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WITHDRAWN ____ (Y/N)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

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1 Committee/Subcommittee hearing bill: Health & Human Services
2 Committee
3 Representative Harrell offered the following:
4
5 **Amendment (with title amendment)**
6 Remove everything after the enacting clause and insert:
7 Section 1. If HB 7113 or similar legislation creating
8 section 394.47892, Florida Statutes, authorizing the creation of
9 treatment-based mental health court programs, is adopted in the
10 same legislative session or an extension thereof and becomes a
11 law, subsection (6) of section 39.001, Florida Statutes, is
12 amended to read:
13 39.001 Purposes and intent; personnel standards and
14 screening.—
15 (6) MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES.—
16 (a) The Legislature recognizes that early referral and
17 comprehensive treatment can help combat mental illnesses and

18 substance abuse <u>disorders</u> in families and that treatment is
19 cost-effective.
20 (b) The Legislature establishes the following goals for
21 the state related to <u>mental illness and</u> substance abuse
22 treatment services in the dependency process:
23 1. To ensure the safety of children.
24 2. To prevent and remediate the consequences of <u>mental</u>
25 <u>illnesses and</u> substance abuse <u>disorders</u> on families involved in
26 protective supervision or foster care and reduce <u>the occurrences</u>
27 <u>of mental illnesses and</u> substance abuse <u>disorders</u>, including
28 alcohol abuse <u>or related disorders</u>, for families who are at risk
29 of being involved in protective supervision or foster care.
30 3. To expedite permanency for children and reunify
31 healthy, intact families, when appropriate.
32 4. To support families in recovery.
33 (c) The Legislature finds that children in the care of the
34 state's dependency system need appropriate health care services,
35 that the impact of <u>mental illnesses and</u> substance abuse
36 <u>disorders</u> on health indicates the need for health care services
37 to include <u>treatment for mental health and</u> substance abuse
38 <u>disorders for</u> ~~services to~~ children and parents where
39 appropriate, and that it is in the state's best interest that
40 such children be provided the services they need to enable them
41 to become and remain independent of state care. In order to
42 provide these services, the state's dependency system must have
43 the ability to identify and provide appropriate intervention and

44 treatment for children with personal or family-related mental
45 illness and substance abuse problems.
46 (d) It is the intent of the Legislature to encourage the
47 use of the treatment-based mental health court program model
48 established by s. 394.47892 and drug court program model
49 established by s. 397.334 and authorize courts to assess
50 children and persons who have custody or are requesting custody
51 of children where good cause is shown to identify and address
52 mental illnesses and substance abuse disorders ~~problems~~ as the
53 court deems appropriate at every stage of the dependency
54 process. Participation in treatment, including a treatment-based
55 mental health court program or a treatment-based drug court
56 program, may be required by the court following adjudication.
57 Participation in assessment and treatment before ~~prior to~~
58 adjudication is ~~shall be~~ voluntary, except as provided in s.
59 39.407(16).
60 (e) It is therefore the purpose of the Legislature to
61 provide authority for the state to contract with mental health
62 service providers and community substance abuse treatment
63 providers for the development and operation of specialized
64 support and overlay services for the dependency system, which
65 will be fully implemented and used as resources permit.
66 (f) Participation in a treatment-based mental health court
67 program or a ~~the~~ treatment-based drug court program does not
68 divest any public or private agency of its responsibility for a
69 child or adult, but is intended to enable these agencies to

70 better meet their needs through shared responsibility and
71 resources.
72 Section 2. If HB 7113 or similar legislation creating
73 section 394.47892, Florida Statutes, authorizing the creation of
74 treatment-based mental health court programs, is adopted in the
75 same legislative session or an extension thereof and becomes a
76 law, subsection (10) of section 39.507, Florida Statutes, is
77 amended to read:
78 39.507 Adjudicatory hearings; orders of adjudication.—
79 (10) After an adjudication of dependency, or a finding of
80 dependency where adjudication is withheld, the court may order a
81 person who has custody or is requesting custody of the child to
82 submit to a mental health or substance abuse disorder assessment
83 or evaluation. The assessment or evaluation must be administered
84 by a qualified professional, as defined in s. 397.311. The court
85 may also require such person to participate in and comply with
86 treatment and services identified as necessary, including, when
87 appropriate and available, participation in and compliance with
88 a treatment-based mental health court program established under
89 s. 394.47892 or a treatment-based drug court program established
90 under s. 397.334. In addition to supervision by the department,
91 the court, including the treatment-based mental health court
92 program or the treatment-based drug court program, may oversee
93 the progress and compliance with treatment by a person who has
94 custody or is requesting custody of the child. The court may
95 impose appropriate available sanctions for noncompliance upon a

96 person who has custody or is requesting custody of the child or
97 make a finding of noncompliance for consideration in determining
98 whether an alternative placement of the child is in the child's
99 best interests. Any order entered under this subsection may be
100 made only upon good cause shown. This subsection does not
101 authorize placement of a child with a person seeking custody,
102 other than the parent or legal custodian, who requires mental
103 health or substance abuse disorder treatment.
104 Section 3. If HB 7113 or similar legislation creating
105 section 394.47892, Florida Statutes, authorizing the creation of
106 treatment-based mental health court programs, is adopted in the
107 same legislative session or an extension thereof and becomes a
108 law, paragraph (b) of subsection (1) of section 39.521, Florida
109 Statutes, is amended to read:
110 39.521 Disposition hearings; powers of disposition.—
111 (1) A disposition hearing shall be conducted by the court,
112 if the court finds that the facts alleged in the petition for
113 dependency were proven in the adjudicatory hearing, or if the
114 parents or legal custodians have consented to the finding of
115 dependency or admitted the allegations in the petition, have
116 failed to appear for the arraignment hearing after proper
117 notice, or have not been located despite a diligent search
118 having been conducted.
119 (b) When any child is adjudicated by a court to be
120 dependent, the court having jurisdiction of the child has the
121 power by order to:

122 1. Require the parent and, when appropriate, the legal
123 custodian and the child to participate in treatment and services
124 identified as necessary. The court may require the person who
125 has custody or who is requesting custody of the child to submit
126 to a mental health or substance abuse disorder assessment or
127 evaluation. The assessment or evaluation must be administered by
128 a qualified professional, as defined in s. 397.311. The court
129 may also require such person to participate in and comply with
130 treatment and services identified as necessary, including, when
131 appropriate and available, participation in and compliance with
132 a treatment-based mental health court program established under
133 s. 394.47892 or a treatment-based drug court program established
134 under s. 397.334. In addition to supervision by the department,
135 the court, including the treatment-based mental health court
136 program or the treatment-based drug court program, may oversee
137 the progress and compliance with treatment by a person who has
138 custody or is requesting custody of the child. The court may
139 impose appropriate available sanctions for noncompliance upon a
140 person who has custody or is requesting custody of the child or
141 make a finding of noncompliance for consideration in determining
142 whether an alternative placement of the child is in the child's
143 best interests. Any order entered under this subparagraph may be
144 made only upon good cause shown. This subparagraph does not
145 authorize placement of a child with a person seeking custody of
146 the child, other than the child's parent or legal custodian, who
147 requires mental health or substance abuse disorder treatment.

148 2. Require, if the court deems necessary, the parties to
149 participate in dependency mediation.
150 3. Require placement of the child either under the
151 protective supervision of an authorized agent of the department
152 in the home of one or both of the child's parents or in the home
153 of a relative of the child or another adult approved by the
154 court, or in the custody of the department. Protective
155 supervision continues until the court terminates it or until the
156 child reaches the age of 18, whichever date is first. Protective
157 supervision shall be terminated by the court whenever the court
158 determines that permanency has been achieved for the child,
159 whether with a parent, another relative, or a legal custodian,
160 and that protective supervision is no longer needed. The
161 termination of supervision may be with or without retaining
162 jurisdiction, at the court's discretion, and shall in either
163 case be considered a permanency option for the child. The order
164 terminating supervision by the department shall set forth the
165 powers of the custodian of the child and shall include the
166 powers ordinarily granted to a guardian of the person of a minor
167 unless otherwise specified. Upon the court's termination of
168 supervision by the department, no further judicial reviews are
169 required, so long as permanency has been established for the
170 child.
171 Section 4. Subsection (1) of section 394.4598, Florida
172 Statutes, is amended to read:
173 394.4598 Guardian advocate.—

174 (1) The administrator, a family member of the patient, or
175 an interested party may petition the court for the appointment
176 of a guardian advocate based upon the opinion of a psychiatrist
177 that the patient is incompetent to consent to treatment. If the
178 court finds that a patient is incompetent to consent to
179 treatment and has not been adjudicated incapacitated and a
180 guardian with the authority to consent to mental health
181 treatment appointed, it shall appoint a guardian advocate. The
182 patient has the right to have an attorney represent him or her
183 at the hearing. If the person is indigent, the court shall
184 appoint the office of the public defender to represent him or
185 her at the hearing. The patient has the right to testify, cross-
186 examine witnesses, and present witnesses. The proceeding shall
187 be recorded either electronically or stenographically, and
188 testimony shall be provided under oath. One of the professionals
189 authorized to give an opinion in support of a petition for
190 involuntary placement, as described in s. 394.4655 or s.
191 394.467, must testify. A guardian advocate must meet the
192 qualifications of a guardian contained in part IV of chapter
193 744, except that a professional referred to in this part, an
194 employee of the facility providing direct services to the
195 patient under this part, a departmental employee, a facility
196 administrator, or member of the Florida local advocacy council
197 shall not be appointed. A person who is appointed as a guardian
198 advocate must agree to the appointment.
199 Section 5. Subsection (6) of section 394.467, Florida

200 Statutes, is amended to read:
201 394.467 Involuntary inpatient placement.—
202 (6) HEARING ON INVOLUNTARY INPATIENT PLACEMENT.—
203 (a)1. The court shall hold the hearing on involuntary
204 inpatient placement within 5 days, unless a continuance is
205 granted. The hearing shall be held in the county where the
206 patient is located and shall be as convenient to the patient as
207 may be consistent with orderly procedure and shall be conducted
208 in physical settings not likely to be injurious to the patient's
209 condition. If the court finds that the patient's attendance at
210 the hearing is not consistent with the best interests of the
211 patient, and the patient's counsel does not object, the court
212 may waive the presence of the patient from all or any portion of
213 the hearing. The state attorney for the circuit in which the
214 patient is located shall represent the state, rather than the
215 petitioning facility administrator, as the real party in
216 interest in the proceeding.
217 2. The court may appoint a general or special magistrate
218 to preside at the hearing. One of the professionals who executed
219 the involuntary inpatient placement certificate shall be a
220 witness. The patient and the patient's guardian or
221 representative shall be informed by the court of the right to an
222 independent expert examination. If the patient cannot afford
223 such an examination, the court shall provide for one. The
224 independent expert's report shall be confidential and not
225 discoverable, unless the expert is to be called as a witness for

