

1 A bill to be entitled
2 An act relating to the mental health of
3 children and adolescents; creating s. 394.490,
4 F.S.; providing a short title; creating s.
5 394.491, F.S.; establishing guiding principles
6 for the child and adolescent mental health
7 treatment and support system; creating s.
8 394.492, F.S.; providing definitions; creating
9 s. 394.493, F.S.; defining target populations
10 for child and adolescent mental health
11 services; providing for fees based on a sliding
12 scale according to the family's income;
13 creating s. 394.494, F.S.; providing general
14 performance outcomes for the child and
15 adolescent mental health treatment and support
16 system; creating s. 394.495, F.S.; requiring
17 that the Department of Children and Family
18 Services establish the services to be provided
19 to members of the target populations under the
20 child and adolescent mental health treatment
21 and support system; providing requirements for
22 assessment services; requiring that the system
23 include the local educational multiagency
24 network for emotionally disturbed students;
25 creating s. 394.496, F.S.; providing
26 legislative intent with respect to service
27 planning; providing requirements for services
28 plans; creating s. 394.497, F.S.; specifying
29 requirements for case management services;
30 requiring the department to develop criteria to
31 define the target populations who are assigned

1 a case manager; establishing the Child and
2 Adolescent Interagency System of Care
3 Demonstration Models; specifying the goals and
4 essential elements of the demonstration models;
5 providing for the demonstration models to be
6 governed by a multiagency consortium of state
7 and county agencies; providing an exemption
8 from certain budget and expenditure
9 requirements; requiring that an oversight body
10 be established to direct a demonstration model;
11 requiring that a mechanism be developed for
12 selecting the children and adolescents who are
13 eligible to participate in a demonstration
14 model; providing for pooled funding of the
15 models; providing requirements for the care
16 management entity that provides services for a
17 demonstration model; requiring a mechanism for
18 measuring compliance with the goals of the
19 demonstration models; providing that in one
20 demonstration model the consortium of
21 purchasers may contract with a network of
22 service providers using prospective payment
23 mechanisms; requiring that a provider network
24 be identified for each demonstration model;
25 providing requirements for maintaining
26 confidentiality of records; providing
27 application requirements for designation as a
28 demonstration model; requiring annual reports;
29 providing for interagency collaboration;
30 providing for independent evaluation of each
31 demonstration model; requiring a report to the

1 Legislature; requiring state agencies that
2 participate in the demonstration models to
3 adopt rules; authorizing the Agency for Health
4 Care Administration to obtain certain federal
5 waivers; requiring each service district of the
6 Department of Children and Family Services to
7 develop an implementation plan for an
8 information and referral network; repealing ss.
9 394.50, 394.56, 394.57, 394.58, 394.59, 394.60,
10 394.61, 394.62, F.S., relating to children's
11 residential and day treatment centers,
12 voluntary and involuntary admission to such
13 centers, and records, payment for care and
14 treatment of patients, transfer of patients,
15 discharge of voluntary patients, and age limits
16 with regard to such centers; providing an
17 effective date.

18

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

20

21 Section 1. Section 394.490, Florida Statutes, is
22 created to read:

23 394.490 Short title.--Sections 394.490-394.497 may be
24 cited as the "Comprehensive Child and Adolescent Mental Health
25 Services Act."

26 Section 2. Section 394.491, Florida Statutes, is
27 created to read:

28 394.491 Guiding principles for the child and
29 adolescent mental health treatment and support system.--It is
30 the intent of the Legislature that the following principles
31 guide the development and implementation of the publicly

1 funded child and adolescent mental health treatment and
2 support system:

3 (1) The system should be centered on the child,
4 adolescent, and family, with the needs and strengths of the
5 child or adolescent and his or her family dictating the types
6 and mix of services provided.

7 (2) The families and surrogate families of children
8 and adolescents, including, but not limited to, foster
9 parents, should be active participants in all aspects of
10 planning, selecting, and delivering mental health treatment
11 services at the local level, as well as in developing
12 statewide policies for child and adolescent mental health
13 services.

14 (3) The system of care should be community-based, with
15 accountability, the location of services, and the
16 responsibility for management and decisionmaking resting at
17 the local level.

18 (4) The system should provide timely access to a
19 comprehensive array of cost-effective mental health treatment
20 and support services.

21 (5) Children and adolescents who receive services
22 should receive individualized services, guided by an
23 individualized service plan, in accordance with the unique
24 needs and strengths of each child or adolescent and his or her
25 family.

26 (6) Through an appropriate screening and assessment
27 process, treatment and support systems should identify, as
28 early as possible, children and adolescents who are in need of
29 mental health services and should target known risk factors.

