

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

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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 to
25 the department by a specified date; requiring the
26 entities involved in the planning process to implement
27 such plan by a specified date; requiring that such
28 plan be reviewed and updated periodically; amending s.
29 394.9082, F.S.; revising the duties of the department

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30 relating to priority populations that will benefit
31 from care coordination; requiring that a managing
32 entity's behavioral health care needs assessment
33 include 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 by a specified
54 date; amending s. 1006.04, F.S.; requiring the
55 educational multiagency network to participate in the
56 planning process for promoting a coordinated system of
57 care; requiring the Department of Children and
58 Families and the Agency for Health Care Administration

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59 to assess the quality of care provided in crisis
60 stabilization units to certain children and
61 adolescents; requiring the department and agency to
62 review current standards of care for certain settings
63 and make recommendations; requiring the department and
64 agency to jointly submit a report to the Governor and
65 the Legislature by a specified date; providing an
66 effective date.

67

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

69

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

72 394.493 Target populations for child and adolescent mental
73 health services funded through the department.—

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

84 Section 2. Paragraph (q) is added to subsection (4) of
85 section 394.495, Florida Statutes, and subsection (7) is added
86 to that section, to read:

87 394.495 Child and adolescent mental health system of care;

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88 programs and services.—

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

91 (q) Crisis response services provided through mobile
92 response teams.

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

97 1. Have an emotional disturbance;

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

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

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

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

106 1. Respond to new requests for services within 60 minutes
107 after such requests are made.

108 2. Respond to a crisis in the location where the crisis is
109 occurring.

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

113 4. Provide evidence-based practices to children,
114 adolescents, young adults, and families to enable them to
115 independently and effectively deescalate and respond to
116 behavioral challenges that they are facing and to reduce the

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117 potential for future crises.

118 5. Provide screening, standardized assessments, early
119 identification, and referrals to community services.

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

123 7. Develop a care plan for the child, adolescent, or young
124 adult.

125 8. Provide care coordination by facilitating the transition
126 to ongoing services.

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

129 10. Promote information sharing and the use of innovative
130 technology.

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

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

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

143 2. Require that services be made available 24 hours per
144 day, 7 days per week, with onsite response time to the location
145 of the referred crisis within 60 minutes after the request for

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146 services is made.

147 3. Require the provider to establish response protocols
148 with local law enforcement agencies, local community-based care
149 lead agencies as defined in s. 409.986(3), the child welfare
150 system, and the Department of Juvenile Justice.

151 4. Require access to a board-certified or board-eligible
152 psychiatrist or psychiatric nurse practitioner.

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

159 Section 3. Section 394.4955, Florida Statutes, is created
160 to read:

161 394.4955 Coordinated system of care; child and adolescent
162 mental health treatment and support.-

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

174 (2) (a) The managing entity shall lead a planning process

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

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

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

195 (d) Each plan shall integrate with the local plan developed
196 under s. 394.4573.

197 (3) By July 1, 2021, the managing entity shall complete the
198 plans developed under this section and submit them to the
199 department. By July 1, 2022, the entities involved in the
200 planning process shall implement the coordinated system of care
201 specified in each plan. The managing entity and collaborating
202 organizations shall review and update the plans, as necessary,
203 at least every 3 years thereafter.

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

210 (5) The managing entity and collaborating organizations
211 shall document each coordinated system of care for children and
212 adolescents through written memoranda of understanding or other
213 binding arrangements.

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

218 Section 4. Paragraph (c) of subsection (3) and paragraphs
219 (b) and (d) of subsection (5) of section 394.9082, Florida
220 Statutes, are amended, and paragraph (t) is added to subsection
221 (5) of that section, to read:

222 394.9082 Behavioral health managing entities.—

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

224 (c) Define the priority populations that will benefit from
225 receiving care coordination. In defining such populations, the
226 department shall take into account the availability of resources
227 and consider:

228 1. The number and duration of involuntary admissions within
229 a specified time.

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

232 3. Whether the individual has recently resided in or is

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233 currently awaiting admission to or discharge from a treatment
234 facility as defined in s. 394.455.

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

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

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

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

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

254 (d) Promote the development and effective implementation of
255 a coordinated system of care pursuant to ss. 394.4573 and
256 394.495 ~~s. 394.4573~~.

257 (t) Promote the use of available crisis intervention
258 services by requiring contracted providers to provide contact
259 information for mobile response teams established under s.
260 394.495 to parents and caregivers of children, adolescents, and
261 young adults between ages 18 and 25, inclusive, who receive

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262 safety-net behavioral health services.

