

By the Committee on Children, Families, and Elder Affairs; and
Senator Powell

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1 A bill to be entitled
2 An act relating to children's mental health; amending
3 s. 394.493, F.S.; requiring the Department of Children
4 and Families and the Agency for Health Care
5 Administration to identify certain children and
6 adolescents who use crisis stabilization services
7 during specified fiscal years; requiring the
8 department and agency to collaboratively meet the
9 behavioral health needs of such children and
10 adolescents and submit a quarterly report to the
11 Legislature; amending s. 394.495, F.S.; including
12 crisis response services provided through mobile
13 response teams in the array of services available to
14 children and adolescents; requiring the department to
15 contract with managing entities for mobile response
16 teams to provide certain services to certain children,
17 adolescents, and young adults; providing requirements
18 for such mobile response teams; providing requirements
19 for managing entities when procuring mobile response
20 teams; creating s. 394.4955, F.S.; requiring managing
21 entities to develop a plan promoting the development
22 of a coordinated system of care for certain services;
23 providing requirements for the planning process;
24 requiring each managing entity to submit such plan by
25 a specified date; requiring the entities involved in
26 the planning process to implement such plan by a
27 specified date; requiring that such plan be reviewed
28 and updated periodically; amending s. 394.9082, F.S.;
29 revising the duties of the department relating to

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30 priority populations that will benefit from care
31 coordination; requiring that a managing entity's
32 behavioral health care needs assessment include
33 certain information regarding gaps in certain
34 services; requiring a managing entity to promote the
35 use of available crisis intervention services;
36 amending s. 409.175, F.S.; revising requirements
37 relating to preservice training for foster parents;
38 amending s. 409.967, F.S.; requiring the agency to
39 conduct, or contract for, the testing of provider
40 network databases maintained by Medicaid managed care
41 plans for specified purposes; amending s. 409.988,
42 F.S.; revising the duties of a lead agency relating to
43 individuals providing care for dependent children;
44 amending s. 985.601, F.S.; requiring the Department of
45 Juvenile Justice to participate in the planning
46 process for promoting a coordinated system of care for
47 children and adolescents; amending s. 1003.02, F.S.;
48 requiring each district school board to participate in
49 the planning process for promoting a coordinated
50 system of care; amending s. 1004.44, F.S.; requiring
51 the Louis de la Parte Florida Mental Health Institute
52 to develop, in consultation with other entities, a
53 model response protocol for schools; amending s.
54 1006.04, F.S.; requiring the educational multiagency
55 network to participate in the planning process for
56 promoting a coordinated system of care; amending s.
57 1011.62, F.S.; revising the elements of a plan
58 required for school district funding under the mental

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59 health assistance allocation; requiring the Department
60 of Children and Families and the Agency for Health
61 Care Administration to assess the quality of care
62 provided in crisis stabilization units to certain
63 children and adolescents; requiring the department and
64 agency to review current standards of care for certain
65 settings and make recommendations; requiring the
66 department and agency to jointly submit a report to
67 the Governor and the Legislature by a specified date;
68 providing an effective date.

69
70 Be It Enacted by the Legislature of the State of Florida:

71
72 Section 1. Subsection (4) is added to section 394.493,
73 Florida Statutes, to read:

74 394.493 Target populations for child and adolescent mental
75 health services funded through the department.-

76 (4) Beginning with fiscal year 2020-2021 through fiscal
77 year 2021-2022, the department and the Agency for Health Care
78 Administration shall identify children and adolescents who are
79 the highest utilizers of crisis stabilization services. The
80 department and agency shall collaboratively take appropriate
81 action within available resources to meet the behavioral health
82 needs of such children and adolescents more effectively, and
83 shall jointly submit to the Legislature a quarterly report
84 listing the actions taken by both agencies to better serve such
85 children and adolescents.

86 Section 2. Paragraph (q) is added to subsection (4) of
87 section 394.495, Florida Statutes, and subsection (7) is added

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88 to that section, to read:

89 394.495 Child and adolescent mental health system of care;
90 programs and services.-

91 (4) The array of services may include, but is not limited
92 to:

93 (q) Crisis response services provided through mobile
94 response teams.

95 (7) (a) The department shall contract with managing entities
96 for mobile response teams throughout the state to provide
97 immediate, onsite behavioral health crisis services to children,
98 adolescents, and young adults ages 18 to 25, inclusive, who:

99 1. Have an emotional disturbance;

100 2. Are experiencing an acute mental or emotional crisis;

101 3. Are experiencing escalating emotional or behavioral
102 reactions and symptoms that impact their ability to function
103 typically within the family, living situation, or community
104 environment; or

105 4. Are served by the child welfare system and are
106 experiencing or are at high risk of placement instability.

