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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 terms; creating s. 394.761, F.S.; requiring
7 the Agency for Health Care Administration and the
8 Department of Children and Families to develop a plan
9 to obtain federal approval for increasing the
10 availability of federal Medicaid funding for
11 behavioral health care; establishing improved
12 integration of behavioral health and primary care
13 services through the development and effective
14 implementation of coordinated care organizations as
15 the primary goal of obtaining the additional funds;
16 requiring the agency and the department to submit the
17 written plan, which must include certain information,
18 to the Legislature by a specified date; requiring the
19 agency to submit an Excellence in Mental Health Act
20 grant application to the United States Department of
21 Health and Human Services; amending s. 394.875, F.S.;
22 requiring that, by a specified date, the department,
23 in consultation with the Agency for Health Care
24 Administration, modify certain licensure rules and
25 procedures; amending s. 394.9082, F.S.; revising
26 legislative findings and intent; redefining terms;
27 requiring the managing entities, rather than the
28 department, to develop and implement a plan with a
29 certain purpose; requiring the regional network to

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

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59 continued participation in the provider network;
60 revising the network management and administrative
61 functions of the managing entities; requiring that the
62 managing entity support network providers in certain
63 ways; authorizing the managing entity to prioritize
64 certain populations when necessary; requiring managing
65 entities to use unique identifiers for individuals
66 receiving behavioral health care services; requiring
67 all providers under contract with a managing entity to
68 use such unique identifiers by a specified date;
69 requiring that, by a certain date, a managing entity's
70 governing board consist of a certain number of members
71 selected by the managing entity in a specified manner;
72 providing requirements for the governing board;
73 removing departmental responsibilities; removing a
74 reporting requirement; authorizing, rather than
75 requiring, the department to adopt rules; creating s.
76 397.402, F.S.; requiring that the department modify
77 certain licensure rules and procedures by a certain
78 date; requiring the department and the Agency for
79 Health Care Administration to make certain
80 recommendations to the Governor and the Legislature by
81 a specified date; providing requirements for a
82 provider; amending s. 409.967, F.S.; requiring that
83 certain plans or contracts include specified
84 requirements; amending s. 409.973, F.S.; requiring
85 each plan operating in the managed medical assistance
86 program to work with the managing entity to establish
87 specific organizational supports and service

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88 protocols; amending s. 409.975, F.S.; revising the
89 categories from which the agency must determine which
90 providers are essential Medicaid providers; repealing
91 s. 394.4674, F.S., relating to a plan and report;
92 repealing s. 394.4985, F.S., relating to districtwide
93 information and referral network and implementation;
94 repealing s. 394.657, F.S., relating to county
95 planning councils or committees; repealing s. 394.745,
96 F.S., relating to an annual report and compliance of
97 providers under contract with the department;
98 repealing s. 397.331, F.S., relating to definitions;
99 repealing s. 397.333, F.S., relating to the Statewide
100 Drug Policy Advisory Council; repealing s. 397.801,
101 F.S., relating to substance abuse impairment
102 coordination; repealing s. 397.811, F.S., relating to
103 juvenile substance abuse impairment coordination;
104 repealing s. 397.821, F.S., relating to juvenile
105 substance abuse impairment prevention and early
106 intervention councils; repealing s. 397.901, F.S.,
107 relating to prototype juvenile addictions receiving
108 facilities; repealing s. 397.93, F.S., relating to
109 children's substance abuse services and target
110 populations; repealing s. 397.94, F.S., relating to
111 children's substance abuse services and the
112 information and referral network; repealing s.
113 397.951, F.S., relating to treatment and sanctions;
114 repealing s. 397.97, F.S., relating to children's
115 substance abuse services and demonstration models;
116 amending ss. 397.321, 397.98, 409.966, 943.031, and

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117 943.042, F.S.; conforming provisions and cross-
118 references to changes made by the act; reenacting ss.
119 39.407(6) (a), 394.67(21), 394.674(1) (b), 394.676(1),
120 409.1676(2) (c), and 409.1677(1) (b), F.S., relating to
121 the term "suitable for residential treatment" or
122 "suitability," the term "residential treatment center
123 for children and adolescents," children's mental
124 health services, the indigent psychiatric medication
125 program, and the term "serious behavioral problems,"
126 respectively, to incorporate the amendment made to s.
127 394.492, F.S., in references thereto; providing
128 effective dates.

129
130 Be It Enacted by the Legislature of the State of Florida:

131
132 Section 1. Subsection (18) of section 394.455, Florida
133 Statutes, is amended to read:

134 394.455 Definitions.—As used in this part, unless the
135 context clearly requires otherwise, the term:

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

145 Section 2. Subsections (1), (4), (5), and (6) of section

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146 394.492, Florida Statutes, are amended to read:

147 394.492 Definitions.—As used in ss. 394.490-394.497, the
148 term:

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

151 (4) "Child or adolescent at risk of emotional disturbance"
152 means a person under ~~18~~ 21 years of age who has an increased
153 likelihood of becoming emotionally disturbed because of risk
154 factors that include, but are not limited to:

- 155 (a) Being homeless.
- 156 (b) Having a family history of mental illness.
- 157 (c) Being physically or sexually abused or neglected.
- 158 (d) Abusing alcohol or other substances.
- 159 (e) Being infected with human immunodeficiency virus (HIV).
- 160 (f) Having a chronic and serious physical illness.
- 161 (g) Having been exposed to domestic violence.
- 162 (h) Having multiple out-of-home placements.

163 (5) "Child or adolescent who has an emotional disturbance"
164 means a person under 21 ~~18~~ years of age who is diagnosed with a
165 mental, emotional, or behavioral disorder of sufficient duration
166 to meet one of the diagnostic categories specified in the most
167 recent edition of the Diagnostic and Statistical Manual of the
168 American Psychiatric Association, but who does not exhibit
169 behaviors that substantially interfere with or limit his or her
170 role or ability to function in the family, school, or community.
171 The emotional disturbance must not be considered to be a
172 temporary response to a stressful situation. The term does not
173 include a child or adolescent who meets the criteria for
174 involuntary placement under s. 394.467(1).

