

By the Committees on Children, Families, and Elder Affairs; and Appropriations

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1 A bill to be entitled
2 An act relating to mental health and substance abuse
3 services; amending s. 394.455, F.S.; revising the
4 definition of "mental illness" to exclude dementia and
5 traumatic brain injuries; amending s. 394.492, F.S.;
6 redefining the terms "adolescent" and "child or
7 adolescent at-risk of emotional disturbance"; creating
8 s. 394.761, F.S.; requiring the Agency for Health Care
9 Administration and the Department of Children and
10 Families to develop a plan to obtain federal approval
11 for increasing the availability of federal Medicaid
12 funding for behavioral health care; establishing
13 improved integration of behavioral health and primary
14 care services through the development and effective
15 implementation of coordinated care organizations as
16 the primary goal of obtaining the additional funds;
17 requiring the agency and the department to submit the
18 written plan, which must include certain information,
19 to the Legislature by a specified date; amending s.
20 394.875, F.S.; requiring that, by a specified date,
21 the department, in consultation with the Agency for
22 Health Care Administration, modify certain licensure
23 rules and procedures; amending s. 394.9082, F.S.;
24 revising Legislative findings and intent; redefining
25 terms; requiring the managing entities, rather than
26 the department, to develop and implement a plan with a
27 certain purpose; requiring the regional network to
28 offer access to certain services; requiring the plan
29 to be developed in a certain manner; requiring the

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30 department to designate the regional network as a
31 coordinated care organization after certain conditions
32 are met; removing a provision providing legislative
33 intent; requiring the department to contract with
34 community-based managing entities for the development
35 of specified objectives; removing duties of the
36 department, the secretary of the department, and
37 managing entities; removing a provision regarding the
38 requirement of funding the managing entity's contract
39 through departmental funds; removing legislative
40 intent; requiring that the department's contract with
41 each managing entity be performance based; providing
42 for scaled penalties and liquidated damages if a
43 managing entity fails to perform after a reasonable
44 opportunity for corrective action; requiring the plan
45 for the coordination and integration of certain
46 services to be developed in a certain manner and to
47 incorporate certain models; providing requirements for
48 the department when entering into contracts with a
49 managing entity; requiring the department to consider
50 specified factors when considering a new contractor;
51 revising the goals of the coordinated care
52 organization; requiring a coordinated care
53 organization to consist of a comprehensive provider
54 network that includes specified elements; requiring
55 that specified treatment providers be initially
56 included in the provider network; providing for
57 continued participation in the provider network;
58 revising the network management and administrative

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59 functions of the managing entities; requiring that the
60 managing entity support network providers in certain
61 ways; authorizing the managing entity to prioritize
62 certain populations when necessary; requiring that, by
63 a certain date, a managing entity's governing board
64 consist of a certain number of members selected by the
65 managing entity in a specified manner; providing
66 requirements for the governing board; removing
67 departmental responsibilities; removing a reporting
68 requirement; authorizing, rather than requiring, the
69 department to adopt rules; creating s. 397.402, F.S.;
70 requiring that the department modify certain licensure
71 rules and procedures by a certain date; requiring the
72 department and the Agency for Health Care
73 Administration to make certain recommendations to the
74 Governor and the Legislature by a specified date;
75 providing requirements for a provider; amending s.
76 409.967, F.S.; requiring that certain plans or
77 contracts include specified requirements; amending s.
78 409.973, F.S.; requiring each plan operating in the
79 managed medical assistance program to work with the
80 managing entity to establish specific organizational
81 supports and service protocols; amending s. 409.975,
82 F.S.; revising the categories from which the agency
83 must determine which providers are essential Medicaid
84 providers; repealing s. 394.4674, F.S., relating to a
85 plan and report; repealing s. 394.4985, F.S., relating
86 to districtwide information and referral network and
87 implementation; repealing s. 394.657, F.S., relating

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88 to county planning councils or committees; repealing
89 s. 394.745, F.S., relating to an annual report and
90 compliance of providers under contract with the
91 department; repealing s. 397.331, F.S., relating to
92 definitions; repealing s. 397.333, F.S., relating to
93 the Statewide Drug Policy Advisory Council; repealing
94 s. 397.801, F.S., relating to substance abuse
95 impairment coordination; repealing s. 397.811, F.S.,
96 relating to juvenile substance abuse impairment
97 coordination; repealing s. 397.821, F.S., relating to
98 juvenile substance abuse impairment prevention and
99 early intervention councils; repealing s. 397.901,
100 F.S., relating to prototype juvenile addictions
101 receiving facilities; repealing s. 397.93, F.S.,
102 relating to children's substance abuse services and
103 target populations; repealing s. 397.94, F.S.,
104 relating to children's substance abuse services and
105 the information and referral network; repealing s.
106 397.951, F.S., relating to treatment and sanctions;
107 repealing s. 397.97, F.S., relating to children's
108 substance abuse services and demonstration models;
109 amending ss. 397.321, 397.98, 409.966, 943.031, and
110 943.042, F.S.; conforming provisions and cross-
111 references to changes made by the act; reenacting ss.
112 39.407(6)(a), 394.67(21), 394.674(1)(b), 394.676(1),
113 409.1676(2)(c), and 409.1677(1)(b), F.S., relating to
114 the term "suitable for residential treatment" or
115 "suitability," the term "residential treatment center
116 for children and adolescents," children's mental

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117 health services, the indigent psychiatric medication
118 program, and the term "serious behavioral problems,"
119 respectively, to incorporate the amendment made to s.
120 394.492, F.S., in references thereto; providing
121 effective dates.

122

123 Be It Enacted by the Legislature of the State of Florida:

124

125 Section 1. Subsection (18) of section 394.455, Florida
126 Statutes, is amended to read:

127 394.455 Definitions.—As used in this part, unless the
128 context clearly requires otherwise, the term:

129 (18) "Mental illness" means an impairment of the mental or
130 emotional processes that exercise conscious control of one's
131 actions or of the ability to perceive or understand reality,
132 which impairment substantially interferes with the person's
133 ability to meet the ordinary demands of living. For the purposes
134 of this part, the term does not include a developmental
135 disability as defined in chapter 393, dementia, traumatic brain
136 injuries, intoxication, or conditions manifested only by
137 antisocial behavior or substance abuse impairment.

138 Section 2. Subsections (1), (4), and (6) of section
139 394.492, Florida Statutes, are amended to read:

140 394.492 Definitions.—As used in ss. 394.490-394.497, the
141 term:

142 (1) "Adolescent" means a person who is at least 13 years of
143 age but under ~~18~~ 21 years of age.