107 (b) A mobile response team shall, at a minimum:

108 1. Respond to new requests for services within 60 minutes
109 after such requests are made.

110 2. Respond to a crisis in the location where the crisis is
111 occurring.

112 3. Provide behavioral health crisis-oriented services that
113 are responsive to the needs of the child, adolescent, or young
114 adult and his or her family.

115 4. Provide evidence-based practices to children,
116 adolescents, young adults, and families to enable them to

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117 independently and effectively deescalate and respond to
118 behavioral challenges that they are facing and to reduce the
119 potential for future crises.

120 5. Provide screening, standardized assessments, early
121 identification, and referrals to community services.

122 6. Engage the child, adolescent, or young adult and his or
123 her family as active participants in every phase of the
124 treatment process whenever possible.

125 7. Develop a care plan for the child, adolescent, or young
126 adult.

127 8. Provide care coordination by facilitating the transition
128 to ongoing services.

129 9. Ensure there is a process in place for informed consent
130 and confidentiality compliance measures.

131 10. Promote information sharing and the use of innovative
132 technology.

133 11. Coordinate with the managing entity within the service
134 location and other key entities providing services and supports
135 to the child, adolescent, or young adult and his or her family,
136 including, but not limited to, the child, adolescent, or young
137 adult's school, the local educational multiagency network for
138 severely emotionally disturbed students under s. 1006.04, the
139 child welfare system, and the juvenile justice system.

140 (c) When procuring mobile response teams, the managing
141 entity must, at a minimum:

142 1. Collaborate with local sheriff's offices and public
143 schools in the planning, development, evaluation, and selection
144 processes.

145 2. Require that services be made available 24 hours per

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146 day, 7 days per week, with onsite response time to the location
147 of the referred crisis within 60 minutes after the request for
148 services is made.

149 3. Require the provider to establish response protocols
150 with local law enforcement agencies, local community-based care
151 lead agencies as defined in s. 409.986(3), the child welfare
152 system, and the Department of Juvenile Justice. The response
153 protocol with a school district shall be consistent with the
154 model response protocol developed under s. 1004.44.

155 4. Require access to a board-certified or board-eligible
156 psychiatrist or psychiatric nurse practitioner.

157 5. Require mobile response teams to refer children,
158 adolescents, or young adults and their families to an array of
159 crisis response services that address individual and family
160 needs, including screening, standardized assessments, early
161 identification, and community services as necessary to address
162 the immediate crisis event.

163 Section 3. Section 394.4955, Florida Statutes, is created
164 to read:

165 394.4955 Coordinated system of care; child and adolescent
166 mental health treatment and support.-

167 (1) Pursuant to s. 394.9082(5)(d), each managing entity
168 shall develop a plan that promotes the development and effective
169 implementation of a coordinated system of care which integrates
170 services provided through providers funded by the state's child-
171 serving systems and facilitates access by children and
172 adolescents, as resources permit, to needed mental health
173 treatment and services at any point of entry regardless of the
174 time of year, intensity, or complexity of the need, and other

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175 systems with which such children and adolescents are involved,
176 as well as treatment and services available through other
177 systems for which they would qualify.

178 (2) (a) The managing entity shall lead a planning process
179 that includes, but is not limited to, children and adolescents
180 with behavioral health needs and their families; behavioral
181 health service providers; law enforcement agencies; school
182 districts or superintendents; the multiagency network for
183 students with emotional or behavioral disabilities; the
184 department; and representatives of the child welfare and
185 juvenile justice systems, early learning coalitions, the Agency
186 for Health Care Administration, Medicaid managed medical
187 assistance plans, the Agency for Persons with Disabilities, the
188 Department of Juvenile Justice, and other community partners. An
189 organization receiving state funding must participate in the
190 planning process if requested by the managing entity.

191 (b) The managing entity and collaborating organizations
192 shall take into consideration the geographical distribution of
193 the population, needs, and resources, and create separate plans
194 on an individual county or multi-county basis, as needed, to
195 maximize collaboration and communication at the local level.

196 (c) To the extent permitted by available resources, the
197 coordinated system of care shall include the array of services
198 listed in s. 394.495.

199 (d) Each plan shall integrate with the local plan developed
200 under s. 394.4573.

