

FOR CONSIDERATION By the Committee on 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 include 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 modify certain licensure rules and
22 procedures; providing requirements for providers;
23 amending s. 394.9082, F.S.; revising Legislative
24 findings and intent; redefining terms; requiring the
25 managing entities, rather than the department, to
26 develop and implement a plan with a certain purpose;
27 removing a provision providing legislative intent;
28 requiring the department to contract with community-
29 based managing entities for the development of

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

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59 consist of a certain number of members selected by the
60 managing entity in a specified manner; providing
61 requirements for the governing board; removing
62 departmental responsibilities; removing a reporting
63 requirement; authorizing, rather than requiring, the
64 department to adopt rules; creating s. 397.402, F.S.;
65 requiring that the department modify certain licensure
66 rules and procedures by a certain date; providing
67 requirements for a provider; amending s. 397.427,
68 F.S.; removing provisions requiring the department to
69 determine the need for establishing providers of
70 medication-assisted treatment services for opiate
71 addiction; removing provisions requiring the
72 department to adopt rules; amending s. 409.967, F.S.;
73 requiring that certain plans or contracts include
74 specified requirements; amending s. 409.973, F.S.;
75 requiring each plan operating in the managed medical
76 assistance program to work with the managing entity to
77 establish specific organizational supports and service
78 protocols; amending s. 409.975, F.S.; revising the
79 categories from which the agency must determine which
80 providers are essential Medicaid providers; repealing
81 s. 394.4674, F.S., relating to a plan and report;
82 repealing s. 394.4985, F.S., relating to districtwide
83 information and referral network and implementation;
84 repealing s. 394.657, F.S., relating to county
85 planning councils or committees; repealing s. 394.745,
86 F.S., relating to an annual report and compliance of
87 providers under contract with department; repealing s.

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88 394.9084, F.S., relating to the Florida Self-Directed
89 Care program; repealing s. 397.331, F.S., relating to
90 definitions; repealing s. 397.333, F.S., relating to
91 the Statewide Drug Policy Advisory Council; repealing
92 s. 397.801, F.S., relating to substance abuse
93 impairment coordination; repealing s. 397.811, F.S.,
94 relating to juvenile substance abuse impairment
95 coordination; repealing s. 397.821, F.S., relating to
96 juvenile substance abuse impairment prevention and
97 early intervention councils; repealing s. 397.901,
98 F.S., relating to prototype juvenile addictions
99 receiving facilities; repealing s. 397.93, F.S.,
100 relating to children's substance abuse services and
101 target populations; repealing s. 397.94, F.S.,
102 relating to children's substance abuse services and
103 the information and referral network; repealing s.
104 397.951, F.S., relating to treatment and sanctions;
105 repealing s. 397.97, F.S., relating to children's
106 substance abuse services and demonstration models;
107 amending ss. 397.321, 397.98, 409.966, 943.031, and
108 943.042, F.S.; conforming provisions and cross-
109 references to changes made by the act; reenacting ss.
110 39.407(6)(a), 394.67(21), 394.674(1)(b), 394.676(1),
111 409.1676(2)(c), and 409.1677(1)(b), F.S., relating to
112 the term "suitable for residential treatment" or
113 "suitability," the term "residential treatment center
114 for children and adolescents," children's mental
115 health services, the indigent psychiatric medication
116 program, and the term "serious behavioral problems,"

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117 respectively, to incorporate the amendment made to s.
118 394.492, F.S., in references thereto; providing
119 effective dates.

120

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

122

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

125 394.455 Definitions.—As used in this part, unless the
126 context clearly requires otherwise, the term:

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

136 Section 2. Subsections (1), (4), and (6) of section
137 394.492, Florida Statutes, are amended to read:

138 394.492 Definitions.—As used in ss. 394.490-394.497, the
139 term:

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

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

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

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

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

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

166

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

169 Section 3. Section 394.761, Florida Statutes, is created to
170 read:

171 394.761 Revenue maximization.—The agency and the department
172 shall develop a plan to obtain federal approval for increasing
173 the availability of federal Medicaid funding for behavioral
174 health care. Increased funding will be used to advance the goal

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

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

201 394.875 Crisis stabilization units, residential treatment
202 facilities, and residential treatment centers for children and
203 adolescents; authorized services; license required.-

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204 (11) No later than January 1, 2016, the department shall
205 modify licensure rules and procedures to create an option for a
206 single, consolidated license for a provider who offers multiple
207 types of mental health and substance abuse services regulated
208 under this chapter and chapter 397. Providers eligible for a
209 consolidated license must operate these services through a
210 single corporate entity and a unified management structure. Any
211 provider serving adult and children must meet departmental
212 standards for separate facilities and other requirements
213 necessary to ensure children's safety and promote therapeutic
214 efficacy.

215 Section 5. Effective upon this act becoming a law, section
216 394.9082, Florida Statutes, is amended to read:

217 394.9082 Behavioral health managing entities.—

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

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

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

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

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

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

261 (c)(d) "Managing entity" means a corporation ~~that is~~

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262 ~~organized in this state, is designated or filed as a nonprofit~~
263 ~~organization under s. 501(c)(3) of the Internal Revenue Code,~~
264 ~~and is under contract to the department to manage the day-to-day~~
265 ~~operational delivery of behavioral health services as of July 1,~~
266 ~~2015 through an organized system of care.~~

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

272 (3) COORDINATED CARE ORGANIZATIONS SERVICE DELIVERY
273 STRATEGIES.—~~The department may work through~~ managing entities
274 shall to develop and implement a plan to create a coordinated
275 regional network of behavioral health service providers which
276 provides access to a comprehensive range of services and
277 enhances continuity of care for service delivery strategies that
278 will improve the coordination, integration, and management of
279 the delivery of behavioral health services to people with who
280 have mental illness or substance use disorders. It is the intent
281 of the Legislature that a well-managed service delivery system
282 will increase access for those in need of care, improve the
283 coordination and continuity of care for vulnerable and high-risk
284 populations, and redirect service dollars from restrictive care
285 settings to community-based recovery services.

