

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
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. 409.988, F.S.; revising the duties of a
39 | lead agency relating to individuals providing care for
40 | dependent children; amending s. 985.601, F.S.;
41 | requiring the Department of Juvenile Justice to
42 | participate in the planning process for promoting a
43 | coordinated system of care for children and
44 | adolescents; amending s. 1003.02, F.S.; requiring each
45 | district school board to participate in the planning
46 | process for promoting a coordinated system of care;
47 | amending s. 1004.44, F.S.; requiring the Louis de la
48 | Parte Florida Mental Health Institute to develop, in
49 | consultation with other entities, a model response
50 | protocol for schools; amending s. 1006.04, F.S.;

51 requiring the educational multiagency network to
52 participate in the planning process for promoting a
53 coordinated system of care; amending s. 1011.62, F.S.;
54 revising the elements of a plan required for school
55 district funding under the mental health assistance
56 allocation; requiring the Department of Children and
57 Families and Agency for Health Care Administration to
58 assess the quality of care provided in crisis
59 stabilization units to certain children and
60 adolescents; requiring the department and agency to
61 review current standards of care for certain settings
62 and make recommendations; requiring the department and
63 agency to jointly submit a report to the Governor and
64 Legislature by a specified date; providing an
65 effective date.

66
67 Be It Enacted by the Legislature of the State of Florida:

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

71 394.493 Target populations for child and adolescent mental
72 health services funded through the department.—

73 (4) Beginning with fiscal year 2020-2021 through fiscal
74 year 2021-2022, the department and the Agency for Health Care
75 Administration shall identify children and adolescents who are

76 the highest utilizers of crisis stabilization services. The
77 department and agency shall collaboratively take appropriate
78 action within available resources to meet the behavioral health
79 needs of such children and adolescents more effectively, and
80 shall jointly submit to the Legislature a quarterly report
81 listing the actions taken by both agencies to better serve such
82 children and adolescents.

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

86 394.495 Child and adolescent mental health system of care;
87 programs and services.—

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

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

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

126 transition 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
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. The response

151 protocol with a school district shall be consistent with the
152 model response protocol developed under s. 1004.44.

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

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

161 Section 3. Section 394.4955, Florida Statutes, is created
162 to read:

163 394.4955 Coordinated system of care; child and adolescent
164 mental health treatment and support.-

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

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

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

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

197 (d) Each plan shall integrate with the local plan
198 developed under s. 394.4573.

199 (3) By July 1, 2021, the managing entity shall complete
200 the plans developed under this section and submit them to the

201 department. By July 1, 2022, the entities involved in the
202 planning process shall implement the coordinated system of care
203 specified in each plan. The managing entity and collaborating
204 organizations shall review and update the plans, as necessary,
205 at least every 3 years thereafter.

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

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

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

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

224 394.9082 Behavioral health managing entities.—

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

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

230 1. The number and duration of involuntary admissions
231 within a specified time.

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

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

237 4. The degree of utilization of behavioral health
238 services.

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

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

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

245 (b) Conduct a community behavioral health care needs
246 assessment every 3 years in the geographic area served by the
247 managing entity which identifies needs by subregion. The process
248 for conducting the needs assessment shall include an opportunity
249 for public participation. The assessment shall include, at a
250 minimum, the information the department needs for its annual

251 report to the Governor and Legislature pursuant to s. 394.4573.
252 The assessment shall also include a list and descriptions of any
253 gaps in the arrays of services for children or adolescents
254 identified pursuant to s. 394.4955 and recommendations for
255 addressing such gaps. The managing entity shall provide the
256 needs assessment to the department.

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

260 (t) Promote the use of available crisis intervention
261 services by requiring contracted providers to provide contact
262 information for mobile response teams established under s.
263 394.495 to parents and caregivers of children, adolescents, and
264 young adults between ages 18 and 25, inclusive, who receive
265 safety-net behavioral health services.

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

268 409.175 Licensure of family foster homes, residential
269 child-caring agencies, and child-placing agencies; public
270 records exemption.—

271 (14)

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

- 276 1. Orientation regarding agency purpose, objectives,
 277 resources, policies, and services;
- 278 2. Role of the foster parent as a treatment team member;
- 279 3. Transition of a child into and out of foster care,
 280 including issues of separation, loss, and attachment;
- 281 4. Management of difficult child behavior that can be
 282 intensified by placement, by prior abuse or neglect, and by
 283 prior placement disruptions;
- 284 5. Prevention of placement disruptions;
- 285 6. Care of children at various developmental levels,
 286 including appropriate discipline; ~~and~~
- 287 7. Effects of foster parenting on the family of the foster
 288 parent; and
- 289 8. Information about and contact information for the local
 290 mobile response team as a means for addressing a behavioral
 291 health crisis or preventing placement disruption.
- 292 Section 6. Paragraph (f) of subsection (1) of section
 293 409.988, Florida Statutes, is amended to read:
- 294 409.988 Lead agency duties; general provisions.—
- 295 (1) DUTIES.—A lead agency:
- 296 (f) Shall ensure that all individuals providing care for
 297 dependent children receive:
- 298 1. Appropriate training and meet the minimum employment
 299 standards established by the department.
- 300 2. Contact information for the local mobile response team

301 established under s. 394.495.

