

Amendment No.

CHAMBER ACTION

Senate

House

.

Representative Silvers offered the following:

Amendment (with title amendment)

Remove lines 153-622 and insert:

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

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

5. Require mobile response teams to refer children, adolescents, or young adults and their families to an array of crisis response services that address individual and family

233097

Approved For Filing: 3/3/2020 3:50:41 PM

Amendment No.

14 needs, including screening, standardized assessments, early
15 identification, and community services as necessary to address
16 the immediate crisis event.

17 Section 3. Section 394.4955, Florida Statutes, is created
18 to read:

19 394.4955 Coordinated system of care; child and adolescent
20 mental health treatment and support.—

21 (1) Pursuant to s. 394.9082(5)(d), each managing entity
22 shall lead the development of a plan that promotes the
23 development and effective implementation of a coordinated system
24 of care which integrates services provided through providers
25 funded by the state's child-serving systems and facilitates
26 access by children and adolescents, as resources permit, to
27 needed mental health treatment and services at any point of
28 entry regardless of the time of year, intensity, or complexity
29 of the need, and other systems with which such children and
30 adolescents are involved, as well as treatment and services
31 available through other systems for which they would qualify.

32 (2) (a) The planning process shall include, but is not
33 limited to, children and adolescents with behavioral health
34 needs and their families; behavioral health service providers;
35 law enforcement agencies; school districts or superintendents;
36 the multiagency network for students with emotional or
37 behavioral disabilities; the department; and representatives of
38 the child welfare and juvenile justice systems, early learning

233097

Approved For Filing: 3/3/2020 3:50:41 PM

Amendment No.

39 coalitions, the Agency for Health Care Administration, Medicaid
40 managed medical assistance plans, the Agency for Persons with
41 Disabilities, the Department of Juvenile Justice, and other
42 community partners. An organization receiving state funding must
43 participate in the planning process if requested by the managing
44 entity. State agencies shall provide reasonable staff support to
45 the planning process if requested by the managing entity.

46 (b) The planning process shall take into consideration the
47 geographical distribution of the population, needs, and
48 resources, and create separate plans on an individual county or
49 multi-county basis, as needed, to maximize collaboration and
50 communication at the local level.

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

54 (d) Each plan shall integrate with the local plan
55 developed under s. 394.4573.

56 (3) By January 1, 2022, the managing entity shall complete
57 the plans developed under this section and submit them to the
58 department. By January 1, 2023, the entities involved in the
59 planning process shall implement the coordinated system of care
60 specified in each plan. The managing entity and collaborating
61 organizations shall review and update the plans, as necessary,
62 at least every 3 years thereafter.

233097

Approved For Filing: 3/3/2020 3:50:41 PM

Amendment No.

63 (4) The managing entity and collaborating organizations
64 shall create integrated service delivery approaches within
65 current resources that facilitate parents and caregivers
66 obtaining services and support by making referrals to
67 specialized treatment providers, if necessary, with follow up to
68 ensure services are received.

69 (5) The managing entity and collaborating organizations
70 shall document each coordinated system of care for children and
71 adolescents through written memoranda of understanding or other
72 binding arrangements.

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

77 Section 4. Paragraph (c) of subsection (3) and paragraphs
78 (b) and (d) of subsection (5) of section 394.9082, Florida
79 Statutes, are amended, and paragraph (t) is added to subsection
80 (5) of that section, to read:

81 394.9082 Behavioral health managing entities.—

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

83 (c) Define the priority populations that will benefit from
84 receiving care coordination. In defining such populations, the
85 department shall take into account the availability of resources
86 and consider:

233097

Approved For Filing: 3/3/2020 3:50:41 PM

Amendment No.

87 1. The number and duration of involuntary admissions
88 within a specified time.

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

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

94 4. The degree of utilization of behavioral health
95 services.

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

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

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

102 (b) Conduct a community behavioral health care needs
103 assessment every 3 years in the geographic area served by the
104 managing entity which identifies needs by subregion. The process
105 for conducting the needs assessment shall include an opportunity
106 for public participation. The assessment shall include, at a
107 minimum, the information the department needs for its annual
108 report to the Governor and Legislature pursuant to s. 394.4573.
109 The assessment shall also include a list and descriptions of any
110 gaps in the arrays of services for children or adolescents
111 identified pursuant to s. 394.4955 and recommendations for

233097

Approved For Filing: 3/3/2020 3:50:41 PM

Amendment No.