201 (3) By July 1, 2021, the managing entity shall complete the
202 plans developed under this section and submit them to the
203 department. By July 1, 2022, the entities involved in the

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204 planning process shall implement the coordinated system of care
205 specified in each plan. The managing entity and collaborating
206 organizations shall review and update the plans, as necessary,
207 at least every 3 years thereafter.

208 (4) The managing entity and collaborating organizations
209 shall create integrated service delivery approaches within
210 current resources that facilitate parents and caregivers
211 obtaining services and support by making referrals to
212 specialized treatment providers, if necessary, with follow up to
213 ensure services are received.

214 (5) The managing entity and collaborating organizations
215 shall document each coordinated system of care for children and
216 adolescents through written memoranda of understanding or other
217 binding arrangements.

218 (6) The managing entity shall identify gaps in the arrays
219 of services for children and adolescents listed in s. 394.495
220 available under each plan and include relevant information in
221 its annual needs assessment required by s. 394.9082.

222 Section 4. Paragraph (c) of subsection (3) and paragraphs
223 (b) and (d) of subsection (5) of section 394.9082, Florida
224 Statutes, are amended, and paragraph (t) is added to subsection
225 (5) of that section, to read:

226 394.9082 Behavioral health managing entities.—

227 (3) DEPARTMENT DUTIES.—The department shall:

228 (c) Define the priority populations that will benefit from
229 receiving care coordination. In defining such populations, the
230 department shall take into account the availability of resources
231 and consider:

232 1. The number and duration of involuntary admissions within

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233 a specified time.

234 2. The degree of involvement with the criminal justice
235 system and the risk to public safety posed by the individual.

236 3. Whether the individual has recently resided in or is
237 currently awaiting admission to or discharge from a treatment
238 facility as defined in s. 394.455.

239 4. The degree of utilization of behavioral health services.

240 5. Whether the individual is a parent or caregiver who is
241 involved with the child welfare system.

242 6. Whether the individual is an adolescent, as defined in
243 s. 394.492, who requires assistance in transitioning to services
244 provided in the adult system of care.

245 (5) MANAGING ENTITY DUTIES.—A managing entity shall:

246 (b) Conduct a community behavioral health care needs
247 assessment every 3 years in the geographic area served by the
248 managing entity which identifies needs by subregion. The process
249 for conducting the needs assessment shall include an opportunity
250 for public participation. The assessment shall include, at a
251 minimum, the information the department needs for its annual
252 report to the Governor and Legislature pursuant to s. 394.4573.
253 The assessment shall also include a list and descriptions of any
254 gaps in the arrays of services for children or adolescents
255 identified pursuant to s. 394.4955 and recommendations for
256 addressing such gaps. The managing entity shall provide the
257 needs assessment to the department.

258 (d) Promote the development and effective implementation of
259 a coordinated system of care pursuant to ss. 394.4573 and
260 394.495 ~~s. 394.4573~~.

261 (t) Promote the use of available crisis intervention

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262 services by requiring contracted providers to provide contact
263 information for mobile response teams established under s.
264 394.495 to parents and caregivers of children, adolescents, and
265 young adults between ages 18 and 25, inclusive, who receive
266 safety-net behavioral health services.

267 Section 5. Paragraph (b) of subsection (14) of section
268 409.175, Florida Statutes, is amended to read:

269 409.175 Licensure of family foster homes, residential
270 child-caring agencies, and child-placing agencies; public
271 records exemption.—

272 (14)

273 (b) As a condition of licensure, foster parents shall
274 successfully complete preservice training. The preservice
275 training shall be uniform statewide and shall include, but not
276 be limited to, such areas as:

277 1. Orientation regarding agency purpose, objectives,
278 resources, policies, and services;

279 2. Role of the foster parent as a treatment team member;

280 3. Transition of a child into and out of foster care,
281 including issues of separation, loss, and attachment;

282 4. Management of difficult child behavior that can be
283 intensified by placement, by prior abuse or neglect, and by
284 prior placement disruptions;

285 5. Prevention of placement disruptions;

286 6. Care of children at various developmental levels,
287 including appropriate discipline; ~~and~~

288 7. Effects of foster parenting on the family of the foster
289 parent; and

290 8. Information about and contact information for the local

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291 mobile response team as a means for addressing a behavioral
292 health crisis or preventing placement disruption.

