

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED (Y/N)
ADOPTED AS AMENDED (Y/N)
ADOPTED W/O OBJECTION (Y/N)
FAILED TO ADOPT (Y/N)
WITHDRAWN (Y/N)
OTHER

1 Committee/Subcommittee hearing bill: Health & Human Services
2 Committee

3 Representative Silvers offered the following:

4
5 **Amendment (with title amendment)**

6 Remove lines 109-572 and insert:

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

8 1. Triage new requests to determine the level of severity
9 and prioritize new requests that meet the clinical threshold for
10 an in-person response. To the extent permitted by available
11 resources, teams must provide in-person responses to such calls
12 meeting that clinical level of response within 60 minutes after
13 prioritization.

14 2. Respond to a crisis in the location where the crisis is
15 occurring.

Amendment No. 1

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

19 4. Provide evidence-based practices to children,
20 adolescents, young adults, and families to enable them to
21 deescalate and respond to behavioral challenges that they are
22 facing and to reduce the potential for future crises.

23 5. Provide screening, standardized assessments, early
24 identification, and referrals to community services.

25 6. Provide care coordination by facilitating the
26 transition to ongoing services.

27 7. Ensure there is a process in place for informed consent
28 and confidentiality compliance measures.

29 8. Promote information sharing and the use of innovative
30 technology.

31 9. Coordinate with the applicable managing entity to
32 establish informal partnerships with key entities providing
33 behavioral health services and supports to children,
34 adolescents, or young adults and their families to facilitate
35 continuity of care.

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

38 1. Collaborate with local sheriff's offices and public
39 schools in the planning, development, evaluation, and selection
40 processes.

Amendment No. 1

41 2. Require that services be made available 24 hours per
42 day, 7 days per week.

43 3. Require the provider to establish response protocols
44 with local law enforcement agencies, local community-based care
45 lead agencies as defined in s. 409.986(3), the child welfare
46 system, and the Department of Juvenile Justice. The response
47 protocol with a school district shall be consistent with the
48 model response protocol developed under s. 1004.44.

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

51 5. Require mobile response teams to refer children,
52 adolescents, or young adults and their families to an array of
53 crisis response services that address individual and family
54 needs, including screening, standardized assessments, early
55 identification, and community services as necessary to address
56 the immediate crisis event.

57 Section 3. Section 394.4955, Florida Statutes, is created
58 to read:

59 394.4955 Coordinated system of care; child and adolescent
60 mental health treatment and support.-

61 (1) Pursuant to s. 394.9082(5)(d), each managing entity
62 shall lead the development of a plan that promotes the
63 development and effective implementation of a coordinated system
64 of care which integrates services provided through providers
65 funded by the state's child-serving systems and facilitates

Amendment No. 1

66 access by children and adolescents, as resources permit, to
67 needed mental health treatment and services at any point of
68 entry regardless of the time of year, intensity, or complexity
69 of the need, and other systems with which such children and
70 adolescents are involved, as well as treatment and services
71 available through other systems for which they would qualify.

72 (2) (a) The planning process shall include, but is not
73 limited to, children and adolescents with behavioral health
74 needs and their families; behavioral health service providers;
75 law enforcement agencies; school districts or superintendents;
76 the multiagency network for students with emotional or
77 behavioral disabilities; the department; and representatives of
78 the child welfare and juvenile justice systems, early learning
79 coalitions, the Agency for Health Care Administration, Medicaid
80 managed medical assistance plans, the Agency for Persons with
81 Disabilities, the Department of Juvenile Justice, and other
82 community partners. An organization receiving state funding must
83 participate in the planning process if requested by the
84 managing entity. State agencies shall provide reasonable staff
85 support to the planning process if requested by the managing
86 entity.

87 (b) The planning process shall take into consideration the
88 geographical distribution of the population, needs, and
89 resources, and create separate plans on an individual county or

Amendment No. 1

90 multi-county basis, as needed, to maximize collaboration and
91 communication at the local level.

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

95 (d) Each plan shall integrate with the local plan
96 developed under s. 394.4573.