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

178 (a) Is diagnosed as having a mental, emotional, or
179 behavioral disorder that meets one of the diagnostic categories
180 specified in the most recent edition of the Diagnostic and
181 Statistical Manual of Mental Disorders of the American
182 Psychiatric Association; and

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

187
188 The term includes a child or adolescent who meets the criteria
189 for involuntary placement under s. 394.467(1).

190 Section 3. Section 394.761, Florida Statutes, is created to
191 read:

192 394.761 Revenue maximization.—

193 (1) The agency and the department shall develop a plan to
194 obtain federal approval for increasing the availability of
195 federal Medicaid funding for behavioral health care. The plan
196 must give preference to quality improvement organizations as
197 defined in the Social Security Act, 42 U.S.C. s. 1320c-1.
198 Increased funding will be used to advance the goal of improved
199 integration of behavioral health and primary care services
200 through development and effective implementation of coordinated
201 care organizations as described in s. 394.9082(3). The agency
202 and the department shall submit the written plan to the
203 President of the Senate and the Speaker of the House of

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204 Representatives no later than November 1, 2015. The plan shall
205 identify the amount of general revenue funding appropriated for
206 mental health and substance abuse services which is eligible to
207 be used as state Medicaid match. The plan must evaluate
208 alternative uses of increased Medicaid funding, including
209 expansion of Medicaid eligibility for the severely and
210 persistently mentally ill; increased reimbursement rates for
211 behavioral health services; adjustments to the capitation rate
212 for Medicaid enrollees with chronic mental illness and substance
213 use disorders; supplemental payments to mental health and
214 substance abuse providers through a designated state health
215 program or other mechanisms; and innovative programs for
216 incentivizing improved outcomes for behavioral health
217 conditions. The plan shall identify the advantages and
218 disadvantages of each alternative and assess the potential of
219 each for achieving improved integration of services. The plan
220 shall identify the types of federal approvals necessary to
221 implement each alternative and project a timeline for
222 implementation.

223 (2) The agency, in consultation with the department, shall
224 apply to the United States Department of Health and Human
225 Services for an Excellence in Mental Health Act grant and any
226 other subsequent grant programs that become available through s.
227 203 of the federal Protecting Access to Medicare Act of 2014,
228 Pub. L. No. 113-93, and that create an opportunity to improve
229 access to community mental health services while improving
230 Medicaid reimbursement rates for such services. This subsection
231 expires July 1, 2018.

232 Section 4. Subsection (11) is added to section 394.875,

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233 Florida Statutes, to read:

234 394.875 Crisis stabilization units, residential treatment
235 facilities, and residential treatment centers for children and
236 adolescents; authorized services; license required.—

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

243 Section 5. Effective upon this act becoming a law, section
244 394.9082, Florida Statutes, is amended to read:

245 394.9082 Behavioral health managing entities.—

246 (1) LEGISLATIVE FINDINGS AND INTENT.—The Legislature finds
247 that untreated behavioral health disorders constitute major
248 health problems for residents of this state, are a major
249 economic burden to the citizens of this state, and substantially
250 increase demands on the state's juvenile and adult criminal
251 justice systems, the child welfare system, and health care
252 systems. The Legislature finds that behavioral health disorders
253 respond to appropriate treatment, rehabilitation, and supportive
254 intervention. The Legislature finds that the state's return on
255 its ~~it has made a substantial long term~~ investment in the
256 funding of the community-based behavioral health prevention and
257 treatment service systems and facilities can be enhanced by
258 integration of these services with primary care ~~in order to~~
259 ~~provide critical emergency, acute care, residential, outpatient,~~
260 ~~and rehabilitative and recovery-based services.~~ The Legislature
261 finds that local communities have also made substantial

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262 investments in behavioral health services, contracting with
263 safety net providers who by mandate and mission provide
264 specialized services to vulnerable and hard-to-serve populations
265 and have strong ties to local public health and public safety
266 agencies. The Legislature finds that a regional management
267 structure ~~for that places the responsibility for publicly~~
268 ~~financed~~ behavioral health treatment and prevention services
269 ~~within a single private, nonprofit entity at the local level~~
270 will improve ~~promote improved~~ access to care, promote service
271 continuity, and provide for more efficient and effective
272 delivery of substance abuse and mental health services. The
273 Legislature finds that streamlining administrative processes
274 will create cost efficiencies and provide flexibility to better
275 match available services to consumers' identified needs.

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

277 (a) "Behavioral health services" means mental health
278 services and substance abuse prevention and treatment services
279 as defined in this chapter and chapter 397 which are provided
280 using state and federal funds.

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

286 ~~(b)(c)~~ "Geographic area" means a county, circuit, regional,
287 or a region as described in s. 409.966 ~~multiregional area in~~
288 ~~this state.~~

289 ~~(c)(d)~~ "Managing entity" means a corporation ~~that is~~
290 ~~organized in this state, is designated or filed as a nonprofit~~

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291 ~~organization under s. 501(c)(3) of the Internal Revenue Code,~~
292 ~~and is under contract to the department to manage the day-to-day~~
293 ~~operational delivery of behavioral health services as of July 1,~~
294 ~~2015 through an organized system of care.~~

295 ~~(c) "Provider networks" mean the direct service agencies~~
296 ~~that are under contract with a managing entity and that together~~
297 ~~constitute a comprehensive array of emergency, acute care,~~
298 ~~residential, outpatient, recovery support, and consumer support~~
299 ~~services.~~

300 (3) COORDINATED CARE ORGANIZATIONS SERVICE DELIVERY
301 STRATEGIES.—~~The department may work through~~ managing entities
302 shall to develop and implement a plan to create a coordinated
303 regional network of behavioral health service providers. The
304 regional network must offer access to a comprehensive range of
305 services and continuity of care for service delivery strategies
306 that will improve the coordination, integration, and management
307 of the delivery of behavioral health services to people with who
308 have mental illness or substance use disorders. The plan must be
309 developed through a collaborative process between the managing
310 entity and providers in the region. The department shall
311 designate the regional network as a coordinated care
312 organization after the relationships, linkages, and interactions
313 among network providers are formalized through written
314 agreements that establish common protocols for intake and
315 assessment, mechanisms for data sharing, joint operational
316 procedures, and integrated care planning and case management. It
317 ~~is the intent of the Legislature that a well-managed service~~
318 ~~delivery system will increase access for those in need of care,~~
319 ~~improve the coordination and continuity of care for vulnerable~~

