental
227 health court program as a condition of probation or community
228 control pursuant to s. 948.01 or s. 948.06 must be based upon
229 the sentencing court's assessment of the defendant's criminal
230 history, mental health screening outcome, amenability to the
231 services of the program, and total sentence points; the
232 recommendation of the state attorney and the victim, if any; and

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233 the defendant's agreement to enter the program.

234 (b) An offender who is sentenced to a postadjudicatory
235 treatment-based mental health court program and who, while a
236 mental health court participant, is the subject of a violation
237 of probation or community control under s. 948.06 shall have the
238 violation of probation or community control heard by the judge
239 presiding over the postadjudicatory treatment-based mental
240 health court program. After a hearing on or admission of the
241 violation, the judge shall dispose of any such violation as he
242 or she deems appropriate if the resulting sentence or conditions
243 are lawful.

244 (4) Treatment-based mental health court programs may
245 include pretrial intervention programs as provided in s. 948.08,
246 treatment-based mental health court programs authorized in
247 chapter 39, postadjudicatory programs as provided in ss. 948.01
248 and 948.06, and review of the status of compliance or
249 noncompliance of sentenced offenders in a treatment-based mental
250 health court program.

251 (5) (a) Contingent upon an annual appropriation by the
252 Legislature, each judicial circuit with a treatment-based mental
253 health court program shall establish, at a minimum, one
254 coordinator position for the treatment-based mental health court
255 program within the state courts system to coordinate the
256 responsibilities of the participating agencies and service
257 providers. Each coordinator shall provide direct support to the
258 treatment-based mental health court program by providing
259 coordination between the multidisciplinary team and the
260 judiciary, providing case management, monitoring compliance of
261 the participants in the program with court requirements, and

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262 providing program evaluation and accountability.

263 (b) Each judicial circuit shall report sufficient client-
264 level and programmatic data to the Office of the State Courts
265 Administrator annually for purposes of program evaluation.
266 Client-level data include primary offenses that resulted in the
267 mental health court referral or sentence, treatment compliance,
268 completion status and reasons for failure to complete, offenses
269 committed during treatment and the sanctions imposed, frequency
270 of court appearances, and units of service. Programmatic data
271 include referral and screening procedures, eligibility criteria,
272 type and duration of treatment offered, and residential
273 treatment resources.

274 (6) The Florida Association of Mental Health Court
275 Professionals is created.

276 (a) The membership of the association may consist of
277 treatment-based mental health, mental health, and veterans court
278 program practitioners who comprise the multidisciplinary
279 treatment-based mental health court program team, including, but
280 not limited to, judges, state attorneys, defense counsel,
281 treatment-based mental health court program coordinators,
282 probation officers, law enforcement officers, community
283 representatives, members of the academic community, and
284 treatment professionals. Membership in the association shall be
285 voluntary.

286 (b) The association shall annually elect a chair who shall
287 solicit recommendations from members on issues relating to the
288 expansion, operation, and institutionalization of treatment-
289 based mental health court programs. The chair is responsible for
290 providing on or before October 1 of each year the association's

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291 recommendations and an annual report to the appropriate Supreme
292 Court committee or to the appropriate personnel of the Office of
293 the State Courts Administrator.

294 (7) If a county chooses to fund a treatment-based mental
295 health court program, the county must secure funding from
296 sources other than the state for those costs not otherwise
297 assumed by the state pursuant to s. 29.004. However, this
298 subsection does not preclude counties from using treatment and
299 other service funding provided through state executive branch
300 agencies. Counties may provide, by interlocal agreement, for the
301 collective funding of these programs.

302 (8) The chief judge of each judicial circuit may appoint an
303 advisory committee for the treatment-based mental health court
304 program. The committee shall be composed of the chief judge, or
305 his or her designee, who shall serve as chair; the judge of the
306 treatment-based mental health court program, if not otherwise
307 designated by the chief judge as his or her designee; the state
308 attorney, or his or her designee; the public defender, or his or
309 her designee; the treatment-based mental health court program
310 coordinators; community representatives; treatment
311 representatives; and any other persons the chair deems
312 appropriate.

313 Section 4. Section 394.656, Florida Statutes, is amended to
314 read:

315 394.656 Criminal Justice, Mental Health, and Substance
316 Abuse Reinvestment Grant Program.—

317 (1) There is created within the Department of Children and
318 Families the Criminal Justice, Mental Health, and Substance
319 Abuse Reinvestment Grant Program. The purpose of the program is

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320 to provide funding to counties with which they can plan,
321 implement, or expand initiatives that increase public safety,
322 avert increased spending on criminal justice, and improve the
323 accessibility and effectiveness of treatment services for adults
324 and juveniles who have a mental illness, substance abuse
325 disorder, or co-occurring mental health and substance abuse
326 disorders and who are in, or at risk of entering, the criminal
327 or juvenile justice systems.