226 the patient at the hearing. The testimony in the hearing must be
227 given under oath, and the proceedings must be recorded. The
228 patient may refuse to testify at the hearing.
229 (b) If the court concludes that the patient meets the
230 criteria for involuntary inpatient placement, it shall order
231 that the patient be transferred to a treatment facility or, if
232 the patient is at a treatment facility, that the patient be
233 retained there or be treated at any other appropriate receiving
234 or treatment facility, or that the patient receive services from
235 a receiving or treatment facility, on an involuntary basis, for
236 a period of up to 6 months. The order shall specify the nature
237 and extent of the patient's mental illness. The court may not
238 order an individual with traumatic brain injury or dementia who
239 lacks a co-occurring mental illness to be involuntarily placed
240 in a state treatment facility. The facility shall discharge a
241 patient any time the patient no longer meets the criteria for
242 involuntary inpatient placement, unless the patient has
243 transferred to voluntary status.
244 (c) If at any time prior to the conclusion of the hearing
245 on involuntary inpatient placement it appears to the court that
246 the person does not meet the criteria for involuntary inpatient
247 placement under this section, but instead meets the criteria for
248 involuntary outpatient placement, the court may order the person
249 evaluated for involuntary outpatient placement pursuant to s.
250 394.4655. The petition and hearing procedures set forth in s.
251 394.4655 shall apply. If the person instead meets the criteria

252 for involuntary assessment, protective custody, or involuntary
253 admission pursuant to s. 397.675, then the court may order the
254 person to be admitted for involuntary assessment for a period of
255 5 days pursuant to s. 397.6811. Thereafter, all proceedings
256 shall be governed by chapter 397.
257 (d) At the hearing on involuntary inpatient placement, the
258 court shall consider testimony and evidence regarding the
259 patient's competence to consent to treatment. If the court finds
260 that the patient is incompetent to consent to treatment, it
261 shall appoint a guardian advocate as provided in s. 394.4598.
262 (e) The administrator of the receiving facility shall
263 provide a copy of the court order and adequate documentation of
264 a patient's mental illness to the administrator of a treatment
265 facility whenever a patient is ordered for involuntary inpatient
266 placement, whether by civil or criminal court. The documentation
267 shall include any advance directives made by the patient, a
268 psychiatric evaluation of the patient, and any evaluations of
269 the patient performed by a clinical psychologist, a marriage and
270 family therapist, a mental health counselor, or a clinical
271 social worker. The administrator of a treatment facility may
272 refuse admission to any patient directed to its facilities on an
273 involuntary basis, whether by civil or criminal court order, who
274 is not accompanied at the same time by adequate orders and
275 documentation.
276 Section 6. Subsections (1), (4), and (6) of section
277 394.492, Florida Statutes, are amended to read:

278 394.492 Definitions.—As used in ss. 394.490-394.497, the
279 term:
280 (1) "Adolescent" means a person who is at least 13 years
281 of age but under 21 ~~18~~ years of age.
282 (4) "Child or adolescent at risk of emotional disturbance"
283 means a person under 21 ~~18~~ years of age who has an increased
284 likelihood of becoming emotionally disturbed because of risk
285 factors that include, but are not limited to:
286 (a) Being homeless.
287 (b) Having a family history of mental illness.
288 (c) Being physically or sexually abused or neglected.
289 (d) Abusing alcohol or other substances.
290 (e) Being infected with human immunodeficiency virus
291 (HIV).
292 (f) Having a chronic and serious physical illness.
293 (g) Having been exposed to domestic violence.
294 (h) Having multiple out-of-home placements.
295 (6) "Child or adolescent who has a serious emotional
296 disturbance or mental illness" means a person under 21 ~~18~~ years
297 of age who:
298 (a) Is diagnosed as having a mental, emotional, or
299 behavioral disorder that meets one of the diagnostic categories
300 specified in the most recent edition of the Diagnostic and
301 Statistical Manual of Mental Disorders of the American
302 Psychiatric Association; and
303 (b) Exhibits behaviors that substantially interfere with

304 or limit his or her role or ability to function in the family,
305 school, or community, which behaviors are not considered to be a
306 temporary response to a stressful situation.
307
308 The term includes a child or adolescent who meets the criteria
309 for involuntary placement under s. 394.467(1).
310 Section 7. Section 394.656, Florida Statutes, is amended
311 to read:
312 394.656 Criminal Justice, Mental Health, and Substance
313 Abuse Reinvestment Grant Program.—
314 (1) There is created within the Department of Children and
315 Families the Criminal Justice, Mental Health, and Substance
316 Abuse Reinvestment Grant Program. The purpose of the program is
317 to provide funding to counties with which they can plan,
318 implement, or expand initiatives that increase public safety,
319 avert increased spending on criminal justice, and improve the
320 accessibility and effectiveness of treatment services for adults
321 and juveniles who have a mental illness, substance abuse
322 disorder, or co-occurring mental health and substance abuse
323 disorders and who are in, or at risk of entering, the criminal
324 or juvenile justice systems.
325 (2) The department shall establish a Criminal Justice,
326 Mental Health, and Substance Abuse Statewide Grant Policy ~~Review~~
327 Committee. The committee shall include:
328 (a) One representative of the Department of Children and
329 Families;

330 (b) One representative of the Department of Corrections;
331 (c) One representative of the Department of Juvenile
332 Justice;
333 (d) One representative of the Department of Elderly
334 Affairs; ~~and~~
335 (e) One representative of the Office of the State Courts
336 Administrator;
337 (f) One representative of the Department of Veterans'
338 Affairs;
339 (g) One representative of the Florida Sheriffs
340 Association;
341 (h) One representative of the Florida Police Chiefs
342 Association;
343 (i) One representative of the Florida Association of
344 Counties;
345 (j) One representative of the Florida Alcohol and Drug
346 Abuse Association;
347 (k) One representative of the Florida Association of
348 Managing Entities;
349 (l) One representative of the Florida Council for
350 Community Mental Health; and
351 (m) One administrator of a state-licensed limited mental
352 health assisted living facility.
353 (3) The committee shall serve as the advisory body to
354 review policy and funding issues that help reduce the impact of
355 persons with mental illnesses and substance use disorders on

356 communities, criminal justice agencies, and the court system.
357 The committee shall advise the department in selecting
358 priorities for grants and investing awarded grant moneys.
359 (4) The department shall create a grant review and
360 selection committee that has experience in substance use and
361 mental health disorders, community corrections, and law
362 enforcement. To the extent possible, the ~~members of the~~
363 committee shall have expertise in ~~grant writing,~~ grant
364 reviewing~~,~~ and grant application scoring.
365 (5) ~~(3)~~(a) A county, or not-for-profit community provider,
366 managing entity, or coordinated care organization designated by
367 the county planning council or committee, as described in s.
368 394.657, may apply for a 1-year planning grant or a 3-year
369 implementation or expansion grant. The purpose of the grants is
370 to demonstrate that investment in treatment efforts related to
371 mental illness, substance abuse disorders, or co-occurring
372 mental health and substance abuse disorders results in a reduced
373 demand on the resources of the judicial, corrections, juvenile
374 detention, and health and social services systems.
375 (b) To be eligible to receive a 1-year planning grant or a
376 3-year implementation or expansion grant:~~,~~
377 1. A county applicant must have a ~~county~~ planning council
378 or committee that is in compliance with the membership
379 requirements set forth in this section.
380 2. A not-for-profit community provider, managing entity,
381 or coordinated care organization must be designated by the

382 county planning council or committee and have written
383 authorization to submit an application. A not-for-profit
384 community provider, managing entity, or coordinated care
385 organization must have written authorization for each
386 application it submits.
387 (c) The department may award a 3-year implementation or
388 expansion grant to an applicant who has not received a 1-year
389 planning grant.
390 (d) The department may require an applicant to conduct
391 sequential intercept mapping for a project. For purposes of this
392 paragraph, the term "sequential intercept mapping" means a
393 process for reviewing a local community's mental health,
394 substance abuse, criminal justice, and related systems and
395 identifying points of interceptions where interventions may be
396 made to prevent an individual with a substance use disorder or
397 mental illness from deeper involvement in the criminal justice
398 system.
399 (6)(4) The grant review and selection committee shall
400 select the grant recipients and notify the department of
401 Children and Families in writing of the recipients' names of the
402 applicants who have been selected by the committee to receive a
403 grant. Contingent upon the availability of funds and upon
404 notification by the review committee of those applicants
405 approved to receive planning, implementation, or expansion
406 grants, the department of Children and Families may transfer
407 funds appropriated for the grant program to a selected grant

408 recipient ~~any county awarded a grant~~.
409 Section 8. Section 394.761, Florida Statutes, is created
410 to read:
411 394.761 Revenue maximization.—The agency and the
412 department shall develop a plan to obtain federal approval for
413 increasing the availability of federal Medicaid funding for
414 behavioral health care. The agency and the department shall
415 submit the written plan to the President of the Senate and the
416 Speaker of the House of Representatives by November 1, 2015. The
417 plan shall identify the amount of general revenue funding
418 appropriated for mental health and substance abuse services
419 which is eligible to be used as state Medicaid match. The plan
420 must evaluate alternative uses of increased Medicaid funding,
421 including seeking Medicaid eligibility for the severely and
422 persistently mentally ill, increased reimbursement rates for
423 behavioral health services, adjustments to the capitation rate
424 for Medicaid enrollees with chronic mental illness and substance
425 use disorders, supplemental payments to mental health and
426 substance abuse providers through a designated state health
427 program or other mechanisms, and innovative programs to provide
428 incentives for improved outcomes for behavioral health
429 conditions. The plan shall identify the advantages and
430 disadvantages of each alternative and assess the potential of
431 each for achieving improved integration of services. The plan
432 shall identify the types of federal approvals necessary to
433 implement each alternative and project a timeline for

434 implementation.