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320 ~~and high-risk populations, and redirect service dollars from~~
321 ~~restrictive care settings to community-based recovery services.~~

322 (4) CONTRACT FOR SERVICES.—

323 (a) The department must ~~may~~ contract ~~for the purchase and~~
324 ~~management of behavioral health services~~ with community-based
325 managing entities for the development of a regional coordinated
326 care organization, network management services, and the
327 administrative functions defined in subsection (6). The
328 department ~~may require a managing entity to contract for~~
329 ~~specialized services that are not currently part of the managing~~
330 ~~entity's network if the department determines that to do so is~~
331 ~~in the best interests of consumers of services. The secretary~~
332 ~~shall determine the schedule for phasing in contracts with~~
333 ~~managing entities. The managing entities shall, at a minimum, be~~
334 ~~accountable for the operational oversight of the delivery of~~
335 ~~behavioral health services funded by the department and for the~~
336 ~~collection and submission of the required data pertaining to~~
337 ~~these contracted services. A managing entity shall serve a~~
338 ~~geographic area designated by the department. The geographic~~
339 ~~area must be of sufficient size in population and have enough~~
340 ~~public funds for behavioral health services to allow for~~
341 ~~flexibility and maximum efficiency.~~

342 (b) ~~The operating costs of the managing entity contract~~
343 ~~shall be funded through funds from the department and any~~
344 ~~savings and efficiencies achieved through the implementation of~~
345 ~~managing entities when realized by their participating provider~~
346 ~~network agencies. The department recognizes that managing~~
347 ~~entities will have infrastructure development costs during~~
348 ~~start-up so that any efficiencies to be realized by providers~~

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349 ~~from consolidation of management functions, and the resulting~~
350 ~~savings, will not be achieved during the early years of~~
351 ~~operation. The department shall negotiate a reasonable and~~
352 ~~appropriate administrative cost rate with the managing entity.~~
353 ~~The Legislature intends that reduced local and state contract~~
354 ~~management and other administrative duties passed on to the~~
355 ~~managing entity allows funds previously allocated for these~~
356 ~~purposes to be proportionately reduced and the savings used to~~
357 ~~purchase the administrative functions of the managing entity.~~
358 ~~Policies and procedures of the department for monitoring~~
359 ~~contracts with managing entities shall include provisions for~~
360 ~~eliminating duplication of the department's and the managing~~
361 ~~entities' contract management and other administrative~~
362 ~~activities in order to achieve the goals of cost-effectiveness~~
363 ~~and regulatory relief. To the maximum extent possible, provider-~~
364 ~~monitoring activities shall be assigned to the managing entity.~~

365 (c) The contract with each managing entity must be
366 performance-based and contain specific results, measureable
367 performance standards and timelines, and identify penalties for
368 failure to timely plan and implement a regional, coordinated
369 care organization, to meet other specific performance standards,
370 including financial management, or other contractual
371 requirements. The contract must have a schedule of penalties
372 scaled to the nature and significance of the managing entity's
373 failure to perform. Such penalties may include, but are not
374 limited to, a corrective action plan, liquidated damages, or
375 termination of the contract. The contract must provide a
376 reasonable opportunity for managing entities to implement
377 corrective actions, but must require progress toward achievement

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378 of the performance standards identified in paragraph (e)
379 ~~Contracting and payment mechanisms for services must promote~~
380 ~~clinical and financial flexibility and responsiveness and must~~
381 ~~allow different categorical funds to be integrated at the point~~
382 ~~of service.~~ The plan for coordination and integration of
383 services required by subsection (3) shall be developed based on
384 ~~contracted service array must be determined by using public~~
385 ~~input and,~~ needs assessment, and must incorporate promising,
386 ~~evidence-based and promising best practice models. The~~
387 ~~department may employ care management methodologies, prepaid~~
388 ~~capitation, and case rate or other methods of payment which~~
389 ~~promote flexibility, efficiency, and accountability.~~

390 (d) The department shall establish a 3-year performance-
391 based contract with each managing entity by July 1, 2017. For
392 managing entities selected after the effective date of this act,
393 the department shall use a performance-based contract that meets
394 the requirements of this section. For managing entities with
395 contracts subject to renewal on or before July 1, 2015, the
396 department may renew, or if available, extend a contract under
397 s. 287.057(12), but contracts with such managing entities must
398 meet the requirements of this section by July 1, 2017.

399 (e) If the department terminates a contract with a managing
400 entity due to failure to establish a coordinated care
401 organization or meet other contractual requirements, the
402 department must issue an invitation to negotiate in order to
403 select a new managing entity. The new managing entity must be
404 either a managing entity in another region, a Medicaid managed
405 care organization operating in the same region, a behavioral
406 health organization contracted with a Medicaid managed care

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407 organization operating in the same region, or a behavioral
408 health specialty managed care organization established pursuant
409 to part IV of chapter 409. The department shall consider the
410 input and recommendations of network providers in the selection
411 of the new contractor. The invitation to negotiate shall specify
412 the criteria and the relative weight of the criteria that will
413 be used in selecting the new contractor. The department must
414 consider all of the following factors:

415 1. Experience serving persons with mental health and
416 substance use disorders.

417 2. Establishment of community partnerships with behavioral
418 health providers.

419 3. Demonstrated organizational capabilities for network
420 management functions.

421 4. Capability to integrate behavioral health with primary
422 care services.

423 (5) GOALS.—The primary goal of the coordinated care
424 organization service delivery strategies is to improve outcomes
425 for persons needing provide a design for an effective
426 coordination, integration, and management approach for
427 delivering effective behavioral health services to persons who
428 are experiencing a mental health or substance abuse crisis, who
429 have a disabling mental illness or a substance use or co-
430 occurring disorder, and require extended services in order to
431 recover from their illness, or who need brief treatment or
432 longer-term supportive interventions to avoid a crisis or
433 disability. Other goals include:

434 (a) Improving Accountability for measureable and
435 transparent a local system of behavioral health care services to

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436 ~~meet performance outcomes and standards through the use of~~
437 ~~reliable and timely data.~~

438 (b) ~~Enhancing the~~ Continuity of care for all children,
439 adolescents, and adults who receive services from the
440 coordinated care organization ~~enter the publicly funded~~
441 ~~behavioral health service system.~~

442 (c) Value-based purchasing of behavioral health services
443 that maximizes the return on investment to local, state, and
444 federal funding sources ~~Preserving the "safety net" of publicly~~
445 ~~funded behavioral health services and providers, and recognizing~~
446 ~~and ensuring continued local contributions to these services, by~~
447 ~~establishing locally designed and community-monitored systems of~~
448 ~~care.~~

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

451 (e) Regional service delivery systems that are responsive
452 to ~~Improving the assessment of~~ local needs for behavioral health
453 services.