144 (4) "Child or adolescent at risk of emotional disturbance"
145 means a person under ~~18~~ 21 years of age who has an increased

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146 likelihood of becoming emotionally disturbed because of risk
147 factors that include, but are not limited to:

- 148 (a) Being homeless.
149 (b) Having a family history of mental illness.
150 (c) Being physically or sexually abused or neglected.
151 (d) Abusing alcohol or other substances.
152 (e) Being infected with human immunodeficiency virus (HIV).
153 (f) Having a chronic and serious physical illness.
154 (g) Having been exposed to domestic violence.
155 (h) Having multiple out-of-home placements.

156 (6) "Child or adolescent who has a serious emotional
157 disturbance or mental illness" means a person under ~~18~~ 21 years
158 of age who:

159 (a) Is diagnosed as having a mental, emotional, or
160 behavioral disorder that meets one of the diagnostic categories
161 specified in the most recent edition of the Diagnostic and
162 Statistical Manual of Mental Disorders of the American
163 Psychiatric Association; and

164 (b) Exhibits behaviors that substantially interfere with or
165 limit his or her role or ability to function in the family,
166 school, or community, which behaviors are not considered to be a
167 temporary response to a stressful situation.

168
169 The term includes a child or adolescent who meets the criteria
170 for involuntary placement under s. 394.467(1).

171 Section 3. Section 394.761, Florida Statutes, is created to
172 read:

173 394.761 Revenue maximization.—The agency and the department
174 shall develop a plan to obtain federal approval for increasing

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175 the availability of federal Medicaid funding for behavioral
176 health care. Increased funding will be used to advance the goal
177 of improved integration of behavioral health and primary care
178 services through development and effective implementation of
179 coordinated care organizations as described in s. 394.9082(3).
180 The agency and the department shall submit the written plan to
181 the President of the Senate and the Speaker of the House of
182 Representatives no later than November 1, 2015. The plan shall
183 identify the amount of general revenue funding appropriated for
184 mental health and substance abuse services which is eligible to
185 be used as state Medicaid match. The plan must evaluate
186 alternative uses of increased Medicaid funding, including
187 expansion of Medicaid eligibility for the severely and
188 persistently mentally ill; increased reimbursement rates for
189 behavioral health services; adjustments to the capitation rate
190 for Medicaid enrollees with chronic mental illness and substance
191 use disorders; supplemental payments to mental health and
192 substance abuse providers through a designated state health
193 program or other mechanisms; and innovative programs for
194 incentivizing improved outcomes for behavioral health
195 conditions. The plan shall identify the advantages and
196 disadvantages of each alternative and assess the potential of
197 each for achieving improved integration of services. The plan
198 shall identify the types of federal approvals necessary to
199 implement each alternative and project a timeline for
200 implementation.

201 Section 4. Subsection (11) is added to section 394.875,
202 Florida Statutes, to read:

203 394.875 Crisis stabilization units, residential treatment

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204 facilities, and residential treatment centers for children and
205 adolescents; authorized services; license required.-

206 (11) No later than January 1, 2016, the department, in
207 consultation with the agency, shall modify licensure rules and
208 procedures to create an option for a single, consolidated
209 license for a provider who offers multiple types of mental
210 health and substance abuse services regulated under this chapter
211 and chapter 397 pursuant to s. 397.402.

212 Section 5. Effective upon this act becoming a law, section
213 394.9082, Florida Statutes, is amended to read:

214 394.9082 Behavioral health managing entities.-

215 (1) LEGISLATIVE FINDINGS AND INTENT.-The Legislature finds
216 that untreated behavioral health disorders constitute major
217 health problems for residents of this state, are a major
218 economic burden to the citizens of this state, and substantially
219 increase demands on the state's juvenile and adult criminal
220 justice systems, the child welfare system, and health care
221 systems. The Legislature finds that behavioral health disorders
222 respond to appropriate treatment, rehabilitation, and supportive
223 intervention. The Legislature finds that the state's return on
224 its ~~it has made a substantial long term~~ investment in the
225 funding of the community-based behavioral health prevention and
226 treatment service systems and facilities can be enhanced by
227 integration of these services with primary care ~~in order to~~
228 ~~provide critical emergency, acute care, residential, outpatient,~~
229 ~~and rehabilitative and recovery-based services.~~ The Legislature
230 finds that local communities have also made substantial
231 investments in behavioral health services, contracting with
232 safety net providers who by mandate and mission provide

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233 specialized services to vulnerable and hard-to-serve populations
 234 and have strong ties to local public health and public safety
 235 agencies. The Legislature finds that a regional management
 236 structure ~~for that places the responsibility for publicly~~
 237 ~~financed~~ behavioral health treatment and prevention services
 238 ~~within a single private, nonprofit entity at the local level~~
 239 will improve ~~promote improved~~ access to care, promote service
 240 continuity, and provide for more efficient and effective
 241 delivery of substance abuse and mental health services. The
 242 Legislature finds that streamlining administrative processes
 243 will create cost efficiencies and provide flexibility to better
 244 match available services to consumers' identified needs.

245 (2) DEFINITIONS.—As used in this section, the term:

246 (a) "Behavioral health services" means mental health
 247 services and substance abuse prevention and treatment services
 248 as defined in this chapter and chapter 397 which are provided
 249 using state and federal funds.

250 ~~(b) "Decisionmaking model" means a comprehensive management~~
 251 ~~information system needed to answer the following management~~
 252 ~~questions at the federal, state, regional, circuit, and local~~
 253 ~~provider levels: who receives what services from which providers~~
 254 ~~with what outcomes and at what costs?~~

255 ~~(b)(e)~~ "Geographic area" means a county, circuit, ~~regional~~,
 256 or a region as described in s. 409.966 ~~multiregional area in~~
 257 ~~this state.~~

258 ~~(c)(d)~~ "Managing entity" means a corporation ~~that is~~
 259 ~~organized in this state, is designated or filed as a nonprofit~~
 260 ~~organization under s. 501(c)(3) of the Internal Revenue Code,~~
 261 ~~and is~~ under contract to the department to manage the ~~day-to-day~~

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262 ~~operational~~ delivery of behavioral health services as of July 1,
263 2015 ~~through an organized system of care.~~

264 ~~(c) "Provider networks" mean the direct service agencies~~
265 ~~that are under contract with a managing entity and that together~~
266 ~~constitute a comprehensive array of emergency, acute care,~~
267 ~~residential, outpatient, recovery support, and consumer support~~
268 ~~services.~~

269 (3) COORDINATED CARE ORGANIZATIONS SERVICE DELIVERY
270 STRATEGIES.—~~The department may work through~~ managing entities
271 shall ~~to~~ develop and implement a plan to create a coordinated
272 regional network of behavioral health service providers. The
273 regional network must offer access to a comprehensive range of
274 services and continuity of care for ~~service delivery strategies~~
275 ~~that will improve the coordination, integration, and management~~
276 ~~of the delivery of behavioral health services to people with who~~
277 ~~have~~ mental illness or substance use disorders. The plan must be
278 developed through a collaborative process between the managing
279 entity and providers in the region. The department shall
280 designate the regional network as a coordinated care
281 organization after the relationships, linkages, and interactions
282 among network providers are formalized through written
283 agreements that establish common protocols for intake and
284 assessment, mechanisms for data sharing, joint operational
285 procedures, and integrated care planning and case management. It
286 is the intent of the Legislature that a well-managed service
287 delivery system will increase access for those in need of care,
288 improve the coordination and continuity of care for vulnerable
289 and high-risk populations, and redirect service dollars from
290 restrictive care settings to community-based recovery services.