286 (4) CONTRACT FOR SERVICES.—

287 (a) The department must ~~may~~ contract for the purchase and
288 management of behavioral health services with community-based
289 managing entities for the development of a regional coordinated
290 care organization, network management services, and the

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

306 (b) ~~The operating costs of the managing entity contract~~
307 ~~shall be funded through funds from the department and any~~
308 ~~savings and efficiencies achieved through the implementation of~~
309 ~~managing entities when realized by their participating provider~~
310 ~~network agencies. The department recognizes that managing~~
311 ~~entities will have infrastructure development costs during~~
312 ~~start-up so that any efficiencies to be realized by providers~~
313 ~~from consolidation of management functions, and the resulting~~
314 ~~savings, will not be achieved during the early years of~~
315 ~~operation. The department shall negotiate a reasonable and~~
316 ~~appropriate administrative cost rate with the managing entity.~~
317 ~~The Legislature intends that reduced local and state contract~~
318 ~~management and other administrative duties passed on to the~~
319 ~~managing entity allows funds previously allocated for these~~

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320 ~~purposes to be proportionately reduced and the savings used to~~
321 ~~purchase the administrative functions of the managing entity.~~
322 ~~Policies and procedures of the department for monitoring~~
323 ~~contracts with managing entities shall include provisions for~~
324 ~~eliminating duplication of the department's and the managing~~
325 ~~entities' contract management and other administrative~~
326 ~~activities in order to achieve the goals of cost-effectiveness~~
327 ~~and regulatory relief. To the maximum extent possible, provider-~~
328 ~~monitoring activities shall be assigned to the managing entity.~~

329 (c) The department's contract with each managing entity
330 must be a performance-based agreement requiring specific
331 results, setting measureable performance standards and
332 timelines, and identifying consequences for failure to timely
333 plan and implement a regional, coordinated care organization.
334 The consequences specified in the contract must correlate to a
335 schedule of penalties, scaled to the nature and significance of
336 the managing entity's failure to perform, and must include
337 liquidated damages. The contract must provide a reasonable
338 opportunity for managing entities to implement corrective
339 actions, but must require progress toward achievement of the
340 performance standards identified in paragraph (e) Contracting
341 and payment mechanisms for services must promote clinical and
342 financial flexibility and responsiveness and must allow
343 different categorical funds to be integrated at the point of
344 service. The plan for coordination and integration of services
345 required by subsection (3) shall be developed based on
346 contracted service array must be determined by using public
347 input and, needs assessment, and must incorporate promising,
348 evidence-based and promising best practice models. The

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349 ~~department may employ care management methodologies, prepaid~~
350 ~~capitation, and case rate or other methods of payment which~~
351 ~~promote flexibility, efficiency, and accountability.~~

352 (d) The department shall establish a 3-year performance-
353 based contract with each managing entity on the next date of
354 contract renewal after the effective date of this act. All
355 managing entities must be operating under performance-based
356 contracts by July 1, 2017. Managing entities with contracts
357 subject to renewal on July 1, 2015, shall receive a contract
358 renewal, if available, or a contract extension under s.
359 287.057(12) until the performance-based contract can be
360 developed.

361 (e) The contract must identify performance standards that
362 are critical to the implementation of a coordinated care
363 organization. Failure to achieve these specific standards
364 constitutes a disqualification of the entity resulting in a
365 notice of termination, which is effective upon selection of a
366 new contractor. If a managing entity is disqualified due to
367 performance failure, the department shall issue an invitation to
368 negotiate in order to select a new contractor. The new
369 contractor must be a managing entity in another region, a
370 Medicaid managed care organization operating in the same region,
371 or a behavioral health specialty managed care organization. The
372 department shall consider the input and recommendations of
373 network providers in the selection of the new contractor. The
374 invitation to negotiate shall specify the criteria and the
375 relative weight of the criteria that will be used in selecting
376 the new contractor. The department must consider all of the
377 following factors:

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378 1. Experience serving persons with mental health and
379 substance use disorders.

380 2. Establishment of community partnerships with behavioral
381 health providers.

382 3. Demonstrated organizational capabilities for network
383 management functions.

384 4. Capability to integrate behavioral health with primary
385 care services.

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

397 (a) ~~Improving~~ Accountability for measureable and
398 transparent ~~a local system of behavioral health care services to~~
399 ~~meet performance outcomes and standards through the use of~~
400 ~~reliable and timely data.~~

401 (b) ~~Enhancing the~~ Continuity of care for all children,
402 adolescents, and adults who receive services from the
403 coordinated care organization ~~enter the publicly funded~~
404 ~~behavioral health service system.~~

405 (c) Value-based purchasing of behavioral health services
406 that maximizes the return on investment to local, state, and

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407 federal funding sources ~~Preserving the "safety net" of publicly~~
408 ~~funded behavioral health services and providers, and recognizing~~
409 ~~and ensuring continued local contributions to these services, by~~
410 ~~establishing locally designed and community-monitored systems of~~
411 ~~care.~~

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

414 (e) Regional service delivery systems that are responsive
415 to ~~Improving the assessment of~~ local needs for behavioral health
416 services.

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

420 (g) ~~Demonstrating improved service~~ Integration of ~~between~~
421 behavioral health services ~~programs~~ and other programs, such as
422 vocational rehabilitation, education, child welfare, primary
423 health care, emergency services, juvenile justice, and criminal
424 justice.