328 (2) The department shall establish a Criminal Justice,
329 Mental Health, and Substance Abuse Statewide Grant Review
330 Committee. The committee shall include:

331 (a) One representative of the Department of Children and
332 Families;

333 (b) One representative of the Department of Corrections;

334 (c) One representative of the Department of Juvenile
335 Justice;

336 (d) One representative of the Department of Elderly
337 Affairs; and

338 (e) One representative of the Office of the State Courts
339 Administrator.

340
341 The committee shall serve as the lead body to study policy and
342 funding issues to help reduce the impact of persons with mental
343 illnesses and substance abuse disorders on communities and the
344 court system and foster coordination between executive agencies,
345 the court system, local governments, and law enforcement
346 agencies. The committee shall advise the department in selecting
347 priorities for applying and reviewing grants and investing
348 awarded grant moneys. The department, to the extent possible,

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349 shall appoint a grant selection committee that has expertise in
350 the content areas relating to the grants ~~To the extent possible,~~
351 ~~the members of the committee shall have expertise in grant~~
352 ~~writing,~~ grant reviewing, and grant application scoring.

353 (3) (a) A county or a designated not-for-profit community
354 provider may apply for a 1-year planning grant or a 3-year
355 implementation or expansion grant. The purpose of the grants is
356 to demonstrate that investment in treatment efforts related to
357 mental illness, substance abuse disorders, or co-occurring
358 mental health and substance abuse disorders results in a reduced
359 demand on the resources of the judicial, corrections, juvenile
360 detention, and health and social services systems.

361 (b) To be eligible to receive a 1-year planning grant or a
362 3-year implementation or expansion grant, an ~~a county~~ applicant
363 must have a ~~county~~ planning council or committee that is in
364 compliance with the membership requirements set forth in this
365 section.

366 (4) The grant review committee shall notify the Department
367 of Children and Families in writing of the names of the
368 applicants who have been selected by the committee to receive a
369 grant. Contingent upon the availability of funds and upon
370 notification by the review committee of those applicants
371 approved to receive planning, implementation, or expansion
372 grants, the Department of Children and Families may transfer
373 funds appropriated for the grant program to an approved
374 applicant ~~any county awarded a grant.~~

375 Section 5. For the 2015-2016 fiscal year, there is
376 appropriated the sum of \$9 million in recurring funds from the
377 General Revenue Fund to the Department of Children and Families

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378 for the purpose of funding the Criminal Justice, Mental Health,
379 and Substance Abuse Reinvestment Grant Program established in s.
380 394.656, Florida Statutes.

381 Section 6. Section 394.9086, Florida Statutes, is created
382 to read:

383 394.9086 Community behavioral health centers.—

384 (1) The department shall designate qualifying community
385 behavioral health organizations as community behavioral health
386 centers. The department, in conjunction with the Agency for
387 Health Care Administration, shall establish criteria that must
388 be met by a community behavioral health organization in order to
389 receive designation as a community behavioral health center.

390 (2) In order to be designated as a community behavioral
391 health center, a community behavioral health organization, at a
392 minimum, must:

393 (a) Provide services at locations that ensure availability
394 and accessibility to services in a manner that preserves human
395 dignity and ensures continuity of care.

396 (b) Deliver services in a mode appropriate for the center's
397 target population.

398 (c) Provide services to one or more specialized
399 populations, including, but not limited to, children and
400 families at risk of or exiting the child welfare system due to
401 mental illness or a substance abuse disorder, senior citizens
402 with severe mental illnesses or substance abuse disorders, or
403 adults and juveniles at risk of entering the criminal justice
404 system.

405 (d) Provide individuals with a choice of effective service
406 options for treatment.

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407 (e) Employ clinical staff with multidisciplinary experience
408 and cultural and linguistic competencies.

409 (f) Provide services, subject to a center's capability and
410 available funding, to any individual residing or employed in the
411 center's service area regardless of his or her ability to pay
412 for such services.

413 (g) Provide, directly or through contract to the extent
414 covered, to an adult enrolled in the state Medicaid plan
415 authorized under Title XIX of the Social Security Act, 42 U.S.C.
416 s. 1396 et seq., or a child receiving early and periodic
417 screening, diagnostic, and treatment services authorized under
418 42 U.S.C. 1396d, the following services:

419 1. Screening, assessment, and diagnosis, including risk
420 assessment.

421 2. Treatment planning, including risk assessment and crisis
422 planning, which focuses on the individual.

423 3. Outpatient mental health and substance abuse services,
424 including screening, assessment, diagnosis, psychotherapy,
425 medication management, and integrated evidence-based treatment
426 for mental illness and substance abuse.

427 4. Crisis mental health services, including 24-hour mobile
428 crisis teams, emergency crisis intervention services, and crisis
429 stabilization.

