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LEGISLATIVE ACTION

Senate

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House

The Committee on Children, Families, and Elder Affairs (Powell) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

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

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

(4) Beginning with fiscal year 2020-2021 through fiscal
year 2021-2022, the department and the Agency for Health Care



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11 Administration shall identify children and adolescents who are
12 the highest utilizers of crisis stabilization services. The
13 department and agency shall collaboratively take appropriate
14 action within available resources to meet the behavioral health
15 needs of such children and adolescents more effectively, and
16 shall jointly submit to the Legislature a quarterly report
17 listing the actions taken by both agencies to better serve such
18 children and adolescents.

19 Section 2. Paragraph (q) is added to subsection (4) of
20 section 394.495, Florida Statutes, and subsection (7) is added
21 to that section, to read:

22 394.495 Child and adolescent mental health system of care;
23 programs and services.-

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

26 (q) Crisis response services provided through mobile
27 response teams.

28 (7) (a) The department shall contract with managing entities
29 for mobile response teams throughout the state to provide
30 immediate, onsite behavioral health crisis services to children,
31 adolescents, and young adults ages 18 to 25, inclusive, who:

- 32 1. Have an emotional disturbance;
- 33 2. Are experiencing an acute mental or emotional crisis;
- 34 3. Are experiencing escalating emotional or behavioral
35 reactions and symptoms that impact their ability to function
36 typically within the family, living situation, or community
37 environment; or

- 38 4. Are served by the child welfare system and are
39 experiencing or are at high risk of placement instability.



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- 40 (b) A mobile response team shall, at a minimum:
- 41 1. Respond to new requests for services within 60 minutes
42 after such requests are made.
- 43 2. Respond to a crisis in the location where the crisis is
44 occurring.
- 45 3. Provide behavioral health crisis-oriented services that
46 are responsive to the needs of the child, adolescent, or young
47 adult and his or her family.
- 48 4. Provide evidence-based practices to children,
49 adolescents, young adults, and families to enable them to
50 independently and effectively deescalate and respond to
51 behavioral challenges that they are facing and to reduce the
52 potential for future crises.
- 53 5. Provide screening, standardized assessments, early
54 identification, and referrals to community services.
- 55 6. Engage the child, adolescent, or young adult and his or
56 her family as active participants in every phase of the
57 treatment process whenever possible.
- 58 7. Develop a care plan for the child, adolescent, or young
59 adult.
- 60 8. Provide care coordination by facilitating the transition
61 to ongoing services.
- 62 9. Ensure there is a process in place for informed consent
63 and confidentiality compliance measures.
- 64 10. Promote information sharing and the use of innovative
65 technology.
- 66 11. Coordinate with the managing entity within the service
67 location and other key entities providing services and supports
68 to the child, adolescent, or young adult and his or her family,



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69 including, but not limited to, the child, adolescent, or young
70 adult's school, the local educational multiagency network for
71 severely emotionally disturbed students under s. 1006.04, the
72 child welfare system, and the juvenile justice system.

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

75 1. Collaborate with local sheriff's offices and public
76 schools in the planning, development, evaluation, and selection
77 processes.

78 2. Require that services be made available 24 hours per
79 day, 7 days per week, with onsite response time to the location
80 of the referred crisis within 60 minutes after the request for
81 services is made.

82 3. Require the provider to establish response protocols
83 with local law enforcement agencies, local community-based care
84 lead agencies as defined in s. 409.986(3), the child welfare
85 system, and the Department of Juvenile Justice. The response
86 protocol with a school district shall be consistent with the
87 model response protocol developed under s. 1004.44.

88 4. Require access to a board-certified or board-eligible
89 psychiatrist or psychiatric nurse practitioner.

90 5. Require mobile response teams to refer children,
91 adolescents, or young adults and their families to an array of
92 crisis response services that address individual and family
93 needs, including screening, standardized assessments, early
94 identification, and community services as necessary to address
95 the immediate crisis event.