425 (h) ~~Providing for additional testing of creative and~~
426 ~~flexible strategies for financing behavioral health services to~~
427 ~~enhance individualized treatment and support services.~~

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

429 (j) ~~Working with the state to coordinate admissions and~~
430 ~~discharges from state civil and forensic hospitals and~~
431 ~~coordinating admissions and discharges from residential~~
432 ~~treatment centers.~~

433 (k) ~~Improving the integration, accessibility, and~~
434 ~~dissemination of behavioral health data for planning and~~
435 ~~monitoring purposes.~~

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

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

441 ~~(n) Providing services to adults and children with co-~~
442 ~~occurring disorders of mental illnesses and substance abuse~~
443 ~~problems.~~

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

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

451 (a) A coordinated care organization must consist of a
452 comprehensive provider network that includes the following
453 elements: ~~The managing entity must demonstrate the ability of~~
454 ~~its network of providers to comply with the pertinent provisions~~
455 ~~of this chapter and chapter 397 and to ensure the provision of~~
456 ~~comprehensive behavioral health services. The network of~~
457 ~~providers must include, but need not be limited to, community~~
458 ~~mental health agencies, substance abuse treatment providers, and~~
459 ~~best practice consumer services providers.~~

460 1. A centralized receiving facility or coordinated
461 receiving system for persons needing evaluation pursuant to s.
462 394.463 or s. 397.675.

463 2. Crisis services, including mobile response teams and
464 crisis stabilization units.

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465 3. Case management.

466 4. Outpatient services.

467 5. Residential services.

468 6. Hospital inpatient care.

469 7. Aftercare and other postdischarge services.

470 8. Recovery support, including housing assistance and
471 support for competitive employment, educational attainment,
472 independent living skills development, family support and
473 education, and wellness management and self-care.

474 9. Medical services necessary for integration of behavioral
475 health services with primary care.

476 ~~(b) The department shall terminate its mental health or~~
477 ~~substance abuse provider contracts for services to be provided~~
478 ~~by the managing entity at the same time it contracts with the~~
479 ~~managing entity.~~

480 ~~(b)(c) The managing entity shall ensure that its provider~~
481 ~~network shall initially include all is broadly conceived. All~~
482 ~~mental health or substance abuse treatment providers currently~~
483 ~~receiving public funds pursuant to this chapter or chapter 397.~~
484 ~~Continued participation in the network is subject to credentials~~
485 ~~and performance standards set by the managing entity and~~
486 ~~approved by the department under contract with the department~~
487 ~~shall be offered a contract by the managing entity.~~

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

491 1. Financial management accountability.

492 2. Allocation of funds to network providers in a manner
493 that reflects the department's strategic direction and plans.

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- 494 3. Provider monitoring to ensure compliance with federal
495 and state laws, rules, and regulations.
- 496 4. Data collection, reporting, and analysis.
- 497 5. Information systems necessary for the delivery of
498 coordinated care and integrated services ~~Operational plans to~~
499 ~~implement objectives of the department's strategic plan.~~
- 500 6. Contract compliance.
- 501 7. Performance measurement based on nationally recognized
502 standards such as those developed by the National Quality Forum,
503 the National Committee for Quality Assurance, or similar
504 credible sources ~~management.~~
- 505 8. Collaboration with community stakeholders, including
506 local government.
- 507 ~~9. System of care through network development.~~
- 508 9.10. Consumer care coordination.
- 509 10.11. Continuous quality improvement.
- 510 ~~12. Timely access to appropriate services.~~
- 511 ~~13. Cost effectiveness and system improvements.~~
- 512 ~~14. Assistance in the development of the department's~~
513 ~~strategic plan.~~
- 514 ~~15. Participation in community, circuit, regional, and~~
515 ~~state planning.~~
- 516 11.16. Resource management and maximization, including
517 pursuit of third-party payments and grant applications.
- 518 12.17. Incentives for providers to improve quality and
519 access.
- 520 13.18. Liaison with consumers.
- 521 14.19. Community needs assessment.
- 522 15.20. Securing local matching funds.

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

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

530 2. Individuals in state treatment facilities on the
531 waitlist for community care;

532 3. Parents or caretakers with child welfare involvement;

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

535 5. Individuals with behavioral health disorders and
536 comorbidities consistent with the characteristics of patients in
537 the region's population of behavioral health service users who
538 account for a disproportionately high percentage of service
539 expenditures.

540 (e) The managing entity shall ensure that written
541 cooperative agreements are developed and implemented among the
542 criminal and juvenile justice systems, the local community-based
543 care network, and the local behavioral health providers in the
544 geographic area which define strategies and alternatives for
545 diverting people who have mental illness and substance abuse
546 problems from the criminal justice system to the community.
547 These agreements must also address the provision of appropriate
548 services to persons who have behavioral health problems and
549 leave the criminal justice system.

550 (f) Managing entities must collect and submit data to the
551 department regarding persons served, outcomes of persons served,

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552 and the costs of services provided through the department's
553 contract. The department shall evaluate managing entity services
554 based on consumer-centered outcome measures that reflect
555 national standards that can dependably be measured. The
556 department shall work with managing entities to establish
557 performance standards related to:

558 1. The extent to which individuals in the community receive
559 services.

560 2. The improvement of quality of care for individuals
561 served.

562 3. The success of strategies to divert jail, prison, and
563 forensic facility admissions.

564 4. Consumer and family satisfaction.

565 5. The satisfaction of key community constituents such as
566 law enforcement agencies, juvenile justice agencies, the courts,
567 the schools, local government entities, hospitals, and others as
568 appropriate for the geographical area of the managing entity.

569 (g) The Agency for Health Care Administration may establish
570 a certified match program, which must be voluntary. Under a
571 certified match program, reimbursement is limited to the federal
572 Medicaid share to Medicaid-enrolled strategy participants. The
573 agency may take no action to implement a certified match program
574 unless the consultation provisions of chapter 216 have been met.
575 The agency may seek federal waivers that are necessary to
576 implement the behavioral health service delivery strategies.

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

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581 (a) As of December 31, 2015, a managing entity's governing
582 board governance structure shall consist of 15 members selected
583 by the managing entity as follows: ~~be representative and shall,~~
584 ~~at a minimum, include consumers and family members, appropriate~~
585 ~~community stakeholders and organizations, and providers of~~
586 ~~substance abuse and mental health services as defined in this~~
587 ~~chapter and chapter 397. If there are one or more private-~~
588 ~~receiving facilities in the geographic coverage area of a~~
589 ~~managing entity, the managing entity shall have one~~
590 ~~representative for the private-receiving facilities as an ex~~
591 ~~officio member of its board of directors.~~

592 1. Four representatives of consumers and their families,
593 selected from nominations submitted by behavioral health service
594 providers in the region.