112 addressing such gaps. The managing entity shall provide the
113 needs assessment to the department.

114 (d) Promote the development and effective implementation
115 of a coordinated system of care pursuant to ss. 394.4573 and
116 394.495 ~~s. 394.4573~~.

117 (t) Promote the use of available crisis intervention
118 services by requiring contracted providers to provide contact
119 information for mobile response teams established under s.
120 394.495 to parents and caregivers of children, adolescents, and
121 young adults between ages 18 and 25, inclusive, who receive
122 safety-net behavioral health services.

123 Section 5. Paragraph (b) of subsection (14) of section
124 409.175, Florida Statutes, is amended to read:

125 409.175 Licensure of family foster homes, residential
126 child-caring agencies, and child-placing agencies; public
127 records exemption.—

128 (14)

129 (b) As a condition of licensure, foster parents shall
130 successfully complete preservice training. The preservice
131 training shall be uniform statewide and shall include, but not
132 be limited to, such areas as:

- 133 1. Orientation regarding agency purpose, objectives,
134 resources, policies, and services;
- 135 2. Role of the foster parent as a treatment team member;

233097

Approved For Filing: 3/3/2020 3:50:41 PM

Amendment No.

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

138 4. Management of difficult child behavior that can be
139 intensified by placement, by prior abuse or neglect, and by
140 prior placement disruptions;

141 5. Prevention of placement disruptions;

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

144 7. Effects of foster parenting on the family of the foster
145 parent; and

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

149 Section 6. Paragraph (c) of subsection (2) of section
150 409.967, Florida Statutes, is amended to read:

151 409.967 Managed care plan accountability.—

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

156 (c) Access.—

157 1. The agency shall establish specific standards for the
158 number, type, and regional distribution of providers in managed
159 care plan networks to ensure access to care for both adults and
160 children. Each plan must maintain a regionwide network of

233097

Approved For Filing: 3/3/2020 3:50:41 PM

Amendment No.

161 providers in sufficient numbers to meet the access standards for
162 specific medical services for all recipients enrolled in the
163 plan. The exclusive use of mail-order pharmacies may not be
164 sufficient to meet network access standards. Consistent with the
165 standards established by the agency, provider networks may
166 include providers located outside the region. A plan may
167 contract with a new hospital facility before the date the
168 hospital becomes operational if the hospital has commenced
169 construction, will be licensed and operational by January 1,
170 2013, and a final order has issued in any civil or
171 administrative challenge. Each plan shall establish and maintain
172 an accurate and complete electronic database of contracted
173 providers, including information about licensure or
174 registration, locations and hours of operation, specialty
175 credentials and other certifications, specific performance
176 indicators, and such other information as the agency deems
177 necessary. The database must be available online to both the
178 agency and the public and have the capability to compare the
179 availability of providers to network adequacy standards and to
180 accept and display feedback from each provider's patients. Each
181 plan shall submit quarterly reports to the agency identifying
182 the number of enrollees assigned to each primary care provider.
183 The agency shall conduct, or contract for, systematic and
184 continuous testing of the provider network databases maintained
185 by each plan to confirm accuracy, confirm that behavioral health

233097

Approved For Filing: 3/3/2020 3:50:41 PM

Amendment No.

186 providers are accepting enrollees, and confirm that enrollees
187 have access to behavioral health services.

188 2. Each managed care plan must publish any prescribed drug
189 formulary or preferred drug list on the plan's website in a
190 manner that is accessible to and searchable by enrollees and
191 providers. The plan must update the list within 24 hours after
192 making a change. Each plan must ensure that the prior
193 authorization process for prescribed drugs is readily accessible
194 to health care providers, including posting appropriate contact
195 information on its website and providing timely responses to
196 providers. For Medicaid recipients diagnosed with hemophilia who
197 have been prescribed anti-hemophilic-factor replacement
198 products, the agency shall provide for those products and
199 hemophilia overlay services through the agency's hemophilia
200 disease management program.