96 Section 3. Section 394.4955, Florida Statutes, is created
97 to read:



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98 394.4955 Coordinated system of care; child and adolescent
99 mental health treatment and support.-

100 (1) Pursuant to s. 394.9082(5)(d), each managing entity
101 shall develop a plan that promotes the development and effective
102 implementation of a coordinated system of care which integrates
103 services provided through providers funded by the state's child-
104 serving systems and facilitates access by children and
105 adolescents, as resources permit, to needed mental health
106 treatment and services at any point of entry regardless of the
107 time of year, intensity, or complexity of the need, and other
108 systems with which such children and adolescents are involved,
109 as well as treatment and services available through other
110 systems for which they would qualify.

111 (2) (a) The managing entity shall lead a planning process
112 that includes, but is not limited to, children and adolescents
113 with behavioral health needs and their families; behavioral
114 health service providers; law enforcement agencies; school
115 districts or superintendents; the multiagency network for
116 students with emotional or behavioral disabilities; the
117 department; and representatives of the child welfare and
118 juvenile justice systems, early learning coalitions, the Agency
119 for Health Care Administration, Medicaid managed medical
120 assistance plans, the Agency for Persons with Disabilities, the
121 Department of Juvenile Justice, and other community partners. An
122 organization receiving state funding must participate in the
123 planning process if requested by the managing entity.

124 (b) The managing entity and collaborating organizations
125 shall take into consideration the geographical distribution of
126 the population, needs, and resources, and create separate plans



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127 on an individual county or multi-county basis, as needed, to
128 maximize collaboration and communication at the local level.

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

132 (d) Each plan shall integrate with the local plan developed
133 under s. 394.4573.

134 (3) By July 1, 2021, the managing entity shall complete the
135 plans developed under this section and submit them to the
136 department. By July 1, 2022, the entities involved in the
137 planning process shall implement the coordinated system of care
138 specified in each plan. The managing entity and collaborating
139 organizations shall review and update the plans, as necessary,
140 at least every 3 years thereafter.

141 (4) The managing entity and collaborating organizations
142 shall create integrated service delivery approaches within
143 current resources that facilitate parents and caregivers
144 obtaining services and support by making referrals to
145 specialized treatment providers, if necessary, with follow up to
146 ensure services are received.

147 (5) The managing entity and collaborating organizations
148 shall document each coordinated system of care for children and
149 adolescents through written memoranda of understanding or other
150 binding arrangements.

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

155 Section 4. Paragraph (c) of subsection (3) and paragraphs



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156 (b) and (d) of subsection (5) of section 394.9082, Florida
157 Statutes, are amended, and paragraph (t) is added to subsection
158 (5) of that section, to read:

159 394.9082 Behavioral health managing entities.—

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

161 (c) Define the priority populations that will benefit from
162 receiving care coordination. In defining such populations, the
163 department shall take into account the availability of resources
164 and consider:

165 1. The number and duration of involuntary admissions within
166 a specified time.

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

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

172 4. The degree of utilization of behavioral health services.

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

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

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

179 (b) Conduct a community behavioral health care needs
180 assessment every 3 years in the geographic area served by the
181 managing entity which identifies needs by subregion. The process
182 for conducting the needs assessment shall include an opportunity
183 for public participation. The assessment shall include, at a
184 minimum, the information the department needs for its annual



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185 report to the Governor and Legislature pursuant to s. 394.4573.
186 The assessment shall also include a list and descriptions of any
187 gaps in the arrays of services for children or adolescents
188 identified pursuant to s. 394.4955 and recommendations for
189 addressing such gaps. The managing entity shall provide the
190 needs assessment to the department.

191 (d) Promote the development and effective implementation of
192 a coordinated system of care pursuant to ss. 394.4573 and
193 394.495 ~~s. 394.4573~~.

194 (t) Promote the use of available crisis intervention
195 services by requiring contracted providers to provide contact
196 information for mobile response teams established under s.
197 394.495 to parents and caregivers of children, adolescents, and
198 young adults between ages 18 and 25, inclusive, who receive
199 safety-net behavioral health services.