595 2. Two representatives of local governments in the region,
596 selected from nominations submitted by county and municipal
597 governments in the region.

598 3. Two representatives of law enforcement, appointed by the
599 Attorney General.

600 4. Two representatives of employers in the region, selected
601 from nominations submitted by Chambers of Commerce in the
602 region.

603 5. Two representatives of service providers involved with
604 the child welfare system, appointed by the community-based care
605 lead agency.

606 6. Three representatives of health care professionals and
607 health facilities in the region which are not under contract to
608 the managing entity, selected from nominations submitted by
609 local medical societies, hospitals, and other health care

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610 organizations in the region.

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

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

636 ~~(d) Notwithstanding paragraphs (b) and (c), a managing~~
637 ~~entity that is currently a fully integrated system providing~~
638 ~~mental health and substance abuse services, Medicaid, and child~~

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639 ~~welfare services is permitted to continue operating under its~~
640 ~~current governance structure as long as the managing entity can~~
641 ~~demonstrate to the department that consumers, other~~
642 ~~stakeholders, and network providers are included in the planning~~
643 ~~process.~~

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

649 (e) ~~(f)~~ Before contracting with a managing entity, the
650 department must perform an onsite readiness review of a managing
651 entity to determine its operational capacity to satisfactorily
652 perform the duties to be contracted.

653 (f) ~~(g)~~ The department shall engage community stakeholders,
654 including providers and managing entities under contract with
655 the department, in the development of objective standards to
656 measure the competencies of managing entities and their
657 readiness to assume the responsibilities described in this
658 section, and the outcomes to hold them accountable.

659 ~~(8) DEPARTMENT RESPONSIBILITIES. With the introduction of~~
660 ~~managing entities to monitor department-contracted providers'~~
661 ~~day-to-day operations, the department and its regional and~~
662 ~~circuit offices will have increased ability to focus on broad~~
663 ~~systemic substance abuse and mental health issues. After the~~
664 ~~department enters into a managing entity contract in a~~
665 ~~geographic area, the regional and circuit offices of the~~
666 ~~department in that area shall direct their efforts primarily to~~
667 ~~monitoring the managing entity contract, including negotiation~~

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668 of system quality improvement goals each contract year, and
669 review of the managing entity's plans to execute department
670 strategic plans; carrying out statutorily mandated licensure
671 functions; conducting community and regional substance abuse and
672 mental health planning; communicating to the department the
673 local needs assessed by the managing entity; preparing
674 department strategic plans; coordinating with other state and
675 local agencies; assisting the department in assessing local
676 trends and issues and advising departmental headquarters on
677 local priorities; and providing leadership in disaster planning
678 and preparation.

679 (8)~~(9)~~ FUNDING FOR MANAGING ENTITIES.—

680 (a) A contract established between the department and a
681 managing entity under this section shall be funded by general
682 revenue, other applicable state funds, or applicable federal
683 funding sources. A managing entity may carry forward documented
684 unexpended state funds from one fiscal year to the next;
685 however, the cumulative amount carried forward may not exceed 8
686 percent of the total contract. Any unexpended state funds in
687 excess of that percentage must be returned to the department.
688 The funds carried forward may not be used in a way that would
689 create increased recurring future obligations or for any program
690 or service that is not currently authorized under the existing
691 contract with the department. Expenditures of funds carried
692 forward must be separately reported to the department. Any
693 unexpended funds that remain at the end of the contract period
694 shall be returned to the department. Funds carried forward may
695 be retained through contract renewals and new procurements as
696 long as the same managing entity is retained by the department.

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

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

708 ~~(9) (11) RULES.—The department may shall~~ adopt rules to
709 administer this section and, ~~as necessary, to further specify~~
710 ~~requirements of managing entities.~~

711 Section 6. Section 397.402, Florida Statutes, is created to
712 read:

713 397.402 Single, consolidated license.—No later than January
714 1, 2016, the department shall modify licensure rules and
715 procedures to create an option for a single, consolidated
716 license for a provider that offers multiple types of mental
717 health and substance abuse services regulated under chapters 394
718 and 397. Providers eligible for a consolidated license must
719 operate these services through a single corporate entity and a
720 unified management structure. Any provider serving both adults
721 and children must meet departmental standards for separate
722 facilities and other requirements necessary to ensure the safety
723 of children and promote therapeutic efficacy.

724 Section 7. Section 397.427, Florida Statutes, is amended,
725 to read:

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726 397.427 Medication-assisted treatment service providers;
727 rehabilitation program; ~~needs assessment and provision of~~
728 ~~services; persons authorized to issue takeout medication;~~
729 ~~unlawful operation; penalty.-~~

730 (1) Providers of medication-assisted treatment services for
731 opiate addiction may not be licensed unless they provide
732 supportive rehabilitation programs. Supportive rehabilitation
733 programs include, but are not limited to, counseling, therapy,
734 and vocational rehabilitation.