30 (7) Children and adolescents should receive services
31 within the least restrictive and most normal environment that

1 is clinically appropriate for the service needs of the child
2 or adolescent.

3 (8) Mental health programs and services should support
4 and strengthen families so that the family can more adequately
5 meet the mental health needs of the family's child or
6 adolescent.

7 (9) Children and adolescents should receive services
8 that are integrated and linked with schools, residential
9 child-caring agencies, and other child-related agencies and
10 programs.

11 (10) Services must be delivered in a coordinated
12 manner so that a child or adolescent can move through the
13 system of services in accordance with the changing needs of
14 the child or adolescent.

15 (11) The delivery of comprehensive child and
16 adolescent mental health services must enhance the likelihood
17 of positive outcomes and contribute to the child's or
18 adolescent's ability to function effectively at home, at
19 school, and in the community.

20 (12) An older adolescent should be provided with the
21 necessary supports and skills in preparation for coping with
22 life as a young adult.

23 (13) An adolescent should be assured a smooth
24 transition to the adult mental health system for continuing
25 age-appropriate treatment services.

26 (14) Community-based networks must educate people to
27 recognize emotional disturbances in children and adolescents
28 and provide information for obtaining access to appropriate
29 treatment and support services.

30 (15) Mental health services for children and
31 adolescents must be provided in a sensitive manner that is

1 responsive to cultural and gender differences and special
2 needs. Mental health services must be provided without regard
3 to race, religion, national origin, gender, physical
4 disability, or other characteristics.

5 Section 3. Section 394.492, Florida Statutes, is
6 created to read:

7 394.492 Definitions.--As used in ss. 394.490-394.497,
8 the term:

9 (1) "Adolescent" means a person who is at least 13
10 years of age but under 18 years of age.

11 (2) "Case manager" means a person who is responsible
12 for participating in the development of and implementing a
13 services plan, linking service providers to a child or
14 adolescent and his or her family, monitoring the delivery of
15 services, providing advocacy services, and collecting
16 information to determine the effect of services and treatment.

17 (3) "Child" means a person from birth until the
18 person's 13th birthday.

19 (4) "Child or adolescent at risk of emotional
20 disturbance" means a person under 18 years of age who has an
21 increased likelihood of becoming emotionally disturbed because
22 of risk factors that include, but are not limited to:

23 (a) Being homeless.

24 (b) Having a family history of mental illness.

25 (c) Being physically or sexually abused or neglected.

26 (d) Abusing alcohol or other substances.

27 (e) Being infected with human immunodeficiency virus

28 (HIV).

29 (f) Having a chronic and serious physical illness.

30 (g) Having been exposed to domestic violence.

31 (h) Having multiple out-of-home placements.

1 (5) "Child or adolescent who has an emotional
2 disturbance" means a person under 18 years of age who is
3 diagnosed with a mental, emotional, or behavioral disorder of
4 sufficient duration to meet one of the diagnostic categories
5 specified in the most recent edition of the Diagnostic and
6 Statistical Manual of the American Psychiatric Association,
7 but who does not exhibit behaviors that substantially
8 interfere with or limit his or her role or ability to function
9 in the family, school, or community. The emotional disturbance
10 must not be considered to be a temporary response to a
11 stressful situation. The term does not include a child or
12 adolescent who meets the criteria for involuntary placement
13 under s. 394.467(1).

14 (6) "Child or adolescent who has a serious emotional
15 disturbance or mental illness" means a person under 18 years
16 of age who:

17 (a) Is diagnosed as having a mental, emotional, or
18 behavioral disorder that meets one of the diagnostic
19 categories specified in the most recent edition of the
20 Diagnostic and Statistical Manual of Mental Disorders of the
21 American Psychiatric Association; and

22 (b) Exhibits behaviors that substantially interfere
23 with or limit his or her role or ability to function in the
24 family, school, or community, which behaviors are not
25 considered to be a temporary response to a stressful
26 situation.

27
28 The term includes a child or adolescent who meets the criteria
29 for involuntary placement under s. 394.467(1).

30 (7) "Child or adolescent who is experiencing an acute
31 mental or emotional crisis" means a child or adolescent who

1 experiences an acute mental or emotional problem and includes
2 a child or adolescent who meets the criteria for involuntary
3 examination specified in s. 394.463(1).

4 (8) "Department" means the Department of Children and
5 Family Services.

