Senator Garcia moved the following:

**Senate Amendment**

Between lines 2464 and 2465 insert:

(6) NETWORK ACCREDITATION AND SYSTEMS COORDINATION AGREEMENTS.—

(a)1. The department shall identify acceptable accreditations which address coordination within a network and, if possible, between the network and major systems and programs with which the network interacts, such as the child welfare system, state courts system, and the Medicaid program. In
identifying acceptable accreditations, the department shall consider whether the accreditation facilitates integrated strategic planning, resource coordination, technology integration, performance measurement, and increased value to consumers through choice of access to services, improved coordination of services, and effectiveness and efficiency of service delivery.

2. All managing entities under contract as of July 1, 2016, shall earn accreditation deemed acceptable by the department pursuant to paragraph (a) by June 30, 2019. Managing entities whose initial contract with the state is executed after July 1, 2016, shall earn network accreditation within 3 years after the contract execution date. Pursuant to paragraph (4)(j) above, the department may continue the contract of a managing entity that earns the network accreditation within the required timeframe and maintains it throughout the contract term.

(b) If no accreditations are available or deemed acceptable which address coordination between the network and other major systems and programs, by July 1, 2017, for managing entities under contract as of July 1, 2016, and within one year after the contract execution date for managing entities initially under contract after that date, each managing entity shall enter into a memorandum of understanding detailing mechanisms for communication and coordination with any community-based care lead agencies, state court system, sheriff's offices, public defenders, offices of regional conflict counsel Medicaid managed medical assistance plans, and homeless coalitions in its service area. Such entities shall cooperate with the managing entities in entering into such memoranda.
(c) By February 1 of each year, beginning in 2018, each managing entity shall develop and submit to the department a plan for the enhancement of the behavioral health system of care of the managing entity's service area, if appropriate, based on the assessed behavioral health care needs of the service area. Individual sections of the plan shall address:

1. The designated receiving systems developed pursuant to s. 394.4573, and shall give consideration to evidence-based, evidence-informed, and innovative practices for diverting individuals from the acute behavioral health care system and addressing their needs once they are in the system in the most efficient and cost-effective manner.

2. Treatment and recovery services, and shall emphasize the provision of care coordination and the use of recovery-oriented, peer-involved approaches.

3. Coordination between the behavioral health system of care and other systems such as the child welfare system, state courts system and Medicaid program.

(d) If the plan recommends additional funding, the plan shall describe, at a minimum, the specific needs that would be met, the specific services that would be purchased, the estimated benefits of the services, the projected costs, the projected number of individuals that would be served, and any other information indicating the estimated benefit to the community. The managing entity shall include consumers and their family members, local governments, law enforcement agencies, providers, community partners, and other stakeholders when developing the plan.

(e) Subject to a specific appropriation by the Legislature,
the department may award system improvement grants to managing
entities based on the submission of the plans as described and
required in paragraphs (c) and (d).

(7) PERFORMANCE MEASUREMENT AND ACCOUNTABILITY.—
(a) Managing entities shall collect and submit data to the
department regarding persons served, outcomes of persons served,
costs of services provided through the department's contract,
and other data as required by the department.

(b) The department shall evaluate the managing entity's
performance and the overall progress made by the managing
entity, together with other systems, in meeting the community's
behavioral health needs, based on consumer-centered outcome
measures that reflect national standards, if possible, and that
can dependably be measured. The department shall work with
managing entities to establish performance standards related at
a minimum to:

1. The extent to which individuals in the community receive
services.

2. The improvement in the overall behavioral health of a
community.

3. The improvement in functioning or progress in the
recovery of individuals served by the managing entity, as
determine using person-centered measures tailored to the
population.

4. The success of strategies to divert admissions to acute
levels of care, jails, prisons, and forensic facilities as
measured by, at a minimum, the total number of percentage of
clients who, during a specified period, experience multiple
admissions to acute levels of care, jails, prisons, or forensic
facilities.

5. Consumer and family satisfaction.

6. The satisfaction of key community constituencies such as law enforcement agencies, juvenile justice agencies, the state courts system, school districts, local government entities, hospitals, and others as appropriate for the geographical area of the managing entity.