735 ~~(2) The department shall determine the need for~~
736 ~~establishing providers of medication-assisted treatment services~~
737 ~~for opiate addiction.~~

738 ~~(a) Providers of medication-assisted treatment services for~~
739 ~~opiate addiction may be established only in response to the~~
740 ~~department's determination and publication of need for~~
741 ~~additional medication treatment services.~~

742 ~~(b) The department shall prescribe by rule the types of~~
743 ~~medication-assisted treatment services for opiate addiction for~~
744 ~~which it is necessary to conduct annual assessments of need. If~~
745 ~~needs assessment is required, the department shall annually~~
746 ~~conduct the assessment and publish a statement of findings which~~
747 ~~identifies each substate entity's need.~~

748 ~~(c) Notwithstanding paragraphs (a) and (b), the license for~~
749 ~~medication-assisted treatment programs for opiate addiction~~
750 ~~licensed before October 1, 1990, may not be revoked solely~~
751 ~~because of the department's determination concerning the need~~
752 ~~for medication-assisted treatment services for opiate addiction.~~

753 ~~(3) The department shall adopt rules necessary to~~
754 ~~administer this section, including, but not limited to, rules~~

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755 ~~prescribing criteria and procedures for:~~

756 ~~(a) Determining the need for additional medication-assisted~~
757 ~~treatment services for opiate addiction.~~

758 ~~(b) Selecting providers for medication-assisted treatment~~
759 ~~services for opiate addiction when the number of responses to a~~
760 ~~publication of need exceeds the determined need.~~

761 ~~(c) Administering any federally required rules,~~
762 ~~regulations, or procedures.~~

763 (2)~~(4)~~ A service provider operating in violation of this
764 section is subject to proceedings in accordance with this
765 chapter to enjoin that unlawful operation.

766 (3)~~(5)~~ Notwithstanding s. 465.019(2), a physician
767 assistant, a registered nurse, an advanced registered nurse
768 practitioner, or a licensed practical nurse working for a
769 licensed service provider may deliver takeout medication for
770 opiate treatment to persons enrolled in a maintenance treatment
771 program for medication-assisted treatment for opiate addiction
772 if:

773 (a) The medication-assisted treatment program for opiate
774 addiction has an appropriate valid permit issued pursuant to
775 rules adopted by the Board of Pharmacy;

776 (b) The medication for treatment of opiate addiction has
777 been delivered pursuant to a valid prescription written by the
778 program's physician licensed pursuant to chapter 458 or chapter
779 459;

780 (c) The medication for treatment of opiate addiction which
781 is ordered appears on a formulary and is prepackaged and
782 prelabeled with dosage instructions and distributed from a
783 source authorized under chapter 499;

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784 (d) Each licensed provider adopts written protocols which
785 provide for supervision of the physician assistant, registered
786 nurse, advanced registered nurse practitioner, or licensed
787 practical nurse by a physician licensed pursuant to chapter 458
788 or chapter 459 and for the procedures by which patients'
789 medications may be delivered by the physician assistant,
790 registered nurse, advanced registered nurse practitioner, or
791 licensed practical nurse. Such protocols shall be signed by the
792 supervising physician and either the administering registered
793 nurse, the advanced registered nurse practitioner, or the
794 licensed practical nurse.

795 (e) Each licensed service provider maintains and has
796 available for inspection by representatives of the Board of
797 Pharmacy all medical records and patient care protocols,
798 including records of medications delivered to patients, in
799 accordance with the board.

800 (4)~~(6)~~ The department shall also determine the need for
801 establishing medication-assisted treatment for substance use
802 disorders other than opiate dependence. Service providers within
803 the publicly funded system shall be funded for provision of
804 these services based on the availability of funds.

805 (5)~~(7)~~ Service providers that provide medication-assisted
806 treatment for substance abuse other than opiate dependence shall
807 provide counseling services in conjunction with medication-
808 assisted treatment.

809 (6)~~(8)~~ The department shall adopt rules necessary to
810 administer medication-assisted treatment services, including,
811 but not limited to, rules prescribing criteria and procedures
812 for:

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813 (a) Determining the need for medication-assisted treatment
814 services within the publicly funded system.

815 (b) Selecting medication-assisted service providers within
816 the publicly funded system.

817 (c) Administering any federally required rules,
818 regulations, or procedures related to the provision of
819 medication-assisted treatment.

820 (7)~~(9)~~ A physician assistant, a registered nurse, an
821 advanced registered nurse practitioner, or a licensed practical
822 nurse working for a licensed service provider may deliver
823 medication as prescribed by rule if:

824 (a) The service provider is authorized to provide
825 medication-assisted treatment;

826 (b) The medication has been administered pursuant to a
827 valid prescription written by the program's physician who is
828 licensed under chapter 458 or chapter 459; and

829 (c) The medication ordered appears on a formulary or meets
830 federal requirements for medication-assisted treatment.

831 (8)~~(10)~~ Each licensed service provider that provides
832 medication-assisted treatment must adopt written protocols as
833 specified by the department and in accordance with federally
834 required rules, regulations, or procedures. The protocol shall
835 provide for the supervision of the physician assistant,
836 registered nurse, advanced registered nurse practitioner, or
837 licensed practical nurse working under the supervision of a
838 physician who is licensed under chapter 458 or chapter 459. The
839 protocol must specify how the medication will be used in
840 conjunction with counseling or psychosocial treatment and that
841 the services provided will be included on the treatment plan.

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842 The protocol must specify the procedures by which medication-
843 assisted treatment may be administered by the physician
844 assistant, registered nurse, advanced registered nurse
845 practitioner, or licensed practical nurse. These protocols shall
846 be signed by the supervising physician and the administering
847 physician assistant, registered nurse, advanced registered nurse
848 practitioner, or licensed practical nurse.

849 (9) ~~(11)~~ Each licensed service provider shall maintain and
850 have available for inspection by representatives of the Board of
851 Pharmacy all medical records and protocols, including records of
852 medications delivered to individuals in accordance with rules of
853 the board.

854 Section 8. Present paragraphs (d) through (m) of subsection
855 (2) of section 409.967, Florida Statutes, are redesignated as
856 paragraphs (e) through (n), respectively, and a new paragraph
857 (d) is added to that subsection, to read:

858 409.967 Managed care plan accountability.-

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

863 (d) Quality care.-Managed care plans shall provide, or
864 contract for the provision of, care coordination to facilitate
865 the appropriate delivery of behavioral health care services in
866 the least restrictive setting with treatment and recovery
867 capabilities that address the needs of the patient. Services
868 shall be provided in a manner that integrates behavioral health
869 services and primary care. Plans shall be required to achieve
870 specific behavioral health outcome standards, established by the

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871 agency in consultation with the Department of Children and
872 Families.