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

457 (g) ~~Demonstrating improved service~~ Integration of ~~between~~
458 behavioral health services ~~programs~~ and other programs, such as
459 vocational rehabilitation, education, child welfare, primary
460 health care, emergency services, juvenile justice, and criminal
461 justice.

462 (h) ~~Providing for additional testing of creative and~~
463 ~~flexible strategies for financing behavioral health services to~~
464 ~~enhance individualized treatment and support services.~~

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

466 ~~(j) Working with the state to coordinate admissions and~~
467 ~~discharges from state civil and forensic hospitals and~~
468 ~~coordinating admissions and discharges from residential~~
469 ~~treatment centers.~~

470 ~~(k) Improving the integration, accessibility, and~~
471 ~~dissemination of behavioral health data for planning and~~
472 ~~monitoring purposes.~~

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

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

478 ~~(n) Providing services to adults and children with co-~~
479 ~~occurring disorders of mental illnesses and substance abuse~~
480 ~~problems.~~

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

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

488 ~~(a) A coordinated care organization must consist of a~~
489 ~~comprehensive network of providers working together to offer a~~
490 ~~patient-centered system of care which provides or arranges for~~
491 ~~the following elements: The managing entity must demonstrate the~~
492 ~~ability of its network of providers to comply with the pertinent~~
493 ~~provisions of this chapter and chapter 397 and to ensure the~~

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494 ~~provision of comprehensive behavioral health services. The~~
495 ~~network of providers must include, but need not be limited to,~~
496 ~~community mental health agencies, substance abuse treatment~~
497 ~~providers, and best practice consumer services providers.~~

498 1. A centralized receiving facility or coordinated
499 receiving system for persons needing evaluation pursuant to s.
500 394.463 or s. 397.675. As used in this subsection, the term
501 "coordinated receiving system" means an agreed-upon referral
502 distribution methodology developed by a managing entity after
503 consultation with all community inpatient psychiatric care
504 providers.

505 2. Crisis services, including mobile response teams and
506 crisis stabilization units.

507 3. Case management.

508 4. Outpatient services.

509 5. Residential services.

510 6. Hospital inpatient care.

511 7. Aftercare and other postdischarge services.

512 8. Recovery support, including housing assistance and
513 support for competitive employment, educational attainment,
514 independent living skills development, family support and
515 education, and wellness management and self-care.

516 9. Medical services necessary for integration of behavioral
517 health services with primary care.

518 10. Prevention and outreach services.

519 11. Medication assisted treatment.

520 12. Detoxification services.

521 ~~(b) The department shall terminate its mental health or~~
522 ~~substance abuse provider contracts for services to be provided~~

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523 ~~by the managing entity at the same time it contracts with the~~
524 ~~managing entity.~~

525 ~~(b)(e) The managing entity shall ensure that its provider~~
526 ~~network shall initially include all is broadly conceived. All~~
527 ~~mental health or substance abuse treatment providers currently~~
528 ~~receiving public funds pursuant to this chapter or chapter 397.~~
529 ~~Continued participation in the network is subject to credentials~~
530 ~~and performance standards set by the managing entity and~~
531 ~~approved by the department under contract with the department~~
532 ~~shall be offered a contract by the managing entity.~~

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

- 536 1. Financial management accountability.
- 537 2. Allocation of funds to network providers in a manner
538 that reflects the department's strategic direction and plans.
- 539 3. Provider monitoring to ensure compliance with federal
540 and state laws, rules, and regulations.
- 541 4. Data collection, reporting, and analysis.
- 542 5. Information systems necessary for the delivery of
543 coordinated care and integrated services ~~Operational plans to~~
544 ~~implement objectives of the department's strategic plan.~~
- 545 6. Contract compliance.
- 546 7. Performance measurement based on nationally recognized
547 standards such as those developed by the National Quality Forum,
548 the National Committee for Quality Assurance, or similar
549 credible sources management.
- 550 8. Collaboration with community stakeholders, including
551 local government.

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552 ~~9. System of care through network development.~~

553 ~~9.10. Consumer care coordination.~~

554 ~~10.11. Continuous quality improvement.~~

555 ~~12. Timely access to appropriate services.~~

556 ~~13. Cost effectiveness and system improvements.~~

557 ~~14. Assistance in the development of the department's~~
558 ~~strategic plan.~~

559 ~~15. Participation in community, circuit, regional, and~~
560 ~~state planning.~~

561 ~~11.16. Resource management and maximization, including~~
562 ~~pursuit of third-party payments and grant applications.~~

563 ~~12.17. Incentives for providers to improve quality and~~
564 ~~access.~~

565 ~~13.18. Liaison with consumers.~~

566 ~~14.19. Community needs assessment.~~

567 ~~15.20. Securing local matching funds.~~

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

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

575 2. Individuals in state treatment facilities on the
576 waitlist for community care;

577 3. Parents or caretakers with child welfare involvement;

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

580 5. Individuals with behavioral health disorders and

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581 comorbidities consistent with the characteristics of patients in
582 the region's population of behavioral health service users who
583 account for a disproportionately high percentage of service
584 expenditures.

585 (e) The managing entity shall ensure that written
586 cooperative agreements are developed and implemented among the
587 criminal and juvenile justice systems, the local community-based
588 care network, and the local behavioral health providers in the
589 geographic area which define strategies and alternatives for
590 diverting people who have mental illness and substance abuse
591 problems from the criminal justice system to the community.
592 These agreements must also address the provision of appropriate
593 services to persons who have behavioral health problems and
594 leave the criminal justice system.