6 Section 4. Section 394.493, Florida Statutes, is
7 created to read:

8 394.493 Target populations for child and adolescent
9 mental health services funded through the department.--

10 (1) The child and adolescent mental health system of
11 care funded through the Department of Children and Family
12 Services shall serve, to the extent that resources are
13 available, the following groups of children and adolescents
14 who reside with their parents or legal guardians or who are
15 placed in state custody:

16 (a) Children and adolescents who are experiencing an
17 acute mental or emotional crisis.

18 (b) Children and adolescents who have a serious
19 emotional disturbance or mental illness.

20 (c) Children and adolescents who have an emotional
21 disturbance.

22 (d) Children and adolescents who are at risk of
23 emotional disturbance.

24 (2) Each mental health provider under contract with
25 the department to provide mental health services to the target
26 population shall collect fees from the parent or legal
27 guardian of the child or adolescent receiving services. The
28 fees shall be based on a sliding fee scale for families whose
29 net family income is between 100 percent and 200 percent of
30 the Federal Poverty Income Guidelines. The department shall
31 adopt, by rule, a sliding fee scale for statewide

1 implementation. A family whose net family income is 200
2 percent or more above the Federal Poverty Income Guidelines is
3 responsible for paying the cost of services. Fees collected
4 from families shall be retained in the service district and
5 used for expanding child and adolescent mental health
6 treatment services.

7 (3) Each child or adolescent who meets the target
8 population criteria of this section shall be served to the
9 extent possible within available resources and consistent with
10 the portion of the district alcohol, drug abuse, and mental
11 health plan specified in s. 394.75 which pertains to child and
12 adolescent mental health services.

13 Section 5. Section 394.494, Florida Statutes, is
14 created to read:

15 394.494 General performance outcomes for the child and
16 adolescent mental health treatment and support system.--

17 (1) It is the intent of the Legislature that the child
18 and adolescent mental health treatment and support system
19 achieve the following performance outcomes within the target
20 populations who are eligible for services:

21 (a) Stabilization or improvement of the emotional
22 condition or behavior of the child or adolescent, as evidenced
23 by resolving the presented problems and symptoms of the
24 serious emotional disturbance recorded in the initial
25 assessment.

26 (b) Stabilization or improvement of the behavior or
27 condition of the child or adolescent with respect to the
28 family, so that the child or adolescent can function in the
29 family with minimum appropriate supports.

30 (c) Stabilization or improvement of the behavior or
31 condition of the child or adolescent with respect to school,

1 so that the child can function in the school with minimum
2 appropriate supports.

3 (d) Stabilization or improvement of the behavior or
4 condition of the child or adolescent with respect to the way
5 he or she interacts in the community, so that the child or
6 adolescent can avoid behaviors that may be attributable to the
7 emotional disturbance, such as substance abuse, unintended
8 pregnancy, delinquency, sexually transmitted diseases, and
9 other negative consequences.

10 (2) Annually, pursuant to s. 216.0166, the department
11 shall develop more specific performance outcomes and
12 performance measures to assess the performance of the child
13 and adolescent mental health treatment and support system in
14 achieving the intent of this section.

15 Section 6. Section 394.495, Florida Statutes, is
16 created to read:

17 394.495 Child and adolescent mental health system of
18 care; programs and services.--

19 (1) The department shall establish, within available
20 resources, an array of services to meet the individualized
21 service and treatment needs of children and adolescents who
22 are members of the target populations specified in s. 394.493,
23 and of their families. It is the intent of the Legislature
24 that a child or adolescent may not be admitted to a state
25 mental health facility and such a facility may not be included
26 within the array of services.

27 (2) The array of services must include assessment
28 services that provide a professional interpretation of the
29 nature of the problems of the child or adolescent and his or
30 her family; family issues that may impact the problems;
31 additional factors that contribute to the problems; and the

1 assets, strengths, and resources of the child or adolescent
2 and his or her family. The assessment services to be provided
3 shall be determined by the clinical needs of each child or
4 adolescent. Assessment services include, but are not limited
5 to, evaluation and screening in the following areas:

6 (a) Physical and mental health for purposes of
7 identifying medical and psychiatric problems.

8 (b) Psychological functioning, as determined through a
9 battery of psychological tests.

10 (c) Intelligence and academic achievement.

11 (d) Social and behavioral functioning.

12 (e) Family functioning.

13
14 The assessment for academic achievement is the financial
15 responsibility of the school district. The department shall
16 cooperate with other state agencies and the school district to
17 avoid duplicating assessment services.

18 (3) Assessments must be performed by:

19 (a) A professional as defined in s. 394.455(2), (4),
20 (21), (23), or (24);

21 (b) A professional licensed under chapter 491; or

22 (c) A person who is under the direct supervision of a
23 professional as defined in s. 394.455(2), (4), (21), (23), or
24 (24) or a professional licensed under chapter 491.