873 Section 9. Subsection (5) is added to section 409.973,
874 Florida Statutes, to read:

875 409.973 Benefits.—

876 (5) INTEGRATED BEHAVIORAL HEALTH INITIATIVE.—Each plan
877 operating in the managed medical assistance program shall work
878 with the managing entity in its service area to establish
879 specific organizational supports and service protocols that
880 enhance the integration and coordination of primary care and
881 behavioral health services for Medicaid recipients. Progress in
882 this initiative will be measured using the integration framework
883 and core measures developed by the Agency for Healthcare
884 Research and Quality.

885 Section 10. Paragraph (a) of subsection (1) of section
886 409.975, Florida Statutes, is amended to read:

887 409.975 Managed care plan accountability.—In addition to
888 the requirements of s. 409.967, plans and providers
889 participating in the managed medical assistance program shall
890 comply with the requirements of this section.

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

897 (a) Plans must include all providers in the region that are
898 classified by the agency as essential Medicaid providers, unless
899 the agency approves, in writing, an alternative arrangement for

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900 securing the types of services offered by the essential
901 providers. Providers are essential for serving Medicaid
902 enrollees if they offer services that are not available from any
903 other provider within a reasonable access standard, or if they
904 provided a substantial share of the total units of a particular
905 service used by Medicaid patients within the region during the
906 last 3 years and the combined capacity of other service
907 providers in the region is insufficient to meet the total needs
908 of the Medicaid patients. The agency may not classify physicians
909 and other practitioners as essential providers. The agency, at a
910 minimum, shall determine which providers in the following
911 categories are essential Medicaid providers:

- 912 1. Federally qualified health centers.
- 913 2. Statutory teaching hospitals as defined in s.
914 408.07(45).
- 915 3. Hospitals that are trauma centers as defined in s.
916 395.4001(14).
- 917 4. Hospitals located at least 25 miles from any other
918 hospital with similar services.
- 919 5. Publicly funded behavioral health service providers.

920
921 Managed care plans that have not contracted with all essential
922 providers in the region as of the first date of recipient
923 enrollment, or with whom an essential provider has terminated
924 its contract, must negotiate in good faith with such essential
925 providers for 1 year or until an agreement is reached, whichever
926 is first. Payments for services rendered by a nonparticipating
927 essential provider shall be made at the applicable Medicaid rate
928 as of the first day of the contract between the agency and the

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929 plan. A rate schedule for all essential providers shall be
930 attached to the contract between the agency and the plan. After
931 1 year, managed care plans that are unable to contract with
932 essential providers shall notify the agency and propose an
933 alternative arrangement for securing the essential services for
934 Medicaid enrollees. The arrangement must rely on contracts with
935 other participating providers, regardless of whether those
936 providers are located within the same region as the
937 nonparticipating essential service provider. If the alternative
938 arrangement is approved by the agency, payments to
939 nonparticipating essential providers after the date of the
940 agency's approval shall equal 90 percent of the applicable
941 Medicaid rate. If the alternative arrangement is not approved by
942 the agency, payment to nonparticipating essential providers
943 shall equal 110 percent of the applicable Medicaid rate.

944 Section 11. Section 394.4674, Florida Statutes, is
945 repealed.

946 Section 12. Section 394.4985, Florida Statutes, is
947 repealed.

948 Section 13. Section 394.657, Florida Statutes, is repealed.

949 Section 14. Section 394.745, Florida Statutes, is repealed.

950 Section 15. Section 394.9084, Florida Statutes, is
951 repealed.

952 Section 16. Section 397.331, Florida Statutes, is repealed.

953 Section 17. Section 397.333, Florida Statutes, is repealed.

954 Section 18. Section 397.801, Florida Statutes, is repealed.

955 Section 19. Section 397.811, Florida Statutes, is repealed.

956 Section 20. Section 397.821, Florida Statutes, is repealed.

957 Section 21. Section 397.901, Florida Statutes, is repealed.

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- 958 Section 22. Section 397.93, Florida Statutes, is repealed.
- 959 Section 23. Section 397.94, Florida Statutes, is repealed.
- 960 Section 24. Section 397.951, Florida Statutes, is repealed.
- 961 Section 25. Section 397.97, Florida Statutes, is repealed.
- 962 Section 26. Subsection (15) of section 397.321, Florida
- 963 Statutes, is amended to read:
- 964 397.321 Duties of the department.—The department shall:
- 965 (15) Appoint a substance abuse impairment coordinator to
- 966 represent the department in efforts initiated by the statewide
- 967 substance abuse impairment prevention and treatment coordinator
- 968 ~~established in s. 397.801~~ and to assist the statewide
- 969 coordinator in fulfilling the responsibilities of that position.
- 970 Section 27. Subsection (1) of section 397.98, Florida
- 971 Statutes, is amended to read:
- 972 397.98 Children's substance abuse services; utilization
- 973 management.—
- 974 (1) Utilization management shall be an integral part of
- 975 each Children's Network of Care Demonstration Model ~~as described~~
- 976 ~~under s. 397.97~~. The utilization management process shall
- 977 include procedures for analyzing the allocation and use of
- 978 resources by the purchasing agent. Such procedures shall
- 979 include:
- 980 (a) Monitoring the appropriateness of admissions to
- 981 residential services or other levels of care as determined by
- 982 the department.
- 983 (b) Monitoring the duration of care.
- 984 (c) Developing profiles of network providers which describe
- 985 their patterns of delivering care.
- 986 (d) Authorizing care for high-cost services.

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987 Section 28. Paragraph (e) of subsection (3) of section
988 409.966, Florida Statutes, is amended to read:

989 409.966 Eligible plans; selection.—

990 (3) QUALITY SELECTION CRITERIA.—

991 (e) To ensure managed care plan participation in Regions 1
992 and 2, the agency shall award an additional contract to each
993 plan with a contract award in Region 1 or Region 2. Such
994 contract shall be in any other region in which the plan
995 submitted a responsive bid and negotiates a rate acceptable to
996 the agency. If a plan that is awarded an additional contract
997 pursuant to this paragraph is subject to penalties pursuant to
998 s. 409.967(2)(i) ~~s. 409.967(2)(h)~~ for activities in Region 1 or
999 Region 2, the additional contract is automatically terminated
1000 180 days after the imposition of the penalties. The plan must
1001 reimburse the agency for the cost of enrollment changes and
1002 other transition activities.