302 Section 7. Subsection (4) of section 985.601, Florida
 303 Statutes, is amended to read:

304 985.601 Administering the juvenile justice continuum.—

305 (4) The department shall maintain continuing cooperation
 306 with the Department of Education, the Department of Children and
 307 Families, the Department of Economic Opportunity, and the
 308 Department of Corrections for the purpose of participating in
 309 agreements with respect to dropout prevention and the reduction
 310 of suspensions, expulsions, and truancy; increased access to and
 311 participation in high school equivalency diploma, vocational,
 312 and alternative education programs; and employment training and
 313 placement assistance. The cooperative agreements between the
 314 departments shall include an interdepartmental plan to cooperate
 315 in accomplishing the reduction of inappropriate transfers of
 316 children into the adult criminal justice and correctional
 317 systems. As part of its continuing cooperation, the department
 318 shall participate in the planning process for promoting a
 319 coordinated system of care for children and adolescents pursuant
 320 to s. 394.4955.

321 Section 8. Subsection (5) is added to section 1003.02,
 322 Florida Statutes, to read:

323 1003.02 District school board operation and control of
 324 public K-12 education within the school district.—As provided in
 325 part II of chapter 1001, district school boards are

326 constitutionally and statutorily charged with the operation and
327 control of public K-12 education within their school district.
328 The district school boards must establish, organize, and operate
329 their public K-12 schools and educational programs, employees,
330 and facilities. Their responsibilities include staff
331 development, public K-12 school student education including
332 education for exceptional students and students in juvenile
333 justice programs, special programs, adult education programs,
334 and career education programs. Additionally, district school
335 boards must:

336 (5) Participate in the planning process for promoting a
337 coordinated system of care for children and adolescents pursuant
338 to s. 394.4955.

339 Section 9. Subsection (4) of section 1004.44, Florida
340 Statutes, is renumbered as subsection (5), and a new subsection
341 (4) is added to that section, to read:

342 1004.44 Louis de la Parte Florida Mental Health
343 Institute.—There is established the Louis de la Parte Florida
344 Mental Health Institute within the University of South Florida.

345 (4) By August 1, 2020, the institute shall develop a model
346 response protocol for schools to use mobile response teams
347 established under s. 394.495. In developing the protocol, the
348 institute shall, at a minimum, consult with school districts
349 that effectively use such teams, school districts that use such
350 teams less often, local law enforcement agencies, the Department

351 of Children and Families, managing entities as defined in s.
352 394.9082(2), and mobile response team providers.

353 Section 10. Paragraph (c) of subsection (1) of section
354 1006.04, Florida Statutes, is amended to read:

355 1006.04 Educational multiagency services for students with
356 severe emotional disturbance.—

357 (1)

358 (c) The multiagency network shall:

359 1. Support and represent the needs of students in each
360 school district in joint planning with fiscal agents of
361 children's mental health funds, including the expansion of
362 school-based mental health services, transition services, and
363 integrated education and treatment programs.

364 2. Improve coordination of services for children with or
365 at risk of emotional or behavioral disabilities and their
366 families by assisting multi-agency collaborative initiatives to
367 identify critical issues and barriers of mutual concern and
368 develop local response systems that increase home and school
369 connections and family engagement.

370 3. Increase parent and youth involvement and development
371 with local systems of care.

372 4. Facilitate student and family access to effective
373 services and programs for students with and at risk of emotional
374 or behavioral disabilities that include necessary educational,
375 residential, and mental health treatment services, enabling

376 | these students to learn appropriate behaviors, reduce
377 | dependency, and fully participate in all aspects of school and
378 | community living.

379 | 5. Participate in the planning process for promoting a
380 | coordinated system of care for children and adolescents pursuant
381 | to s. 394.4955.

382 | Section 11. Paragraph (b) of subsection (16) of section
383 | 1011.62, Florida Statutes, is amended to read:

384 | 1011.62 Funds for operation of schools.—If the annual
385 | allocation from the Florida Education Finance Program to each
386 | district for operation of schools is not determined in the
387 | annual appropriations act or the substantive bill implementing
388 | the annual appropriations act, it shall be determined as
389 | follows:

390 | (16) MENTAL HEALTH ASSISTANCE ALLOCATION.—The mental
391 | health assistance allocation is created to provide funding to
392 | assist school districts in establishing or expanding school-
393 | based mental health care; train educators and other school staff
394 | in detecting and responding to mental health issues; and connect
395 | children, youth, and families who may experience behavioral
396 | health issues with appropriate services. These funds shall be
397 | allocated annually in the General Appropriations Act or other
398 | law to each eligible school district. Each school district shall
399 | receive a minimum of \$100,000, with the remaining balance
400 | allocated based on each school district's proportionate share of

401 the state's total unweighted full-time equivalent student
402 enrollment. Charter schools that submit a plan separate from the
403 school district are entitled to a proportionate share of
404 district funding. The allocated funds may not supplant funds
405 that are provided for this purpose from other operating funds
406 and may not be used to increase salaries or provide bonuses.
407 School districts are encouraged to maximize third-party health
408 insurance benefits and Medicaid claiming for services, where
409 appropriate.