435 Section 9. Subsections (1) through (11) of section

436 394.9082, Florida Statutes, are amended to read:

437 394.9082 Behavioral health managing entities.—

438 (1) LEGISLATIVE FINDINGS AND INTENT.—The Legislature finds

439 that untreated behavioral health disorders constitute major

440 health problems for residents of this state, are a major

441 economic burden to the citizens of this state, and substantially

442 increase demands on the state's juvenile and adult criminal

443 justice systems, the child welfare system, and health care

444 systems. The Legislature finds that behavioral health disorders

445 respond to appropriate treatment, rehabilitation, and supportive

446 intervention. The Legislature finds that the state's return on

447 its ~~it has made a substantial long-term~~ investment in the

448 funding of the community-based behavioral health prevention and

449 treatment service systems and facilities can be enhanced by

450 coordination of these services with primary care ~~in order to~~

451 ~~provide critical emergency, acute care, residential, outpatient,~~

452 ~~and rehabilitative and recovery-based services~~. The Legislature

453 finds that local communities have also made substantial

454 investments in behavioral health services, contracting with

455 safety net providers who by mandate and mission provide

456 specialized services to vulnerable and hard-to-serve populations

457 and have strong ties to local public health and public safety

458 agencies. The Legislature finds that a regional management

459 structure which creates a comprehensive and cohesive system of

460 coordinated care for ~~that places the responsibility for publicly~~
461 ~~financed~~ behavioral health treatment and prevention services
462 ~~within a single private, nonprofit entity at the local level~~
463 will improve ~~promote improved~~ access to care, promote service
464 continuity, and provide for more efficient and effective
465 delivery of substance abuse and mental health services. The
466 Legislature finds that streamlining administrative processes
467 will create cost efficiencies and provide flexibility to better
468 match available services to consumers' identified needs.
469 (2) DEFINITIONS.—As used in this section, the term:
470 (a) "Behavioral health services" means mental health
471 services and substance abuse prevention and treatment services
472 as defined in this chapter and chapter 397 which are provided
473 using state and federal funds.
474 ~~(b) "Decisionmaking model" means a comprehensive management~~
475 ~~information system needed to answer the following management~~
476 ~~questions at the federal, state, regional, circuit, and local~~
477 ~~provider levels: who receives what services from which providers~~
478 ~~with what outcomes and at what costs?~~
479 (b)~~(c)~~ "Geographic area" means a county, circuit,
480 regional, or multiregional area in this state.
481 (c) "Managed behavioral health organization" means a
482 Medicaid managed care organization currently under contract with
483 the Medicaid managed medical assistance program in this state
484 pursuant to part IV of chapter 409 or a behavioral health
485 specialty managed care organization established pursuant to part

486 IV of chapter 409.
487 (d) "Managing entity" means a corporation that is
488 organized in this state, is designated or filed as a nonprofit
489 organization under s. 501(c)(3) of the Internal Revenue Code, or
490 is a managed behavioral health organization, which ~~and~~ is under
491 contract to the department to manage the day-to-day operational
492 delivery of behavioral health services through an organized
493 system of care pursuant to subparagraph (3)(a)1, that has not
494 yet transitioned to being a coordinated care organization.
495 ~~(3) SERVICE DELIVERY STRATEGIES.—The department may work~~
496 ~~through managing entities to develop service delivery strategies~~
497 ~~that will improve the coordination, integration, and management~~
498 ~~of the delivery of behavioral health services to people who have~~
499 ~~mental or substance use disorders.~~ ~~It is the intent of the~~
500 ~~Legislature that a well-managed service delivery system will~~
501 ~~increase access for those in need of care, improve the~~
502 ~~coordination and continuity of care for vulnerable and high-risk~~
503 ~~populations, and redirect service dollars from restrictive care~~
504 ~~settings to community-based recovery services.~~
505 (3)~~(4)~~ CONTRACT FOR SERVICES.—
506 (a)1. The department shall first attempt to ~~may~~ contract
507 for the purchase and management of safety-net behavioral health
508 services with community-based nonprofit organizations with
509 competence in managing networks of providers serving persons
510 with mental health and substance use disorders to achieve the
511 goals and outcomes provided in this section ~~managing entities~~.

512 However, if fewer than two responsive bids are received to a
513 solicitation for a managing entity or coordinated care
514 organization contract, the department shall reissue the
515 solicitation and managed behavioral health organizations shall
516 also be eligible to bid. In evaluating responses to a
517 solicitation, the department must consider, at a minimum, the
518 following factors:
519 a. Experience serving persons with mental health and
520 substance use disorders.
521 b. Establishment of community partnerships with behavioral
522 health providers.
523 c. Demonstrated organizational capabilities for network
524 management functions.
525 d. Capability to coordinate behavioral health with primary
526 care services.
527 2. The department shall require all contractors serving as
528 managing entities or coordinated care organizations to operate
529 under the same data reporting, administrative requirements, and
530 administrative rate regardless of whether the managing entity
531 has for-profit or not-for-profit status.
532 (b) ~~The department may require a managing entity to~~
533 ~~contract for specialized services that are not currently part of~~
534 ~~the managing entity's network if the department determines that~~
535 ~~to do so is in the best interests of consumers of services. The~~
536 ~~secretary shall determine the schedule for phasing in contracts~~
537 ~~with managing entities. The managing entities shall, at a~~

538 ~~minimum, be accountable for the operational oversight of the~~
539 ~~delivery of behavioral health services funded by the department~~
540 ~~and for the collection and submission of the required data~~
541 ~~pertaining to these contracted services.~~ A managing entity or
542 coordinated care organization shall serve a geographic area
543 designated by the department. The geographic area must be of
544 sufficient size in population and have enough public funds for
545 behavioral health services to allow for flexibility and maximum
546 efficiency.
547 ~~(b) The operating costs of the managing entity contract~~
548 ~~shall be funded through funds from the department and any~~
549 ~~savings and efficiencies achieved through the implementation of~~
550 ~~managing entities when realized by their participating provider~~
551 ~~network agencies. The department recognizes that managing~~
552 ~~entities will have infrastructure development costs during~~
553 ~~start-up so that any efficiencies to be realized by providers~~
554 ~~from consolidation of management functions, and the resulting~~
555 ~~savings, will not be achieved during the early years of~~
556 ~~operation. The department shall negotiate a reasonable and~~
557 ~~appropriate administrative cost rate with the managing entity.~~
558 ~~The Legislature intends that reduced local and state contract~~
559 ~~management and other administrative duties passed on to the~~
560 ~~managing entity allows funds previously allocated for these~~
561 ~~purposes to be proportionately reduced and the savings used to~~
562 ~~purchase the administrative functions of the managing entity.~~
563 ~~Policies and procedures of the department for monitoring~~

564 ~~contracts with managing entities shall include provisions for~~
565 ~~eliminating duplication of the department's and the managing~~
566 ~~entities' contract management and other administrative~~
567 ~~activities in order to achieve the goals of cost-effectiveness~~
568 ~~and regulatory relief. To the maximum extent possible, provider-~~
569 ~~monitoring activities shall be assigned to the managing entity.~~
570 ~~(c) Contracting and payment mechanisms for services must~~
571 ~~promote clinical and financial flexibility and responsiveness~~
572 ~~and must allow different categorical funds to be integrated at~~
573 ~~the point of service. The contracted service array must be~~
574 ~~determined by using public input, needs assessment, and~~
575 ~~evidence-based and promising best practice models.~~ ~~The~~
576 ~~department may employ care management methodologies, prepaid~~
577 ~~capitation, and case rate or other methods of payment which~~
578 ~~promote flexibility, efficiency, and accountability.~~
579 (5) GOALS.—The department, through managing entities,
580 coordinated care organizations, and their provider networks,
581 shall:
582 (a) Effectively deliver ~~goal of the service delivery~~
583 ~~strategies is~~ ~~to provide a design for an~~ ~~effective coordination,~~
584 ~~integration, and management approach for delivering effective~~
585 behavioral health services to persons who are experiencing a
586 mental health or substance abuse crisis, who have a disabling
587 mental illness or a substance use or co-occurring disorder, and
588 require extended services in order to recover from their
589 illness, or who need brief treatment or longer-term supportive

590 interventions to avoid a crisis or disability. ~~Other goals~~
591 ~~include:~~
592 ~~(a) Improving accountability for a local system of~~
593 ~~behavioral health care services to meet performance outcomes and~~
594 ~~standards through the use of reliable and timely data.~~
595 (b) Provide a coordinated, integrated system of care
596 ~~Enhancing the continuity of care~~ for all children, adolescents,
597 and adults who enter the publicly funded behavioral health
598 service system.
599 ~~(c) Preserving the "safety net" of publicly funded~~
600 ~~behavioral health services and providers, and recognizing and~~
601 ~~ensuring continued local contributions to these services, by~~
602 ~~establishing locally designed and community-monitored systems of~~
603 ~~care~~.
604 (c) ~~(d)~~ Provide ~~Providing~~ early diagnosis and treatment
605 interventions to enhance recovery and prevent hospitalization.
606 (d) ~~(e)~~ Improve ~~Improving~~ the assessment of local needs for
607 behavioral health services.
608 (e) ~~(f)~~ Improve ~~Improving~~ the overall quality of behavioral
609 health services through the use of evidence-based, best
610 practice, and promising practice models.
611 (f) ~~(g)~~ Improve ~~Demonstrating improved~~ service integration
612 between behavioral health programs and other programs, such as
613 vocational rehabilitation, education, child welfare, primary
614 health care, emergency services, juvenile justice, and criminal
615 justice.

616 (g)~~(h)~~ Provide ~~Providing~~ for additional testing of
617 creative and flexible strategies for financing behavioral health
618 services to enhance individualized treatment and support
619 services.
620 ~~(i) Promoting cost-effective quality care.~~
621 ~~(j) Working with the state to coordinate admissions and~~
622 ~~discharges from state civil and forensic hospitals and~~
623 ~~coordinating admissions and discharges from residential~~
624 ~~treatment centers.~~
625 ~~(k) Improving the integration, accessibility, and~~
626 ~~dissemination of behavioral health data for planning and~~
627 ~~monitoring purposes.~~
628 ~~(l) Promoting specialized behavioral health services to~~
629 ~~residents of assisted living facilities.~~
630 ~~(m) Working with the state and other stakeholders to~~
631 ~~reduce the admissions and the length of stay for dependent~~
632 ~~children in residential treatment centers.~~
633 ~~(n) Providing services to adults and children with co-~~
634 ~~occurring disorders of mental illnesses and substance abuse~~
635 ~~problems.~~
636 ~~(o) Providing services to elder adults in crisis or at-~~
637 ~~risk for placement in a more restrictive setting due to a~~
638 ~~serious mental illness or substance abuse.~~
639 (6) COORDINATED CARE ORGANIZATIONS.—
640 (a) Each managing entity shall transition into a
641 coordinated care organization within its region.