430 5. Targeted case management services designed to assist
431 individuals in gaining access to needed medical, social,
432 educational, and other services; applying for supplemental
433 security income; or any other benefit to which they may be
434 entitled.

435 6. Psychiatric rehabilitation services, including, but not

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436 limited to, assertive community treatment, family psychology
437 education, disability self-management, supported employment,
438 supported housing services, and therapeutic foster care
439 services.

440 7. Counseling, including family and peer support services.

441 8. Outpatient screening and monitoring of key health
442 indicators and health risk factors, including, but not limited
443 to, diabetes, hypertension, cardiovascular disease, body mass
444 index, blood pressure, blood-glucose levels, and lipid profiles.

445 (h) Maintain partnerships and, if possible, enter into
446 contractual agreements with:

447 1. Federally qualified health centers.

448 2. Inpatient psychiatric facilities and substance abuse
449 detoxification, post-detoxification transitional services, and
450 residential programs.

451 3. Facilities that provide adult and youth peer support and
452 counseling services.

453 4. Facilities that provide family support services for
454 families of children with serious mental illnesses or substance
455 abuse disorders.

456 5. Providers of primary care services.

457 6. Providers of outreach services, including translation
458 services and transportation services.

459 7. Providers of other health and wellness services,
460 including tobacco cessation services.

461 (i) Provide outreach, to the extent feasible, to encourage
462 individuals who may benefit from receiving behavioral healthcare
463 to participate in services provided by a community behavioral
464 health center.

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465 (3) The department shall adopt rules to implement and
466 administer this section.

467 Section 7. Section 394.9087, Florida Statutes, is created
468 to read:

469 394.9087 Behavioral Health Workforce Loan Forgiveness
470 Program.—

471 (1) The Behavioral Health Workforce Loan Forgiveness
472 Program is established within the department. The purpose of the
473 program is to increase employment and retention among qualified
474 personnel employed at substance abuse treatment providers or
475 community behavioral health centers where critical workforce
476 shortages exist by making repayments toward loans received by
477 applicants through federal or state programs or commercial
478 lending institutions for the support of pursuing postsecondary
479 study in the behavioral health field.

480 (2) To be eligible for the program, an applicant must:

481 (a) Have graduated from an accredited or approved
482 postsecondary degree program in counseling, psychology, or
483 social work.

484 (b) Be employed as a qualified professional, as defined in
485 s. 397.311, at a licensed substance abuse treatment provider or
486 community behavioral health center.

487 (3) Only loans to pay the costs of tuition, books, fees,
488 and living expenses shall be covered by the program.

489 (4) All participants in the program must remain employed by
490 a substance abuse treatment provider or community behavioral
491 health center for a period of 4 years after completion of a
492 qualifying postsecondary degree. If employment ends before the
493 4-year period has concluded, the benefit shall be repaid

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494 according to a pro rata calculation based on the number of years
495 of service.

496 (5) From the funds available, the department may make loan
497 principal payments of up to \$3,000 each calendar year for up to
498 4 years on behalf of a participant in the program. All payments
499 are contingent upon the proof of the participant's continued
500 employment at a qualifying provider or center and shall be made
501 directly to the holder of the loan. The state is not responsible
502 for the collection of any interest charges or other remaining
503 balance on the loan. In the event that the designated providers
504 or centers are changed, a participant shall continue to be
505 eligible for loan forgiveness as long as he or she continues to
506 work at the provider or center for which the original loan
507 repayment was made and otherwise meets all conditions of
508 eligibility.

509 (6) Applications must be reviewed on a quarterly basis, and
510 applicant rewards shall be based on the financial need of the
511 applicant.

512 (7) The department may adopt rules to administer this
513 section.

514 Section 8. Beginning in the 2015-2016 fiscal year and each
515 year thereafter through the 2020-2021 fiscal year, the sum of
516 \$450,000 in recurring funds is appropriated from the General
517 Revenue Fund to the Department of Children and Families for the
518 purpose of funding the Behavioral Health Workforce Loan
519 Forgiveness Program as created in s. 394.9087, Florida Statutes.

520 Section 9. Paragraphs (c), (d), and (e) are added to
521 subsection (8) of section 409.906, Florida Statutes, to read:

522 409.906 Optional Medicaid services.—Subject to specific

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523 appropriations, the agency may make payments for services which
524 are optional to the state under Title XIX of the Social Security
525 Act and are furnished by Medicaid providers to recipients who
526 are determined to be eligible on the dates on which the services
527 were provided. Any optional service that is provided shall be
528 provided only when medically necessary and in accordance with
529 state and federal law. Optional services rendered by providers
530 in mobile units to Medicaid recipients may be restricted or
531 prohibited by the agency. Nothing in this section shall be
532 construed to prevent or limit the agency from adjusting fees,
533 reimbursement rates, lengths of stay, number of visits, or
534 number of services, or making any other adjustments necessary to
535 comply with the availability of moneys and any limitations or
536 directions provided for in the General Appropriations Act or
537 chapter 216. If necessary to safeguard the state's systems of
538 providing services to elderly and disabled persons and subject
539 to the notice and review provisions of s. 216.177, the Governor
540 may direct the Agency for Health Care Administration to amend
541 the Medicaid state plan to delete the optional Medicaid service
542 known as "Intermediate Care Facilities for the Developmentally
543 Disabled." Optional services may include:

544 (8) COMMUNITY MENTAL HEALTH SERVICES.—

545 (c) The agency shall implement a prospective payment
546 methodology for establishing reimbursement rates for mental
547 health services rendered at a community behavioral health center
548 designated pursuant to s. 394.9086. The methodology shall
549 provide for reimbursement of reasonable actual costs incurred by
550 a community behavioral health center in delivering its services
551 as determined by the agency.

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552 (d) The agency shall require managed care plans or other
553 fee-for-service providers to implement cost-based, cost-
554 effective, and efficient methods for the delivery of behavioral
555 health services.

556 (e) The agency shall submit a federal waiver or a state
557 Medicaid plan amendment for the provision of health homes for
558 individuals with chronic conditions, including those with severe
559 mental illnesses or substance use disorders, as authorized under
560 42 U.S.C. s. 1396w-4. The waiver or plan amendment shall allow
561 for a health home services provider to be reimbursed for the
562 delivery of primary care services and other core services. The
563 agency shall direct managed care plans to incorporate providers
564 with health homes into their network and reimburse the health
565 home services providers for any services delivered.

566 1. To be eligible for inclusion in a health home program, a
567 Medicaid beneficiary must have at least two chronic health
568 conditions; one chronic health condition and be at risk of
569 having a second chronic health condition; or one serious and
570 persistent mental health condition.

571 2. A health home must meet standards developed by the Joint
572 Commission or the Commission on Accreditation of Rehabilitation
573 Facilities and be a behavioral health organization that provides
574 screening, evaluation, crisis intervention, medication
575 management, psychosocial treatment and rehabilitation, care
576 management, and community integration and support services
577 designed to assist individuals in addressing their behavioral
578 health care needs. In addition, a health home must:

579 a. Embody a recovery-focused model of care that respects
580 and promotes independence and recovery.

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581 b. Promote healthy lifestyles and provide prevention and
582 education services that focus on wellness and self-care.

583 c. Ensure access to and coordinate care across prevention,
584 primary care, and specialty health care services.

585 d. Monitor critical health indicators.

586 e. Support individuals in the self-management of chronic
587 health conditions.

588 f. Coordinate and monitor emergency room visits and
589 hospitalizations, including participation in transition and
590 discharge planning and followup.

591 Section 10. Paragraph (c) of subsection (2) of section
592 409.967, Florida Statutes, is amended to read:

593 409.967 Managed care plan accountability.—

594 (2) The agency shall establish such contract requirements
595 as are necessary for the operation of the statewide managed care
596 program. In addition to any other provisions the agency may deem
597 necessary, the contract must require:

598 (c) Access.—

599 1. The agency shall establish specific standards for the
600 number, type, and regional distribution of providers in managed
601 care plan networks to ensure access to care for both adults and
602 children. Each plan must maintain a regionwide network of
603 providers in sufficient numbers to meet the access standards for
604 specific medical services for all recipients enrolled in the
605 plan. The exclusive use of mail-order pharmacies may not be
606 sufficient to meet network access standards. Consistent with the
607 standards established by the agency, provider networks may
608 include providers located outside the region. A plan may
609 contract with a new hospital facility before the date the

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610 hospital becomes operational if the hospital has commenced
611 construction, will be licensed and operational by January 1,
612 2013, and a final order has issued in any civil or
613 administrative challenge. Each plan shall establish and maintain
614 an accurate and complete electronic database of contracted
615 providers, including information about licensure or
616 registration, locations and hours of operation, specialty
617 credentials and other certifications, specific performance
618 indicators, and such other information as the agency deems
619 necessary. The database must be available online to both the
620 agency and the public and have the capability to compare the
621 availability of providers to network adequacy standards and to
622 accept and display feedback from each provider's patients. Each
623 plan shall submit quarterly reports to the agency identifying
624 the number of enrollees assigned to each primary care provider.

625 2. Each managed care plan must publish any prescribed drug
626 formulary or preferred drug list on the plan's website in a
627 manner that is accessible to and searchable by enrollees and
628 providers. The plan must update the list within 24 hours after
629 making a change. Each plan must ensure that the prior
630 authorization process for prescribed drugs is readily accessible
631 to health care providers, including posting appropriate contact
632 information on its website and providing timely responses to
633 providers. For Medicaid recipients diagnosed with hemophilia who
634 have been prescribed anti-hemophilic-factor replacement
635 products, the agency shall provide for those products and
636 hemophilia overlay services through the agency's hemophilia
637 disease management program.