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291 (4) CONTRACT FOR SERVICES.—

292 (a) The department ~~must~~ may contract for the purchase and
293 management of behavioral health services with community-based
294 managing entities for the development of a regional coordinated
295 care organization, network management services, and the
296 administrative functions defined in subsection (6). The
297 department may require a managing entity to contract for
298 specialized services that are not currently part of the managing
299 entity's network if the department determines that to do so is
300 in the best interests of consumers of services. The secretary
301 shall determine the schedule for phasing in contracts with
302 managing entities. The managing entities shall, at a minimum, be
303 accountable for the operational oversight of the delivery of
304 behavioral health services funded by the department and for the
305 collection and submission of the required data pertaining to
306 these contracted services. A managing entity shall serve a
307 geographic area designated by the department. The geographic
308 area must be of sufficient size in population and have enough
309 public funds for behavioral health services to allow for
310 flexibility and maximum efficiency.

311 (b) The operating costs of the managing entity contract
312 shall be funded through funds from the department and any
313 savings and efficiencies achieved through the implementation of
314 managing entities when realized by their participating provider
315 network agencies. The department recognizes that managing
316 entities will have infrastructure development costs during
317 start-up so that any efficiencies to be realized by providers
318 from consolidation of management functions, and the resulting
319 savings, will not be achieved during the early years of

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320 ~~operation. The department shall negotiate a reasonable and~~
321 ~~appropriate administrative cost rate with the managing entity.~~
322 ~~The Legislature intends that reduced local and state contract~~
323 ~~management and other administrative duties passed on to the~~
324 ~~managing entity allows funds previously allocated for these~~
325 ~~purposes to be proportionately reduced and the savings used to~~
326 ~~purchase the administrative functions of the managing entity.~~
327 ~~Policies and procedures of the department for monitoring~~
328 ~~contracts with managing entities shall include provisions for~~
329 ~~eliminating duplication of the department's and the managing~~
330 ~~entities' contract management and other administrative~~
331 ~~activities in order to achieve the goals of cost effectiveness~~
332 ~~and regulatory relief. To the maximum extent possible, provider-~~
333 ~~monitoring activities shall be assigned to the managing entity.~~

334 (c) The contract with each managing entity must be
335 performance-based and contain specific results, measureable
336 performance standards and timelines, and identify penalties for
337 failure to timely plan and implement a regional, coordinated
338 care organization, to meet other specific performance standards,
339 including financial management, or other contractual
340 requirements. The contract must have a schedule of penalties
341 scaled to the nature and significance of the managing entity's
342 failure to perform. Such penalties may include, but are not
343 limited to, a corrective action plan, liquidated damages, or
344 termination of the contract. The contract must provide a
345 reasonable opportunity for managing entities to implement
346 corrective actions, but must require progress toward achievement
347 of the performance standards identified in paragraph (e)
348 ~~Contracting and payment mechanisms for services must promote~~

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349 ~~clinical and financial flexibility and responsiveness and must~~
350 ~~allow different categorical funds to be integrated at the point~~
351 ~~of service. The plan for coordination and integration of~~
352 ~~services required by subsection (3) shall be developed based on~~
353 ~~contracted service array must be determined by using public~~
354 ~~input and, needs assessment, and must incorporate promising,~~
355 ~~evidence-based and promising best practice models. The~~
356 ~~department may employ care management methodologies, prepaid~~
357 ~~capitation, and case rate or other methods of payment which~~
358 ~~promote flexibility, efficiency, and accountability.~~

359 (d) The department shall establish a 3-year performance-
360 based contract with each managing entity by July 1, 2017. For
361 managing entities selected after the effective date of this act,
362 the department shall use a performance-based contract that meets
363 the requirements of this section. For managing entities with
364 contracts subject to renewal on or before July 1, 2015, the
365 department may renew, or if available, extend a contract under
366 s. 287.057(12), but contracts with such managing entities must
367 meet the requirements of this section by July 1, 2017.

368 (e) If the department terminates a contract with a managing
369 entity due to failure to establish a coordinated care
370 organization or meet other contractual requirements, the
371 department must issue an invitation to negotiate in order to
372 select a new managing entity. The new managing entity must be
373 either a managing entity in another region, a Medicaid managed
374 care organization operating in the same region, a behavioral
375 health organization contracted with a Medicaid managed care
376 organization operating in the same region, or a behavioral
377 health specialty managed care organization established pursuant

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378 to part IV of chapter 409. The department shall consider the
379 input and recommendations of network providers in the selection
380 of the new contractor. The invitation to negotiate shall specify
381 the criteria and the relative weight of the criteria that will
382 be used in selecting the new contractor. The department must
383 consider all of the following factors:

384 1. Experience serving persons with mental health and
385 substance use disorders.

386 2. Establishment of community partnerships with behavioral
387 health providers.

388 3. Demonstrated organizational capabilities for network
389 management functions.

390 4. Capability to integrate behavioral health with primary
391 care services.

392 (5) GOALS.—The primary goal of the coordinated care
393 organization ~~service delivery strategies~~ is to improve outcomes
394 for persons needing ~~provide a design for an effective~~
395 ~~coordination, integration, and management approach for~~
396 ~~delivering effective behavioral health services to persons who~~
397 ~~are experiencing a mental health or substance abuse crisis, who~~
398 ~~have a disabling mental illness or a substance use or co-~~
399 ~~occurring disorder, and require extended services in order to~~
400 ~~recover from their illness, or who need brief treatment or~~
401 ~~longer-term supportive interventions to avoid a crisis or~~
402 disability. Other goals include:

403 (a) ~~Improving~~ Accountability for measureable and
404 transparent a local system of behavioral health care services to
405 ~~meet performance outcomes and standards through the use of~~
406 ~~reliable and timely data.~~

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407 (b) ~~Enhancing the~~ Continuity of care for all children,
408 adolescents, and adults who receive services from the
409 coordinated care organization ~~enter the publicly funded~~
410 ~~behavioral health service system.~~

411 (c) Value-based purchasing of behavioral health services
412 that maximizes the return on investment to local, state, and
413 federal funding sources ~~Preserving the "safety net" of publicly~~
414 ~~funded behavioral health services and providers, and recognizing~~
415 ~~and ensuring continued local contributions to these services, by~~
416 ~~establishing locally designed and community-monitored systems of~~
417 ~~care.~~

418 (d) ~~Providing~~ Early diagnosis and treatment ~~interventions~~
419 to enhance recovery and prevent hospitalization.