201 3. Managed care plans, and their fiscal agents or
202 intermediaries, must accept prior authorization requests for any
203 service electronically.

204 4. Managed care plans serving children in the care and
205 custody of the Department of Children and Families must maintain
206 complete medical, dental, and behavioral health encounter
207 information and participate in making such information available
208 to the department or the applicable contracted community-based
209 care lead agency for use in providing comprehensive and
210 coordinated case management. The agency and the department shall

233097

Approved For Filing: 3/3/2020 3:50:41 PM

Amendment No.

211 establish an interagency agreement to provide guidance for the
212 format, confidentiality, recipient, scope, and method of
213 information to be made available and the deadlines for
214 submission of the data. The scope of information available to
215 the department shall be the data that managed care plans are
216 required to submit to the agency. The agency shall determine the
217 plan's compliance with standards for access to medical, dental,
218 and behavioral health services; the use of medications; and
219 followup on all medically necessary services recommended as a
220 result of early and periodic screening, diagnosis, and
221 treatment.

222 Section 7. Paragraph (f) of subsection (1) of section
223 409.988, Florida Statutes, is amended to read:

224 409.988 Lead agency duties; general provisions.—

225 (1) DUTIES.—A lead agency:

226 (f) Shall ensure that all individuals providing care for
227 dependent children receive:

228 1. Appropriate training and meet the minimum employment
229 standards established by the department.

230 2. Contact information for the local mobile response team
231 established under s. 394.495.

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

234 985.601 Administering the juvenile justice continuum.—

233097

Approved For Filing: 3/3/2020 3:50:41 PM

Amendment No.

235 (4) The department shall maintain continuing cooperation
236 with the Department of Education, the Department of Children and
237 Families, the Department of Economic Opportunity, and the
238 Department of Corrections for the purpose of participating in
239 agreements with respect to dropout prevention and the reduction
240 of suspensions, expulsions, and truancy; increased access to and
241 participation in high school equivalency diploma, vocational,
242 and alternative education programs; and employment training and
243 placement assistance. The cooperative agreements between the
244 departments shall include an interdepartmental plan to cooperate
245 in accomplishing the reduction of inappropriate transfers of
246 children into the adult criminal justice and correctional
247 systems. As part of its continuing cooperation, the department
248 shall participate in the planning process for promoting a
249 coordinated system of care for children and adolescents pursuant
250 to s. 394.4955.

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

253 1003.02 District school board operation and control of
254 public K-12 education within the school district.—As provided in
255 part II of chapter 1001, district school boards are
256 constitutionally and statutorily charged with the operation and
257 control of public K-12 education within their school district.
258 The district school boards must establish, organize, and operate
259 their public K-12 schools and educational programs, employees,

233097

Approved For Filing: 3/3/2020 3:50:41 PM

Amendment No.

260 and facilities. Their responsibilities include staff
261 development, public K-12 school student education including
262 education for exceptional students and students in juvenile
263 justice programs, special programs, adult education programs,
264 and career education programs. Additionally, district school
265 boards must:

266 (5) Participate in the planning process for promoting a
267 coordinated system of care for children and adolescents pursuant
268 to s. 394.4955.

269 Section 10. Paragraph (c) of subsection (1) of section
270 1006.04, Florida Statutes, is amended to read:

271 1006.04 Educational multiagency services for students with
272 severe emotional disturbance.—

273 (1)

274 (c) The multiagency network shall:

275 1. Support and represent the needs of students in each
276 school district in joint planning with fiscal agents of
277 children's mental health funds, including the expansion of
278 school-based mental health services, transition services, and
279 integrated education and treatment programs.

280 2. Improve coordination of services for children with or
281 at risk of emotional or behavioral disabilities and their
282 families by assisting multi-agency collaborative initiatives to
283 identify critical issues and barriers of mutual concern and

233097

Approved For Filing: 3/3/2020 3:50:41 PM

Amendment No.

284 develop local response systems that increase home and school
285 connections and family engagement.

286 3. Increase parent and youth involvement and development
287 with local systems of care.