25
26 The department shall adopt by rule statewide standards for
27 mental health assessments, which must be based on current
28 relevant professional and accreditation standards.

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

31 (a) Prevention services.

- 1 (b) Home-based services.
2 (c) School-based services.
3 (d) Family therapy.
4 (e) Family support.
5 (f) Respite services.
6 (g) Outpatient treatment.
7 (h) Day treatment.
8 (i) Crisis stabilization.
9 (j) Therapeutic foster care.
10 (k) Residential treatment.
11 (l) Inpatient hospitalization.
12 (m) Case management.
13 (n) Services for victims of sex offenses.
14 (o) Transitional services.
15 (5) In order to enhance collaboration between agencies
16 and to facilitate the provision of services by the child and
17 adolescent mental health treatment and support system and the
18 school district, the local child and adolescent mental health
19 system of care shall include the local educational multiagency
20 network for severely emotionally disturbed students specified
21 in s. 230.2317.
22 Section 7. Section 394.496, Florida Statutes, is
23 created to read:
24 394.496 Service planning.--
25 (1) It is the intent of the Legislature that the
26 service planning process:
27 (a) Focus on individualized treatment and the service
28 needs of the child or adolescent.
29 (b) Concentrate on the service needs of the family and
30 individual family members of the child's or adolescent's
31 family.

1 (c) Involve appropriate family members and pertinent
2 community-based health, education, and social agencies.

3 (2) The principals of the service planning process
4 shall:

5 (a) Assist the family and other caregivers in
6 developing and implementing a workable services plan for
7 treating the mental health problems of the child or
8 adolescent.

9 (b) Use all available resources in the community,
10 particularly informal support services, which will assist in
11 carrying out the goals and objectives of the services plan.

12 (c) Maintain the child or adolescent in the most
13 normal environment possible, as close to home as possible; and
14 maintain the child in a stable school placement, which is
15 consistent with the child's or adolescent's and other
16 students' need for safety, if the child is removed from home
17 and placed in state custody.

18 (d) Ensure the ability and likelihood of family
19 participation in the treatment of the child or adolescent, as
20 well as enhancing family independence by building on family
21 strengths and assets.

22 (3) The services plan must include:

23 (a) A behavioral description of the problem being
24 addressed.

25 (b) A description of the services or treatment to be
26 provided to the child or adolescent and his or her family
27 which address the identified problem, including:

28 1. The type of services or treatment.

29 2. The frequency and duration of services or
30 treatment.

31

1 3. The location at which the services or treatment are
2 to be provided.

3 4. The name of each accountable provider of services
4 or treatment.

5 (c) A description of the measurable objectives of
6 treatment, which, if met, will result in measurable
7 improvements of the condition of the child or adolescent, as
8 specified in s. 394.494.

9 (4) For students who are served by exceptional-student
10 education, there must be consistency between the services
11 prescribed in the service plan and the components of the
12 individual education plan.

13 (5) The department shall adopt by rule criteria for
14 determining when a child or adolescent who receives mental
15 health services under ss. 394.490-394.497 must have an
16 individualized services plan.

17 (6) A professional as defined in s. 394.455(2), (4),
18 (21), (23), or (24) or a professional licensed under chapter
19 491 must be included among those persons developing the
20 services plan.

21 (7) The services plan shall be developed in conference
22 with the parent or legal guardian. If the parent or legal
23 guardian believes that the services plan is inadequate, the
24 parent or legal guardian may request that the department or
25 its designee review and make recommended changes to the plan.

26 (8) The services plan shall be reviewed at least every
27 90 days for programmatic and financial compliance.

28 Section 8. Section 394.497, Florida Statutes, is
29 created to read:

30 394.497 Case management services.--
31

1 (1) As used in this section, the term "case
2 management" means those activities aimed at:

3 (a) Developing and implementing a services plan
4 specified in s. 394.496.

5 (b) Providing advocacy services.

6 (c) Linking service providers to a child or adolescent
7 and his or her family.

8 (d) Monitoring the delivery of services.

9 (e) Collecting information to determine the effect of
10 services and treatment.

11 (2) The department shall adopt by rule criteria that
12 define the target population who shall be assigned case
13 managers. The department shall develop standards for case
14 management services and procedures for appointing case
15 managers. It is the intent of the Legislature that case
16 management services not be duplicated or fragmented and that
17 such services promote the continuity and stability of a case
18 manager assigned to a child or adolescent and his or her
19 family.