293 Section 6. Paragraph (c) of subsection (2) of section
294 409.967, Florida Statutes, is amended to read:

295 409.967 Managed care plan accountability.—

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

300 (c) Access.—

301 1. The agency shall establish specific standards for the
302 number, type, and regional distribution of providers in managed
303 care plan networks to ensure access to care for both adults and
304 children. Each plan must maintain a regionwide network of
305 providers in sufficient numbers to meet the access standards for
306 specific medical services for all recipients enrolled in the
307 plan. The exclusive use of mail-order pharmacies may not be
308 sufficient to meet network access standards. Consistent with the
309 standards established by the agency, provider networks may
310 include providers located outside the region. A plan may
311 contract with a new hospital facility before the date the
312 hospital becomes operational if the hospital has commenced
313 construction, will be licensed and operational by January 1,
314 2013, and a final order has issued in any civil or
315 administrative challenge. Each plan shall establish and maintain
316 an accurate and complete electronic database of contracted
317 providers, including information about licensure or
318 registration, locations and hours of operation, specialty
319 credentials and other certifications, specific performance

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320 indicators, and such other information as the agency deems
321 necessary. The database must be available online to both the
322 agency and the public and have the capability to compare the
323 availability of providers to network adequacy standards and to
324 accept and display feedback from each provider's patients. Each
325 plan shall submit quarterly reports to the agency identifying
326 the number of enrollees assigned to each primary care provider.
327 The agency shall conduct, or contract for, systematic and
328 continuous testing of the provider network databases maintained
329 by each plan to confirm accuracy, confirm that behavioral health
330 providers are accepting enrollees, and confirm that enrollees
331 have access to behavioral health services.

332 2. Each managed care plan must publish any prescribed drug
333 formulary or preferred drug list on the plan's website in a
334 manner that is accessible to and searchable by enrollees and
335 providers. The plan must update the list within 24 hours after
336 making a change. Each plan must ensure that the prior
337 authorization process for prescribed drugs is readily accessible
338 to health care providers, including posting appropriate contact
339 information on its website and providing timely responses to
340 providers. For Medicaid recipients diagnosed with hemophilia who
341 have been prescribed anti-hemophilic-factor replacement
342 products, the agency shall provide for those products and
343 hemophilia overlay services through the agency's hemophilia
344 disease management program.

345 3. Managed care plans, and their fiscal agents or
346 intermediaries, must accept prior authorization requests for any
347 service electronically.

348 4. Managed care plans serving children in the care and

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349 custody of the Department of Children and Families must maintain
350 complete medical, dental, and behavioral health encounter
351 information and participate in making such information available
352 to the department or the applicable contracted community-based
353 care lead agency for use in providing comprehensive and
354 coordinated case management. The agency and the department shall
355 establish an interagency agreement to provide guidance for the
356 format, confidentiality, recipient, scope, and method of
357 information to be made available and the deadlines for
358 submission of the data. The scope of information available to
359 the department shall be the data that managed care plans are
360 required to submit to the agency. The agency shall determine the
361 plan's compliance with standards for access to medical, dental,
362 and behavioral health services; the use of medications; and
363 followup on all medically necessary services recommended as a
364 result of early and periodic screening, diagnosis, and
365 treatment.

366 Section 7. Paragraph (f) of subsection (1) of section
367 409.988, Florida Statutes, is amended to read:

368 409.988 Lead agency duties; general provisions.—

369 (1) DUTIES.—A lead agency:

370 (f) Shall ensure that all individuals providing care for
371 dependent children receive:

372 1. Appropriate training and meet the minimum employment
373 standards established by the department.

374 2. Contact information for the local mobile response team
375 established under s. 394.495.

376 Section 8. Subsection (4) of section 985.601, Florida
377 Statutes, is amended to read:

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378 985.601 Administering the juvenile justice continuum.—
379 (4) The department shall maintain continuing cooperation
380 with the Department of Education, the Department of Children and
381 Families, the Department of Economic Opportunity, and the
382 Department of Corrections for the purpose of participating in
383 agreements with respect to dropout prevention and the reduction
384 of suspensions, expulsions, and truancy; increased access to and
385 participation in high school equivalency diploma, vocational,
386 and alternative education programs; and employment training and
387 placement assistance. The cooperative agreements between the
388 departments shall include an interdepartmental plan to cooperate
389 in accomplishing the reduction of inappropriate transfers of
390 children into the adult criminal justice and correctional
391 systems. As part of its continuing cooperation, the department
392 shall participate in the planning process for promoting a
393 coordinated system of care for children and adolescents pursuant
394 to s. 394.4955.