638 3. Managed care plans, and their fiscal agents or

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639 intermediaries, must accept prior authorization requests for any
640 service electronically.

641 4. Managed care plans serving children in the care and
642 custody of the Department of Children and Families must maintain
643 complete medical, dental, and behavioral health encounter
644 information and participate in making such information available
645 to the department or the applicable contracted community-based
646 care lead agency for use in providing comprehensive and
647 coordinated case management. The agency and the department shall
648 establish an interagency agreement to provide guidance for the
649 format, confidentiality, recipient, scope, and method of
650 information to be made available and the deadlines for
651 submission of the data. The scope of information available to
652 the department shall be the data that managed care plans are
653 required to submit to the agency. The agency shall determine the
654 plan's compliance with standards for access to medical, dental,
655 and behavioral health services; the use of medications; and
656 followup on all medically necessary services recommended as a
657 result of early and periodic screening, diagnosis, and
658 treatment.

659 5. Each managed care plan must report its annual direct
660 care spending on community behavioral health services and
661 inpatient behavioral health services and the proportion of
662 direct care spending on behavioral health services in relation
663 to other health services. The agency shall include in all plan
664 contracts a provision requiring that each managed care plan
665 spend at least 85 percent of its behavioral health capitation on
666 direct community behavioral health services. If a plan spends
667 less than 85 percent of its behavioral health capitation on

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668 direct community behavioral health services, the difference
669 shall be returned to the agency.

670 Section 11. Paragraph (e) is added to subsection (10) of
671 section 29.004, Florida Statutes, to read:

672 29.004 State courts system.—For purposes of implementing s.
673 14, Art. V of the State Constitution, the elements of the state
674 courts system to be provided from state revenues appropriated by
675 general law are as follows:

676 (10) Case management. Case management includes:

677 (e) Service referral, coordination, monitoring, and
678 tracking for treatment-based mental health court programs under
679 s. 394.47892.

680
681 Case management may not include costs associated with the
682 application of therapeutic jurisprudence principles by the
683 courts. Case management also may not include case intake and
684 records management conducted by the clerk of court.

685 Section 12. Subsection (6) of section 39.001, Florida
686 Statutes, is amended to read:

687 39.001 Purposes and intent; personnel standards and
688 screening.—

689 (6) MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES.—

690 (a) The Legislature recognizes that early referral and
691 comprehensive treatment can help combat mental illness and
692 substance abuse in families and that treatment is cost-
693 effective.

694 (b) The Legislature establishes the following goals for the
695 state related to mental illness and substance abuse treatment
696 services in the dependency process:

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- 697 1. To ensure the safety of children.
- 698 2. To prevent and remediate the consequences of mental
699 illness and substance abuse on families involved in protective
700 supervision or foster care and reduce mental illness and
701 substance abuse, including alcohol abuse, for families who are
702 at risk of being involved in protective supervision or foster
703 care.
- 704 3. To expedite permanency for children and reunify healthy,
705 intact families, when appropriate.
- 706 4. To support families in recovery.
- 707 (c) The Legislature finds that children in the care of the
708 state's dependency system need appropriate health care services,
709 that the impact of mental illness and substance abuse on health
710 indicates the need for health care services to include mental
711 health and substance abuse services to children and parents
712 where appropriate, and that it is in the state's best interest
713 that such children be provided the services they need to enable
714 them to become and remain independent of state care. In order to
715 provide these services, the state's dependency system must have
716 the ability to identify and provide appropriate intervention and
717 treatment for children with personal or family-related mental
718 illness and substance abuse problems.
- 719 (d) It is the intent of the Legislature to encourage the
720 use of the mental health court program model established by s.
721 394.47892 and the drug court program model established by s.
722 397.334 and authorize courts to assess children and persons who
723 have custody or are requesting custody of children where good
724 cause is shown to identify and address mental illness and
725 substance abuse problems as the court deems appropriate at every

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726 stage of the dependency process. Participation in treatment,
727 including a treatment-based mental health court program or a
728 treatment-based drug court program, may be required by the court
729 following adjudication. Participation in assessment and
730 treatment prior to adjudication shall be voluntary, except as
731 provided in s. 39.407(16).

732 (e) It is therefore the purpose of the Legislature to
733 provide authority for the state to contract with mental health
734 service providers and community substance abuse treatment
735 providers for the development and operation of specialized
736 support and overlay services for the dependency system, which
737 will be fully implemented and used as resources permit.

738 (f) Participation in a treatment-based mental health court
739 program or a ~~the~~ treatment-based drug court program does not
740 divest any public or private agency of its responsibility for a
741 child or adult, but is intended to enable these agencies to
742 better meet their needs through shared responsibility and
743 resources.