595 (f) Managing entities must collect and submit data to the
596 department regarding persons served, outcomes of persons served,
597 and the costs of services provided through the department's
598 contract. Managing entities must use the unique identifier
599 developed by the department for individuals receiving behavioral
600 health care services. The intent of the unique identifier is to
601 allow the department, the managing entities, and the behavioral
602 health care contracted providers to better coordinate care,
603 evaluate services, assess the cost of services, and improve the
604 outcomes of individuals receiving behavioral health care
605 services. All providers under contract with a managing entity
606 shall use the unique identifier by January 1, 2016. The
607 department shall evaluate managing entity services based on
608 consumer-centered outcome measures that reflect national
609 standards that can dependably be measured. The department shall

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610 work with managing entities to establish performance standards
611 related to:

612 1. The extent to which individuals in the community receive
613 services.

614 2. The improvement of quality of care for individuals
615 served.

616 3. The success of strategies to divert jail, prison, and
617 forensic facility admissions.

618 4. Consumer and family satisfaction.

619 5. The satisfaction of key community constituents such as
620 law enforcement agencies, juvenile justice agencies, the courts,
621 the schools, local government entities, hospitals, and others as
622 appropriate for the geographical area of the managing entity.

623 (g) The Agency for Health Care Administration may establish
624 a certified match program, which must be voluntary. Under a
625 certified match program, reimbursement is limited to the federal
626 Medicaid share to Medicaid-enrolled strategy participants. The
627 agency may take no action to implement a certified match program
628 unless the consultation provisions of chapter 216 have been met.
629 The agency may seek federal waivers that are necessary to
630 implement the behavioral health service delivery strategies.

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

635 (a) As of December 31, 2015, the department shall verify
636 that each a managing entity's governing board meets the
637 requirements of this section. ~~governance structure shall be~~
638 ~~representative and shall, at a minimum, include consumers and~~

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639 ~~family members, appropriate community stakeholders and~~
640 ~~organizations, and providers of substance abuse and mental~~
641 ~~health services as defined in this chapter and chapter 397. If~~
642 ~~there are one or more private receiving facilities in the~~
643 ~~geographic coverage area of a managing entity, the managing~~
644 ~~entity shall have one representative for the private receiving~~
645 ~~facilities as an ex officio member of its board of directors.~~

646 1. The composition of the board shall be broadly
647 representative of the community and include consumers and family
648 members, community organizations that do not contract with the
649 managing entity, local governments, area law enforcement
650 agencies, business leaders, local providers of child welfare
651 services, health care professionals, and representatives of
652 health care facilities. Representatives of local governments,
653 including counties, school boards, sheriffs, and independent
654 hospital taxing districts may, however, serve as voting members
655 even if they contract with the managing entity.

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

660 (b) The managing entity must create a transparent process
661 for nomination and selection of board members and must adopt a
662 procedure for establishing staggered term limits which ensures
663 that no individual serves more than 8 consecutive years on the
664 governing board ~~A managing entity that was originally formed~~
665 ~~primarily by substance abuse or mental health providers must~~
666 ~~present and demonstrate a detailed, consensus approach to~~
667 ~~expanding its provider network and governance to include both~~

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668 ~~substance abuse and mental health providers.~~

669 (c) A managing entity must submit a network management plan
670 and budget in a form and manner determined by the department.
671 The plan must detail the means for implementing the duties to be
672 contracted to the managing entity and the efficiencies to be
673 anticipated by the department as a result of executing the
674 contract. The department may require modifications to the plan
675 and must approve the plan before contracting with a managing
676 entity. The department may contract with a managing entity that
677 demonstrates readiness to assume core functions, and may
678 continue to add functions and responsibilities to the managing
679 entity's contract over time as additional competencies are
680 developed as identified in paragraph (g). ~~Notwithstanding other~~
681 ~~provisions of this section, the department may continue and~~
682 ~~expand managing entity contracts if the department determines~~
683 ~~that the managing entity meets the requirements specified in~~
684 ~~this section.~~

685 ~~(d) Notwithstanding paragraphs (b) and (c), a managing~~
686 ~~entity that is currently a fully integrated system providing~~
687 ~~mental health and substance abuse services, Medicaid, and child~~
688 ~~welfare services is permitted to continue operating under its~~
689 ~~current governance structure as long as the managing entity can~~
690 ~~demonstrate to the department that consumers, other~~
691 ~~stakeholders, and network providers are included in the planning~~
692 ~~process.~~

693 (d) ~~(e)~~ Managing entities shall operate in a transparent
694 manner, providing public access to information, notice of
695 meetings, and opportunities for broad public participation in
696 decisionmaking. The managing entity's network management plan

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697 must detail policies and procedures that ensure transparency.

698 (e)~~(f)~~ Before contracting with a managing entity, the
699 department must perform an onsite readiness review of a managing
700 entity to determine its operational capacity to satisfactorily
701 perform the duties to be contracted.

702 (f)~~(g)~~ The department shall engage community stakeholders,
703 including providers and managing entities under contract with
704 the department, in the development of objective standards to
705 measure the competencies of managing entities and their
706 readiness to assume the responsibilities described in this
707 section, and the outcomes to hold them accountable.

708 ~~(8) DEPARTMENT RESPONSIBILITIES. With the introduction of~~
709 ~~managing entities to monitor department-contracted providers'~~
710 ~~day-to-day operations, the department and its regional and~~
711 ~~circuit offices will have increased ability to focus on broad~~
712 ~~systemic substance abuse and mental health issues. After the~~
713 ~~department enters into a managing entity contract in a~~
714 ~~geographic area, the regional and circuit offices of the~~
715 ~~department in that area shall direct their efforts primarily to~~
716 ~~monitoring the managing entity contract, including negotiation~~
717 ~~of system quality improvement goals each contract year, and~~
718 ~~review of the managing entity's plans to execute department~~
719 ~~strategic plans; carrying out statutorily mandated licensure~~
720 ~~functions; conducting community and regional substance abuse and~~
721 ~~mental health planning; communicating to the department the~~
722 ~~local needs assessed by the managing entity; preparing~~
723 ~~department strategic plans; coordinating with other state and~~
724 ~~local agencies; assisting the department in assessing local~~
725 ~~trends and issues and advising departmental headquarters on~~

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726 ~~local priorities; and providing leadership in disaster planning~~
727 ~~and preparation.~~

728 (8)~~(9)~~ FUNDING FOR MANAGING ENTITIES.—

729 (a) A contract established between the department and a
730 managing entity under this section shall be funded by general
731 revenue, other applicable state funds, or applicable federal
732 funding sources. A managing entity may carry forward documented
733 unexpended state funds from one fiscal year to the next;
734 however, the cumulative amount carried forward may not exceed 8
735 percent of the total contract. Any unexpended state funds in
736 excess of that percentage must be returned to the department.
737 The funds carried forward may not be used in a way that would
738 create increased recurring future obligations or for any program
739 or service that is not currently authorized under the existing
740 contract with the department. Expenditures of funds carried
741 forward must be separately reported to the department. Any
742 unexpended funds that remain at the end of the contract period
743 shall be returned to the department. Funds carried forward may
744 be retained through contract renewals and new procurements as
745 long as the same managing entity is retained by the department.