288 4. Facilitate student and family access to effective
289 services and programs for students with and at risk of emotional
290 or behavioral disabilities that include necessary educational,
291 residential, and mental health treatment services, enabling
292 these students to learn appropriate behaviors, reduce
293 dependency, and fully participate in all aspects of school and
294 community living.

295 5. Participate in the planning process for promoting a
296 coordinated system of care for children and adolescents pursuant
297 to s. 394.4955.

298 Section 11. Paragraph (b) of subsection (16) of section
299 1011.62, Florida Statutes, is amended to read:

300 1011.62 Funds for operation of schools.—If the annual
301 allocation from the Florida Education Finance Program to each
302 district for operation of schools is not determined in the
303 annual appropriations act or the substantive bill implementing
304 the annual appropriations act, it shall be determined as
305 follows:

306 (16) MENTAL HEALTH ASSISTANCE ALLOCATION.—The mental
307 health assistance allocation is created to provide funding to
308 assist school districts in establishing or expanding school-

233097

Approved For Filing: 3/3/2020 3:50:41 PM

Amendment No.

309 based mental health care; train educators and other school staff
310 in detecting and responding to mental health issues; and connect
311 children, youth, and families who may experience behavioral
312 health issues with appropriate services. These funds shall be
313 allocated annually in the General Appropriations Act or other
314 law to each eligible school district. Each school district shall
315 receive a minimum of \$100,000, with the remaining balance
316 allocated based on each school district's proportionate share of
317 the state's total unweighted full-time equivalent student
318 enrollment. Charter schools that submit a plan separate from the
319 school district are entitled to a proportionate share of
320 district funding. The allocated funds may not supplant funds
321 that are provided for this purpose from other operating funds
322 and may not be used to increase salaries or provide bonuses.
323 School districts are encouraged to maximize third-party health
324 insurance benefits and Medicaid claiming for services, where
325 appropriate.

326 (b) The plans required under paragraph (a) must be focused
327 on a multitiered system of supports to deliver evidence-based
328 mental health care assessment, diagnosis, intervention,
329 treatment, and recovery services to students with one or more
330 mental health or co-occurring substance abuse diagnoses and to
331 students at high risk of such diagnoses. The provision of these
332 services must be coordinated with a student's primary mental
333 health care provider and with other mental health providers

233097

Approved For Filing: 3/3/2020 3:50:41 PM

Amendment No.

334 involved in the student's care. At a minimum, the plans must
335 include the following elements:

336 1. Direct employment of school-based mental health
337 services providers to expand and enhance school-based student
338 services and to reduce the ratio of students to staff in order
339 to better align with nationally recommended ratio models. These
340 providers include, but are not limited to, certified school
341 counselors, school psychologists, school social workers, and
342 other licensed mental health professionals. The plan also must
343 identify strategies to increase the amount of time that school-
344 based student services personnel spend providing direct services
345 to students, which may include the review and revision of
346 district staffing resource allocations based on school or
347 student mental health assistance needs.

348 2. Contracts or interagency agreements with one or more
349 local community behavioral health providers or providers of
350 Community Action Team services to provide a behavioral health
351 staff presence and services at district schools. Services may
352 include, but are not limited to, mental health screenings and
353 assessments, individual counseling, family counseling, group
354 counseling, psychiatric or psychological services, trauma-
355 informed care, mobile crisis services, and behavior
356 modification. These behavioral health services may be provided
357 on or off the school campus and may be supplemented by
358 telehealth.

233097

Approved For Filing: 3/3/2020 3:50:41 PM

Amendment No.

359 3. Policies and procedures, including contracts with
360 service providers, which will ensure that:

361 a. Parents of students are provided information about
362 behavioral health services available through the students'
363 school or local community-based behavioral health services
364 providers, including, but not limited to, the mobile response
365 team as established in s. 394.495 serving their area. A school
366 may meet this requirement by providing information about and
367 internet addresses for web-based directories or guides of local
368 behavioral health services as long as such directories or guides
369 are easily navigated and understood by individuals unfamiliar
370 with behavioral health delivery systems or services and include
371 specific contact information for local behavioral health
372 providers.