642 (b) The coordinated care organization shall contract with a
643 network of providers that work cooperatively to enhance the
644 quality and availability of care and achieve improved outcomes
645 for individuals and the community. The coordinated care
646 organization shall provide information and assistance in
647 managing the care of individuals served through the coordinated
648 care organization. The coordinated care organization shall
649 create sufficient connections between providers to eliminate
650 organizational barriers to continuity of care that lead to
651 individuals not receiving necessary treatment and services,
652 particularly when transitioning between levels of care. It
653 shall also coordinate to the degree possible with providers and
654 systems not under contract with the coordinated care
655 organization but with which individuals served through the
656 coordinated care organization may interact with or be served by,
657 such as the Medicaid system, criminal justice system, primary
658 care providers, and other supportive service providers such a
659 housing providers or employment providers.
660 (c) The department shall negotiate a five-year performance-
661 based contract with each managing entity by July 1, 2016, that
662 requires each managing entity to transition into a coordinated
663 care organization within three years. For managing entities
664 selected after the effective date of this act, the department
665 shall use a performance-based contract that meets the
666 requirements of this section. For managing entities with
667 contracts subject to renewal on or before July 1, 2015, the

668 department may renew, or if available, extend a contract under
669 s. 287.057(12), but contracts with such managing entities must
670 meet the requirements of this section by July 1, 2016.
671 (d) The transition plan must be developed through a
672 collaborative process between the managing entity and providers
673 in the region. The plan must establish the type and number of
674 providers necessary to create a comprehensive and cohesive
675 system of coordinated care.
676 (e) The contract with each managing entity must be
677 performance-based and contain specific required results,
678 measureable performance standards and timelines, and penalties
679 for failure to timely plan and transition into a coordinated
680 care organization and to meet other specific performance
681 standards, including financial management, or other contractual
682 requirements. The penalties shall be scaled to the nature and
683 significance of the managing entity's failure to perform. Such
684 penalties may include, but are not limited to, a corrective
685 action plan, liquidated damages, or termination of the contract.
686 The contract must provide a reasonable opportunity for managing
687 entities to implement corrective actions, but must require
688 progress toward achievement of the performance standards
689 identified in paragraph (e). The transition plan shall be
690 developed based on public input and needs assessment, and must
691 incorporate promising, evidence-based best practice models.
692 (f) The department shall designate the managing entity as a
693 coordinated care organization after the relationships, linkages,

694 and interactions among network providers are formalized through
695 written agreements that establish common protocols for intake
696 and assessment, mechanisms for data sharing, joint operational
697 procedures, and integrated care planning and case management.
698 (7) ~~(6)~~ ESSENTIAL ELEMENTS FOR MANAGING ENTITIES AND
699 COORDINATED CARE ORGANIZATIONS.—It is the intent of the
700 ~~Legislature that the department may plan for and enter into~~
701 ~~contracts with managing entities to manage care in geographical~~
702 ~~areas throughout the state.~~
703 (a) A coordinated care organization must facilitate a
704 comprehensive network of providers working together to offer a
705 patient-centered system of care which includes or coordinates
706 with other entities to provide the following elements: ~~The~~
707 ~~managing entity must demonstrate the ability of its network of~~
708 ~~providers to comply with the pertinent provisions of this~~
709 ~~chapter and chapter 397 and to ensure the provision of~~
710 ~~comprehensive behavioral health services. The network of~~
711 ~~providers must include, but need not be limited to, community~~
712 ~~mental health agencies, substance abuse treatment providers, and~~
713 ~~best practice consumer services providers.~~
714 1. A centralized receiving facility, if one exists in the
715 geographic area served by the managing entity, or coordinated
716 receiving system for persons needing evaluation pursuant to s.
717 394.463 or s. 397.675.
718 2. Crisis services, including mobile response teams and
719 crisis stabilization units.

720 3. Case management.
721 4. Outpatient services.
722 5. Residential services.
723 6. Hospital inpatient care.
724 7. Aftercare and other postdischarge services.
725 8. Recovery support, including housing assistance and
726 support for competitive employment, educational attainment,
727 independent living skills development, family support and
728 education, and wellness management and self-care.
729 9. Medical services necessary for coordination of
730 behavioral health services with primary care.
731 10. Prevention and outreach services.
732 11. Medication assisted treatment.
733 12. Detoxification services.
734 ~~(b) The department shall terminate its mental health or~~
735 ~~substance abuse provider contracts for services to be provided~~
736 ~~by the managing entity at the same time it contracts with the~~
737 ~~managing entity.~~
738 ~~(c) The managing entity shall ensure that its provider~~
739 ~~network is broadly conceived.~~ ~~All mental health or substance~~
740 ~~abuse treatment providers currently under contract with the~~
741 ~~department shall be offered a contract by the managing entity.~~
742 (b) ~~(d)~~ The department shall ~~may~~ contract with managing
743 entities or coordinated care organizations to provide the
744 following core functions:
745 1. Financial accountability.

746 2. Allocation of funds to network providers in a manner
747 that reflects the department's strategic direction and plans.
748 3. Provider monitoring to ensure compliance with federal
749 and state laws, rules, and regulations.
750 4. Data collection, reporting, and analysis.
751 5. Operational plans to implement objectives of the
752 department's strategic plan.
753 6. Contract compliance.
754 7. Performance management.
755 8. Collaboration with community stakeholders, including
756 local government.
757 9. System of care through network development.
758 10. Consumer care coordination.
759 a. To the extent allowed by available resources, the
760 managing entity or coordinated care organization shall contract
761 for the provision of consumer care coordination to facilitate
762 the appropriate delivery of behavioral health care services in
763 the least restrictive setting based on standardized level of
764 care determinations, recommendations by a treating practitioner,
765 and the needs of the consumer and his or her family, as
766 appropriate. In addition to treatment services, consumer care
767 coordination shall address the holistic needs of the consumer.
768 It shall also involve coordination with other local systems and
769 entities, public and private, that are involved with the
770 consumer, such as primary health care, child welfare, behavioral
771 health care, and criminal and juvenile justice organizations.

772 Consumer care coordination shall be provided to populations in
773 the following order of priority:
774 (I) Individuals with serious mental illness or substance
775 use disorders who have experienced multiple arrests, involuntary
776 commitments, admittances to a state mental health treatment
777 facility, or episodes of incarceration or have been placed on
778 conditional release for a felony or violated a condition of
779 probation multiple times as a result of their behavioral health
780 condition.
781 (II) Individuals in receiving facilities or crisis
782 stabilization units who are on the wait list for a state
783 treatment facility; individuals in state treatment facilities
784 who are on the wait list for community-based care; children who
785 are involved in the child welfare system but are not in out-of-
786 home care, though the community-based care lead agency shall
787 remain responsible for services required pursuant to s. 409.988;
788 parents or caretakers of children who are involved in the child
789 welfare system; and individuals who account for a
790 disproportionate amount of behavioral health expenditures.
791 (III) Other individuals eligible for services.
792 b. To the extent allowed by available resources, support
793 services provided through consumer care coordination may
794 include, but need not be limited to, the following, as
795 determined by the individual's needs:
796 (I) Supportive housing, including licensed assisted living
797 facilities, adult family-care homes, mental health residential

798 treatment facilities, and department-approved programs. Each
799 housing arrangement must demonstrate an ability to ensure
800 appropriate levels of residential supervision.
801 (II) Supported employment.
802 (III) Family support and education.
803 (IV) Independent living skill development.
804 (V) Peer support.
805 (VI) Wellness management and self-care.
806 (VII) Case management.
807 11. Continuous quality improvement.
808 12. Timely access to appropriate services.
809 13. Cost-effectiveness and system improvements.
810 14. Assistance in the development of the department's
811 strategic plan.
812 15. Participation in community, circuit, regional, and
813 state planning.
814 16. Resource management and maximization, including
815 pursuit of third-party payments and grant applications.
816 17. Incentives for providers to improve quality and
817 access.
818 18. Liaison with consumers.
819 19. Community needs assessment.
820 20. Securing local matching funds.
821 (d) ~~(c)~~ The managing entity or coordinated care
822 organization shall ensure that written cooperative agreements
823 are developed and implemented among the criminal and juvenile

824 justice systems, the local community-based care network, and the
825 local behavioral health providers in the geographic area which
826 define strategies and alternatives for diverting people who have
827 mental illness and substance abuse problems from the criminal
828 justice system to the community. These agreements must also
829 address the provision of appropriate services to persons who
830 have behavioral health problems and leave the criminal justice
831 system. The managing entity or coordinated care organization
832 shall work with the civil court system to develop procedures for
833 the evaluation and use of involuntary outpatient placement for
834 individuals as a strategy for diverting future admissions to
835 acute levels of care, jails, prisons, and forensic facilities,
836 subject to the availability of funding for services.
837 (e) ~~(f)~~ Managing entities and coordinated care
838 organizations must collect and submit data to the department
839 regarding persons served, outcomes of persons served, ~~and the~~
840 costs of services provided through the department's contract,
841 and other data points as required by the department. To the
842 extent possible, the department shall use applicable measures
843 based on nationally recognized standards such as the United
844 States Department of Health and Human Services' Substance Abuse
845 and Mental Health Services Administration's National Outcome
846 Measures or standards developed by the National Quality Forum,
847 the National Committee for Quality Assurance, or similar
848 credible sources. The managing entities shall report outcomes
849 for all clients who have been served through the contract as

850 long as they are clients of a network provider, even if the
851 network provider serves that client during a portion of the year
852 through noncontract funds. Within current resources, ~~The~~
853 ~~department shall evaluate managing entity services based on~~
854 ~~consumer-centered outcome measures that reflect national~~
855 ~~standards that can dependably be measured.~~ the department shall
856 work with managing entities to establish performance standards
857 related to, at a minimum:
858 1. The extent to which individuals in the community
859 receive services.
860 2. The improvement in the overall behavioral health of a
861 community.
862 3.~~2.~~ The improvement in functioning or progress in
863 recovery of individuals served through care coordination, as
864 determined using person-centered measures tailored to the
865 population ~~of quality of care for individuals served~~.
866 4.~~3.~~ The success of strategies to divert admissions to
867 acute levels of care, jails, prisons, and forensic facilities,
868 as measured by, at a minimum, the total number and percentage of
869 clients who, during a specified period, experience multiple
870 admissions to acute levels of care, jails, prisons, or forensic
871 facilities ~~jail, prison, and forensic facility admissions~~.
872 5.~~4.~~ Consumer and family satisfaction.
873 6.~~5.~~ The satisfaction of key community constituents such
874 as law enforcement agencies, juvenile justice agencies, the
875 courts, the schools, local government entities, hospitals, and