20 Section 9. Child and Adolescent Interagency System of
21 Care Demonstration Models.--

22 (1) CREATION.--There is created the Child and
23 Adolescent Interagency System of Care Demonstration Models to
24 operate for 3 years for children and adolescents who have a
25 serious emotional disturbance and for the families of such
26 children and adolescents. It is the intent of the Legislature
27 to encourage the Department of Children and Family Services,
28 the Agency for Health Care Administration, the Department of
29 Education, the Department of Health, the Department of
30 Juvenile Justice, local governments, and any other interested
31 public or private source to enter into a partnership agreement

1 to provide a locally organized system of care for children and
2 adolescents who have a serious emotional disturbance and for
3 the families of such children and adolescents. A demonstration
4 model must be provided within existing funds, center on the
5 client and his or her family, promote the integration and
6 coordination of services, provide for accountable outcomes,
7 and emphasize the provision of services in the least
8 restrictive setting that is clinically appropriate to the
9 needs of the child or adolescent. Participation in the
10 partnership agreement does not divest any public or private
11 agency of its responsibility for a child or adolescent but
12 allows these agencies to better meet the needs of the child or
13 adolescent through shared resources.

14 (2) GOALS.--The goal of the Child and Adolescent
15 Interagency System of Care Demonstration Models is to provide
16 a design for an effective interagency strategy for delivering
17 services to children and adolescents who have a serious
18 emotional disturbance and for the families of such children
19 and adolescents. In addition to the guiding principles
20 specified in s. 394.491, Florida Statutes, and the principles
21 for service planning specified in s. 394.496(2), Florida
22 Statutes, the goal of the strategy is to:

23 (a) Enhance and expedite services to the seriously
24 emotionally disturbed children and adolescents who choose to
25 be served under the strategies of the demonstration model.

26 (b) Refine the process of case management using the
27 strengths approach in assessment and service planning and
28 eliminating duplication of the case management function.

29 (c) Employ natural supports in the family and the
30 community to help meet the service needs of the child or
31 adolescent who has a serious emotional disturbance.

1 (d) Improve interagency planning efforts through
2 greater collaboration between public and private
3 community-based agencies.

4 (e) Test creative and flexible strategies for
5 financing the care of children and adolescents who have a
6 serious emotional disturbance.

7 (f) Share pertinent information about the child or
8 adolescent among appropriate community agencies.

9
10 Except as otherwise specified, the demonstration models must
11 comply with the requirements of ss. 394.490-394.497, Florida
12 Statutes.

13 (3) MODEL ENHANCEMENTS.--

14 (a) The Legislature finds that strict reimbursement
15 categories do not typically allow flexible funding for
16 purchasing the formal and informal services that are needed by
17 children and adolescents who have a serious emotional
18 disturbance and who have particularly complex needs for
19 services. Therefore, each demonstration model shall be
20 governed by a multiagency consortium of state and county
21 agencies and may use an integrated blend of state, federal,
22 and local funds to purchase individualized treatment and
23 support services for children and adolescents who have a
24 serious emotional disturbance, based on client need rather
25 than on traditional services limited to narrowly defined cost
26 centers or appropriation categories.

27 (b) The local consortium of purchasers is responsible
28 for designing a well-defined care management system and
29 network of experienced mental health providers in order to
30 achieve delineated client outcomes.

31

1 (c) The purpose of the demonstration models is to
2 enhance the holistic concepts of mental health care by serving
3 the total needs of the child or adolescent through an
4 individualized services plan.

5 (d) Notwithstanding chapter 216, Florida Statutes, the
6 organized system of care implemented through the demonstration
7 models may expend funds for services without any categorical
8 restraints and shall provide for budget and program
9 accountability and for fiscal management using generally
10 accepted business practices pursuant to the direction of the
11 multiagency oversight body. Funds shall be allocated so as to
12 allow the local purchasing entity to provide the most
13 appropriate care and treatment to the child or adolescent,
14 including a range of traditional and nontraditional services
15 in the least restrictive setting that is clinically
16 appropriate to the needs of the child or adolescent. The
17 consortium of purchasers shall assure that funds appropriated
18 in the General Appropriations Act for services for the target
19 population are not used for any other purpose than direct
20 services to clients.

21 (e) A local consortium of purchasers which chooses to
22 participate in the demonstration model may reinvest cost
23 savings in the community-based child and adolescent mental
24 health treatment and support system. A purchaser that
25 participates in the consortium is exempt from administrative
26 procedures otherwise required with respect to budgeting and
27 expending state and federal program funds.

28 (4) ESSENTIAL ELEMENTS.--

29 (a) In order to be approved as a Child and Adolescent
30 Interagency System of Care Demonstration Model, the applicant
31

1 must demonstrate its capacity to perform the following
2 functions:

3 1. Form a consortium of purchasers, which includes at
4 least three of the following agencies:

5 a. The Mental Health Program and Family Safety and
6 Preservation Program of the Department of Children and Family
7 Services.