1003 Section 29. Paragraph (a) of subsection (5) of section
1004 943.031, Florida Statutes, is amended to read:

1005 943.031 Florida Violent Crime and Drug Control Council.—

1006 (5) DUTIES OF COUNCIL.—Subject to funding provided to the
1007 department by the Legislature, the council shall provide advice
1008 and make recommendations, as necessary, to the executive
1009 director of the department.

1010 (a) The council may advise the executive director on the
1011 feasibility of undertaking initiatives which include, but are
1012 not limited to, the following:

1013 1. Establishing a program that provides grants to criminal
1014 justice agencies that develop and implement effective violent
1015 crime prevention and investigative programs and which provides

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1016 grants to law enforcement agencies for the purpose of drug
1017 control, criminal gang, and illicit money laundering
1018 investigative efforts or task force efforts that are determined
1019 by the council to significantly contribute to achieving the
1020 state's goal of reducing drug-related crime, that represent
1021 significant criminal gang investigative efforts, that represent
1022 a significant illicit money laundering investigative effort, or
1023 that otherwise significantly support statewide strategies
1024 developed by the Statewide Drug Policy Advisory Council
1025 ~~established under s. 397.333~~, subject to the limitations
1026 provided in this section. The grant program may include an
1027 innovations grant program to provide startup funding for new
1028 initiatives by local and state law enforcement agencies to
1029 combat violent crime or to implement drug control, criminal
1030 gang, or illicit money laundering investigative efforts or task
1031 force efforts by law enforcement agencies, including, but not
1032 limited to, initiatives such as:

- 1033 a. Providing enhanced community-oriented policing.
- 1034 b. Providing additional undercover officers and other
1035 investigative officers to assist with violent crime
1036 investigations in emergency situations.
- 1037 c. Providing funding for multiagency or statewide drug
1038 control, criminal gang, or illicit money laundering
1039 investigative efforts or task force efforts that cannot be
1040 reasonably funded completely by alternative sources and that
1041 significantly contribute to achieving the state's goal of
1042 reducing drug-related crime, that represent significant criminal
1043 gang investigative efforts, that represent a significant illicit
1044 money laundering investigative effort, or that otherwise

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1045 significantly support statewide strategies developed by the
1046 Statewide Drug Policy Advisory Council ~~established under s.~~
1047 ~~397.333.~~

1048 2. Expanding the use of automated biometric identification
1049 systems at the state and local levels.

1050 3. Identifying methods to prevent violent crime.

1051 4. Identifying methods to enhance multiagency or statewide
1052 drug control, criminal gang, or illicit money laundering
1053 investigative efforts or task force efforts that significantly
1054 contribute to achieving the state's goal of reducing drug-
1055 related crime, that represent significant criminal gang
1056 investigative efforts, that represent a significant illicit
1057 money laundering investigative effort, or that otherwise
1058 significantly support statewide strategies developed by the
1059 Statewide Drug Policy Advisory Council ~~established under s.~~
1060 ~~397.333.~~

1061 5. Enhancing criminal justice training programs that
1062 address violent crime, drug control, illicit money laundering
1063 investigative techniques, or efforts to control and eliminate
1064 criminal gangs.

1065 6. Developing and promoting crime prevention services and
1066 educational programs that serve the public, including, but not
1067 limited to:

1068 a. Enhanced victim and witness counseling services that
1069 also provide crisis intervention, information referral,
1070 transportation, and emergency financial assistance.

1071 b. A well-publicized rewards program for the apprehension
1072 and conviction of criminals who perpetrate violent crimes.

1073 7. Enhancing information sharing and assistance in the

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1074 criminal justice community by expanding the use of community
1075 partnerships and community policing programs. Such expansion may
1076 include the use of civilian employees or volunteers to relieve
1077 law enforcement officers of clerical work in order to enable the
1078 officers to concentrate on street visibility within the
1079 community.

1080 Section 30. Subsection (1) of section 943.042, Florida
1081 Statutes, is amended to read:

1082 943.042 Violent Crime Investigative Emergency and Drug
1083 Control Strategy Implementation Account.—

1084 (1) There is created a Violent Crime Investigative
1085 Emergency and Drug Control Strategy Implementation Account
1086 within the Department of Law Enforcement Operating Trust Fund.
1087 The account shall be used to provide emergency supplemental
1088 funds to:

1089 (a) State and local law enforcement agencies that are
1090 involved in complex and lengthy violent crime investigations, or
1091 matching funding to multiagency or statewide drug control or
1092 illicit money laundering investigative efforts or task force
1093 efforts that significantly contribute to achieving the state's
1094 goal of reducing drug-related crime, that represent a
1095 significant illicit money laundering investigative effort, or
1096 that otherwise significantly support statewide strategies
1097 developed by the Statewide Drug Policy Advisory Council
1098 ~~established under s. 397.333;~~

1099 (b) State and local law enforcement agencies that are
1100 involved in violent crime investigations which constitute a
1101 significant emergency within the state; or

1102 (c) Counties that demonstrate a significant hardship or an

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1103 inability to cover extraordinary expenses associated with a
1104 violent crime trial.

1105 Section 31. For the purpose of incorporating the amendment
1106 made by this act to section 394.492, Florida Statutes, in a
1107 reference thereto, paragraph (a) of subsection (6) of section
1108 39.407, Florida Statutes, is reenacted to read:

1109 39.407 Medical, psychiatric, and psychological examination
1110 and treatment of child; physical, mental, or substance abuse
1111 examination of person with or requesting child custody.—

1112 (6) Children who are in the legal custody of the department
1113 may be placed by the department, without prior approval of the
1114 court, in a residential treatment center licensed under s.
1115 394.875 or a hospital licensed under chapter 395 for residential
1116 mental health treatment only pursuant to this section or may be
1117 placed by the court in accordance with an order of involuntary
1118 examination or involuntary placement entered pursuant to s.
1119 394.463 or s. 394.467. All children placed in a residential
1120 treatment program under this subsection must have a guardian ad
1121 litem appointed.