420 (e) Regional service delivery systems that are responsive
421 to ~~Improving the assessment of~~ local needs for behavioral health
422 services.

423 (f) Quality care that is provided using ~~Improving the~~
424 ~~overall quality of behavioral health services through the use of~~
425 evidence-based, best practice, and promising practice models.

426 (g) ~~Demonstrating improved service~~ Integration of between
427 behavioral health services ~~programs~~ and other programs, such as
428 vocational rehabilitation, education, child welfare, primary
429 health care, emergency services, juvenile justice, and criminal
430 justice.

431 (h) ~~Providing for additional testing of creative and~~
432 ~~flexible strategies for financing behavioral health services to~~
433 ~~enhance individualized treatment and support services.~~

434 (i) ~~Promoting cost-effective quality care.~~

435 (j) ~~Working with the state to coordinate admissions and~~

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436 ~~discharges from state civil and forensic hospitals and~~
437 ~~coordinating admissions and discharges from residential~~
438 ~~treatment centers.~~

439 ~~(k) Improving the integration, accessibility, and~~
440 ~~dissemination of behavioral health data for planning and~~
441 ~~monitoring purposes.~~

442 ~~(l) Promoting specialized behavioral health services to~~
443 ~~residents of assisted living facilities.~~

444 ~~(m) Working with the state and other stakeholders to reduce~~
445 ~~the admissions and the length of stay for dependent children in~~
446 ~~residential treatment centers.~~

447 ~~(n) Providing services to adults and children with co-~~
448 ~~occurring disorders of mental illnesses and substance abuse~~
449 ~~problems.~~

450 ~~(o) Providing services to elder adults in crisis or at risk~~
451 ~~for placement in a more restrictive setting due to a serious~~
452 ~~mental illness or substance abuse.~~

453 ~~(6) ESSENTIAL ELEMENTS. It is the intent of the Legislature~~
454 ~~that the department may plan for and enter into contracts with~~
455 ~~managing entities to manage care in geographical areas~~
456 ~~throughout the state.~~

457 ~~(a) A coordinated care organization must consist of a~~
458 ~~comprehensive network of providers working together to offer a~~
459 ~~patient-centered system of care which provides or arranges for~~
460 ~~the following elements: The managing entity must demonstrate the~~
461 ~~ability of its network of providers to comply with the pertinent~~
462 ~~provisions of this chapter and chapter 397 and to ensure the~~
463 ~~provision of comprehensive behavioral health services. The~~
464 ~~network of providers must include, but need not be limited to,~~

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465 ~~community mental health agencies, substance abuse treatment~~
466 ~~providers, and best practice consumer services providers.~~

467 1. A centralized receiving facility or coordinated
468 receiving system for persons needing evaluation pursuant to s.
469 394.463 or s. 397.675.

470 2. Crisis services, including mobile response teams and
471 crisis stabilization units.

472 3. Case management.

473 4. Outpatient services.

474 5. Residential services.

475 6. Hospital inpatient care.

476 7. Aftercare and other postdischarge services.

477 8. Recovery support, including housing assistance and
478 support for competitive employment, educational attainment,
479 independent living skills development, family support and
480 education, and wellness management and self-care.

481 9. Medical services necessary for integration of behavioral
482 health services with primary care.

483 10. Prevention and outreach services.

484 11. Medication assisted treatment.

485 12. Detoxification services.

486 ~~(b) The department shall terminate its mental health or~~
487 ~~substance abuse provider contracts for services to be provided~~
488 ~~by the managing entity at the same time it contracts with the~~
489 ~~managing entity.~~

490 ~~(b)(c)~~ The managing entity shall ensure that its provider
491 network shall initially include all is broadly conceived. All
492 mental health or substance abuse treatment providers currently
493 receiving public funds pursuant to this chapter or chapter 397.

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494 Continued participation in the network is subject to credentials
495 and performance standards set by the managing entity and
496 approved by the department ~~under contract with the department~~
497 ~~shall be offered a contract by the managing entity.~~

498 ~~(c)(d)~~ The network management and administrative functions
499 of the department may contract with managing entities to provide
500 the following core functions include:

- 501 1. Financial management accountability.
- 502 2. Allocation of funds to network providers in a manner
503 that reflects the department's strategic direction and plans.
- 504 3. Provider monitoring to ensure compliance with federal
505 and state laws, rules, and regulations.
- 506 4. Data collection, reporting, and analysis.
- 507 5. Information systems necessary for the delivery of
508 coordinated care and integrated services ~~Operational plans to~~
509 ~~implement objectives of the department's strategic plan.~~
- 510 6. Contract compliance.
- 511 7. Performance measurement based on nationally recognized
512 standards such as those developed by the National Quality Forum,
513 the National Committee for Quality Assurance, or similar
514 credible sources ~~management.~~
- 515 8. Collaboration with community stakeholders, including
516 local government.
- 517 ~~9. System of care through network development.~~
- 518 ~~9.10.~~ Consumer care coordination.
- 519 ~~10.11.~~ Continuous quality improvement.
- 520 ~~12. Timely access to appropriate services.~~
- 521 ~~13. Cost-effectiveness and system improvements.~~
- 522 ~~14. Assistance in the development of the department's~~

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523 ~~strategic plan.~~

524 ~~15. Participation in community, circuit, regional, and~~
525 ~~state planning.~~

526 11.16. Resource management and maximization, including
527 pursuit of third-party payments and grant applications.

528 12.17. Incentives for providers to improve quality and
529 access.

530 13.18. Liaison with consumers.

531 14.19. Community needs assessment.

532 15.20. Securing local matching funds.

533 (d) The managing entity shall support network providers to
534 offer comprehensive and coordinated care to all persons in need,
535 but may develop a prioritization framework when necessary to
536 make the best use of limited resources. Priority populations
537 include:

538 1. Individuals in crisis stabilization units who are on the
539 waitlist for placement in a state treatment facility;

540 2. Individuals in state treatment facilities on the
541 waitlist for community care;

542 3. Parents or caretakers with child welfare involvement;

543 4. Individuals with multiple arrests and incarceration as a
544 result of their behavioral health condition; and

545 5. Individuals with behavioral health disorders and
546 comorbidities consistent with the characteristics of patients in
547 the region's population of behavioral health service users who
548 account for a disproportionately high percentage of service
549 expenditures.

550 (e) The managing entity shall ensure that written
551 cooperative agreements are developed and implemented among the

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552 criminal and juvenile justice systems, the local community-based
553 care network, and the local behavioral health providers in the
554 geographic area which define strategies and alternatives for
555 diverting people who have mental illness and substance abuse
556 problems from the criminal justice system to the community.
557 These agreements must also address the provision of appropriate
558 services to persons who have behavioral health problems and
559 leave the criminal justice system.