200 Section 5. Paragraph (b) of subsection (14) of section
201 409.175, Florida Statutes, is amended to read:

202 409.175 Licensure of family foster homes, residential
203 child-caring agencies, and child-placing agencies; public
204 records exemption.—

205 (14)

206 (b) As a condition of licensure, foster parents shall
207 successfully complete preservice training. The preservice
208 training shall be uniform statewide and shall include, but not
209 be limited to, such areas as:

- 210 1. Orientation regarding agency purpose, objectives,
211 resources, policies, and services;
- 212 2. Role of the foster parent as a treatment team member;
- 213 3. Transition of a child into and out of foster care,



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214 including issues of separation, loss, and attachment;
215 4. Management of difficult child behavior that can be
216 intensified by placement, by prior abuse or neglect, and by
217 prior placement disruptions;
218 5. Prevention of placement disruptions;
219 6. Care of children at various developmental levels,
220 including appropriate discipline; ~~and~~
221 7. Effects of foster parenting on the family of the foster
222 parent; and
223 8. Information about and contact information for the local
224 mobile response team as a means for addressing a behavioral
225 health crisis or preventing placement disruption.
226 Section 6. Paragraph (c) of subsection (2) of section
227 409.967, Florida Statutes, is amended to read:
228 409.967 Managed care plan accountability.—
229 (2) The agency shall establish such contract requirements
230 as are necessary for the operation of the statewide managed care
231 program. In addition to any other provisions the agency may deem
232 necessary, the contract must require:
233 (c) Access.—
234 1. The agency shall establish specific standards for the
235 number, type, and regional distribution of providers in managed
236 care plan networks to ensure access to care for both adults and
237 children. Each plan must maintain a regionwide network of
238 providers in sufficient numbers to meet the access standards for
239 specific medical services for all recipients enrolled in the
240 plan. The exclusive use of mail-order pharmacies may not be
241 sufficient to meet network access standards. Consistent with the
242 standards established by the agency, provider networks may



243 include providers located outside the region. A plan may
244 contract with a new hospital facility before the date the
245 hospital becomes operational if the hospital has commenced
246 construction, will be licensed and operational by January 1,
247 2013, and a final order has issued in any civil or
248 administrative challenge. Each plan shall establish and maintain
249 an accurate and complete electronic database of contracted
250 providers, including information about licensure or
251 registration, locations and hours of operation, specialty
252 credentials and other certifications, specific performance
253 indicators, and such other information as the agency deems
254 necessary. The database must be available online to both the
255 agency and the public and have the capability to compare the
256 availability of providers to network adequacy standards and to
257 accept and display feedback from each provider's patients. Each
258 plan shall submit quarterly reports to the agency identifying
259 the number of enrollees assigned to each primary care provider.
260 The agency shall conduct, or contract for, systematic and
261 continuous testing of the provider network databases maintained
262 by each plan to confirm accuracy, confirm that behavioral health
263 providers are accepting enrollees, and confirm that enrollees
264 have access to behavioral health services.

265 2. Each managed care plan must publish any prescribed drug
266 formulary or preferred drug list on the plan's website in a
267 manner that is accessible to and searchable by enrollees and
268 providers. The plan must update the list within 24 hours after
269 making a change. Each plan must ensure that the prior
270 authorization process for prescribed drugs is readily accessible
271 to health care providers, including posting appropriate contact



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272 information on its website and providing timely responses to
273 providers. For Medicaid recipients diagnosed with hemophilia who
274 have been prescribed anti-hemophilic-factor replacement
275 products, the agency shall provide for those products and
276 hemophilia overlay services through the agency's hemophilia
277 disease management program.

278 3. Managed care plans, and their fiscal agents or
279 intermediaries, must accept prior authorization requests for any
280 service electronically.