8 b. The Medicaid program of the Agency for Health Care
9 Administration.

10 c. The local school district.

11 d. The Department of Juvenile Justice.

12
13 Each agency that participates in the consortium shall enter
14 into a written interagency agreement that defines each
15 agency's responsibilities.

16 2. Establish an oversight body that is responsible for
17 directing the demonstration model. The oversight body must
18 include representatives from the state agencies that comprise
19 the consortium of purchasers under subparagraph 1., as well as
20 local governmental entities, a juvenile court judge, parents,
21 and other community entities. The responsibilities of the
22 oversight body must be specified in writing.

23 3. Select a target population of children and
24 adolescents, regardless of whether the child or adolescent is
25 eligible or ineligible for Medicaid, based on the following
26 parameters:

27 a. The child or adolescent has a serious emotional
28 disturbance or mental illness, as defined in s. 394.492(6),
29 Florida Statutes, based on an assessment conducted by a
30 licensed practitioner defined in s. 394.455(2), (4), (21),

31

1 (23), or (24), Florida Statutes, or by a professional licensed
2 under chapter 491, Florida Statutes;

3 b. The total service costs per child or adolescent
4 have exceeded \$3,000 per month;

5 c. The child or adolescent has had multiple
6 out-of-home placements;

7 d. The existing array of services does not effectively
8 meet the needs of the child or adolescent;

9 e. The case of the child or adolescent has been
10 staffed by a district collaborative planning team and
11 satisfactory results have not been achieved through existing
12 case services plans; and

13 f. The parent or legal guardian of the child or
14 adolescent consents to participating in the demonstration
15 model.

16 4. Select a geographic site for the demonstration
17 model. A demonstration model may be comprised of one or more
18 counties and may include multiple service districts of the
19 Department of Children and Family Services.

20 5. Develop a mechanism for selecting the pool of
21 children and adolescents who meet the criteria specified in
22 this section for participating in the demonstration model.

23 6. Establish a pooled funding plan that allocates
24 proportionate costs to the purchasers. The plan must address
25 all of the service needs of the child or adolescent and funds
26 may not be identified in the plan by legislative appropriation
27 category or any other state or federal funding category.

28 a. The funding plan shall be developed based on an
29 analysis of expenditures made by each participating state
30 agency during the previous 2 fiscal years in which services
31 were provided for the target population or for individuals who

1 have characteristics that are similar to the target
2 population.

3 b. Based on the results of this cost analysis, funds
4 shall be collected from each of the participating state
5 agencies and deposited into a central financial account.

6 c. A financial body shall be designated to manage the
7 pool of funds and shall have the capability to pay for
8 individual services specified in a services plan.

9 7. Identify a care management entity that reports to
10 the oversight body. For purposes of the demonstration models,
11 the term "care management entity" means the entity that
12 assumes responsibility for the organization, planning,
13 purchasing, and management of mental health treatment services
14 to the target population in the demonstration model. The care
15 management entity may not provide direct services to the
16 target population. The care management entity shall:

17 a. Manage the funds of the demonstration model within
18 budget allocations. The administrative costs associated with
19 the operation of the demonstration model must be itemized in
20 the entity's operating budget.

21 b. Purchase individual services in a timely manner.

22 c. Review the completed client assessment information
23 and complete additional assessments that are needed, including
24 an assessment of the strengths of the child or adolescent and
25 his or her family.

26 d. Organize a child-family team to develop a single,
27 unified services plan for the child or adolescent, in
28 accordance with ss. 394.490-394.497, Florida Statutes. The
29 team shall include the parents and other family members of the
30 child or adolescent, friends and community-based supporters of
31 the child or adolescent, and appropriate service providers who

1 are familiar with the problems and needs of the child or
2 adolescent and his or her family. The plan must include a
3 statement concerning the strengths of the child or adolescent
4 and his or her family, and must identify the natural supports
5 in the family and the community that might be used in
6 addressing the service needs of the child or adolescent. A
7 copy of the completed service plan shall be provided to the
8 parents of the child or adolescent.

9 e. Identify a network of providers that meet the
10 requirements of paragraph (b).

11 f. Identify informal, unpaid supporters, such as
12 persons from the child's or adolescent's neighborhood, civic
13 organizations, clubs, and churches.

14 g. Identify additional service providers who can work
15 effectively with the child or adolescent and his or her
16 family, including, but not limited to, a home health aide,
17 mentor, respite-care worker, and in-home behavioral health
18 care worker.