560 (f) Managing entities must collect and submit data to the
561 department regarding persons served, outcomes of persons served,
562 and the costs of services provided through the department's
563 contract. The managing entity must use a unique identifier
564 developed by the department for each person served. All
565 providers under contract with the managing entity shall use the
566 unique identifier in order to coordinate care and the delivery
567 of services by January 1, 2016. The department shall evaluate
568 managing entity services based on consumer-centered outcome
569 measures that reflect national standards that can dependably be
570 measured. The department shall work with managing entities to
571 establish performance standards related to:

572 1. The extent to which individuals in the community receive
573 services.

574 2. The improvement of quality of care for individuals
575 served.

576 3. The success of strategies to divert jail, prison, and
577 forensic facility admissions.

578 4. Consumer and family satisfaction.

579 5. The satisfaction of key community constituents such as
580 law enforcement agencies, juvenile justice agencies, the courts,

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581 the schools, local government entities, hospitals, and others as
582 appropriate for the geographical area of the managing entity.

583 (g) The Agency for Health Care Administration may establish
584 a certified match program, which must be voluntary. Under a
585 certified match program, reimbursement is limited to the federal
586 Medicaid share to Medicaid-enrolled strategy participants. The
587 agency may take no action to implement a certified match program
588 unless the consultation provisions of chapter 216 have been met.
589 The agency may seek federal waivers that are necessary to
590 implement the behavioral health service delivery strategies.

591 (7) MANAGING ENTITY REQUIREMENTS.—The department may adopt
592 rules and contractual standards related to ~~and a process for~~ the
593 qualification and operation of managing entities which are
594 based, in part, on the following criteria:

595 (a) As of December 31, 2015, the department shall verify
596 that each a managing entity's governing board meets the
597 requirements of this section. ~~governance structure shall be~~
598 ~~representative and shall, at a minimum, include consumers and~~
599 ~~family members, appropriate community stakeholders and~~
600 ~~organizations, and providers of substance abuse and mental~~
601 ~~health services as defined in this chapter and chapter 397. If~~
602 ~~there are one or more private-receiving facilities in the~~
603 ~~geographic coverage area of a managing entity, the managing~~
604 ~~entity shall have one representative for the private-receiving~~
605 ~~facilities as an ex officio member of its board of directors.~~

606 1. The composition of the board shall be broadly
607 representative of the community and include consumers and family
608 members, community organizations that do not contract with the
609 managing entity, local governments, area law enforcement

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610 agencies, business leaders, local providers of child welfare
611 services, health care professionals, and representatives of
612 health care facilities.

613 2. The managing entity must establish a technical advisory
614 panel consisting of providers of mental health and substance
615 abuse services that selects at least one member to serve as an
616 ex officio member of the governing board.

617 (b) The managing entity must create a transparent process
618 for nomination and selection of board members and must adopt a
619 procedure for establishing staggered term limits which ensures
620 that no individual serves more than 8 consecutive years on the
621 governing board ~~A managing entity that was originally formed~~
622 ~~primarily by substance abuse or mental health providers must~~
623 ~~present and demonstrate a detailed, consensus approach to~~
624 ~~expanding its provider network and governance to include both~~
625 ~~substance abuse and mental health providers.~~

626 (c) A managing entity must submit a network management plan
627 and budget in a form and manner determined by the department.
628 The plan must detail the means for implementing the duties to be
629 contracted to the managing entity and the efficiencies to be
630 anticipated by the department as a result of executing the
631 contract. The department may require modifications to the plan
632 and must approve the plan before contracting with a managing
633 entity. The department may contract with a managing entity that
634 demonstrates readiness to assume core functions, and may
635 continue to add functions and responsibilities to the managing
636 entity's contract over time as additional competencies are
637 developed as identified in paragraph (g). ~~Notwithstanding other~~
638 ~~provisions of this section, the department may continue and~~

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639 ~~expand managing entity contracts if the department determines~~
640 ~~that the managing entity meets the requirements specified in~~
641 ~~this section.~~

642 ~~(d) Notwithstanding paragraphs (b) and (c), a managing~~
643 ~~entity that is currently a fully integrated system providing~~
644 ~~mental health and substance abuse services, Medicaid, and child~~
645 ~~welfare services is permitted to continue operating under its~~
646 ~~current governance structure as long as the managing entity can~~
647 ~~demonstrate to the department that consumers, other~~
648 ~~stakeholders, and network providers are included in the planning~~
649 ~~process.~~

650 (d)~~(e)~~ Managing entities shall operate in a transparent
651 manner, providing public access to information, notice of
652 meetings, and opportunities for broad public participation in
653 decisionmaking. The managing entity's network management plan
654 must detail policies and procedures that ensure transparency.

655 (e)~~(f)~~ Before contracting with a managing entity, the
656 department must perform an onsite readiness review of a managing
657 entity to determine its operational capacity to satisfactorily
658 perform the duties to be contracted.

659 (f)~~(g)~~ The department shall engage community stakeholders,
660 including providers and managing entities under contract with
661 the department, in the development of objective standards to
662 measure the competencies of managing entities and their
663 readiness to assume the responsibilities described in this
664 section, and the outcomes to hold them accountable.

665 ~~(8) DEPARTMENT RESPONSIBILITIES. With the introduction of~~
666 ~~managing entities to monitor department-contracted providers'~~
667 ~~day-to-day operations, the department and its regional and~~

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668 ~~circuit offices will have increased ability to focus on broad~~
669 ~~systemic substance abuse and mental health issues. After the~~
670 ~~department enters into a managing entity contract in a~~
671 ~~geographic area, the regional and circuit offices of the~~
672 ~~department in that area shall direct their efforts primarily to~~
673 ~~monitoring the managing entity contract, including negotiation~~
674 ~~of system quality improvement goals each contract year, and~~
675 ~~review of the managing entity's plans to execute department~~
676 ~~strategic plans; carrying out statutorily mandated licensure~~
677 ~~functions; conducting community and regional substance abuse and~~
678 ~~mental health planning; communicating to the department the~~
679 ~~local needs assessed by the managing entity; preparing~~
680 ~~department strategic plans; coordinating with other state and~~
681 ~~local agencies; assisting the department in assessing local~~
682 ~~trends and issues and advising departmental headquarters on~~
683 ~~local priorities; and providing leadership in disaster planning~~
684 ~~and preparation.~~

685 (8) ~~(9)~~ FUNDING FOR MANAGING ENTITIES.—

686 (a) A contract established between the department and a
687 managing entity under this section shall be funded by general
688 revenue, other applicable state funds, or applicable federal
689 funding sources. A managing entity may carry forward documented
690 unexpended state funds from one fiscal year to the next;
691 however, the cumulative amount carried forward may not exceed 8
692 percent of the total contract. Any unexpended state funds in
693 excess of that percentage must be returned to the department.
694 The funds carried forward may not be used in a way that would
695 create increased recurring future obligations or for any program
696 or service that is not currently authorized under the existing

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697 contract with the department. Expenditures of funds carried
698 forward must be separately reported to the department. Any
699 unexpended funds that remain at the end of the contract period
700 shall be returned to the department. Funds carried forward may
701 be retained through contract renewals and new procurements as
702 long as the same managing entity is retained by the department.