395 Section 9. Subsection (5) is added to section 1003.02,
396 Florida Statutes, to read:

397 1003.02 District school board operation and control of
398 public K-12 education within the school district.—As provided in
399 part II of chapter 1001, district school boards are
400 constitutionally and statutorily charged with the operation and
401 control of public K-12 education within their school district.
402 The district school boards must establish, organize, and operate
403 their public K-12 schools and educational programs, employees,
404 and facilities. Their responsibilities include staff
405 development, public K-12 school student education including
406 education for exceptional students and students in juvenile

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407 justice programs, special programs, adult education programs,
408 and career education programs. Additionally, district school
409 boards must:

410 (5) Participate in the planning process for promoting a
411 coordinated system of care for children and adolescents pursuant
412 to s. 394.4955.

413 Section 10. Present subsection (4) of section 1004.44,
414 Florida Statutes, is redesignated as subsection (5), and a new
415 subsection (4) is added to that section, to read:

416 1004.44 Louis de la Parte Florida Mental Health Institute.—
417 There is established the Louis de la Parte Florida Mental Health
418 Institute within the University of South Florida.

419 (4) By August 1, 2020, the institute shall develop a model
420 response protocol for schools to use mobile response teams
421 established under s. 394.495. In developing the protocol, the
422 institute shall, at a minimum, consult with school districts
423 that effectively use such teams, school districts that use such
424 teams less often, local law enforcement agencies, the Department
425 of Children and Families, managing entities as defined in s.
426 394.9082(2), and mobile response team providers.

427 Section 11. Paragraph (c) of subsection (1) of section
428 1006.04, Florida Statutes, is amended to read:

429 1006.04 Educational multiagency services for students with
430 severe emotional disturbance.—

431 (1)

432 (c) The multiagency network shall:

433 1. Support and represent the needs of students in each
434 school district in joint planning with fiscal agents of
435 children's mental health funds, including the expansion of

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436 school-based mental health services, transition services, and
437 integrated education and treatment programs.

438 2. Improve coordination of services for children with or at
439 risk of emotional or behavioral disabilities and their families
440 by assisting multi-agency collaborative initiatives to identify
441 critical issues and barriers of mutual concern and develop local
442 response systems that increase home and school connections and
443 family engagement.

444 3. Increase parent and youth involvement and development
445 with local systems of care.

446 4. Facilitate student and family access to effective
447 services and programs for students with and at risk of emotional
448 or behavioral disabilities that include necessary educational,
449 residential, and mental health treatment services, enabling
450 these students to learn appropriate behaviors, reduce
451 dependency, and fully participate in all aspects of school and
452 community living.

453 5. Participate in the planning process for promoting a
454 coordinated system of care for children and adolescents pursuant
455 to s. 394.4955.

456 Section 12. Paragraph (b) of subsection (16) of section
457 1011.62, Florida Statutes, is amended to read:

458 1011.62 Funds for operation of schools.—If the annual
459 allocation from the Florida Education Finance Program to each
460 district for operation of schools is not determined in the
461 annual appropriations act or the substantive bill implementing
462 the annual appropriations act, it shall be determined as
463 follows:

464 (16) MENTAL HEALTH ASSISTANCE ALLOCATION.—The mental health

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465 assistance allocation is created to provide funding to assist
466 school districts in establishing or expanding school-based
467 mental health care; train educators and other school staff in
468 detecting and responding to mental health issues; and connect
469 children, youth, and families who may experience behavioral
470 health issues with appropriate services. These funds shall be
471 allocated annually in the General Appropriations Act or other
472 law to each eligible school district. Each school district shall
473 receive a minimum of \$100,000, with the remaining balance
474 allocated based on each school district's proportionate share of
475 the state's total unweighted full-time equivalent student
476 enrollment. Charter schools that submit a plan separate from the
477 school district are entitled to a proportionate share of
478 district funding. The allocated funds may not supplant funds
479 that are provided for this purpose from other operating funds
480 and may not be used to increase salaries or provide bonuses.
481 School districts are encouraged to maximize third-party health
482 insurance benefits and Medicaid claiming for services, where
483 appropriate.