744 Section 13. Subsection (10) of section 39.507, Florida
745 Statutes, is amended to read:

746 39.507 Adjudicatory hearings; orders of adjudication.-

747 (10) After an adjudication of dependency, or a finding of
748 dependency where adjudication is withheld, the court may order a
749 person who has custody or is requesting custody of the child to
750 submit to a mental health or substance abuse assessment or
751 evaluation. The assessment or evaluation must be administered by
752 a qualified professional, as defined in s. 397.311. The court
753 may also require such person to participate in and comply with
754 treatment and services identified as necessary, including, when

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755 appropriate and available, participation in and compliance with
756 a treatment-based mental health court program established under
757 s. 394.47892 or a treatment-based drug court program established
758 under s. 397.334. In addition to supervision by the department,
759 the court, including the treatment-based mental health court
760 program or the treatment-based drug court program, may oversee
761 the progress and compliance with treatment by a person who has
762 custody or is requesting custody of the child. The court may
763 impose appropriate available sanctions for noncompliance upon a
764 person who has custody or is requesting custody of the child or
765 make a finding of noncompliance for consideration in determining
766 whether an alternative placement of the child is in the child's
767 best interests. Any order entered under this subsection may be
768 made only upon good cause shown. This subsection does not
769 authorize placement of a child with a person seeking custody,
770 other than the parent or legal custodian, who requires mental
771 health or substance abuse treatment.

772 Section 14. Paragraph (b) of subsection (1) of section
773 39.521, Florida Statutes, is amended to read:

774 39.521 Disposition hearings; powers of disposition.—

775 (1) A disposition hearing shall be conducted by the court,
776 if the court finds that the facts alleged in the petition for
777 dependency were proven in the adjudicatory hearing, or if the
778 parents or legal custodians have consented to the finding of
779 dependency or admitted the allegations in the petition, have
780 failed to appear for the arraignment hearing after proper
781 notice, or have not been located despite a diligent search
782 having been conducted.

783 (b) When any child is adjudicated by a court to be

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784 dependent, the court having jurisdiction of the child has the
785 power by order to:

786 1. Require the parent and, when appropriate, the legal
787 custodian and the child to participate in treatment and services
788 identified as necessary. The court may require the person who
789 has custody or who is requesting custody of the child to submit
790 to a mental health or substance abuse assessment or evaluation.
791 The assessment or evaluation must be administered by a qualified
792 professional, as defined in s. 397.311. The court may also
793 require such person to participate in and comply with treatment
794 and services identified as necessary, including, when
795 appropriate and available, participation in and compliance with
796 a treatment-based mental health court program established under
797 s. 394.47892 or a treatment-based drug court program established
798 under s. 397.334. In addition to supervision by the department,
799 the court, including the treatment-based mental health court
800 program or the treatment-based drug court program, may oversee
801 the progress and compliance with treatment by a person who has
802 custody or is requesting custody of the child. The court may
803 impose appropriate available sanctions for noncompliance upon a
804 person who has custody or is requesting custody of the child or
805 make a finding of noncompliance for consideration in determining
806 whether an alternative placement of the child is in the child's
807 best interests. Any order entered under this subparagraph may be
808 made only upon good cause shown. This subparagraph does not
809 authorize placement of a child with a person seeking custody of
810 the child, other than the child's parent or legal custodian, who
811 requires mental health or substance abuse treatment.

812 2. Require, if the court deems necessary, the parties to

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813 participate in dependency mediation.

814 3. Require placement of the child either under the
815 protective supervision of an authorized agent of the department
816 in the home of one or both of the child's parents or in the home
817 of a relative of the child or another adult approved by the
818 court, or in the custody of the department. Protective
819 supervision continues until the court terminates it or until the
820 child reaches the age of 18, whichever date is first. Protective
821 supervision shall be terminated by the court whenever the court
822 determines that permanency has been achieved for the child,
823 whether with a parent, another relative, or a legal custodian,
824 and that protective supervision is no longer needed. The
825 termination of supervision may be with or without retaining
826 jurisdiction, at the court's discretion, and shall in either
827 case be considered a permanency option for the child. The order
828 terminating supervision by the department shall set forth the
829 powers of the custodian of the child and shall include the
830 powers ordinarily granted to a guardian of the person of a minor
831 unless otherwise specified. Upon the court's termination of
832 supervision by the department, no further judicial reviews are
833 required, so long as permanency has been established for the
834 child.

835 Section 15. Paragraph (a) of subsection (1) of section
836 409.975, Florida Statutes, is amended to read:

837 409.975 Managed care plan accountability.—In addition to
838 the requirements of s. 409.967, plans and providers
839 participating in the managed medical assistance program shall
840 comply with the requirements of this section.