703 (b) The method of payment for a fixed-price contract with a
704 managing entity must provide for a 2-month advance payment at
705 the beginning of each fiscal year and equal monthly payments
706 thereafter.

707 ~~(10) REPORTING. Reports of the department's activities,~~
708 ~~progress, and needs in achieving the goal of contracting with~~
709 ~~managing entities in each circuit and region statewide must be~~
710 ~~submitted to the appropriate substantive and appropriations~~
711 ~~committees in the Senate and the House of Representatives on~~
712 ~~January 1 and July 1 of each year until the full transition to~~
713 ~~managing entities has been accomplished statewide.~~

714 ~~(9)~~ ~~(11)~~ RULES.—The department may ~~shall~~ adopt rules to
715 administer this section and, ~~as necessary, to further specify~~
716 ~~requirements of managing entities.~~

717 Section 6. Section 397.402, Florida Statutes, is created to
718 read:

719 397.402 Single, consolidated license.—No later than January
720 1, 2016, the department, in consultation with the Agency for
721 Health Care Administration, shall modify licensure rules and
722 procedures to create an option for a single, consolidated
723 license for a provider that offers multiple types of mental
724 health and substance abuse services regulated under this chapter
725 and chapter 394. Providers eligible for a consolidated license

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726 must operate these services through a single corporate entity
727 and a unified management structure. Any provider serving both
728 adults and children must meet department standards for separate
729 facilities and other requirements necessary to ensure the safety
730 of children and promote therapeutic efficacy. The department and
731 the Agency for Health Care Administration shall recommend to the
732 Governor, the President of the Senate, and the Speaker of the
733 House of Representatives any revisions to the Florida Statutes
734 needed to further implement the intent of this section by
735 December 1, 2015.

736 Section 7. Present paragraphs (d) through (m) of subsection
737 (2) of section 409.967, Florida Statutes, are redesignated as
738 paragraphs (e) through (n), respectively, and a new paragraph
739 (d) is added to that subsection, to read:

740 409.967 Managed care plan accountability.—

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

745 (d) Quality care.—Managed care plans shall provide, or
746 contract for the provision of, care coordination to facilitate
747 the appropriate delivery of behavioral health care services in
748 the least restrictive setting with treatment and recovery
749 capabilities that address the needs of the patient. Services
750 shall be provided in a manner that integrates behavioral health
751 services and primary care. Plans shall be required to achieve
752 specific behavioral health outcome standards, established by the
753 agency in consultation with the Department of Children and
754 Families.

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755 Section 8. Subsection (5) is added to section 409.973,
756 Florida Statutes, to read:

757 409.973 Benefits.—

758 (5) INTEGRATED BEHAVIORAL HEALTH INITIATIVE.—Each plan
759 operating in the managed medical assistance program shall work
760 with the managing entity in its service area to establish
761 specific organizational supports and service protocols that
762 enhance the integration and coordination of primary care and
763 behavioral health services for Medicaid recipients. Progress in
764 this initiative will be measured using the integration framework
765 and core measures developed by the Agency for Healthcare
766 Research and Quality.

767 Section 9. Paragraph (a) of subsection (1) of section
768 409.975, Florida Statutes, is amended to read:

769 409.975 Managed care plan accountability.—In addition to
770 the requirements of s. 409.967, plans and providers
771 participating in the managed medical assistance program shall
772 comply with the requirements of this section.

773 (1) PROVIDER NETWORKS.—Managed care plans must develop and
774 maintain provider networks that meet the medical needs of their
775 enrollees in accordance with standards established pursuant to
776 s. 409.967(2)(c). Except as provided in this section, managed
777 care plans may limit the providers in their networks based on
778 credentials, quality indicators, and price.

779 (a) Plans must include all providers in the region that are
780 classified by the agency as essential Medicaid providers, unless
781 the agency approves, in writing, an alternative arrangement for
782 securing the types of services offered by the essential
783 providers. Providers are essential for serving Medicaid

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784 enrollees if they offer services that are not available from any
785 other provider within a reasonable access standard, or if they
786 provided a substantial share of the total units of a particular
787 service used by Medicaid patients within the region during the
788 last 3 years and the combined capacity of other service
789 providers in the region is insufficient to meet the total needs
790 of the Medicaid patients. The agency may not classify physicians
791 and other practitioners as essential providers. The agency, at a
792 minimum, shall determine which providers in the following
793 categories are essential Medicaid providers:

- 794 1. Federally qualified health centers.
- 795 2. Statutory teaching hospitals as defined in s.
796 408.07(45).
- 797 3. Hospitals that are trauma centers as defined in s.
798 395.4001(14).
- 799 4. Hospitals located at least 25 miles from any other
800 hospital with similar services.
- 801 5. Publicly funded behavioral health service providers.

802
803 Managed care plans that have not contracted with all essential
804 providers in the region as of the first date of recipient
805 enrollment, or with whom an essential provider has terminated
806 its contract, must negotiate in good faith with such essential
807 providers for 1 year or until an agreement is reached, whichever
808 is first. Payments for services rendered by a nonparticipating
809 essential provider shall be made at the applicable Medicaid rate
810 as of the first day of the contract between the agency and the
811 plan. A rate schedule for all essential providers shall be
812 attached to the contract between the agency and the plan. After

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813 1 year, managed care plans that are unable to contract with
814 essential providers shall notify the agency and propose an
815 alternative arrangement for securing the essential services for
816 Medicaid enrollees. The arrangement must rely on contracts with
817 other participating providers, regardless of whether those
818 providers are located within the same region as the
819 nonparticipating essential service provider. If the alternative
820 arrangement is approved by the agency, payments to
821 nonparticipating essential providers after the date of the
822 agency's approval shall equal 90 percent of the applicable
823 Medicaid rate. If the alternative arrangement is not approved by
824 the agency, payment to nonparticipating essential providers
825 shall equal 110 percent of the applicable Medicaid rate.