373 b. Students who are referred to a school-based or
374 community-based mental health service provider for mental health
375 screening for the identification of mental health concerns and
376 ensure that the assessment of students at risk for mental health
377 disorders occurs within 15 days of referral. School-based mental
378 health services must be initiated within 15 days after
379 identification and assessment, and support by community-based
380 mental health service providers for students who are referred
381 for community-based mental health services must be initiated
382 within 30 days after the school or district makes a referral.

233097

Approved For Filing: 3/3/2020 3:50:41 PM

Amendment No.

383 c. Referrals to behavioral health services available
384 through other delivery systems or payors for which a student or
385 individuals living in the household of a student receiving
386 services under this subsection may qualify, if such services
387 appear to be needed or enhancements in those individuals'
388 behavioral health would contribute to the improved well-being of
389 the student.

390 4. Strategies or programs to reduce the likelihood of at-
391 risk students developing social, emotional, or behavioral health
392 problems, depression, anxiety disorders, suicidal tendencies, or
393 substance use disorders.

394 5. Strategies to improve the early identification of
395 social, emotional, or behavioral problems or substance use
396 disorders, to improve the provision of early intervention
397 services, and to assist students in dealing with trauma and
398 violence.

399 Section 12. Paragraph (1) of subsection (3) of section
400 1002.20, Florida Statutes, is amended to read:

401 1002.20 K-12 student and parent rights.—Parents of public
402 school students must receive accurate and timely information
403 regarding their child's academic progress and must be informed
404 of ways they can help their child to succeed in school. K-12
405 students and their parents are afforded numerous statutory
406 rights including, but not limited to, the following:

407 (3) HEALTH ISSUES.—

233097

Approved For Filing: 3/3/2020 3:50:41 PM

Amendment No.

408 (1) Notification of involuntary examinations.—The public
409 school principal or the principal's designee shall immediately
410 notify the parent of a student who is removed from school,
411 school transportation, or a school-sponsored activity and taken
412 to a receiving facility for an involuntary examination pursuant
413 to s. 394.463. The principal or the principal's designee may
414 delay notification for no more than 24 hours after the student
415 is removed if the principal or the principal's designee deems
416 the delay to be in the student's best interest and if a report
417 has been submitted to the central abuse hotline, pursuant to s.
418 39.201, based upon knowledge or suspicion of abuse, abandonment,
419 or neglect. Before a student is removed from school, school
420 transportation, or a school-sponsored activity, the principal or
421 the principal's designee must verify that de-escalation
422 strategies have been utilized and outreach to a mobile response
423 team has been initiated unless the principal or the principal's
424 designee reasonably believes that any delay in removing the
425 student will increase the likelihood of harm to the student or
426 others. Each district school board shall develop a policy and
427 procedures for notification under this paragraph.

428 Section 13. Paragraph (q) of subsection (9) of section
429 1002.33, Florida Statutes, is amended to read:

430 1002.33 Charter schools.—

431 (9) CHARTER SCHOOL REQUIREMENTS.—

233097

Approved For Filing: 3/3/2020 3:50:41 PM

Amendment No.

432 (q) The charter school principal or the principal's
433 designee shall immediately notify the parent of a student who is
434 removed from school, school transportation, or a school-
435 sponsored activity and taken to a receiving facility for an
436 involuntary examination pursuant to s. 394.463. The principal or
437 the principal's designee may delay notification for no more than
438 24 hours after the student is removed if the principal or the
439 principal's designee deems the delay to be in the student's best
440 interest and if a report has been submitted to the central abuse
441 hotline, pursuant to s. 39.201, based upon knowledge or
442 suspicion of abuse, abandonment, or neglect. Before a student is
443 removed from school, school transportation, or a school-
444 sponsored activity, the principal or the principal's designee
445 must verify that de-escalation strategies have been utilized and
446 outreach to a mobile response team has been initiated unless the
447 principal or the principal's designee reasonably believes that
448 any delay in removing the student will increase the likelihood
449 of harm to the student or others. Each charter school governing
450 board shall develop a policy and procedures for notification
451 under this paragraph.

452 -----
453
454 **T I T L E A M E N D M E N T**

455 Remove lines 53-56 and insert:
456 system of care; amending s.

233097

Approved For Filing: 3/3/2020 3:50:41 PM