281 4. Managed care plans serving children in the care and
282 custody of the Department of Children and Families must maintain
283 complete medical, dental, and behavioral health encounter
284 information and participate in making such information available
285 to the department or the applicable contracted community-based
286 care lead agency for use in providing comprehensive and
287 coordinated case management. The agency and the department shall
288 establish an interagency agreement to provide guidance for the
289 format, confidentiality, recipient, scope, and method of
290 information to be made available and the deadlines for
291 submission of the data. The scope of information available to
292 the department shall be the data that managed care plans are
293 required to submit to the agency. The agency shall determine the
294 plan's compliance with standards for access to medical, dental,
295 and behavioral health services; the use of medications; and
296 followup on all medically necessary services recommended as a
297 result of early and periodic screening, diagnosis, and
298 treatment.

299 Section 7. Paragraph (f) of subsection (1) of section
300 409.988, Florida Statutes, is amended to read:



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301 409.988 Lead agency duties; general provisions.-

302 (1) DUTIES.-A lead agency:

303 (f) Shall ensure that all individuals providing care for
304 dependent children receive:

305 1. Appropriate training and meet the minimum employment
306 standards established by the department.

307 2. Contact information for the local mobile response team
308 established under s. 394.495.

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

311 985.601 Administering the juvenile justice continuum.-

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

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



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330 1003.02 District school board operation and control of
331 public K-12 education within the school district.—As provided in
332 part II of chapter 1001, district school boards are
333 constitutionally and statutorily charged with the operation and
334 control of public K-12 education within their school district.
335 The district school boards must establish, organize, and operate
336 their public K-12 schools and educational programs, employees,
337 and facilities. Their responsibilities include staff
338 development, public K-12 school student education including
339 education for exceptional students and students in juvenile
340 justice programs, special programs, adult education programs,
341 and career education programs. Additionally, district school
342 boards must:

343 (5) Participate in the planning process for promoting a
344 coordinated system of care for children and adolescents pursuant
345 to s. 394.4955.

346 Section 10. Present subsection (4) of section 1004.44,
347 Florida Statutes, is redesignated as subsection (5), and a new
348 subsection (4) is added to that section, to read:

349 1004.44 Louis de la Parte Florida Mental Health Institute.—
350 There is established the Louis de la Parte Florida Mental Health
351 Institute within the University of South Florida.

352 (4) By August 1, 2020, the institute shall develop a model
353 response protocol for schools to use mobile response teams
354 established under s. 394.495. In developing the protocol, the
355 institute shall, at a minimum, consult with school districts
356 that effectively use such teams, school districts that use such
357 teams less often, local law enforcement agencies, the Department
358 of Children and Families, managing entities as defined in s.



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359 394.9082(2), and mobile response team providers.

360 Section 11. Paragraph (c) of subsection (1) of section
361 1006.04, Florida Statutes, is amended to read:

362 1006.04 Educational multiagency services for students with
363 severe emotional disturbance.—

364 (1)

365 (c) The multiagency network shall:

366 1. Support and represent the needs of students in each
367 school district in joint planning with fiscal agents of
368 children's mental health funds, including the expansion of
369 school-based mental health services, transition services, and
370 integrated education and treatment programs.

371 2. Improve coordination of services for children with or at
372 risk of emotional or behavioral disabilities and their families
373 by assisting multi-agency collaborative initiatives to identify
374 critical issues and barriers of mutual concern and develop local
375 response systems that increase home and school connections and
376 family engagement.

377 3. Increase parent and youth involvement and development
378 with local systems of care.

379 4. Facilitate student and family access to effective
380 services and programs for students with and at risk of emotional
381 or behavioral disabilities that include necessary educational,
382 residential, and mental health treatment services, enabling
383 these students to learn appropriate behaviors, reduce
384 dependency, and fully participate in all aspects of school and
385 community living.

386 5. Participate in the planning process for promoting a
387 coordinated system of care for children and adolescents pursuant



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388 to s. 394.4955.