19 h. Implement a case management system that
20 concentrates on the strengths of the child or adolescent and
21 his or her family and uses these strengths in case planning
22 and implementation activities. The case manager is primarily
23 responsible for developing the services plan and shall report
24 to the care management entity. The case manager shall monitor
25 and oversee the services provided by the network of providers.
26 The parents must be informed about contacting the care
27 management entity or comparable entity to address concerns of
28 the parents.

29
30 Each person or organization that performs any of the care
31 management responsibilities specified in this subparagraph is

1 responsible only to the care management entity. However, such
2 care management responsibilities do not preclude the person or
3 organization from performing other responsibilities for
4 another agency or provider.

5 8. Develop a mechanism for measuring compliance with
6 the goals of the demonstration models specified in subsection
7 (2), which mechanism includes qualitative and quantitative
8 performance outcomes, report on compliance rates, and conduct
9 quality improvement functions. At a minimum, the mechanism for
10 measuring compliance must include the outcomes and measures
11 established in the General Appropriations Act and the outcomes
12 and measures that are unique to the demonstration models.

13 9. Develop mechanisms to ensure that family
14 representatives have a substantial role in planning the
15 demonstration model and in designing the instrument for
16 measuring the effectiveness of services provided.

17 10. Develop and monitor grievance procedures.

18 11. Develop policies to ensure that a child or
19 adolescent is not rejected or ejected from the demonstration
20 model because of a clinical condition or a specific service
21 need.

22 12. Develop policies to require that a participating
23 state agency remains a part of the demonstration model for its
24 entire duration.

25 13. Obtain training for the staff involved in all
26 aspects of the project.

27 (b) In at least one demonstration model, rather than
28 using a care management entity, the local consortium of
29 purchasers may contract directly with a network of service
30 providers that may use prospective payment mechanisms through
31 which the providers would accept financial risk for producing

1 outcomes for the target population. These demonstration models
2 must provide an annual report to the purchasers who are
3 participating in the demonstration model which specifies the
4 types of services provided and the number of clients who
5 receive each service.

6 (c) In order for children, adolescents, and families
7 of children and adolescents to receive timely and effective
8 services, the basic provider network identified in each
9 demonstration model must be well designed and managed. The
10 provider network should be able to meet the needs of a
11 significant proportion of the target population. The applicant
12 must demonstrate the capability to manage the network of
13 providers for the purchasers that participate in the
14 demonstration model. The applicant must demonstrate its
15 ability to perform the following network management functions:

16 1. Identify providers within the designated area of
17 the demonstration model which are currently funded by the
18 state agencies included in the model, and identify additional
19 providers that are needed to provide additional services for
20 the target population. The network of providers may include:

21 a. Licensed mental health professionals as defined in
22 s. 394.455(2), (4), (21), (23), or (24), Florida Statutes;

23 b. Professionals licensed under chapter 491, Florida
24 Statutes;

25 c. Teachers certified under s. 231.17, Florida
26 Statutes;

27 d. Facilities licensed under chapter 395, Florida
28 Statutes, as a hospital; s. 394.875, Florida Statutes, as a
29 crisis stabilization unit or short-term residential facility;
30 or s. 409.175, Florida Statutes, as a residential child-caring
31 agency; and

- 1 e. Other community agencies.
- 2 2. Define access points and service linkages of
3 providers in the network.
- 4 3. Define the ways in which providers and
5 participating state agencies are expected to collaborate in
6 providing services.
- 7 4. Define methods to measure the collective
8 performance outcomes of services provided by providers and
9 state agencies, measure the performance of individual
10 agencies, and implement a quality improvement process across
11 the provider network.
- 12 5. Develop brochures for family members which are
13 written in understandable terminology, to help families
14 identify appropriate service providers, choose the provider,
15 and access care directly whenever possible.
- 16 6. Ensure that families are given a substantial role
17 in planning and monitoring the provider network.
- 18 7. Train all providers with respect to the principles
19 of care outlined in this section, including effective
20 techniques of cooperation, the wraparound process and
21 strengths-based assessment, the development of service plans,
22 and techniques of case management.
- 23 (d) Each demonstration model must comply with the
24 requirements for maintaining the confidentiality of clinical
25 records, as specified in s. 394.4615, Florida Statutes.
- 26 (e) Each application for designation as a Child and
27 Adolescent Interagency System of Care Demonstration Model must
28 include:
- 29 1. A plan for reinvesting the anticipated cost savings
30 that result from implementing the demonstration model in the
31 child and adolescent mental health treatment and support

1 system. The plan must detail the methodology used to identify
2 cost savings and must specify the programs and services that
3 will be enhanced for the population that has complex service
4 needs and for other children and adolescents who have
5 emotional disturbances.