826 Section 10. Section 394.4674, Florida Statutes, is
827 repealed.

828 Section 11. Section 394.4985, Florida Statutes, is
829 repealed.

830 Section 12. Section 394.657, Florida Statutes, is repealed.

831 Section 13. Section 394.745, Florida Statutes, is repealed.

832 Section 14. Section 397.331, Florida Statutes, is repealed.

833 Section 15. Section 397.333, Florida Statutes, is repealed.

834 Section 16. Section 397.801, Florida Statutes, is repealed.

835 Section 17. Section 397.811, Florida Statutes, is repealed.

836 Section 18. Section 397.821, Florida Statutes, is repealed.

837 Section 19. Section 397.901, Florida Statutes, is repealed.

838 Section 20. Section 397.93, Florida Statutes, is repealed.

839 Section 21. Section 397.94, Florida Statutes, is repealed.

840 Section 22. Section 397.951, Florida Statutes, is repealed.

841 Section 23. Section 397.97, Florida Statutes, is repealed.

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842 Section 24. Subsection (15) of section 397.321, Florida
843 Statutes, is amended to read:

844 397.321 Duties of the department.—The department shall:

845 (15) Appoint a substance abuse impairment coordinator to
846 represent the department in efforts initiated by the statewide
847 substance abuse impairment prevention and treatment coordinator
848 ~~established in s. 397.801~~ and to assist the statewide
849 coordinator in fulfilling the responsibilities of that position.

850 Section 25. Subsection (1) of section 397.98, Florida
851 Statutes, is amended to read:

852 397.98 Children's substance abuse services; utilization
853 management.—

854 (1) Utilization management shall be an integral part of
855 each Children's Network of Care Demonstration Model ~~as described~~
856 ~~under s. 397.97~~. The utilization management process shall
857 include procedures for analyzing the allocation and use of
858 resources by the purchasing agent. Such procedures shall
859 include:

860 (a) Monitoring the appropriateness of admissions to
861 residential services or other levels of care as determined by
862 the department.

863 (b) Monitoring the duration of care.

864 (c) Developing profiles of network providers which describe
865 their patterns of delivering care.

866 (d) Authorizing care for high-cost services.

867 Section 26. Paragraph (e) of subsection (3) of section
868 409.966, Florida Statutes, is amended to read:

869 409.966 Eligible plans; selection.—

870 (3) QUALITY SELECTION CRITERIA.—

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871 (e) To ensure managed care plan participation in Regions 1
872 and 2, the agency shall award an additional contract to each
873 plan with a contract award in Region 1 or Region 2. Such
874 contract shall be in any other region in which the plan
875 submitted a responsive bid and negotiates a rate acceptable to
876 the agency. If a plan that is awarded an additional contract
877 pursuant to this paragraph is subject to penalties pursuant to
878 s. 409.967(2)(i) ~~s. 409.967(2)(h)~~ for activities in Region 1 or
879 Region 2, the additional contract is automatically terminated
880 180 days after the imposition of the penalties. The plan must
881 reimburse the agency for the cost of enrollment changes and
882 other transition activities.

883 Section 27. Paragraph (a) of subsection (5) of section
884 943.031, Florida Statutes, is amended to read:

885 943.031 Florida Violent Crime and Drug Control Council.—

886 (5) DUTIES OF COUNCIL.—Subject to funding provided to the
887 department by the Legislature, the council shall provide advice
888 and make recommendations, as necessary, to the executive
889 director of the department.

890 (a) The council may advise the executive director on the
891 feasibility of undertaking initiatives which include, but are
892 not limited to, the following:

893 1. Establishing a program that provides grants to criminal
894 justice agencies that develop and implement effective violent
895 crime prevention and investigative programs and which provides
896 grants to law enforcement agencies for the purpose of drug
897 control, criminal gang, and illicit money laundering
898 investigative efforts or task force efforts that are determined
899 by the council to significantly contribute to achieving the

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900 state's goal of reducing drug-related crime, that represent
901 significant criminal gang investigative efforts, that represent
902 a significant illicit money laundering investigative effort, or
903 that otherwise significantly support statewide strategies
904 developed by the Statewide Drug Policy Advisory Council
905 ~~established under s. 397.333~~, subject to the limitations
906 provided in this section. The grant program may include an
907 innovations grant program to provide startup funding for new
908 initiatives by local and state law enforcement agencies to
909 combat violent crime or to implement drug control, criminal
910 gang, or illicit money laundering investigative efforts or task
911 force efforts by law enforcement agencies, including, but not
912 limited to, initiatives such as:

913 a. Providing enhanced community-oriented policing.

914 b. Providing additional undercover officers and other
915 investigative officers to assist with violent crime
916 investigations in emergency situations.

917 c. Providing funding for multiagency or statewide drug
918 control, criminal gang, or illicit money laundering
919 investigative efforts or task force efforts that cannot be
920 reasonably funded completely by alternative sources and that
921 significantly contribute to achieving the state's goal of
922 reducing drug-related crime, that represent significant criminal
923 gang investigative efforts, that represent a significant illicit
924 money laundering investigative effort, or that otherwise
925 significantly support statewide strategies developed by the
926 Statewide Drug Policy Advisory Council ~~established under s.~~
927 ~~397.333~~.

928 2. Expanding the use of automated biometric identification

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929 systems at the state and local levels.

930 3. Identifying methods to prevent violent crime.

931 4. Identifying methods to enhance multiagency or statewide
932 drug control, criminal gang, or illicit money laundering
933 investigative efforts or task force efforts that significantly
934 contribute to achieving the state's goal of reducing drug-
935 related crime, that represent significant criminal gang
936 investigative efforts, that represent a significant illicit
937 money laundering investigative effort, or that otherwise
938 significantly support statewide strategies developed by the
939 Statewide Drug Policy Advisory Council ~~established under s.~~
940 ~~397.333~~.

941 5. Enhancing criminal justice training programs that
942 address violent crime, drug control, illicit money laundering
943 investigative techniques, or efforts to control and eliminate
944 criminal gangs.

945 6. Developing and promoting crime prevention services and
946 educational programs that serve the public, including, but not
947 limited to:

948 a. Enhanced victim and witness counseling services that
949 also provide crisis intervention, information referral,
950 transportation, and emergency financial assistance.

951 b. A well-publicized rewards program for the apprehension
952 and conviction of criminals who perpetrate violent crimes.

953 7. Enhancing information sharing and assistance in the
954 criminal justice community by expanding the use of community
955 partnerships and community policing programs. Such expansion may
956 include the use of civilian employees or volunteers to relieve
957 law enforcement officers of clerical work in order to enable the

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958 officers to concentrate on street visibility within the
959 community.

960 Section 28. Subsection (1) of section 943.042, Florida
961 Statutes, is amended to read:

962 943.042 Violent Crime Investigative Emergency and Drug
963 Control Strategy Implementation Account.—

964 (1) There is created a Violent Crime Investigative
965 Emergency and Drug Control Strategy Implementation Account
966 within the Department of Law Enforcement Operating Trust Fund.
967 The account shall be used to provide emergency supplemental
968 funds to:

969 (a) State and local law enforcement agencies that are
970 involved in complex and lengthy violent crime investigations, or
971 matching funding to multiagency or statewide drug control or
972 illicit money laundering investigative efforts or task force
973 efforts that significantly contribute to achieving the state's
974 goal of reducing drug-related crime, that represent a
975 significant illicit money laundering investigative effort, or
976 that otherwise significantly support statewide strategies
977 developed by the Statewide Drug Policy Advisory Council
978 ~~established under s. 397.333;~~

979 (b) State and local law enforcement agencies that are
980 involved in violent crime investigations which constitute a
981 significant emergency within the state; or

982 (c) Counties that demonstrate a significant hardship or an
983 inability to cover extraordinary expenses associated with a
984 violent crime trial.