484 (b) The plans required under paragraph (a) must be focused
485 on a multitiered system of supports to deliver evidence-based
486 mental health care assessment, diagnosis, intervention,
487 treatment, and recovery services to students with one or more
488 mental health or co-occurring substance abuse diagnoses and to
489 students at high risk of such diagnoses. The provision of these
490 services must be coordinated with a student's primary mental
491 health care provider and with other mental health providers
492 involved in the student's care. At a minimum, the plans must
493 include the following elements:

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494 1. Direct employment of school-based mental health services
495 providers to expand and enhance school-based student services
496 and to reduce the ratio of students to staff in order to better
497 align with nationally recommended ratio models. These providers
498 include, but are not limited to, certified school counselors,
499 school psychologists, school social workers, and other licensed
500 mental health professionals. The plan also must identify
501 strategies to increase the amount of time that school-based
502 student services personnel spend providing direct services to
503 students, which may include the review and revision of district
504 staffing resource allocations based on school or student mental
505 health assistance needs.

506 2. An interagency agreement or memorandum of understanding
507 with the managing entity, as defined in s. 394.9082(2), that
508 facilitates referrals of students to community-based services
509 and coordinates care for students served by school-based and
510 community-based providers. Such agreement or memorandum of
511 understanding must address the sharing of records and
512 information as authorized under s. 1006.07(7)(d) to coordinate
513 care and increase access to appropriate services.

514 ~~3.2.~~ Contracts or interagency agreements with one or more
515 local community behavioral health providers or providers of
516 Community Action Team services to provide a behavioral health
517 staff presence and services at district schools. Services may
518 include, but are not limited to, mental health screenings and
519 assessments, individual counseling, family counseling, group
520 counseling, psychiatric or psychological services, trauma-
521 informed care, mobile crisis services, and behavior
522 modification. These behavioral health services may be provided

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523 on or off the school campus and may be supplemented by
524 telehealth.

525 ~~4.3.~~ Policies and procedures, including contracts with
526 service providers, which will ensure that:

527 a. Parents of students are provided information about
528 behavioral health services available through the students'
529 school or local community-based behavioral health services
530 providers, including, but not limited to, the mobile response
531 team as established in s. 394.495 serving their area. A school
532 may meet this requirement by providing information about and
533 Internet addresses for web-based directories or guides of local
534 behavioral health services as long as such directories or guides
535 are easily navigated and understood by individuals unfamiliar
536 with behavioral health delivery systems or services and include
537 specific contact information for local behavioral health
538 providers.

539 b. School districts use the services of the mobile response
540 teams to the extent that such services are available. Each
541 school district shall establish policies and procedures to carry
542 out the model response protocol developed under s. 1004.44.

543 c. Students who are referred to a school-based or
544 community-based mental health service provider for mental health
545 screening for the identification of mental health concerns and
546 ensure that the assessment of students at risk for mental health
547 disorders occurs within 15 days of referral. School-based mental
548 health services must be initiated within 15 days after
549 identification and assessment, and support by community-based
550 mental health service providers for students who are referred
551 for community-based mental health services must be initiated

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552 within 30 days after the school or district makes a referral.

553 d. Referrals to behavioral health services available
554 through other delivery systems or payors for which a student or
555 individuals living in the household of a student receiving
556 services under this subsection may qualify, if such services
557 appear to be needed or enhancements in those individuals'
558 behavioral health would contribute to the improved well-being of
559 the student.

560 ~~5.4.~~ Strategies or programs to reduce the likelihood of at-
561 risk students developing social, emotional, or behavioral health
562 problems, depression, anxiety disorders, suicidal tendencies, or
563 substance use disorders.

564 ~~6.5.~~ Strategies to improve the early identification of
565 social, emotional, or behavioral problems or substance use
566 disorders, to improve the provision of early intervention
567 services, and to assist students in dealing with trauma and
568 violence.

569 Section 13. The Department of Children and Families and the
570 Agency for Health Care Administration shall assess the quality
571 of care provided in crisis stabilization units to children and
572 adolescents who are high utilizers of crisis stabilization
573 services. The department and agency shall review current
574 standards of care for such settings applicable to licensure
575 under chapters 394 and 408, Florida Statutes, and designation
576 under s. 394.461, Florida Statutes; compare the standards to
577 other states' standards and relevant national standards; and
578 make recommendations for improvements to such standards. The
579 assessment and recommendations shall address, at a minimum,
580 efforts by each facility to gather and assess information

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581 regarding each child or adolescent, to coordinate with other
582 providers treating the child or adolescent, and to create
583 discharge plans that comprehensively and effectively address the
584 needs of the child or adolescent to avoid or reduce his or her
585 future use of crisis stabilization services. The department and
586 agency shall jointly submit a report of their findings and
587 recommendations to the Governor, the President of the Senate,
588 and the Speaker of the House of Representatives by November 15,
589 2020.

590 Section 14. This act shall take effect July 1, 2020.