841 (1) PROVIDER NETWORKS.—Managed care plans must develop and

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842 maintain provider networks that meet the medical needs of their
843 enrollees in accordance with standards established pursuant to
844 s. 409.967(2)(c). Except as provided in this section, managed
845 care plans may limit the providers in their networks based on
846 credentials, quality indicators, and price.

847 (a) Plans must include all providers in the region which
848 ~~that~~ are classified by the agency as essential Medicaid
849 providers, unless the agency approves, in writing, an
850 alternative arrangement for securing the types of services
851 offered by the essential providers. Providers are essential for
852 serving Medicaid enrollees if they offer services that are not
853 available from any other provider within a reasonable access
854 standard, or if they provided a substantial share of the total
855 units of a particular service used by Medicaid patients within
856 the region during the last 3 years and the combined capacity of
857 other service providers in the region is insufficient to meet
858 the total needs of the Medicaid patients. The agency may not
859 classify physicians and other practitioners as essential
860 providers. The agency, at a minimum, shall determine which
861 providers in the following categories are essential Medicaid
862 providers:

- 863 1. Federally qualified health centers.
- 864 2. Statutory teaching hospitals as defined in s.
865 408.07(45).
- 866 3. Hospitals that are trauma centers as defined in s.
867 395.4001(14).
- 868 4. Hospitals located at least 25 miles from any other
869 hospital with similar services.
- 870 5. Community behavioral health centers as provided in s.

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871 394.9086.

872

873 Managed care plans that have not contracted with all essential
874 providers in the region as of the first date of recipient
875 enrollment, or with whom an essential provider has terminated
876 its contract, must negotiate in good faith with such essential
877 providers for 1 year or until an agreement is reached, whichever
878 is first. Payments for services rendered by a nonparticipating
879 essential provider shall be made at the applicable Medicaid rate
880 as of the first day of the contract between the agency and the
881 plan. A rate schedule for all essential providers shall be
882 attached to the contract between the agency and the plan. After
883 1 year, managed care plans that are unable to contract with
884 essential providers shall notify the agency and propose an
885 alternative arrangement for securing the essential services for
886 Medicaid enrollees. The arrangement must rely on contracts with
887 other participating providers, regardless of whether those
888 providers are located within the same region as the
889 nonparticipating essential service provider. If the alternative
890 arrangement is approved by the agency, payments to
891 nonparticipating essential providers after the date of the
892 agency's approval shall equal 90 percent of the applicable
893 Medicaid rate. If the alternative arrangement is not approved by
894 the agency, payment to nonparticipating essential providers
895 shall equal 110 percent of the applicable Medicaid rate.

896 Section 16. Paragraph (m) of subsection (2) of section
897 921.0026, Florida Statutes, is amended to read:

898 921.0026 Mitigating circumstances.—This section applies to
899 any felony offense, except any capital felony, committed on or

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900 after October 1, 1998.

901 (2) Mitigating circumstances under which a departure from
902 the lowest permissible sentence is reasonably justified include,
903 but are not limited to:

904 (m) The defendant's offense is a nonviolent felony, the
905 defendant's Criminal Punishment Code scoresheet total sentence
906 points under s. 921.0024 are 60 points or fewer, and the court
907 determines that the defendant is amenable to the services of a
908 postadjudicatory treatment-based drug court program or a
909 postadjudicatory treatment-based mental health court program and
910 is otherwise qualified to participate in the program as part of
911 the sentence. For purposes of this paragraph, the term
912 "nonviolent felony" has the same meaning as provided in s.
913 948.08(6).

914 Section 17. Subsection (8) is added to section 948.01,
915 Florida Statutes, to read:

916 948.01 When court may place defendant on probation or into
917 community control.—

918 (8) (a) Notwithstanding s. 921.0024 and effective for
919 offenses committed on or after July 1, 2015, the sentencing
920 court may place the defendant into a postadjudicatory treatment-
921 based mental health court program if the defendant's Criminal
922 Punishment Code scoresheet total sentence points under s.
923 921.0024 are 60 points or fewer, the offense is a nonviolent
924 felony, the defendant is amenable to mental health treatment,
925 and the defendant is otherwise qualified under s. 394.47892(3).
926 The satisfactory completion of the program must be a condition
927 of the defendant's probation or community control. As used in
928 this subsection, the term "nonviolent felony" means a third

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929 degree felony violation under chapter 810 or any other felony
930 offense that is not a forcible felony as defined in s. 776.08.

931 (b) The defendant must be fully advised of the purpose of
932 the program, and the defendant must agree to enter the program.
933 The original sentencing court shall relinquish jurisdiction of
934 the defendant's case to the postadjudicatory treatment-based
935 mental health court program until the defendant is no longer
936 active in the program, the case is returned to the sentencing
937 court due to the defendant's termination from the program for
938 failure to comply with the terms of the program, or the
939 defendant's sentence is completed.