410 (b) The plans required under paragraph (a) must be focused
411 on a multitiered system of supports to deliver evidence-based
412 mental health care assessment, diagnosis, intervention,
413 treatment, and recovery services to students with one or more
414 mental health or co-occurring substance abuse diagnoses and to
415 students at high risk of such diagnoses. The provision of these
416 services must be coordinated with a student's primary mental
417 health care provider and with other mental health providers
418 involved in the student's care. At a minimum, the plans must
419 include the following elements:

420 1. Direct employment of school-based mental health
421 services providers to expand and enhance school-based student
422 services and to reduce the ratio of students to staff in order
423 to better align with nationally recommended ratio models. These
424 providers include, but are not limited to, certified school
425 counselors, school psychologists, school social workers, and

426 other licensed mental health professionals. The plan also must
427 identify strategies to increase the amount of time that school-
428 based student services personnel spend providing direct services
429 to students, which may include the review and revision of
430 district staffing resource allocations based on school or
431 student mental health assistance needs.

432 2. An interagency agreement or memorandum of understanding
433 with the managing entity, as defined in s. 394.9082(2), that
434 facilitates referrals of students to community-based services
435 and coordinates care for students served by school-based and
436 community-based providers. Such agreement or memorandum of
437 understanding must address the sharing of records and
438 information as authorized under s. 1006.07(7)(d) to coordinate
439 care and increase access to appropriate services.

440 ~~3.2.~~ Contracts or interagency agreements with one or more
441 local community behavioral health providers or providers of
442 Community Action Team services to provide a behavioral health
443 staff presence and services at district schools. Services may
444 include, but are not limited to, mental health screenings and
445 assessments, individual counseling, family counseling, group
446 counseling, psychiatric or psychological services, trauma-
447 informed care, mobile crisis services, and behavior
448 modification. These behavioral health services may be provided
449 on or off the school campus and may be supplemented by
450 telehealth.

451 ~~4.3.~~ Policies and procedures, including contracts with
452 service providers, which will ensure that:

453 a. Parents of students are provided information about
454 behavioral health services available through the students'
455 school or local community-based behavioral health services
456 providers, including, but not limited to, the mobile response
457 team as established in s. 394.495 serving their area. A school
458 may meet this requirement by providing information about and
459 internet addresses for web-based directories or guides of local
460 behavioral health services as long as such directories or guides
461 are easily navigated and understood by individuals unfamiliar
462 with behavioral health delivery systems or services and include
463 specific contact information for local behavioral health
464 providers.

465 b. School districts use the services of the mobile
466 response teams to the extent that such services are available.
467 Each school district shall establish policies and procedures to
468 carry out the model response protocol developed under s.
469 1004.44.

470 c. Students who are referred to a school-based or
471 community-based mental health service provider for mental health
472 screening for the identification of mental health concerns and
473 ensure that the assessment of students at risk for mental health
474 disorders occurs within 15 days of referral. School-based mental
475 health services must be initiated within 15 days after

476 identification and assessment, and support by community-based
477 mental health service providers for students who are referred
478 for community-based mental health services must be initiated
479 within 30 days after the school or district makes a referral.

480 d. Referrals to behavioral health services available
481 through other delivery systems or payors for which a student or
482 individuals living in the household of a student receiving
483 services under this subsection may qualify, if such services
484 appear to be needed or enhancements in those individuals'
485 behavioral health would contribute to the improved well-being of
486 the student.

487 ~~5.4.~~ Strategies or programs to reduce the likelihood of
488 at-risk students developing social, emotional, or behavioral
489 health problems, depression, anxiety disorders, suicidal
490 tendencies, or substance use disorders.

491 ~~6.5.~~ Strategies to improve the early identification of
492 social, emotional, or behavioral problems or substance use
493 disorders, to improve the provision of early intervention
494 services, and to assist students in dealing with trauma and
495 violence.

496 Section 12. The Department of Children and Families and
497 the Agency for Health Care Administration shall assess the
498 quality of care provided in crisis stabilization units to
499 children and adolescents who are high utilizers of crisis
500 stabilization services. The department and agency shall review

501 current standards of care for such settings applicable to
502 licensure under chapters 394 and 408, Florida Statutes, and
503 designation under s. 394.461, Florida Statutes; compare the
504 standards to other states' standards and relevant national
505 standards; and make recommendations for improvements to such
506 standards. The assessment and recommendations shall address, at
507 a minimum, efforts by each facility to gather and assess
508 information regarding each child or adolescent, to coordinate
509 with other providers treating the child or adolescent, and to
510 create discharge plans that comprehensively and effectively
511 address the needs of the child or adolescent to avoid or reduce
512 his or her future use of crisis stabilization services. The
513 department and agency shall jointly submit a report of their
514 findings and recommendations to the Governor, the President of
515 the Senate, and the Speaker of the House of Representatives by
516 November 15, 2020.

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