985 Section 29. For the purpose of incorporating the amendment
986 made by this act to section 394.492, Florida Statutes, in a

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987 reference thereto, paragraph (a) of subsection (6) of section
988 39.407, Florida Statutes, is reenacted to read:

989 39.407 Medical, psychiatric, and psychological examination
990 and treatment of child; physical, mental, or substance abuse
991 examination of person with or requesting child custody.—

992 (6) Children who are in the legal custody of the department
993 may be placed by the department, without prior approval of the
994 court, in a residential treatment center licensed under s.
995 394.875 or a hospital licensed under chapter 395 for residential
996 mental health treatment only pursuant to this section or may be
997 placed by the court in accordance with an order of involuntary
998 examination or involuntary placement entered pursuant to s.
999 394.463 or s. 394.467. All children placed in a residential
1000 treatment program under this subsection must have a guardian ad
1001 litem appointed.

1002 (a) As used in this subsection, the term:

1003 1. "Residential treatment" means placement for observation,
1004 diagnosis, or treatment of an emotional disturbance in a
1005 residential treatment center licensed under s. 394.875 or a
1006 hospital licensed under chapter 395.

1007 2. "Least restrictive alternative" means the treatment and
1008 conditions of treatment that, separately and in combination, are
1009 no more intrusive or restrictive of freedom than reasonably
1010 necessary to achieve a substantial therapeutic benefit or to
1011 protect the child or adolescent or others from physical injury.

1012 3. "Suitable for residential treatment" or "suitability"
1013 means a determination concerning a child or adolescent with an
1014 emotional disturbance as defined in s. 394.492(5) or a serious
1015 emotional disturbance as defined in s. 394.492(6) that each of

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1016 the following criteria is met:

1017 a. The child requires residential treatment.

1018 b. The child is in need of a residential treatment program
1019 and is expected to benefit from mental health treatment.

1020 c. An appropriate, less restrictive alternative to
1021 residential treatment is unavailable.

1022 Section 30. For the purpose of incorporating the amendment
1023 made by this act to section 394.492, Florida Statutes, in a
1024 reference thereto, subsection (21) of section 394.67, Florida
1025 Statutes, is reenacted to read:

1026 394.67 Definitions.—As used in this part, the term:

1027 (21) "Residential treatment center for children and
1028 adolescents" means a 24-hour residential program, including a
1029 therapeutic group home, which provides mental health services to
1030 emotionally disturbed children or adolescents as defined in s.
1031 394.492(5) or (6) and which is a private for-profit or not-for-
1032 profit corporation licensed by the agency which offers a variety
1033 of treatment modalities in a more restrictive setting.

1034 Section 31. For the purpose of incorporating the amendment
1035 made by this act to section 394.492, Florida Statutes, in a
1036 reference thereto, paragraph (b) of subsection (1) of section
1037 394.674, Florida Statutes, is reenacted to read:

1038 394.674 Eligibility for publicly funded substance abuse and
1039 mental health services; fee collection requirements.—

1040 (1) To be eligible to receive substance abuse and mental
1041 health services funded by the department, an individual must be
1042 a member of at least one of the department's priority
1043 populations approved by the Legislature. The priority
1044 populations include:

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1045 (b) For children's mental health services:

1046 1. Children who are at risk of emotional disturbance as
1047 defined in s. 394.492(4).

1048 2. Children who have an emotional disturbance as defined in
1049 s. 394.492(5).

1050 3. Children who have a serious emotional disturbance as
1051 defined in s. 394.492(6).

1052 4. Children diagnosed as having a co-occurring substance
1053 abuse and emotional disturbance or serious emotional
1054 disturbance.

1055 Section 32. For the purpose of incorporating the amendment
1056 made by this act to section 394.492, Florida Statutes, in a
1057 reference thereto, subsection (1) of section 394.676, Florida
1058 Statutes, is reenacted to read:

1059 394.676 Indigent psychiatric medication program.—

1060 (1) Within legislative appropriations, the department may
1061 establish the indigent psychiatric medication program to
1062 purchase psychiatric medications for persons as defined in s.
1063 394.492(5) or (6) or pursuant to s. 394.674(1), who do not
1064 reside in a state mental health treatment facility or an
1065 inpatient unit.

1066 Section 33. For the purpose of incorporating the amendment
1067 made by this act to section 394.492, Florida Statutes, in a
1068 reference thereto, paragraph (c) of subsection (2) of section
1069 409.1676, Florida Statutes, is reenacted to read:

1070 409.1676 Comprehensive residential group care services to
1071 children who have extraordinary needs.—

1072 (2) As used in this section, the term:

1073 (c) "Serious behavioral problems" means behaviors of

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1074 children who have been assessed by a licensed master's-level
1075 human-services professional to need at a minimum intensive
1076 services but who do not meet the criteria of s. 394.492(7). A
1077 child with an emotional disturbance as defined in s. 394.492(5)
1078 or (6) may be served in residential group care unless a
1079 determination is made by a mental health professional that such
1080 a setting is inappropriate. A child having a serious behavioral
1081 problem must have been determined in the assessment to have at
1082 least one of the following risk factors:

1083 1. An adjudication of delinquency and be on conditional
1084 release status with the Department of Juvenile Justice.

1085 2. A history of physical aggression or violent behavior
1086 toward self or others, animals, or property within the past
1087 year.

1088 3. A history of setting fires within the past year.

1089 4. A history of multiple episodes of running away from home
1090 or placements within the past year.

1091 5. A history of sexual aggression toward other youth.

1092 Section 34. For the purpose of incorporating the amendment
1093 made by this act to section 394.492, Florida Statutes, in a
1094 reference thereto, paragraph (b) of subsection (1) of section
1095 409.1677, Florida Statutes, is reenacted to read:

1096 409.1677 Model comprehensive residential services
1097 programs.—

1098 (1) As used in this section, the term:

1099 (b) "Serious behavioral problems" means behaviors of
1100 children who have been assessed by a licensed master's-level
1101 human-services professional to need at a minimum intensive
1102 services but who do not meet the criteria of s. 394.492(6) or

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1103 (7). A child with an emotional disturbance as defined in s.
1104 394.492(5) may be served in residential group care unless a
1105 determination is made by a mental health professional that such
1106 a setting is inappropriate.

1107 Section 35. Except as otherwise expressly provided in this
1108 act and except for this section, which shall take effect upon
1109 this act becoming a law, this act shall take effect July 1,
1110 2015.