97 (3) By January 1, 2022, the managing entity shall complete
98 the plans developed under this section and submit them to the
99 department. By January 1, 2023, the entities involved in the
100 planning process shall implement the coordinated system of care
101 specified in each plan. The managing entity and collaborating
102 organizations shall review and update the plans, as necessary,
103 at least every 3 years thereafter.

104 (4) The managing entity and collaborating organizations
105 shall create integrated service delivery approaches within
106 current resources that facilitate parents and caregivers
107 obtaining services and support by making referrals to
108 specialized treatment providers, if necessary, with follow up to
109 ensure services are received.

110 (5) The managing entity and collaborating organizations
111 shall document each coordinated system of care for children and
112 adolescents through written memoranda of understanding or other
113 binding arrangements.

Amendment No. 1

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

118 Section 4. Paragraph (c) of subsection (3) and paragraphs
119 (b) and (d) of subsection (5) of section 394.9082, Florida
120 Statutes, are amended, and paragraph (t) is added to subsection
121 (5) of that section, to read:

122 394.9082 Behavioral health managing entities.—

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

124 (c) Define the priority populations that will benefit from
125 receiving care coordination. In defining such populations, the
126 department shall take into account the availability of resources
127 and consider:

128 1. The number and duration of involuntary admissions
129 within a specified time.

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

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

135 4. The degree of utilization of behavioral health
136 services.

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

Amendment No. 1

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

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

143 (b) Conduct a community behavioral health care needs
144 assessment every 3 years in the geographic area served by the
145 managing entity which identifies needs by subregion. The process
146 for conducting the needs assessment shall include an opportunity
147 for public participation. The assessment shall include, at a
148 minimum, the information the department needs for its annual
149 report to the Governor and Legislature pursuant to s. 394.4573.
150 The assessment shall also include a list and descriptions of any
151 gaps in the arrays of services for children or adolescents
152 identified pursuant to s. 394.4955 and recommendations for
153 addressing such gaps. The managing entity shall provide the
154 needs assessment to the department.

155 (d) Promote the development and effective implementation
156 of a coordinated system of care pursuant to ss. 394.4573 and
157 394.495 ~~s. 394.4573~~.

158 (t) Promote the use of available crisis intervention
159 services by requiring contracted providers to provide contact
160 information for mobile response teams established under s.
161 394.495 to parents and caregivers of children, adolescents, and
162 young adults between ages 18 and 25, inclusive, who receive
163 safety-net behavioral health services.

Amendment No. 1

164 Section 5. Paragraph (b) of subsection (14) of section
165 409.175, Florida Statutes, is amended to read:

166 409.175 Licensure of family foster homes, residential
167 child-caring agencies, and child-placing agencies; public
168 records exemption.—

169 (14)

170 (b) As a condition of licensure, foster parents shall
171 successfully complete preservice training. The preservice
172 training shall be uniform statewide and shall include, but not
173 be limited to, such areas as:

174 1. Orientation regarding agency purpose, objectives,
175 resources, policies, and services;

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

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

179 4. Management of difficult child behavior that can be
180 intensified by placement, by prior abuse or neglect, and by
181 prior placement disruptions;

182 5. Prevention of placement disruptions;

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

185 7. Effects of foster parenting on the family of the foster
186 parent; and

Amendment No. 1

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

190 Section 6. Paragraph (c) of subsection (2) of section
191 409.967, Florida Statutes, is amended to read:

192 409.967 Managed care plan accountability.—

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

197 (c) Access.—

198 1. The agency shall establish specific standards for the
199 number, type, and regional distribution of providers in managed
200 care plan networks to ensure access to care for both adults and
201 children. Each plan must maintain a regionwide network of
202 providers in sufficient numbers to meet the access standards for
203 specific medical services for all recipients enrolled in the
204 plan. The exclusive use of mail-order pharmacies may not be
205 sufficient to meet network access standards. Consistent with the
206 standards established by the agency, provider networks may
207 include providers located outside the region. A plan may
208 contract with a new hospital facility before the date the
209 hospital becomes operational if the hospital has commenced
210 construction, will be licensed and operational by January 1,
211 2013, and a final order has issued in any civil or