1122 (a) As used in this subsection, the term:

1123 1. "Residential treatment" means placement for observation,
1124 diagnosis, or treatment of an emotional disturbance in a
1125 residential treatment center licensed under s. 394.875 or a
1126 hospital licensed under chapter 395.

1127 2. "Least restrictive alternative" means the treatment and
1128 conditions of treatment that, separately and in combination, are
1129 no more intrusive or restrictive of freedom than reasonably
1130 necessary to achieve a substantial therapeutic benefit or to
1131 protect the child or adolescent or others from physical injury.

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1132 3. "Suitable for residential treatment" or "suitability"
1133 means a determination concerning a child or adolescent with an
1134 emotional disturbance as defined in s. 394.492(5) or a serious
1135 emotional disturbance as defined in s. 394.492(6) that each of
1136 the following criteria is met:

1137 a. The child requires residential treatment.

1138 b. The child is in need of a residential treatment program
1139 and is expected to benefit from mental health treatment.

1140 c. An appropriate, less restrictive alternative to
1141 residential treatment is unavailable.

1142 Section 32. For the purpose of incorporating the amendment
1143 made by this act to section 394.492, Florida Statutes, in a
1144 reference thereto, subsection (21) of section 394.67, Florida
1145 Statutes, is reenacted to read:

1146 394.67 Definitions.—As used in this part, the term:

1147 (21) "Residential treatment center for children and
1148 adolescents" means a 24-hour residential program, including a
1149 therapeutic group home, which provides mental health services to
1150 emotionally disturbed children or adolescents as defined in s.
1151 394.492(5) or (6) and which is a private for-profit or not-for-
1152 profit corporation licensed by the agency which offers a variety
1153 of treatment modalities in a more restrictive setting.

1154 Section 33. For the purpose of incorporating the amendment
1155 made by this act to section 394.492, Florida Statutes, in a
1156 reference thereto, paragraph (b) of subsection (1) of section
1157 394.674, Florida Statutes, is reenacted to read:

1158 394.674 Eligibility for publicly funded substance abuse and
1159 mental health services; fee collection requirements.—

1160 (1) To be eligible to receive substance abuse and mental

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1161 health services funded by the department, an individual must be
1162 a member of at least one of the department's priority
1163 populations approved by the Legislature. The priority
1164 populations include:

1165 (b) For children's mental health services:

1166 1. Children who are at risk of emotional disturbance as
1167 defined in s. 394.492(4).

1168 2. Children who have an emotional disturbance as defined in
1169 s. 394.492(5).

1170 3. Children who have a serious emotional disturbance as
1171 defined in s. 394.492(6).

1172 4. Children diagnosed as having a co-occurring substance
1173 abuse and emotional disturbance or serious emotional
1174 disturbance.

1175 Section 34. For the purpose of incorporating the amendment
1176 made by this act to section 394.492, Florida Statutes, in a
1177 reference thereto, subsection (1) of section 394.676, Florida
1178 Statutes, is reenacted to read:

1179 394.676 Indigent psychiatric medication program.—

1180 (1) Within legislative appropriations, the department may
1181 establish the indigent psychiatric medication program to
1182 purchase psychiatric medications for persons as defined in s.
1183 394.492(5) or (6) or pursuant to s. 394.674(1), who do not
1184 reside in a state mental health treatment facility or an
1185 inpatient unit.

1186 Section 35. For the purpose of incorporating the amendment
1187 made by this act to section 394.492, Florida Statutes, in a
1188 reference thereto, paragraph (c) of subsection (2) of section
1189 409.1676, Florida Statutes, is reenacted to read:

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1190 409.1676 Comprehensive residential group care services to
1191 children who have extraordinary needs.—

1192 (2) As used in this section, the term:

1193 (c) "Serious behavioral problems" means behaviors of
1194 children who have been assessed by a licensed master's-level
1195 human-services professional to need at a minimum intensive
1196 services but who do not meet the criteria of s. 394.492(7). A
1197 child with an emotional disturbance as defined in s. 394.492(5)
1198 or (6) may be served in residential group care unless a
1199 determination is made by a mental health professional that such
1200 a setting is inappropriate. A child having a serious behavioral
1201 problem must have been determined in the assessment to have at
1202 least one of the following risk factors:

1203 1. An adjudication of delinquency and be on conditional
1204 release status with the Department of Juvenile Justice.

1205 2. A history of physical aggression or violent behavior
1206 toward self or others, animals, or property within the past
1207 year.

1208 3. A history of setting fires within the past year.

1209 4. A history of multiple episodes of running away from home
1210 or placements within the past year.

1211 5. A history of sexual aggression toward other youth.

1212 Section 36. For the purpose of incorporating the amendment
1213 made by this act to section 394.492, Florida Statutes, in a
1214 reference thereto, paragraph (b) of subsection (1) of section
1215 409.1677, Florida Statutes, is reenacted to read:

1216 409.1677 Model comprehensive residential services
1217 programs.—

1218 (1) As used in this section, the term:

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1219 (b) "Serious behavioral problems" means behaviors of
1220 children who have been assessed by a licensed master's-level
1221 human-services professional to need at a minimum intensive
1222 services but who do not meet the criteria of s. 394.492(6) or
1223 (7). A child with an emotional disturbance as defined in s.
1224 394.492(5) may be served in residential group care unless a
1225 determination is made by a mental health professional that such
1226 a setting is inappropriate.

1227 Section 37. Except as otherwise expressly provided in this
1228 act and except for this section, which shall take effect upon
1229 this act becoming a law, this act shall take effect July 1,
1230 2015.