876 others as appropriate for the geographical area of the managing
877 entity.
878 (e) ~~(g)~~ The Agency for Health Care Administration may
879 establish a certified match program, which must be voluntary.
880 Under a certified match program, reimbursement is limited to the
881 federal Medicaid share to Medicaid-enrolled strategy
882 participants. The agency may take no action to implement a
883 certified match program unless the consultation provisions of
884 chapter 216 have been met. The agency may seek federal waivers
885 that are necessary to implement the behavioral health service
886 delivery strategies.
887 (7) MANAGING ENTITY AND COORDINATED CARE ORGANIZATION
888 REQUIREMENTS.—The department may adopt rules and standards and a
889 process for the qualification and operation of managing entities
890 and coordinated care organizations which are based, in part, on
891 the following criteria:
892 (a)1. As of December 31, 2015, the department shall verify
893 that the board ~~A managing entity's governance structure~~ of a
894 managing entity or coordinated care organization that is not a
895 managed behavioral health organization meets the following
896 requirements: ~~shall be representative and shall, at a minimum,~~
897 ~~include consumers and family members, appropriate community~~
898 ~~stakeholders and organizations, and providers of substance abuse~~
899 ~~and mental health services as defined in this chapter and~~
900 ~~chapter 397. If there are one or more private-receiving~~
901 ~~facilities in the geographic coverage area of a managing entity,~~

902 ~~the managing entity shall have one representative for the~~
903 ~~private-receiving facilities as an ex officio member of its~~
904 ~~board of directors.~~
905 a. The composition of the board shall be broadly
906 representative of the community and include consumers and family
907 members, community organizations that do not contract with the
908 managing entity, local governments, area law enforcement
909 agencies, business leaders, community-based care lead agency
910 representatives, health care professionals, and representatives
911 of health care facilities. The managing entity or coordinated
912 care organization must create a transparent process for
913 nomination and selection of board members and must adopt a
914 procedure for establishing staggered term limits which ensures
915 that no individual serves more than 8 consecutive years on the
916 governing board.
917 b. The managing entity or coordinated care organization
918 must establish a technical advisory panel consisting of
919 providers of mental health and substance abuse services under
920 contract with the managing entity. The managing entity or
921 coordinated care organization shall select at least one member
922 to serve as an ex-officio, non-voting member of the governing
923 board.
924 2. If the managing entity or coordinated care organization
925 is a managed behavioral health organization, it shall have an
926 advisory board and technical advisory panel that meet the
927 requirements of this paragraph. The duties of the advisory

928 board and technical advisory panel shall include but not be
929 limited to making recommendations to the department about the
930 renewal of the managing entity's contract or the award of a new
931 contract to the managing entity.
932 ~~(b) A managing entity that was originally formed primarily~~
933 ~~by substance abuse or mental health providers must present and~~
934 ~~demonstrate a detailed, consensus approach to expanding its~~
935 ~~provider network and governance to include both substance abuse~~
936 ~~and mental health providers.~~
937 (b)1.~~(c)~~ A managing entity or coordinated care
938 organization must submit a network management plan and budget in
939 a form and manner determined by the department. ~~The plan must~~
940 ~~detail the means for implementing the duties to be contracted to~~
941 ~~the managing entity and the efficiencies to be anticipated by~~
942 ~~the department as a result of executing the contract.~~ The
943 department may require modifications to the plan and must
944 approve the plan before contracting with a managing entity or
945 coordinated care organization.
946 2. Provider participation in the network is subject to
947 credentials and performance standards set by the managing entity
948 or coordinated care organization. The department may not require
949 the managing entity or coordinated care organization to conduct
950 provider network procurements in order to select providers.
951 However, the managing entity or coordinated care organization
952 shall have a process for publicizing opportunities to
953 participate in its network, evaluating new participants for

954 inclusion in its network, and evaluating current providers to
955 determine whether they should remain network participants.
956 3. The network management plan and provider contracts
957 shall at a minimum provide for managing entity or coordinated
958 care organization and provider involvement to ensure continuity
959 of care for clients in the event a provider ceases to provide a
960 service or leaves the network. ~~The department may contract with~~
961 ~~a managing entity that demonstrates readiness to assume core~~
962 ~~functions, and may continue to add functions and~~
963 ~~responsibilities to the managing entity's contract over time as~~
964 ~~additional competencies are developed as identified in paragraph~~
965 ~~(g)~~. ~~Notwithstanding other provisions of this section, the~~
966 ~~department may continue and expand managing entity contracts if~~
967 ~~the department determines that the managing entity meets the~~
968 ~~requirements specified in this section.~~
969 ~~(d) Notwithstanding paragraphs (b) and (c), a managing~~
970 ~~entity that is currently a fully integrated system providing~~
971 ~~mental health and substance abuse services, Medicaid, and child~~
972 ~~welfare services is permitted to continue operating under its~~
973 ~~current governance structure as long as the managing entity can~~
974 ~~demonstrate to the department that consumers, other~~
975 ~~stakeholders, and network providers are included in the planning~~
976 ~~process.~~
977 (c) ~~(e)~~ Managing entities and coordinated care
978 organizations shall operate in a transparent manner, providing
979 public access to information, notice of meetings, and

980 opportunities for broad public participation in decisionmaking.
981 The managing entity's or coordinated care organization's network
982 management plan must detail policies and procedures that ensure
983 transparency.
984 (d) ~~(f)~~ Before contracting with a managing entity or
985 coordinated care organization, the department must perform an
986 onsite readiness review of a managing entity or coordinated care
987 organization to determine its operational capacity to
988 satisfactorily perform the duties to be contracted.
989 (e) ~~(g)~~ The department shall engage community stakeholders,
990 including providers and managing entities and coordinated care
991 organizations under contract with the department, in the
992 development of objective standards to measure the competencies
993 of managing entities and coordinated care organizations ~~and~~
994 ~~their readiness to assume the responsibilities described in this~~
995 ~~section,~~ and the outcomes to hold them accountable.
996 ~~(8) DEPARTMENT RESPONSIBILITIES.—With the introduction of~~
997 ~~managing entities to monitor department-contracted providers'~~
998 ~~day-to-day operations, the department and its regional and~~
999 ~~circuit offices will have increased ability to focus on broad~~
1000 ~~systemic substance abuse and mental health issues. After the~~
1001 ~~department enters into a managing entity contract in a~~
1002 ~~geographic area, the regional and circuit offices of the~~
1003 ~~department in that area shall direct their efforts primarily to~~
1004 ~~monitoring the managing entity contract, including negotiation~~
1005 ~~of system quality improvement goals each contract year, and~~

1006 ~~review of the managing entity's plans to execute department~~
1007 ~~strategic plans; carrying out statutorily mandated licensure~~
1008 ~~functions; conducting community and regional substance abuse and~~
1009 ~~mental health planning; communicating to the department the~~
1010 ~~local needs assessed by the managing entity; preparing~~
1011 ~~department strategic plans; coordinating with other state and~~
1012 ~~local agencies; assisting the department in assessing local~~
1013 ~~trends and issues and advising departmental headquarters on~~
1014 ~~local priorities; and providing leadership in disaster planning~~
1015 ~~and preparation.~~
1016 (8)~~(9)~~ FUNDING FOR MANAGING ENTITIES AND COORDINATED CARE
1017 ORGANIZATIONS.—
1018 (a) A contract established between the department and a
1019 managing entity or coordinated care organization under this
1020 section shall be funded by general revenue, other applicable
1021 state funds, or applicable federal funding sources. A managing
1022 entity or coordinated care organization may carry forward
1023 documented unexpended state funds from one fiscal year to the
1024 next; however, the cumulative amount carried forward may not
1025 exceed 8 percent of the total contract. Any unexpended state
1026 funds in excess of that percentage must be returned to the
1027 department. The funds carried forward may not be used in a way
1028 that would create increased recurring future obligations or for
1029 any program or service that is not currently authorized under
1030 the existing contract with the department. Expenditures of funds
1031 carried forward must be separately reported to the department.

1032 Any unexpended funds that remain at the end of the contract
1033 period shall be returned to the department. Funds carried
1034 forward may be retained through contract renewals and new
1035 procurements as long as the same managing entity is retained by
1036 the department.
1037 (b) The method of payment for a fixed-price contract with
1038 a managing entity or coordinated care organization must provide
1039 for:
1040 1. A 2-month advance payment at the beginning of each
1041 fiscal year and equal monthly payments thereafter.
1042 2. Payment upon verification that the managing entity or
1043 coordinated care organization has submitted complete and
1044 accurate data as required by the contract pursuant to s.
1045 394.74(3)(e).
1046 3. Consequences for failure to achieve specified
1047 performance standards.
1048 (9) CRISIS STABILIZATION SERVICES UTILIZATION DATABASE.—
1049 The department shall develop, implement, and maintain standards
1050 under which a managing entity or coordinated care organization
1051 shall collect utilization data from all public receiving
1052 facilities situated within its geographic service area. As used
1053 in this subsection, the term "public receiving facility" means
1054 an entity that meets the licensure requirements of and is
1055 designated by the department to operate as a public receiving
1056 facility under s. 394.875 and that is operating as a licensed
1057 crisis stabilization unit.