389 Section 12. Paragraph (b) of subsection (16) of section
390 1011.62, Florida Statutes, is amended to read:

391 1011.62 Funds for operation of schools.—If the annual
392 allocation from the Florida Education Finance Program to each
393 district for operation of schools is not determined in the
394 annual appropriations act or the substantive bill implementing
395 the annual appropriations act, it shall be determined as
396 follows:

397 (16) MENTAL HEALTH ASSISTANCE ALLOCATION.—The mental health
398 assistance allocation is created to provide funding to assist
399 school districts in establishing or expanding school-based
400 mental health care; train educators and other school staff in
401 detecting and responding to mental health issues; and connect
402 children, youth, and families who may experience behavioral
403 health issues with appropriate services. These funds shall be
404 allocated annually in the General Appropriations Act or other
405 law to each eligible school district. Each school district shall
406 receive a minimum of \$100,000, with the remaining balance
407 allocated based on each school district's proportionate share of
408 the state's total unweighted full-time equivalent student
409 enrollment. Charter schools that submit a plan separate from the
410 school district are entitled to a proportionate share of
411 district funding. The allocated funds may not supplant funds
412 that are provided for this purpose from other operating funds
413 and may not be used to increase salaries or provide bonuses.
414 School districts are encouraged to maximize third-party health
415 insurance benefits and Medicaid claiming for services, where
416 appropriate.



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

427 1. Direct employment of school-based mental health services
428 providers to expand and enhance school-based student services
429 and to reduce the ratio of students to staff in order to better
430 align with nationally recommended ratio models. These providers
431 include, but are not limited to, certified school counselors,
432 school psychologists, school social workers, and other licensed
433 mental health professionals. The plan also must identify
434 strategies to increase the amount of time that school-based
435 student services personnel spend providing direct services to
436 students, which may include the review and revision of district
437 staffing resource allocations based on school or student mental
438 health assistance needs.

439 2. An interagency agreement or memorandum of understanding
440 with the managing entity, as defined in s. 394.9082(2), that
441 facilitates referrals of students to community-based services
442 and coordinates care for students served by school-based and
443 community-based providers. Such agreement or memorandum of
444 understanding must address the sharing of records and
445 information as authorized under s. 1006.07(7)(d) to coordinate



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446 care and increase access to appropriate services.

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

458 4.3- Policies and procedures, including contracts with
459 service providers, which will ensure that:

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

472 b. School districts use the services of the mobile response
473 teams to the extent that such services are available. Each
474 school district shall establish policies and procedures to carry



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475 out the model response protocol developed under s. 1004.44.

476 c. Students who are referred to a school-based or
477 community-based mental health service provider for mental health
478 screening for the identification of mental health concerns and
479 ensure that the assessment of students at risk for mental health
480 disorders occurs within 15 days of referral. School-based mental
481 health services must be initiated within 15 days after
482 identification and assessment, and support by community-based
483 mental health service providers for students who are referred
484 for community-based mental health services must be initiated
485 within 30 days after the school or district makes a referral.

486 d. Referrals to behavioral health services available
487 through other delivery systems or payors for which a student or
488 individuals living in the household of a student receiving
489 services under this subsection may qualify, if such services
490 appear to be needed or enhancements in those individuals'
491 behavioral health would contribute to the improved well-being of
492 the student.

493 ~~5.4.~~ Strategies to reduce the likelihood of at-
494 risk students developing social, emotional, or behavioral health
495 problems, depression, anxiety disorders, suicidal tendencies, or
496 substance use disorders.

497 ~~6.5.~~ Strategies to improve the early identification of
498 social, emotional, or behavioral problems or substance use
499 disorders, to improve the provision of early intervention
500 services, and to assist students in dealing with trauma and
501 violence.