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

750 ~~(10) REPORTING. Reports of the department's activities,~~
751 ~~progress, and needs in achieving the goal of contracting with~~
752 ~~managing entities in each circuit and region statewide must be~~
753 ~~submitted to the appropriate substantive and appropriations~~
754 ~~committees in the Senate and the House of Representatives on~~

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755 ~~January 1 and July 1 of each year until the full transition to~~
756 ~~managing entities has been accomplished statewide.~~

757 ~~(9)(11) RULES.—The department may shall adopt rules to~~
758 ~~administer this section and, as necessary, to further specify~~
759 ~~requirements of managing entities.~~

760 Section 6. Section 397.402, Florida Statutes, is created to
761 read:

762 397.402 Single, consolidated license.—No later than January
763 1, 2016, the department, in consultation with the Agency for
764 Health Care Administration, shall modify licensure rules and
765 procedures to create an option for a single, consolidated
766 license for a provider that offers multiple types of mental
767 health and substance abuse services regulated under this chapter
768 and chapter 394. Providers eligible for a consolidated license
769 must operate these services through a single corporate entity
770 and a unified management structure. Any provider serving both
771 adults and children must meet department standards for separate
772 facilities and other requirements necessary to ensure the safety
773 of children and promote therapeutic efficacy. The department and
774 the Agency for Health Care Administration shall recommend to the
775 Governor, the President of the Senate, and the Speaker of the
776 House of Representatives any revisions to the Florida Statutes
777 needed to further implement the intent of this section by
778 December 1, 2015.

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

783 409.967 Managed care plan accountability.—

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

788 (d) Quality care.—Managed care plans shall provide, or
789 contract for the provision of, care coordination to facilitate
790 the appropriate delivery of behavioral health care services in
791 the least restrictive setting with treatment and recovery
792 capabilities that address the needs of the patient. Services
793 shall be provided in a manner that integrates behavioral health
794 services and primary care. Plans shall be required to achieve
795 specific behavioral health outcome standards, established by the
796 agency in consultation with the Department of Children and
797 Families.

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

800 409.973 Benefits.—

801 (5) INTEGRATED BEHAVIORAL HEALTH INITIATIVE.—Each plan
802 operating in the managed medical assistance program shall work
803 with the managing entity in its service area to establish
804 specific organizational supports and service protocols that
805 enhance the integration and coordination of primary care and
806 behavioral health services for Medicaid recipients. Progress in
807 this initiative will be measured using the integration framework
808 and core measures developed by the Agency for Healthcare
809 Research and Quality.

810 Section 9. Paragraph (a) of subsection (1) of section
811 409.975, Florida Statutes, is amended to read:

812 409.975 Managed care plan accountability.—In addition to

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813 the requirements of s. 409.967, plans and providers
814 participating in the managed medical assistance program shall
815 comply with the requirements of this section.

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

822 (a) Plans must include all providers in the region that are
823 classified by the agency as essential Medicaid providers, unless
824 the agency approves, in writing, an alternative arrangement for
825 securing the types of services offered by the essential
826 providers. Providers are essential for serving Medicaid
827 enrollees if they offer services that are not available from any
828 other provider within a reasonable access standard, or if they
829 provided a substantial share of the total units of a particular
830 service used by Medicaid patients within the region during the
831 last 3 years and the combined capacity of other service
832 providers in the region is insufficient to meet the total needs
833 of the Medicaid patients. The agency may not classify physicians
834 and other practitioners as essential providers. The agency, at a
835 minimum, shall determine which providers in the following
836 categories are essential Medicaid providers:

- 837 1. Federally qualified health centers.
- 838 2. Statutory teaching hospitals as defined in s.
839 408.07(45).
- 840 3. Hospitals that are trauma centers as defined in s.
841 395.4001(14).

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842 4. Hospitals located at least 25 miles from any other
843 hospital with similar services.

844 5. Publicly funded behavioral health service providers.

845
846 Managed care plans that have not contracted with all essential
847 providers in the region as of the first date of recipient
848 enrollment, or with whom an essential provider has terminated
849 its contract, must negotiate in good faith with such essential
850 providers for 1 year or until an agreement is reached, whichever
851 is first. Payments for services rendered by a nonparticipating
852 essential provider shall be made at the applicable Medicaid rate
853 as of the first day of the contract between the agency and the
854 plan. A rate schedule for all essential providers shall be
855 attached to the contract between the agency and the plan. After
856 1 year, managed care plans that are unable to contract with
857 essential providers shall notify the agency and propose an
858 alternative arrangement for securing the essential services for
859 Medicaid enrollees. The arrangement must rely on contracts with
860 other participating providers, regardless of whether those
861 providers are located within the same region as the
862 nonparticipating essential service provider. If the alternative
863 arrangement is approved by the agency, payments to
864 nonparticipating essential providers after the date of the
865 agency's approval shall equal 90 percent of the applicable
866 Medicaid rate. If the alternative arrangement is not approved by
867 the agency, payment to nonparticipating essential providers
868 shall equal 110 percent of the applicable Medicaid rate.

869 Section 10. Section 394.4674, Florida Statutes, is
870 repealed.

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871 Section 11. Section 394.4985, Florida Statutes, is
872 repealed.

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

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

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

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

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

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

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

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

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

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

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

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

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

887 397.321 Duties of the department.—The department shall:

888 (15) Appoint a substance abuse impairment coordinator to
889 represent the department in efforts initiated by the statewide
890 substance abuse impairment prevention and treatment coordinator
891 ~~established in s. 397.801~~ and to assist the statewide
892 coordinator in fulfilling the responsibilities of that position.