524669 - h0945-line109.docx

Published On: 2/25/2020 8:01:08 PM

Amendment No. 1

212 administrative challenge. Each plan shall establish and maintain
213 an accurate and complete electronic database of contracted
214 providers, including information about licensure or
215 registration, locations and hours of operation, specialty
216 credentials and other certifications, specific performance
217 indicators, and such other information as the agency deems
218 necessary. The database must be available online to both the
219 agency and the public and have the capability to compare the
220 availability of providers to network adequacy standards and to
221 accept and display feedback from each provider's patients. Each
222 plan shall submit quarterly reports to the agency identifying
223 the number of enrollees assigned to each primary care provider.
224 The agency shall conduct, or contract for, systematic and
225 continuous testing of the provider network databases maintained
226 by each plan to confirm accuracy, confirm that behavioral health
227 providers are accepting enrollees, and confirm that enrollees
228 have access to behavioral health services.

229 2. Each managed care plan must publish any prescribed drug
230 formulary or preferred drug list on the plan's website in a
231 manner that is accessible to and searchable by enrollees and
232 providers. The plan must update the list within 24 hours after
233 making a change. Each plan must ensure that the prior
234 authorization process for prescribed drugs is readily accessible
235 to health care providers, including posting appropriate contact
236 information on its website and providing timely responses to

524669 - h0945-line109.docx

Published On: 2/25/2020 8:01:08 PM

Amendment No. 1

237 providers. For Medicaid recipients diagnosed with hemophilia who
238 have been prescribed anti-hemophilic-factor replacement
239 products, the agency shall provide for those products and
240 hemophilia overlay services through the agency's hemophilia
241 disease management program.

242 3. Managed care plans, and their fiscal agents or
243 intermediaries, must accept prior authorization requests for any
244 service electronically.

245 4. Managed care plans serving children in the care and
246 custody of the Department of Children and Families must maintain
247 complete medical, dental, and behavioral health encounter
248 information and participate in making such information available
249 to the department or the applicable contracted community-based
250 care lead agency for use in providing comprehensive and
251 coordinated case management. The agency and the department shall
252 establish an interagency agreement to provide guidance for the
253 format, confidentiality, recipient, scope, and method of
254 information to be made available and the deadlines for
255 submission of the data. The scope of information available to
256 the department shall be the data that managed care plans are
257 required to submit to the agency. The agency shall determine the
258 plan's compliance with standards for access to medical, dental,
259 and behavioral health services; the use of medications; and
260 followup on all medically necessary services recommended as a

Amendment No. 1

261 result of early and periodic screening, diagnosis, and
262 treatment.

263 Section 7. Paragraph (f) of subsection (1) of section
264 409.988, Florida Statutes, is amended to read:

265 409.988 Lead agency duties; general provisions.—

266 (1) DUTIES.—A lead agency:

267 (f) Shall ensure that all individuals providing care for
268 dependent children receive:

269 1. Appropriate training and meet the minimum employment
270 standards established by the department.

271 2. Contact information for the local mobile response team
272 established under s. 394.495.

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

275 985.601 Administering the juvenile justice continuum.—

276 (4) The department shall maintain continuing cooperation
277 with the Department of Education, the Department of Children and
278 Families, the Department of Economic Opportunity, and the
279 Department of Corrections for the purpose of participating in
280 agreements with respect to dropout prevention and the reduction
281 of suspensions, expulsions, and truancy; increased access to and
282 participation in high school equivalency diploma, vocational,
283 and alternative education programs; and employment training and
284 placement assistance. The cooperative agreements between the
285 departments shall include an interdepartmental plan to cooperate

Amendment No. 1

286 in accomplishing the reduction of inappropriate transfers of
287 children into the adult criminal justice and correctional
288 systems. As part of its continuing cooperation, the department
289 shall participate in the planning process for promoting a
290 coordinated system of care for children and adolescents pursuant
291 to s. 394.4955.

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

294 1003.02 District school board operation and control of
295 public K-12 education within the school district.—As provided in
296 part II of chapter 1001, district school boards are
297 constitutionally and statutorily charged with the operation and
298 control of public K-12 education within their school district.
299 The district school boards must establish, organize, and operate
300 their public K-12 schools and educational programs, employees,
301 and facilities. Their responsibilities include staff
302 development, public K-12 school student education including
303 education for exceptional students and students in juvenile
304 justice programs, special programs, adult education programs,
305 and career education programs. Additionally, district school
306 boards must:

307 (5) Participate in the planning process for promoting a
308 coordinated system of care for children and adolescents pursuant
309 to s. 394.4955.