502 Section 13. The Department of Children and Families and the
503 Agency for Health Care Administration shall assess the quality



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504 of care provided in crisis stabilization units to children and
505 adolescents who are high utilizers of crisis stabilization
506 services. The department and agency shall review current
507 standards of care for such settings applicable to licensure
508 under chapters 394 and 408, Florida Statutes, and designation
509 under s. 394.461, Florida Statutes; compare the standards to
510 other states' standards and relevant national standards; and
511 make recommendations for improvements to such standards. The
512 assessment and recommendations shall address, at a minimum,
513 efforts by each facility to gather and assess information
514 regarding each child or adolescent, to coordinate with other
515 providers treating the child or adolescent, and to create
516 discharge plans that comprehensively and effectively address the
517 needs of the child or adolescent to avoid or reduce his or her
518 future use of crisis stabilization services. The department and
519 agency shall jointly submit a report of their findings and
520 recommendations to the Governor, the President of the Senate,
521 and the Speaker of the House of Representatives by November 15,
522 2020.

523 Section 14. This act shall take effect July 1, 2020.

524
525 ===== T I T L E A M E N D M E N T =====

526 And the title is amended as follows:

527 Delete everything before the enacting clause
528 and insert:

529 A bill to be entitled
530 An act relating to children's mental health; amending
531 s. 394.493, F.S.; requiring the Department of Children
532 and Families and the Agency for Health Care



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533 Administration to identify certain children and
534 adolescents who use crisis stabilization services
535 during specified fiscal years; requiring the
536 department and agency to collaboratively meet the
537 behavioral health needs of such children and
538 adolescents and submit a quarterly report to the
539 Legislature; amending s. 394.495, F.S.; including
540 crisis response services provided through mobile
541 response teams in the array of services available to
542 children and adolescents; requiring the department to
543 contract with managing entities for mobile response
544 teams to provide certain services to certain children,
545 adolescents, and young adults; providing requirements
546 for such mobile response teams; providing requirements
547 for managing entities when procuring mobile response
548 teams; creating s. 394.4955, F.S.; requiring managing
549 entities to develop a plan promoting the development
550 of a coordinated system of care for certain services;
551 providing requirements for the planning process;
552 requiring each managing entity to submit such plan by
553 a specified date; requiring the entities involved in
554 the planning process to implement such plan by a
555 specified date; requiring that such plan be reviewed
556 and updated periodically; amending s. 394.9082, F.S.;
557 revising the duties of the department relating to
558 priority populations that will benefit from care
559 coordination; requiring that a managing entity's
560 behavioral health care needs assessment include
561 certain information regarding gaps in certain



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562 services; requiring a managing entity to promote the
563 use of available crisis intervention services;
564 amending s. 409.175, F.S.; revising requirements
565 relating to preservice training for foster parents;
566 amending s. 409.967, F.S.; requiring the agency to
567 conduct, or contract for, the testing of provider
568 network databases maintained by Medicaid managed care
569 plans for specified purposes; amending s. 409.988,
570 F.S.; revising the duties of a lead agency relating to
571 individuals providing care for dependent children;
572 amending s. 985.601, F.S.; requiring the Department of
573 Juvenile Justice to participate in the planning
574 process for promoting a coordinated system of care for
575 children and adolescents; amending s. 1003.02, F.S.;
576 requiring each district school board to participate in
577 the planning process for promoting a coordinated
578 system of care; amending s. 1004.44, F.S.; requiring
579 the Louis de la Parte Florida Mental Health Institute
580 to develop, in consultation with other entities, a
581 model response protocol for schools; amending s.
582 1006.04, F.S.; requiring the educational multiagency
583 network to participate in the planning process for
584 promoting a coordinated system of care; amending s.
585 1011.62, F.S.; revising the elements of a plan
586 required for school district funding under the mental
587 health assistance allocation; requiring the Department
588 of Children and Families and the Agency for Health
589 Care Administration to assess the quality of care
590 provided in crisis stabilization units to certain



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591 children and adolescents; requiring the department and
592 agency to review current standards of care for certain
593 settings and make recommendations; requiring the
594 department and agency to jointly submit a report to
595 the Governor and the Legislature by a specified date;
596 providing an effective date.