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

895 397.98 Children's substance abuse services; utilization
896 management.—

897 (1) Utilization management shall be an integral part of
898 each Children's Network of Care Demonstration Model ~~as described~~
899 ~~under s. 397.97~~. The utilization management process shall

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900 include procedures for analyzing the allocation and use of
901 resources by the purchasing agent. Such procedures shall
902 include:

903 (a) Monitoring the appropriateness of admissions to
904 residential services or other levels of care as determined by
905 the department.

906 (b) Monitoring the duration of care.

907 (c) Developing profiles of network providers which describe
908 their patterns of delivering care.

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

910 Section 26. Paragraph (e) of subsection (3) of section
911 409.966, Florida Statutes, is amended to read:

912 409.966 Eligible plans; selection.—

913 (3) QUALITY SELECTION CRITERIA.—

914 (e) To ensure managed care plan participation in Regions 1
915 and 2, the agency shall award an additional contract to each
916 plan with a contract award in Region 1 or Region 2. Such
917 contract shall be in any other region in which the plan
918 submitted a responsive bid and negotiates a rate acceptable to
919 the agency. If a plan that is awarded an additional contract
920 pursuant to this paragraph is subject to penalties pursuant to
921 s. 409.967(2)(i) ~~s. 409.967(2)(h)~~ for activities in Region 1 or
922 Region 2, the additional contract is automatically terminated
923 180 days after the imposition of the penalties. The plan must
924 reimburse the agency for the cost of enrollment changes and
925 other transition activities.

926 Section 27. Paragraph (a) of subsection (5) of section
927 943.031, Florida Statutes, is amended to read:

928 943.031 Florida Violent Crime and Drug Control Council.—

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929 (5) DUTIES OF COUNCIL.—Subject to funding provided to the
930 department by the Legislature, the council shall provide advice
931 and make recommendations, as necessary, to the executive
932 director of the department.

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

936 1. Establishing a program that provides grants to criminal
937 justice agencies that develop and implement effective violent
938 crime prevention and investigative programs and which provides
939 grants to law enforcement agencies for the purpose of drug
940 control, criminal gang, and illicit money laundering
941 investigative efforts or task force efforts that are determined
942 by the council to significantly contribute to achieving the
943 state's goal of reducing drug-related crime, that represent
944 significant criminal gang investigative efforts, that represent
945 a significant illicit money laundering investigative effort, or
946 that otherwise significantly support statewide strategies
947 developed by the Statewide Drug Policy Advisory Council
948 ~~established under s. 397.333~~, subject to the limitations
949 provided in this section. The grant program may include an
950 innovations grant program to provide startup funding for new
951 initiatives by local and state law enforcement agencies to
952 combat violent crime or to implement drug control, criminal
953 gang, or illicit money laundering investigative efforts or task
954 force efforts by law enforcement agencies, including, but not
955 limited to, initiatives such as:

- 956 a. Providing enhanced community-oriented policing.
957 b. Providing additional undercover officers and other

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958 investigative officers to assist with violent crime
959 investigations in emergency situations.

960 c. Providing funding for multiagency or statewide drug
961 control, criminal gang, or illicit money laundering
962 investigative efforts or task force efforts that cannot be
963 reasonably funded completely by alternative sources and that
964 significantly contribute to achieving the state's goal of
965 reducing drug-related crime, that represent significant criminal
966 gang investigative efforts, that represent a significant illicit
967 money laundering investigative effort, or that otherwise
968 significantly support statewide strategies developed by the
969 Statewide Drug Policy Advisory Council ~~established under s.~~
970 ~~397.333.~~

971 2. Expanding the use of automated biometric identification
972 systems at the state and local levels.

973 3. Identifying methods to prevent violent crime.

974 4. Identifying methods to enhance multiagency or statewide
975 drug control, criminal gang, or illicit money laundering
976 investigative efforts or task force efforts that significantly
977 contribute to achieving the state's goal of reducing drug-
978 related crime, that represent significant criminal gang
979 investigative efforts, that represent a significant illicit
980 money laundering investigative effort, or that otherwise
981 significantly support statewide strategies developed by the
982 Statewide Drug Policy Advisory Council ~~established under s.~~
983 ~~397.333.~~

984 5. Enhancing criminal justice training programs that
985 address violent crime, drug control, illicit money laundering
986 investigative techniques, or efforts to control and eliminate

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987 criminal gangs.

988 6. Developing and promoting crime prevention services and
989 educational programs that serve the public, including, but not
990 limited to:

991 a. Enhanced victim and witness counseling services that
992 also provide crisis intervention, information referral,
993 transportation, and emergency financial assistance.

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

996 7. Enhancing information sharing and assistance in the
997 criminal justice community by expanding the use of community
998 partnerships and community policing programs. Such expansion may
999 include the use of civilian employees or volunteers to relieve
1000 law enforcement officers of clerical work in order to enable the
1001 officers to concentrate on street visibility within the
1002 community.

1003 Section 28. Subsection (1) of section 943.042, Florida
1004 Statutes, is amended to read:

1005 943.042 Violent Crime Investigative Emergency and Drug
1006 Control Strategy Implementation Account.—

1007 (1) There is created a Violent Crime Investigative
1008 Emergency and Drug Control Strategy Implementation Account
1009 within the Department of Law Enforcement Operating Trust Fund.
1010 The account shall be used to provide emergency supplemental
1011 funds to:

1012 (a) State and local law enforcement agencies that are
1013 involved in complex and lengthy violent crime investigations, or
1014 matching funding to multiagency or statewide drug control or
1015 illicit money laundering investigative efforts or task force

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1016 efforts that significantly contribute to achieving the state's
1017 goal of reducing drug-related crime, that represent a
1018 significant illicit money laundering investigative effort, or
1019 that otherwise significantly support statewide strategies
1020 developed by the Statewide Drug Policy Advisory Council
1021 ~~established under s. 397.333;~~

1022 (b) State and local law enforcement agencies that are
1023 involved in violent crime investigations which constitute a
1024 significant emergency within the state; or

1025 (c) Counties that demonstrate a significant hardship or an
1026 inability to cover extraordinary expenses associated with a
1027 violent crime trial.