Amendment No. 1

310 Section 10. Subsection (4) of section 1004.44, Florida
311 Statutes, is renumbered as subsection (5), and a new subsection
312 (4) is added to that section, to read:

313 1004.44 Louis de la Parte Florida Mental Health
314 Institute.—There is established the Louis de la Parte Florida
315 Mental Health Institute within the University of South Florida.

316 (4) By August 1, 2020, the institute shall develop a model
317 response protocol for schools to use mobile response teams
318 established under s. 394.495. In developing the protocol, the
319 institute shall, at a minimum, consult with school districts
320 that effectively use such teams, school districts that use such
321 teams less often, local law enforcement agencies, the Department
322 of Children and Families, managing entities as defined in s.
323 394.9082(2), and mobile response team providers.

324 Section 11. Paragraph (c) of subsection (1) of section
325 1006.04, Florida Statutes, is amended to read:

326 1006.04 Educational multiagency services for students with
327 severe emotional disturbance.—

328 (1)

329 (c) The multiagency network shall:

330 1. Support and represent the needs of students in each
331 school district in joint planning with fiscal agents of
332 children's mental health funds, including the expansion of
333 school-based mental health services, transition services, and
334 integrated education and treatment programs.

Amendment No. 1

335 2. Improve coordination of services for children with or
336 at risk of emotional or behavioral disabilities and their
337 families by assisting multi-agency collaborative initiatives to
338 identify critical issues and barriers of mutual concern and
339 develop local response systems that increase home and school
340 connections and family engagement.

341 3. Increase parent and youth involvement and development
342 with local systems of care.

343 4. Facilitate student and family access to effective
344 services and programs for students with and at risk of emotional
345 or behavioral disabilities that include necessary educational,
346 residential, and mental health treatment services, enabling
347 these students to learn appropriate behaviors, reduce
348 dependency, and fully participate in all aspects of school and
349 community living.

350 5. Participate in the planning process for promoting a
351 coordinated system of care for children and adolescents pursuant
352 to s. 394.4955.

353 Section 12. Paragraph (b) of subsection (16) of section
354 1011.62, Florida Statutes, is amended to read:

355 1011.62 Funds for operation of schools.—If the annual
356 allocation from the Florida Education Finance Program to each
357 district for operation of schools is not determined in the
358 annual appropriations act or the substantive bill implementing

Amendment No. 1

359 the annual appropriations act, it shall be determined as
360 follows:

361 (16) MENTAL HEALTH ASSISTANCE ALLOCATION.—The mental
362 health assistance allocation is created to provide funding to
363 assist school districts in establishing or expanding school-
364 based mental health care; train educators and other school staff
365 in detecting and responding to mental health issues; and connect
366 children, youth, and families who may experience behavioral
367 health issues with appropriate services. These funds shall be
368 allocated annually in the General Appropriations Act or other
369 law to each eligible school district. Each school district shall
370 receive a minimum of \$100,000, with the remaining balance
371 allocated based on each school district's proportionate share of
372 the state's total unweighted full-time equivalent student
373 enrollment. Charter schools that submit a plan separate from the
374 school district are entitled to a proportionate share of
375 district funding. The allocated funds may not supplant funds
376 that are provided for this purpose from other operating funds
377 and may not be used to increase salaries or provide bonuses.
378 School districts are encouraged to maximize third-party health
379 insurance benefits and Medicaid claiming for services, where
380 appropriate.