6 2. A plan describing the methods by which community
7 agencies will share pertinent client information.

8 3. A statement that the appropriate business,
9 accounting, and auditing procedures will be followed, as
10 specified by law, in expending federal, state, and local
11 funds.

12 (f) Each consortium of purchasers shall submit an
13 annual report on the progress of the demonstration model to
14 the secretary or director of each state agency that
15 participates in the model. At a minimum, the report must
16 include the level of participation of each purchaser, the
17 purchasing strategies used, the services provided to the
18 target population, identified cost savings, and any other
19 information that concerns the implementation of or problems
20 associated with the demonstration model.

21 (g) Each participating local agency and the
22 administrative officers of each participating state agency
23 must participate in interagency collaboration. The secretary
24 or director of each participating state agency shall appoint a
25 representative to select applications that meet the criteria
26 for designation as a Child and Adolescent Interagency System
27 of Care Demonstration Model, as specified in this section. The
28 appointed representatives shall also provide technical
29 assistance to the consortia in developing applications and in
30 implementing demonstration models.

31

1 (5) EVALUATION.--The Louis de la Parte Florida Mental
2 Health Institute shall conduct an independent evaluation of
3 each demonstration model to identify more effective ways in
4 which to serve the most complex cases of children and
5 adolescents who have a serious emotional disturbance or mental
6 illness, determine better utilization of public resources, and
7 assess ways that community agencies may share pertinent client
8 information. The institute shall identify each distinct
9 demonstration model to be evaluated. The evaluation must
10 analyze all administrative costs associated with operating the
11 demonstration models. The institute shall report to the
12 Legislature by December 31, 2001, which report must include
13 findings and conclusions for each distinct demonstration model
14 and provide recommendations for statewide implementation.
15 Based upon the findings and conclusions of the evaluation, the
16 financial strategies and the best-practice models that are
17 proven to be effective shall be implemented statewide.

18 (6) RULES FOR IMPLEMENTATION.--Each participating
19 state agency shall adopt rules for implementing the
20 demonstration models. These rules shall be developed in
21 cooperation with other appropriate state agencies for
22 implementation within 90 days after obtaining any necessary
23 federal waivers. The Medicaid program within the Agency for
24 Health Care Administration may obtain any federal waivers that
25 are necessary for implementing the demonstration models.

26 Section 10. (1) Each service district of the
27 Department of Children and Family Services shall develop a
28 detailed implementation plan for a district-wide comprehensive
29 child and adolescent mental health information and referral
30 network to be operational by July 1, 1999. The plan must
31 include an operating budget that demonstrates cost

1 efficiencies and identifies funding sources for the district
2 information and referral network. The plan must be submitted
3 by the department to the Legislature by October 1, 1998. The
4 district shall use existing district information and referral
5 providers if, in the development of the plan, it is concluded
6 that these providers would deliver information and referral
7 services in a more efficient and effective manner when
8 compared to other alternatives. The district information and
9 referral network must include:

10 (a) A resource file that contains information about
11 the child and adolescent mental health services as described
12 in s. 394.495, Florida Statutes, including, but not limited
13 to:

- 14 1. Type of program;
- 15 2. Hours of service;
- 16 3. Ages of persons served;
- 17 4. Program description;
- 18 5. Eligibility requirements; and
- 19 6. Fees.

20 (b) Information about private providers and
21 professionals in the community which serve children and
22 adolescents with an emotional disturbance.

23 (c) A system to document requests for services that
24 are received through the network referral process, including,
25 but not limited to:

- 26 1. Number of calls by type of service requested;
- 27 2. Ages of the children and adolescents for whom
28 services are requested; and
- 29 3. Type of referral made by the network.

30 (d) The ability to share client information with the
31 appropriate community agencies.

1 (e) The submission of an annual report to the
2 department, the Agency for Health Care Administration, and
3 appropriate local government entities, which contains
4 information about the sources and frequency of requests for
5 information, types and frequency of services requested, and
6 types and frequency of referrals made.

7 (2) In planning the information and referral network,
8 the district shall consider the establishment of a 24-hour
9 toll-free telephone number, staffed at all times, for parents
10 and other persons to call for information that concerns child
11 and adolescent mental health services and a community public
12 service campaign to inform the public about information and
13 referral services.

14 Section 11. Sections 394.50, 394.56, 394.57, 394.58,
15 394.59, 394.60, 394.61, and 394.62, Florida Statutes, are
16 repealed.

17 Section 12. This act shall take effect July 1 of the
18 year in which enacted.