1058 (a) The department shall develop standards and protocols
1059 for managing entities and coordinated care organizations and
1060 public receiving facilities to be used for data collection,
1061 storage, transmittal, and analysis. The standards and protocols
1062 must allow for compatibility of data and data transmittal
1063 between public receiving facilities, managing entities, and the
1064 department for implementation of the requirements of this
1065 subsection. The department shall require managing entities
1066 contracted under this section to comply with this subsection by
1067 August 1, 2015.
1068 (b) A managing entity or coordinated care organization
1069 shall require a public receiving facility within its provider
1070 network to submit data, in real time or at least daily, to the
1071 managing entity relating to:
1072 1. All admissions and discharges of clients receiving
1073 public receiving facility services who qualify as indigent, as
1074 defined in s. 394.4787; and
1075 2. Current active census of total licensed beds, the total
1076 number of beds purchased by the department, the total number of
1077 clients qualifying as indigent occupying those beds, and the
1078 total number of unoccupied licensed beds, regardless of funding.
1079 (c) A managing entity or coordinated care organization
1080 shall require a public receiving facility within its provider
1081 network to submit data, on a monthly basis, to the managing
1082 entity or coordinated care organization that aggregates the
1083 daily data submitted under paragraph (b). The managing entity

1084 shall reconcile the data in the monthly submission to the data
1085 received by the managing entity or coordinated care organization
1086 under paragraph (b) to confirm consistency. If the monthly
1087 aggregate data submitted by a public receiving facility under
1088 this paragraph is inconsistent with the daily data submitted
1089 under paragraph (b), the managing entity or coordinated care
1090 organization shall consult with the public receiving facility to
1091 make corrections as necessary to ensure accurate data.
1092 (d) A managing entity or coordinated care organization
1093 shall require a public receiving facility within its provider
1094 network to submit data, on an annual basis, to the managing
1095 entity or coordinated care organization that aggregates the data
1096 submitted and reconciled under paragraph (c). The managing
1097 entity or coordinated care organization shall reconcile the data
1098 in the annual submission to the data received and reconciled by
1099 the managing entity or coordinated care organization under
1100 paragraph (c) to confirm consistency. If the annual aggregate
1101 data submitted by a public receiving facility under this
1102 paragraph is inconsistent with the data received and reconciled
1103 under paragraph (c), the managing entity or coordinated care
1104 organization shall consult with the public receiving facility to
1105 make corrections as necessary to ensure accurate data.
1106 (e) After ensuring accurate data under paragraphs (c) and
1107 (d), the managing entity or coordinated care organization shall
1108 submit the data to the department on a monthly and an annual
1109 basis. The department shall create a statewide database for the

1110 data described under paragraph (b) and submitted under this
1111 paragraph for the purpose of analyzing the payments for and the
1112 use of crisis stabilization services funded by the Baker Act on
1113 a statewide basis and on an individual public receiving facility
1114 basis.
1115 (f) The department shall adopt rules to administer this
1116 subsection.
1117 (g) The department shall submit a report by January 31,
1118 2016, and annually thereafter, to the Governor, the President of
1119 the Senate, and the Speaker of the House of Representatives that
1120 provides details on the implementation of this subsection,
1121 including the status of the data collection process and a
1122 detailed analysis of the data collected under this subsection.
1123 ~~(10) REPORTING.—Reports of the department's activities,~~
1124 ~~progress, and needs in achieving the goal of contracting with~~
1125 ~~managing entities in each circuit and region statewide must be~~
1126 ~~submitted to the appropriate substantive and appropriations~~
1127 ~~committees in the Senate and the House of Representatives on~~
1128 ~~January 1 and July 1 of each year until the full transition to~~
1129 ~~managing entities has been accomplished statewide.~~
1130 (10) ~~(11)~~ RULES.—The department may ~~shall~~ adopt rules to
1131 administer this section ~~and, as necessary, to further specify~~
1132 ~~requirements of managing entities~~.
1133 Section 10. The Department of Children and Families shall
1134 contract for a study of the safety-net mental health and
1135 substance abuse system administered by the department with an

1136 entity with expertise in behavioral health care and health
1137 systems planning and administration. The department shall submit
1138 an interim report by November 1, 2015, addressing subsections
1139 (1), (3), (4), and (8), and a final report by November 30, 2016,
1140 addressing all subsections. At a minimum, the study shall
1141 include:
1142 (1) A baseline evaluation of the system's current
1143 operation and performance.
1144 (2) A review of the populations required by state law to
1145 be served through the safety-net system and recommendations for
1146 prioritizing, revising, or removing them as required populations
1147 for services.
1148 (3) Payment methodologies that would provide incentives
1149 for earlier intervention, appropriate matching of an
1150 individual's needs with services, increased coordination of
1151 care, and obtaining increased value for public funds while
1152 maintaining the safety-net aspect of the system.
1153 (4) Mechanisms for increased coordination and integration
1154 between behavioral health and support services provided in
1155 different settings, such as criminal justice and child welfare,
1156 or paid for by other funders, such as Medicaid, through means
1157 including, but not limited to, increased sharing of data
1158 regarding individuals' treatment histories and judicial
1159 involvement, consistent with federal limitations on such
1160 sharing.
1161 (5) An evaluation of the ability of the behavioral health

1162 workforce to meet current demand, including consideration of
1163 recruitment, retention, turnover, and shortages.
1164 (6) Strategies to increase flexibility in meeting the
1165 behavioral health needs of a community and to eliminate
1166 programmatic, regulatory, and bureaucratic barriers that impede
1167 efforts to efficiently deliver behavioral health services.
1168 (7) Options for revising requirements for competency
1169 restoration to reduce state funds expended on such restoration
1170 and to increase the involvement of individuals with services
1171 that will result in long-term stabilization and recovery while
1172 maintaining public safety.
1173 (8) Performance measures that would more accurately assess
1174 the contributions of the safety-net system in improving the
1175 behavioral health of a community, including measures addressing
1176 recidivism, readmittance to acute levels of care, and
1177 improvements in an individual's level of functioning.
1178 (9) Best practices in involuntary commitment in other
1179 states and recommended changes to the Baker and Marchman Acts,
1180 including a discussion of the advantages and disadvantages of
1181 consolidating such acts. To facilitate this, the Supreme Court's
1182 Task Force on Substance Abuse and Mental Health Issues in the
1183 Courts is requested to provide a report including its
1184 recommended changes to such acts to the Governor, the President
1185 of the Senate, and the Speaker of the House of Representatives
1186 by November 30, 2016.
1187 Section 11. Section 397.402, Florida Statutes, is created

1188 to read:
1189 397.402 Single, consolidated licensure.— The department
1190 and the Agency for Health Care Administration shall develop a
1191 plan for modifying licensure statutes and rules to provide
1192 options for a single, consolidated license for a provider that
1193 offers multiple types of mental health and substance abuse
1194 services regulated under chapters 394 and 397. The plan shall
1195 identify options for license consolidation within the department
1196 and within the agency, and shall identify inter-agency license
1197 consolidation options. The department and agency shall submit
1198 the plan to the Governor, President of the Senate, and Speaker
1199 of the House of Representatives by November 1, 2015.
1200 Section 12. Section 491.0045, Florida Statutes is amended
1201 to read:
1202 491.0045 Intern registration; requirements.—
1203 (1) ~~Effective January 1, 1998,~~ A~~a~~n individual who has not
1204 satisfied ~~intends to practice in Florida to satisfy~~ the
1205 postgraduate or post-master's level experience requirements, as
1206 specified in s. 491.005(1)(c), (3)(c), or (4)(c), must register
1207 as an intern in the profession for which he or she is seeking
1208 licensure prior to commencing the post-master's experience
1209 requirement or an individual who intends to satisfy part of the
1210 required graduate-level practicum, internship, or field
1211 experience, outside the academic arena for any profession, must
1212 register as an intern in the profession for which he or she is
1213 seeking licensure prior to commencing the practicum, internship,

1214 or field experience.

1215 (2) The department shall register as a clinical social
1216 worker intern, marriage and family therapist intern, or mental
1217 health counselor intern each applicant who the board certifies
1218 has:

1219 (a) Completed the application form and remitted a
1220 nonrefundable application fee not to exceed $200, as set by
1221 board rule;

1222 (b)1. Completed the education requirements as specified in
1223 s. 491.005(1)(c), (3)(c), or (4)(c) for the profession for
1224 which he or she is applying for licensure, if needed; and

1225 2. Submitted an acceptable supervision plan, as determined
1226 by the board, for meeting the practicum, internship, or field
1227 work required for licensure that was not satisfied in his or her
1228 graduate program.

1229 (c) Identified a qualified supervisor.

1230 (3) An individual registered under this section must remain
1231 under supervision while practicing under registered intern
1232 status ~~until he or she is in receipt of a license or a letter~~
1233 ~~from the department stating that he or she is licensed to~~
1234 ~~practice the profession for which he or she applied~~.

1235 ~~(4) An individual who has applied for intern registration~~
1236 ~~on or before December 31, 2001, and has satisfied the education~~
1237 ~~requirements of s. 491.005 that are in effect through December~~
1238 ~~31, 2000, will have met the educational requirements for~~
1239 ~~licensure for the profession for which he or she has applied.~~

1240 (4) ~~(5) Individuals who have commenced the experience~~
1241 ~~requirement as specified in s. 491.005(1)(c), (3)(c), or (4)(c)~~
1242 ~~but failed to register as required by subsection (1) shall~~
1243 ~~register with the department before January 1, 2000.~~ Individuals
1244 who fail to comply with this section ~~subsection~~ shall not be
1245 granted a license under this chapter, and any time spent by the
1246 individual completing the experience requirement as specified in
1247 s. 491.005(1)(c), (3)(c), or (4)(c) before ~~prior to~~ registering
1248 as an intern shall not count toward completion of the ~~such~~
1249 requirement.
1250 (5) An intern registration shall be valid for 5 years.
1251 (6) Any registration issued on or before March 31, 2016,
1252 shall expire March 31, 2021, and may not be renewed or reissued.
1253 Any registration issued after March 31, 2016, shall expire 60
1254 months after the date it is issued. No subsequent intern
1255 registration shall be issued unless the candidate has passed the
1256 theory and practice examination described in 491.005 (1)(d),
1257 (3)(d) and (4)(d).
1258 (7) A person who has held a provisional license issued by
1259 the board may not apply for an intern registration in the same
1260 profession.
1261 Section 13. Subsections (1) and (4) of section 765.110,
1262 Florida Statutes, are amended to read:
1263 (1) A health care facility, pursuant to Pub. L. No. 101-
1264 508, ss. 4206 and 4751, shall provide to each patient written
1265 information concerning the individual's rights concerning

1266 advance directives, including advance directives providing for
1267 mental health treatment, and the health care facility's policies
1268 respecting the implementation of such rights, and shall document
1269 in the patient's medical records whether or not the individual
1270 has executed an advance directive.
1271 (4) The Department of Elderly Affairs for hospices and, in
1272 consultation with the Department of Elderly Affairs, the
1273 Department of Health for health care providers; the Agency for
1274 Health Care Administration for hospitals, nursing homes, home
1275 health agencies, and health maintenance organizations; and the
1276 Department of Children and Families for facilities subject to
1277 part I of chapter 394 shall adopt rules to implement the
1278 provisions of the section. The Department of Children and
1279 Families shall develop, and publish on its website, a mental
1280 health advance directive form that may be used by an individual
1281 to direct future care.
1282 Section 14. Sections 394.4674, 394.4985, 394.745, 397.331,
1283 397.333, 397.801, 397.811, 397.821, 397.901, 397.93, 397.94,
1284 397.951, 397.97, 397.98, and Florida Statutes, are repealed.
1285 Section 15. Subsection (1) of section 394.657, Florida
1286 Statutes, is amended to read:
1287 394.657 County planning councils or committees.—
1288 (1) Each board of county commissioners shall designate the
1289 county public safety coordinating council established under s.
1290 951.26, or designate another criminal or juvenile justice mental
1291 health and substance abuse council or committee, as the planning