381 (b) The plans required under paragraph (a) must be focused
382 on a multitiered system of supports to deliver evidence-based
383 mental health care assessment, diagnosis, intervention,

524669 - h0945-line109.docx

Published On: 2/25/2020 8:01:08 PM

Amendment No. 1

384 treatment, and recovery services to students with one or more
385 mental health or co-occurring substance abuse diagnoses and to
386 students at high risk of such diagnoses. The provision of these
387 services must be coordinated with a student's primary mental
388 health care provider and with other mental health providers
389 involved in the student's care. At a minimum, the plans must
390 include the following elements:

391 1. Direct employment of school-based mental health
392 services providers to expand and enhance school-based student
393 services and to reduce the ratio of students to staff in order
394 to better align with nationally recommended ratio models. These
395 providers include, but are not limited to, certified school
396 counselors, school psychologists, school social workers, and
397 other licensed mental health professionals. The plan also must
398 identify strategies to increase the amount of time that school-
399 based student services personnel spend providing direct services
400 to students, which may include the review and revision of
401 district staffing resource allocations based on school or
402 student mental health assistance needs.

403 2. Contracts or interagency agreements with one or more
404 local community behavioral health providers or providers of
405 Community Action Team services to provide a behavioral health
406 staff presence and services at district schools. Services may
407 include, but are not limited to, mental health screenings and
408 assessments, individual counseling, family counseling, group

Amendment No. 1

409 counseling, psychiatric or psychological services, trauma-
410 informed care, mobile crisis services, and behavior
411 modification. These behavioral health services may be provided
412 on or off the school campus and may be supplemented by
413 telehealth.

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

416 a. Parents of students are provided information about
417 behavioral health services available through the students'
418 school or local community-based behavioral health services
419 providers, including, but not limited to, the mobile response
420 team as established in s. 394.495 serving their area. A school
421 may meet this requirement by providing information about and
422 internet addresses for web-based directories or guides of local
423 behavioral health services as long as such directories or guides
424 are easily navigated and understood by individuals unfamiliar
425 with behavioral health delivery systems or services and include
426 specific contact information for local behavioral health
427 providers.

428 b. School districts use the services of the mobile
429 response teams to the extent that such services are available.
430 Each school district shall establish policies and procedures to
431 carry out the model response protocol developed under s.
432 1004.44.

Amendment No. 1

433 c. Students who are referred to a school-based or
434 community-based mental health service provider for mental health
435 screening for the identification of mental health concerns and
436 ensure that the assessment of students at risk for mental health
437 disorders occurs within 15 days of referral. School-based mental
438 health services must be initiated within 15 days after
439 identification and assessment, and support by community-based
440 mental health service providers for students who are referred
441 for community-based mental health services must be initiated
442 within 30 days after the school or district makes a referral.

443 d. Referrals to behavioral health services available
444 through other delivery systems or payors for which a student or
445 individuals living in the household of a student receiving
446 services under this subsection may qualify, if such services
447 appear to be needed or enhancements in those individuals'
448 behavioral health would contribute to the improved well-being of
449 the student.

450 4. Strategies or programs to reduce the likelihood of at-
451 risk students developing social, emotional, or behavioral health
452 problems, depression, anxiety disorders, suicidal tendencies, or
453 substance use disorders.

454 5. Strategies to improve the early identification of
455 social, emotional, or behavioral problems or substance use
456 disorders, to improve the provision of early intervention

Amendment No. 1

457 services, and to assist students in dealing with trauma and
458 violence.

459 Section 13. Paragraph (1) of subsection (3) of section
460 1002.20, Florida Statutes, is amended to read:

461 1002.20 K-12 student and parent rights.—Parents of public
462 school students must receive accurate and timely information
463 regarding their child's academic progress and must be informed
464 of ways they can help their child to succeed in school. K-12
465 students and their parents are afforded numerous statutory
466 rights including, but not limited to, the following:

467 (3) HEALTH ISSUES.—

468 (1) Notification of involuntary examinations.—The public
469 school principal or the principal's designee shall immediately
470 notify the parent of a student who is removed from school,
471 school transportation, or a school-sponsored activity and taken
472 to a receiving facility for an involuntary examination pursuant
473 to s. 394.463. The principal or the principal's designee may
474 delay notification for no more than 24 hours after the student
475 is removed if the principal or the principal's designee deems
476 the delay to be in the student's best interest and if a report
477 has been submitted to the central abuse hotline, pursuant to s.
478 39.201, based upon knowledge or suspicion of abuse, abandonment,
479 or neglect. Before a student is removed from school, school
480 transportation, or a school-sponsored activity, the principal or
481 the principal's designee must verify that de-escalation