1028 Section 29. For the purpose of incorporating the amendment
1029 made by this act to section 394.492, Florida Statutes, in a
1030 reference thereto, paragraph (a) of subsection (6) of section
1031 39.407, Florida Statutes, is reenacted to read:

1032 39.407 Medical, psychiatric, and psychological examination
1033 and treatment of child; physical, mental, or substance abuse
1034 examination of person with or requesting child custody.—

1035 (6) Children who are in the legal custody of the department
1036 may be placed by the department, without prior approval of the
1037 court, in a residential treatment center licensed under s.
1038 394.875 or a hospital licensed under chapter 395 for residential
1039 mental health treatment only pursuant to this section or may be
1040 placed by the court in accordance with an order of involuntary
1041 examination or involuntary placement entered pursuant to s.
1042 394.463 or s. 394.467. All children placed in a residential
1043 treatment program under this subsection must have a guardian ad
1044 litem appointed.

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1045 (a) As used in this subsection, the term:

1046 1. "Residential treatment" means placement for observation,
1047 diagnosis, or treatment of an emotional disturbance in a
1048 residential treatment center licensed under s. 394.875 or a
1049 hospital licensed under chapter 395.

1050 2. "Least restrictive alternative" means the treatment and
1051 conditions of treatment that, separately and in combination, are
1052 no more intrusive or restrictive of freedom than reasonably
1053 necessary to achieve a substantial therapeutic benefit or to
1054 protect the child or adolescent or others from physical injury.

1055 3. "Suitable for residential treatment" or "suitability"
1056 means a determination concerning a child or adolescent with an
1057 emotional disturbance as defined in s. 394.492(5) or a serious
1058 emotional disturbance as defined in s. 394.492(6) that each of
1059 the following criteria is met:

1060 a. The child requires residential treatment.

1061 b. The child is in need of a residential treatment program
1062 and is expected to benefit from mental health treatment.

1063 c. An appropriate, less restrictive alternative to
1064 residential treatment is unavailable.

1065 Section 30. For the purpose of incorporating the amendment
1066 made by this act to section 394.492, Florida Statutes, in a
1067 reference thereto, subsection (21) of section 394.67, Florida
1068 Statutes, is reenacted to read:

1069 394.67 Definitions.—As used in this part, the term:

1070 (21) "Residential treatment center for children and
1071 adolescents" means a 24-hour residential program, including a
1072 therapeutic group home, which provides mental health services to
1073 emotionally disturbed children or adolescents as defined in s.

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1074 394.492(5) or (6) and which is a private for-profit or not-for-
1075 profit corporation licensed by the agency which offers a variety
1076 of treatment modalities in a more restrictive setting.

1077 Section 31. For the purpose of incorporating the amendment
1078 made by this act to section 394.492, Florida Statutes, in a
1079 reference thereto, paragraph (b) of subsection (1) of section
1080 394.674, Florida Statutes, is reenacted to read:

1081 394.674 Eligibility for publicly funded substance abuse and
1082 mental health services; fee collection requirements.—

1083 (1) To be eligible to receive substance abuse and mental
1084 health services funded by the department, an individual must be
1085 a member of at least one of the department's priority
1086 populations approved by the Legislature. The priority
1087 populations include:

1088 (b) For children's mental health services:

1089 1. Children who are at risk of emotional disturbance as
1090 defined in s. 394.492(4).

1091 2. Children who have an emotional disturbance as defined in
1092 s. 394.492(5).

1093 3. Children who have a serious emotional disturbance as
1094 defined in s. 394.492(6).

1095 4. Children diagnosed as having a co-occurring substance
1096 abuse and emotional disturbance or serious emotional
1097 disturbance.

1098 Section 32. For the purpose of incorporating the amendment
1099 made by this act to section 394.492, Florida Statutes, in a
1100 reference thereto, subsection (1) of section 394.676, Florida
1101 Statutes, is reenacted to read:

1102 394.676 Indigent psychiatric medication program.—

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1103 (1) Within legislative appropriations, the department may
1104 establish the indigent psychiatric medication program to
1105 purchase psychiatric medications for persons as defined in s.
1106 394.492(5) or (6) or pursuant to s. 394.674(1), who do not
1107 reside in a state mental health treatment facility or an
1108 inpatient unit.

1109 Section 33. For the purpose of incorporating the amendment
1110 made by this act to section 394.492, Florida Statutes, in a
1111 reference thereto, paragraph (c) of subsection (2) of section
1112 409.1676, Florida Statutes, is reenacted to read:

1113 409.1676 Comprehensive residential group care services to
1114 children who have extraordinary needs.—

1115 (2) As used in this section, the term:

1116 (c) "Serious behavioral problems" means behaviors of
1117 children who have been assessed by a licensed master's-level
1118 human-services professional to need at a minimum intensive
1119 services but who do not meet the criteria of s. 394.492(7). A
1120 child with an emotional disturbance as defined in s. 394.492(5)
1121 or (6) may be served in residential group care unless a
1122 determination is made by a mental health professional that such
1123 a setting is inappropriate. A child having a serious behavioral
1124 problem must have been determined in the assessment to have at
1125 least one of the following risk factors:

1126 1. An adjudication of delinquency and be on conditional
1127 release status with the Department of Juvenile Justice.

1128 2. A history of physical aggression or violent behavior
1129 toward self or others, animals, or property within the past
1130 year.

1131 3. A history of setting fires within the past year.

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1132 4. A history of multiple episodes of running away from home
1133 or placements within the past year.

1134 5. A history of sexual aggression toward other youth.

1135 Section 34. For the purpose of incorporating the amendment
1136 made by this act to section 394.492, Florida Statutes, in a
1137 reference thereto, paragraph (b) of subsection (1) of section
1138 409.1677, Florida Statutes, is reenacted to read:

1139 409.1677 Model comprehensive residential services
1140 programs.—

1141 (1) As used in this section, the term:

1142 (b) "Serious behavioral problems" means behaviors of
1143 children who have been assessed by a licensed master's-level
1144 human-services professional to need at a minimum intensive
1145 services but who do not meet the criteria of s. 394.492(6) or
1146 (7). A child with an emotional disturbance as defined in s.
1147 394.492(5) may be served in residential group care unless a
1148 determination is made by a mental health professional that such
1149 a setting is inappropriate.

1150 Section 35. Except as otherwise expressly provided in this
1151 act and except for this section, which shall take effect upon
1152 this act becoming a law, this act shall take effect July 1,
1153 2015.