940 Section 18. Paragraph (j) is added to subsection (2) of
941 section 948.06, Florida Statutes, to read:

942 948.06 Violation of probation or community control;
943 revocation; modification; continuance; failure to pay
944 restitution or cost of supervision.—

945 (2)

946 (j)1. Notwithstanding s. 921.0024 and effective for
947 offenses committed on or after July 1, 2015, the court may order
948 the defendant to successfully complete a postadjudicatory
949 treatment-based mental health court program if:

950 a. The court finds or the offender admits that the offender
951 has violated his or her community control or probation;

952 b. The offender's Criminal Punishment Code scoresheet total
953 sentence points under s. 921.0024 are 60 points or fewer after
954 including points for the violation;

955 c. The underlying offense is a nonviolent felony. As used
956 in this subsection, the term "nonviolent felony" means a third
957 degree felony violation under chapter 810 or any other felony

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958 offense that is not a forcible felony as defined in s. 776.08;

959 d. The court determines that the offender is amenable to
960 the services of a postadjudicatory treatment-based mental health
961 court program;

962 e. The court has explained the purpose of the program to
963 the offender and the offender has agreed to participate; and

964 f. The offender is otherwise qualified to participate in
965 the program under s. 394.47892(3).

966 2. After the court orders the modification of community
967 control or probation, the original sentencing court shall
968 relinquish jurisdiction of the offender's case to the
969 postadjudicatory treatment-based mental health court program
970 until the offender is no longer active in the program, the case
971 is returned to the sentencing court due to the offender's
972 termination from the program for failure to comply with the
973 terms of the program, or the offender's sentence is completed.

974 Section 19. The Agency for Health Care Administration shall
975 complete a study to examine the feasibility, and any associated
976 costs and benefits, of including persons with substance abuse
977 disorders as a target population for targeted case management
978 services. Such case management services must be comprehensive
979 services that include face-to-face interaction with the
980 recipient; coordination of services for the recipient and the
981 recipient's family members; and access to community-based
982 supports such as housing and community recovery supports. Such
983 services may not be duplicative of care coordination available
984 through the statewide Medicaid managed care program. For
985 purposes of the study, the term "target population" means
986 individuals with a substance abuse disorder who are pregnant or

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987 have a child younger than 8 years of age, who have a comorbid
988 behavioral or physical health condition, or whose treatment is
989 complicated by factors such as transient housing, homelessness,
990 or multiple admissions to treatment. The study must address how
991 case management services can reduce the need for Medicaid-funded
992 services such as inpatient detoxification and multiple
993 hospitalizations, improve family stability and avoid negative
994 consequences for young children, and reduce the cost of physical
995 health care for persons with comorbid conditions, and how
996 reductions in health care costs can reduce the financial impact
997 of such services on this state. The study must also provide an
998 estimate of the amount of state and federal funds needed to add
999 targeted case management services for persons with substance
1000 abuse disorders to the state Medicaid plan while accounting for
1001 potential financial offsets. In completing the study, the agency
1002 shall collaborate with the Department of Children and Families
1003 and the Florida Alcohol and Drug Abuse Association. The agency
1004 shall submit a report detailing the findings of the study to the
1005 President of the Senate and the Speaker of the House of
1006 Representatives by February 1, 2016.

1007 Section 20. (1) The Agency for Health Care Administration
1008 shall apply to the United States Department of Health and Human
1009 Services for a planning grant and any other subsequent grant
1010 programs that become available through s. 203 of the federal
1011 Protecting Access to Medicare Act of 2014, Pub. L. No. 113-93,
1012 and that create opportunity to improve access to community
1013 mental health services while improving Medicaid reimbursement
1014 rates for such services. The agency shall collaborate with the
1015 Department of Children and Families in preparing the state's

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1016 planning grant application for submission.

1017 (2) For the 2015-2016 fiscal year, there is appropriated
1018 the sum of \$189,000 in nonrecurring funds from the General
1019 Revenue Fund and the sum of \$189,000 in nonrecurring funds from
1020 the Medical Care Trust Fund to the Agency for Health Care
1021 Administration for the purpose of assisting the agency with the
1022 preparation of the state's planning grant application.

1023 Section 21. For the 2015-2016 fiscal year, there is
1024 appropriated the sum of \$44,520,498 in nonrecurring funds from
1025 the General Revenue Fund and the sum of \$65,569,754 in
1026 nonrecurring funds from the Medical Care Trust Fund to the
1027 Agency for Health Care Administration for the purpose of
1028 increasing Medicaid reimbursement rates for behavioral health
1029 services providers to the actual cost of providing such
1030 services. The agency shall amend each contract with a Medicaid
1031 managed care plan to include a provision that requires the plan
1032 to pass such reimbursement rate increases directly to behavioral
1033 health services providers.

1034 Section 22. This act shall take effect July 1, 2015.