524669 - h0945-line109.docx

Published On: 2/25/2020 8:01:08 PM

Amendment No. 1

482 strategies have been utilized and outreach to a mobile response
483 team has been initiated under policies and procedures
484 established under s. 1011.62(16), unless the principal or the
485 principal's designee reasonably believes that any delay in
486 removing the student will increase the likelihood of harm to the
487 student or others. Each district school board shall develop a
488 policy and procedures for notification under this paragraph.
489 Section 14. Paragraph (q) of subsection (9) of section
490 1002.33, Florida Statutes, is amended to read:
491 1002.33 Charter schools.—
492 (9) CHARTER SCHOOL REQUIREMENTS.—
493 (q) The charter school principal or the principal's
494 designee shall immediately notify the parent of a student who is
495 removed from school, school transportation, or a school-
496 sponsored activity and taken to a receiving facility for an
497 involuntary examination pursuant to s. 394.463. The principal or
498 the principal's designee may delay notification for no more than
499 24 hours after the student is removed if the principal or the
500 principal's designee deems the delay to be in the student's best
501 interest and if a report has been submitted to the central abuse
502 hotline, pursuant to s. 39.201, based upon knowledge or
503 suspicion of abuse, abandonment, or neglect. Before a student is
504 removed from school, school transportation, or a school-
505 sponsored activity, the principal or the principal's designee
506 must verify that de-escalation strategies have been utilized and

524669 - h0945-line109.docx

Published On: 2/25/2020 8:01:08 PM

Amendment No. 1

507 outreach to a mobile response team has been initiated under
508 policies and procedures established under s. 1011.62(16), unless
509 the principal or the principal's designee reasonably believes
510 that any delay in removing the student will increase the
511 likelihood of harm to the student or others. Each charter school
512 governing board shall develop a policy and procedures for
513 notification under this paragraph.

514 -----

515 **T I T L E A M E N D M E N T**

516 Remove lines 21-60 and insert:

517 entities to lead the development of a plan promoting the
518 development of a coordinated system of care for certain
519 services; providing requirements for the planning process;
520 requiring each managing entity to submit such plan by a
521 specified date; requiring the entities involved in the planning
522 process to implement such plan by a specified date; requiring
523 that such plan be reviewed and updated periodically; amending s.
524 394.9082, F.S.; revising the duties of the department relating
525 to priority populations that will benefit from care
526 coordination; requiring that a managing entity's behavioral
527 health care needs assessment include certain information
528 regarding gaps in certain services; requiring a managing entity
529 to promote the use of available crisis intervention services;
530 amending s. 409.175, F.S.; revising requirements relating to
531 preservice training for foster parents; amending s. 409.967,

524669 - h0945-line109.docx

Published On: 2/25/2020 8:01:08 PM

Amendment No. 1

532 F.S.; requiring the Agency for Health Care Administration to
533 conduct, or contract for, the testing of provider network
534 databases maintained by Medicaid managed care plans for
535 specified purposes; amending s. 409.988, F.S.; revising the
536 duties of a lead agency relating to individuals providing care
537 for dependent children; amending s. 985.601, F.S.; requiring the
538 Department of Juvenile Justice to participate in the planning
539 process for promoting a coordinated system of care for children
540 and adolescents; amending s. 1003.02, F.S.; requiring each
541 district school board to participate in the planning process for
542 promoting a coordinated system of care; amending s. 1004.44,
543 F.S.; requiring the Louis de la Parte Florida Mental Health
544 Institute to develop, in consultation with other entities, a
545 model response protocol for schools; amending s. 1006.04, F.S.;
546 requiring the educational multiagency network to participate in
547 the planning process for promoting a coordinated system of care;
548 amending s. 1011.62, F.S.; revising the elements of a plan
549 required for school district funding under the mental health
550 assistance allocation; amending ss. 1002.20 and 1002.33, F.S.;
551 requiring verification that certain strategies have been
552 utilized and certain outreach has been initiated before a
553 student is removed from school, school transportation, or a
554 school-sponsored activity under specified circumstances;
555 requiring the Department