1292 council or committee. The public safety coordinating council or
1293 other designated criminal or juvenile justice mental health and
1294 substance abuse council or committee, in coordination with the
1295 county offices of planning and budget, shall make a formal
1296 recommendation to the board of county commissioners regarding
1297 how the Criminal Justice, Mental Health, and Substance Abuse
1298 Reinvestment Grant Program may best be implemented within a
1299 community. The board of county commissioners may assign any
1300 entity to prepare the application on behalf of the county
1301 administration for submission to the Criminal Justice, Mental
1302 Health, and Substance Abuse Statewide Grant Policy ~~Review~~
1303 Committee for review. A county may join with one or more
1304 counties to form a consortium and use a regional public safety
1305 coordinating council or another county-designated regional
1306 criminal or juvenile justice mental health and substance abuse
1307 planning council or committee for the geographic area
1308 represented by the member counties.
1309 Section 16. Subsection (1) of section 394.658, Florida
1310 Statutes, is amended to read:
1311 394.658 Criminal Justice, Mental Health, and Substance
1312 Abuse Reinvestment Grant Program requirements.—
1313 (1) The Criminal Justice, Mental Health, and Substance
1314 Abuse Statewide Grant Policy ~~Review~~ Committee, in collaboration
1315 with the Department of Children and Families, the Department of
1316 Corrections, the Department of Juvenile Justice, the Department
1317 of Elderly Affairs, and the Office of the State Courts

1318 Administrator, shall establish criteria to be used to review
1319 submitted applications and to select the county that will be
1320 awarded a 1-year planning grant or a 3-year implementation or
1321 expansion grant. A planning, implementation, or expansion grant
1322 may not be awarded unless the application of the county meets
1323 the established criteria.
1324 (a) The application criteria for a 1-year planning grant
1325 must include a requirement that the applicant county or counties
1326 have a strategic plan to initiate systemic change to identify
1327 and treat individuals who have a mental illness, substance abuse
1328 disorder, or co-occurring mental health and substance abuse
1329 disorders who are in, or at risk of entering, the criminal or
1330 juvenile justice systems. The 1-year planning grant must be used
1331 to develop effective collaboration efforts among participants in
1332 affected governmental agencies, including the criminal,
1333 juvenile, and civil justice systems, mental health and substance
1334 abuse treatment service providers, transportation programs, and
1335 housing assistance programs. The collaboration efforts shall be
1336 the basis for developing a problem-solving model and strategic
1337 plan for treating adults and juveniles who are in, or at risk of
1338 entering, the criminal or juvenile justice system and doing so
1339 at the earliest point of contact, taking into consideration
1340 public safety. The planning grant shall include strategies to
1341 divert individuals from judicial commitment to community-based
1342 service programs offered by the Department of Children and
1343 Families in accordance with ss. 916.13 and 916.17.

1344 (b) The application criteria for a 3-year implementation
1345 or expansion grant shall require information from a county that
1346 demonstrates its completion of a well-established collaboration
1347 plan that includes public-private partnership models and the
1348 application of evidence-based practices. The implementation or
1349 expansion grants may support programs and diversion initiatives
1350 that include, but need not be limited to:
1351 1. Mental health courts;
1352 2. Diversion programs;
1353 3. Alternative prosecution and sentencing programs;
1354 4. Crisis intervention teams;
1355 5. Treatment accountability services;
1356 6. Specialized training for criminal justice, juvenile
1357 justice, and treatment services professionals;
1358 7. Service delivery of collateral services such as
1359 housing, transitional housing, and supported employment; and
1360 8. Reentry services to create or expand mental health and
1361 substance abuse services and supports for affected persons.
1362 (c) Each county application must include the following
1363 information:
1364 1. An analysis of the current population of the jail and
1365 juvenile detention center in the county, which includes:
1366 a. The screening and assessment process that the county
1367 uses to identify an adult or juvenile who has a mental illness,
1368 substance abuse disorder, or co-occurring mental health and
1369 substance abuse disorders;

1370 b. The percentage of each category of persons admitted to
1371 the jail and juvenile detention center that represents people
1372 who have a mental illness, substance abuse disorder, or co-
1373 occurring mental health and substance abuse disorders; and
1374 c. An analysis of observed contributing factors that
1375 affect population trends in the county jail and juvenile
1376 detention center.
1377 2. A description of the strategies the county intends to
1378 use to serve one or more clearly defined subsets of the
1379 population of the jail and juvenile detention center who have a
1380 mental illness or to serve those at risk of arrest and
1381 incarceration. The proposed strategies may include identifying
1382 the population designated to receive the new interventions, a
1383 description of the services and supervision methods to be
1384 applied to that population, and the goals and measurable
1385 objectives of the new interventions. The interventions a county
1386 may use with the target population may include, but are not
1387 limited to:
1388 a. Specialized responses by law enforcement agencies;
1389 b. Centralized receiving facilities for individuals
1390 evidencing behavioral difficulties;
1391 c. Postbooking alternatives to incarceration;
1392 d. New court programs, including pretrial services and
1393 specialized dockets;
1394 e. Specialized diversion programs;
1395 f. Intensified transition services that are directed to

1396 the designated populations while they are in jail or juvenile
1397 detention to facilitate their transition to the community;
1398 g. Specialized probation processes;
1399 h. Day-reporting centers;
1400 i. Linkages to community-based, evidence-based treatment
1401 programs for adults and juveniles who have mental illness or
1402 substance abuse disorders; and
1403 j. Community services and programs designed to prevent
1404 high-risk populations from becoming involved in the criminal or
1405 juvenile justice system.
1406 3. The projected effect the proposed initiatives will have
1407 on the population and the budget of the jail and juvenile
1408 detention center. The information must include:
1409 a. The county's estimate of how the initiative will reduce
1410 the expenditures associated with the incarceration of adults and
1411 the detention of juveniles who have a mental illness;
1412 b. The methodology that the county intends to use to
1413 measure the defined outcomes and the corresponding savings or
1414 averted costs;
1415 c. The county's estimate of how the cost savings or
1416 averted costs will sustain or expand the mental health and
1417 substance abuse treatment services and supports needed in the
1418 community; and
1419 d. How the county's proposed initiative will reduce the
1420 number of individuals judicially committed to a state mental
1421 health treatment facility.

1422 4. The proposed strategies that the county intends to use
1423 to preserve and enhance its community mental health and
1424 substance abuse system, which serves as the local behavioral
1425 health safety net for low-income and uninsured individuals.
1426 5. The proposed strategies that the county intends to use
1427 to continue the implemented or expanded programs and initiatives
1428 that have resulted from the grant funding.
1429 Section 17. Subsection (15) of section 397.321, Florida
1430 Statutes, is amended to read:
1431 397.321 Duties of the department.—The department shall:
1432 ~~(15) Appoint a substance abuse impairment coordinator to~~
1433 ~~represent the department in efforts initiated by the statewide~~
1434 ~~substance abuse impairment prevention and treatment coordinator~~
1435 ~~established in s. 397.801 and to assist the statewide~~
1436 ~~coordinator in fulfilling the responsibilities of that position.~~
1437 Section 18. Paragraph (a) of subsection (5) of section
1438 943.031, Florida Statutes, is amended to read:
1439 943.031 Florida Violent Crime and Drug Control Council.—
1440 (5) DUTIES OF COUNCIL.—Subject to funding provided to the
1441 department by the Legislature, the council shall provide advice
1442 and make recommendations, as necessary, to the executive
1443 director of the department.
1444 (a) The council may advise the executive director on the
1445 feasibility of undertaking initiatives which include, but are
1446 not limited to, the following:
1447 1. Establishing a program that provides grants to criminal

1448 justice agencies that develop and implement effective violent
1449 crime prevention and investigative programs and which provides
1450 grants to law enforcement agencies for the purpose of drug
1451 control, criminal gang, and illicit money laundering
1452 investigative efforts or task force efforts that are determined
1453 by the council to significantly contribute to achieving the
1454 state's goal of reducing drug-related crime, that represent
1455 significant criminal gang investigative efforts, or that
1456 represent a significant illicit money laundering investigative
1457 effort~~, or that otherwise significantly support statewide~~
1458 ~~strategies developed by the Statewide Drug Policy Advisory~~
1459 ~~Council established under s. 397.333, subject to the limitations~~
1460 ~~provided in this section~~. The grant program may include an
1461 innovations grant program to provide startup funding for new
1462 initiatives by local and state law enforcement agencies to
1463 combat violent crime or to implement drug control, criminal
1464 gang, or illicit money laundering investigative efforts or task
1465 force efforts by law enforcement agencies, including, but not
1466 limited to, initiatives such as:
1467 a. Providing enhanced community-oriented policing.
1468 b. Providing additional undercover officers and other
1469 investigative officers to assist with violent crime
1470 investigations in emergency situations.
1471 c. Providing funding for multiagency or statewide drug
1472 control, criminal gang, or illicit money laundering
1473 investigative efforts or task force efforts that cannot be

1474 reasonably funded completely by alternative sources and that
1475 significantly contribute to achieving the state's goal of
1476 reducing drug-related crime, that represent significant criminal
1477 gang investigative efforts, or that represent a significant
1478 illicit money laundering investigative effort~~, or that otherwise~~
1479 ~~significantly support statewide strategies developed by the~~
1480 ~~Statewide Drug Policy Advisory Council established under s.~~
1481 ~~397.333~~.
1482 2. Expanding the use of automated biometric identification
1483 systems at the state and local levels.
1484 3. Identifying methods to prevent violent crime.
1485 4. Identifying methods to enhance multiagency or statewide
1486 drug control, criminal gang, or illicit money laundering
1487 investigative efforts or task force efforts that significantly
1488 contribute to achieving the state's goal of reducing drug-
1489 related crime, that represent significant criminal gang
1490 investigative efforts, or that represent a significant illicit
1491 money laundering investigative effort~~, or that otherwise~~
1492 ~~significantly support statewide strategies developed by the~~
1493 ~~Statewide Drug Policy Advisory Council established under s.~~
1494 ~~397.333~~.
1495 5. Enhancing criminal justice training programs that
1496 address violent crime, drug control, illicit money laundering
1497 investigative techniques, or efforts to control and eliminate
1498 criminal gangs.
1499 6. Developing and promoting crime prevention services and