263 Section 5. Paragraph (b) of subsection (14) of section
264 409.175, Florida Statutes, is amended to read:

265 409.175 Licensure of family foster homes, residential
266 child-caring agencies, and child-placing agencies; public
267 records exemption.—

268 (14)

269 (b) As a condition of licensure, foster parents shall
270 successfully complete preservice training. The preservice
271 training shall be uniform statewide and shall include, but not
272 be limited to, such areas as:

273 1. Orientation regarding agency purpose, objectives,
274 resources, policies, and services;

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

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

278 4. Management of difficult child behavior that can be
279 intensified by placement, by prior abuse or neglect, and by
280 prior placement disruptions;

281 5. Prevention of placement disruptions;

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

284 7. Effects of foster parenting on the family of the foster
285 parent; and

286 8. Information about and contact information for the local
287 mobile response team as a means for addressing a behavioral
288 health crisis or preventing placement disruption.

289 Section 6. Paragraph (c) of subsection (2) of section
290 409.967, Florida Statutes, is amended to read:

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291 409.967 Managed care plan accountability.—

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

296 (c) *Access*.—

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

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320 accept and display feedback from each provider's patients. Each
321 plan shall submit quarterly reports to the agency identifying
322 the number of enrollees assigned to each primary care provider.
323 The agency shall conduct, or contract for, systematic and
324 continuous testing of the provider network databases maintained
325 by each plan to confirm accuracy, confirm that behavioral health
326 providers are accepting enrollees, and confirm that enrollees
327 have access to behavioral health services.

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

341 3. Managed care plans, and their fiscal agents or
342 intermediaries, must accept prior authorization requests for any
343 service electronically.

344 4. Managed care plans serving children in the care and
345 custody of the Department of Children and Families must maintain
346 complete medical, dental, and behavioral health encounter
347 information and participate in making such information available
348 to the department or the applicable contracted community-based

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

362 Section 7. Paragraph (f) of subsection (1) of section
363 409.988, Florida Statutes, is amended to read:

364 409.988 Lead agency duties; general provisions.-

365 (1) DUTIES.-A lead agency:

366 (f) Shall ensure that all individuals providing care for
367 dependent children receive:

368 1. Appropriate training and meet the minimum employment
369 standards established by the department.

370 2. Contact information for the local mobile response team
371 established under s. 394.495.

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

374 985.601 Administering the juvenile justice continuum.-

375 (4) The department shall maintain continuing cooperation
376 with the Department of Education, the Department of Children and
377 Families, the Department of Economic Opportunity, and the

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

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

393 1003.02 District school board operation and control of
394 public K-12 education within the school district.—As provided in
395 part II of chapter 1001, district school boards are
396 constitutionally and statutorily charged with the operation and
397 control of public K-12 education within their school district.
398 The district school boards must establish, organize, and operate
399 their public K-12 schools and educational programs, employees,
400 and facilities. Their responsibilities include staff
401 development, public K-12 school student education including
402 education for exceptional students and students in juvenile
403 justice programs, special programs, adult education programs,
404 and career education programs. Additionally, district school
405 boards must:

406 (5) Participate in the planning process for promoting a

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407 coordinated system of care for children and adolescents pursuant
408 to s. 394.4955.

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

412 1004.44 Louis de la Parte Florida Mental Health Institute.—
413 There is established the Louis de la Parte Florida Mental Health
414 Institute within the University of South Florida.

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

423 Section 11. Paragraph (c) of subsection (1) of section
424 1006.04, Florida Statutes, is amended to read:

425 1006.04 Educational multiagency services for students with
426 severe emotional disturbance.—

427 (1)

428 (c) The multiagency network shall:

429 1. Support and represent the needs of students in each
430 school district in joint planning with fiscal agents of
431 children's mental health funds, including the expansion of
432 school-based mental health services, transition services, and
433 integrated education and treatment programs.

434 2. Improve coordination of services for children with or at
435 risk of emotional or behavioral disabilities and their families

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436 by assisting multi-agency collaborative initiatives to identify
437 critical issues and barriers of mutual concern and develop local
438 response systems that increase home and school connections and
439 family engagement.

440 3. Increase parent and youth involvement and development
441 with local systems of care.

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

449 5. Participate in the planning process for promoting a
450 coordinated system of care for children and adolescents pursuant
451 to s. 394.4955.

452 Section 12. The Department of Children and Families and the
453 Agency for Health Care Administration shall assess the quality
454 of care provided in crisis stabilization units to children and
455 adolescents who are high utilizers of crisis stabilization
456 services. The department and agency shall review current
457 standards of care for such settings applicable to licensure
458 under chapters 394 and 408, Florida Statutes, and designation
459 under s. 394.461, Florida Statutes; compare the standards to
460 other states' standards and relevant national standards; and
461 make recommendations for improvements to such standards. The
462 assessment and recommendations shall address, at a minimum,
463 efforts by each facility to gather and assess information
464 regarding each child or adolescent, to coordinate with other

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465 providers treating the child or adolescent, and to create
466 discharge plans that comprehensively and effectively address the
467 needs of the child or adolescent to avoid or reduce his or her
468 future use of crisis stabilization services. The department and
469 agency shall jointly submit a report of their findings and
470 recommendations to the Governor, the President of the Senate,
471 and the Speaker of the House of Representatives by November 15,
472 2020.

473 Section 13. This act shall take effect July 1, 2020.