1500 educational programs that serve the public, including, but not
1501 limited to:
1502 a. Enhanced victim and witness counseling services that
1503 also provide crisis intervention, information referral,
1504 transportation, and emergency financial assistance.
1505 b. A well-publicized rewards program for the apprehension
1506 and conviction of criminals who perpetrate violent crimes.
1507 7. Enhancing information sharing and assistance in the
1508 criminal justice community by expanding the use of community
1509 partnerships and community policing programs. Such expansion may
1510 include the use of civilian employees or volunteers to relieve
1511 law enforcement officers of clerical work in order to enable the
1512 officers to concentrate on street visibility within the
1513 community.
1514 Section 19. Paragraph (a) of subsection (1) of section
1515 943.042, Florida Statutes, is amended to read:
1516 943.042 Violent Crime Investigative Emergency and Drug
1517 Control Strategy Implementation Account.—
1518 (1) There is created a Violent Crime Investigative
1519 Emergency and Drug Control Strategy Implementation Account
1520 within the Department of Law Enforcement Operating Trust Fund.
1521 The account shall be used to provide emergency supplemental
1522 funds to:
1523 (a) State and local law enforcement agencies that are
1524 involved in complex and lengthy violent crime investigations, or
1525 matching funding to multiagency or statewide drug control or

1526 illicit money laundering investigative efforts or task force
1527 efforts that significantly contribute to achieving the state's
1528 goal of reducing drug-related crime, or that represent a
1529 significant illicit money laundering investigative effort~~, or~~
1530 ~~that otherwise significantly support statewide strategies~~
1531 ~~developed by the Statewide Drug Policy Advisory Council~~
1532 ~~established under s. 397.333~~;
1533 Section 20. This act shall take effect July 1, 2015.
1534
1535 ---
1536 **T I T L E A M E N D M E N T**
1537 Remove everything before the enacting clause and insert:
1538 An act relating to mental health and substance abuse; amending
1539 s. 39.001, F.S.; providing legislative intent regarding mental
1540 illness for purposes of the child welfare system; providing
1541 contingent effect; amending s. 39.507, F.S.; providing for
1542 consideration of mental health issues and involvement in
1543 treatment-based mental health court programs in adjudicatory
1544 hearings and orders of adjudication; providing contingent
1545 effect; amending s. 39.521, F.S.; providing for consideration of
1546 mental health issues and involvement in treatment-based mental
1547 health court programs in disposition hearings; providing
1548 contingent effect; amending 394.467, F.S.; prohibiting courts
1549 from ordering an individual with traumatic brain injury or
1550 dementia, who lacks a co-occurring mental illness, to be
1551 involuntarily placed in a state treatment facility; amending s.

1552 394.4598, F.S.; authorizing a patient's family member or an
1553 interested party to petition for the appointment of a guardian
1554 advocate; amending s. 394.492, F.S.; revising the definitions of
1555 the terms "adolescent," "child or adolescent at risk of
1556 emotional disturbance," and "child or adolescent who has a
1557 serious emotional disturbance or mental illness" for purposes of
1558 the Comprehensive Child and Adolescent Mental Health Services
1559 Act; amending s. 394.656, F.S.; renaming the Criminal Justice,
1560 Mental Health, and Substance Abuse Statewide Grant Review
1561 Committee as the Criminal Justice, Mental Health, and Substance
1562 Abuse Statewide Grant Policy Committee; providing additional
1563 members of the committee; providing duties of the committee;
1564 providing additional qualifications for committee members;
1565 directing the Department of Children and Families to create a
1566 grant review and selection committee; providing duties of the
1567 committee; authorizing a designated not-for-profit community
1568 provider, managing entity or coordinated care organization to
1569 apply for certain grants; providing eligibility requirements;
1570 providing a definition; removing provisions relating to
1571 applications for certain planning grants; creating s. 394.761,
1572 F.S.; requiring the Agency for Health Care Administration and
1573 the department to develop a plan to obtain federal approval for
1574 increasing the availability of federal Medicaid funding for
1575 behavioral health care; requiring the agency and the department
1576 to submit a written plan that contains certain information to
1577 the Legislature by a specified date; amending s. 394.9082, F.S.;

1578 revising legislative intent; requiring improved coordination of
1579 behavioral health and primary care services through the
1580 development and effective implementation of coordinated care
1581 organizations; defining the term "managed behavioral health
1582 organization"; deleting the definition of the term
1583 "decisionmaking model"; revising the definition of the term
1584 "managing entity" to include managed behavioral health
1585 organizations and providing for a transition to a coordinated
1586 care organization; requiring the department to contract with
1587 community-based nonprofit organizations for the development of
1588 specified objectives; providing requirements for the contracting
1589 process; requiring all for-profit and not-for-profit contractors
1590 serving as managing entities or coordinated care organizations
1591 to operate under the same requirements; requiring managing
1592 entities to transition to coordinated care organizations by a
1593 date certain; establishing essential elements of a coordinate
1594 care organization;; requiring the department to designate the
1595 regional network as a coordinated care organization after
1596 certain conditions are met; removing duties of the department,
1597 the secretary of the department, and managing entities; removing
1598 a provision regarding the requirement of funding the managing
1599 entity's contract through departmental funds; removing
1600 legislative intent; requiring that the department's contract
1601 with each managing entity be performance based; revising goals;
1602 deleting obsolete language regarding the transition to the
1603 managing entity system; requiring that care coordination be

1604 provided to populations in priority order; specifying the
1605 priority order of populations; specifying the requirements for
1606 care coordination; requiring the managing entity or coordinated
1607 care organization to work with the civil court system to develop
1608 procedures regarding involuntary outpatient placement subject to
1609 the availability of funding for services; requiring the
1610 department to use applicable performance measures based on
1611 nationally recognized standards to the extent possible;
1612 including standards related, at a minimum, to the improvement in
1613 the overall behavioral health of a community, improvement in
1614 person-centered outcome measures for populations provided care
1615 coordination, and reduction in readmissions to acute levels of
1616 care, jails, prisons, and forensic facilities; providing
1617 requirements for the governing board or advisory board of a
1618 managing entity or coordinated care organization; requiring a
1619 technical advisory panel of service providers for managing
1620 entities and care coordination organizations; revising the
1621 network management and administrative functions of the managing
1622 entities and coordinated care organizations; removing
1623 departmental responsibilities; specifying that methods of
1624 payment to managing entities or coordinated care organizations
1625 must include requirements for data verification and consequences
1626 for failure to achieve performance standards; requiring the
1627 department to develop standards and protocols for the
1628 collection, storage, transmittal, and analysis of utilization
1629 data from public receiving facilities; defining the term "public

1630 receiving facility"; requiring the department to require
1631 compliance by managing entities or coordinated care
1632 organizations by a specified date; requiring a managing entity
1633 or coordinated care organization to require public receiving
1634 facilities in its provider network to submit certain data within
1635 specified timeframes; requiring managing entities or coordinated
1636 care organizations to reconcile data to ensure accuracy;
1637 requiring managing entities to submit certain data to the
1638 department within specified timeframes; requiring the department
1639 to create a statewide database; requiring the department to
1640 adopt rules to administer the crisis stabilization services
1641 utilization database; requiring the department to submit an
1642 annual report to the Governor and Legislature; removing a
1643 reporting requirement; authorizing, rather than requiring, the
1644 department to adopt rules; providing an appropriation; requiring
1645 a study of the safety-net mental health and substance abuse
1646 system; requiring specified information to be included in such
1647 study; requiring the Supreme Court's Task Force on Substance
1648 Abuse and Mental Health Issues in the Courts to submit a report
1649 of its recommended changes to the Baker and Marchman Acts to the
1650 Governor and Legislature by a specified date; creating s.
1651 397.402, F.S.; requiring that the department and the Agency for
1652 Health Care Administration submit a plan with options for
1653 modifying certain licensure rules and procedures by a certain
1654 date to provide for a single, consolidated license for providers
1655 that offer multiple types of mental health and substance abuse

1656 services; amending s. 491.0045, F.S.; limiting an intern
1657 registration to five years; prohibiting an individual who held a
1658 provisional license from the board from applying for an intern
1659 registration in the same profession; amending s. 765.110, F.S.;
1660 requiring health care facilities to provide patients with
1661 written information about advance directives providing for
1662 mental health treatment; requiring the department to develop,
1663 and publish on its website, a mental health advance directive
1664 form; repealing s. 394.4674, F.S., relating to a state plan for
1665 deinstitutionalizing certain patients and a status report
1666 regarding such deinstitutionalization; repealing s. 394.4985,
1667 F.S., relating to a districtwide comprehensive child and
1668 adolescent mental health information and referral network and
1669 implementation of such network; repealing s. 394.745, F.S.,
1670 relating to an annual report on compliance of providers of
1671 substance abuse treatment programs and mental health services
1672 under contract with department; repealing s. 397.331, F.S.,
1673 which provides definitions relating to the Hal S. Marchman
1674 Alcohol and Other Drug Services Act; repealing s. 397.333, F.S.,
1675 relating to the Statewide Drug Policy Advisory Council;
1676 repealing s. 397.801, F.S., relating to interagency and
1677 intraagency substance abuse impairment coordination; repealing
1678 s. 397.811, F.S., relating to legislative findings and intent
1679 regarding juvenile substance abuse impairment coordination;
1680 repealing s. 397.821, F.S., relating to juvenile substance abuse
1681 impairment prevention and early intervention councils; repealing

1682 s. 397.901, F.S., relating to prototype juvenile addictions
1683 receiving facilities; repealing s. 397.93, F.S., relating to
1684 target populations for children's substance abuse services;
1685 repealing s. 397.94, F.S., relating to an information and
1686 referral network for children's substance abuse services;
1687 repealing s. 397.951, F.S., relating to the integration of
1688 substance abuse treatment and sanctions; repealing s. 397.97,
1689 F.S., relating to the Children's Network of Care Demonstration
1690 Models; repealing s. 397.98, F.S., relating to the Children's
1691 Network of Care Demonstration Models for local delivery of
1692 substance abuse services; amending ss. 394.657 and 394.658,
1693 F.S.; conforming terminology; amending ss. 397.321, 943.031, and
1694 943.042, F.S.; conforming cross-references; providing an
1695 effective date.