

By Senator Powell

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1 A bill to be entitled
2 An act relating to children's mental health; amending
3 s. 394.493, F.S.; requiring the Department of Children
4 and Families and the Agency for Health Care
5 Administration to identify certain children and
6 adolescents who use crisis stabilization services
7 during specified fiscal years; requiring the
8 department and agency to collaboratively meet the
9 behavioral health needs of such children and
10 adolescents and submit a quarterly report to the
11 Legislature; amending s. 394.495, F.S.; including
12 crisis response services provided through mobile
13 response teams in the array of services available to
14 children and adolescents; requiring the department to
15 contract with managing entities for mobile response
16 teams to provide certain services to certain children,
17 adolescents, and young adults; providing requirements
18 for such mobile response teams; providing requirements
19 for managing entities when procuring mobile response
20 teams; creating s. 394.4955, F.S.; requiring managing
21 entities to develop and implement plans promoting the
22 development of a coordinated system of care for
23 certain services; providing requirements for the
24 planning process; requiring each managing entity to
25 submit and implement such plan by a specified date;
26 requiring that such plan be reviewed and updated
27 periodically; providing requirements for managing
28 entities and collaborating organizations relating to
29 such plan; amending s. 394.9082, F.S.; revising the

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30 duties of the department relating to priority
31 populations that will benefit from care coordination;
32 requiring that a managing entity's behavioral health
33 care needs assessment include certain information
34 regarding gaps in certain services; requiring a
35 managing entity to promote the use of available crisis
36 intervention services; amending s. 409.175, F.S.;

37 revising requirements relating to preservice training
38 for foster parents; amending s. 409.988, F.S.;

39 revising the duties of a lead agency relating to
40 individuals providing care for dependent children;
41 amending s. 985.601, F.S.; requiring the Department of
42 Juvenile Justice to participate in the planning
43 process for promoting a coordinated system of care for
44 children and adolescents; amending s. 1003.02, F.S.;

45 requiring each district school board to participate in
46 the planning process for promoting a coordinated
47 system of care for children and adolescents; amending
48 s. 1004.44, F.S.; requiring the Louis de la Parte
49 Florida Mental Health Institute to develop, in
50 consultation with other entities, a model response
51 protocol for schools; amending s. 1006.04, F.S.;

52 requiring the educational multiagency network to
53 participate in the planning process for promoting a
54 coordinated system of care for children and
55 adolescents; amending s. 1011.62, F.S.; revising the
56 elements of a plan required for school district
57 funding under the mental health assistance allocation;
58 requiring the Department of Children and Families and

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59 the Agency for Health Care Administration to assess
60 the quality of care provided in crisis stabilization
61 units to certain children and adolescents; requiring
62 the department and agency to review current standards
63 of care for certain settings and make recommendations;
64 requiring the department and agency to jointly submit
65 a report to the Governor and the Legislature by a
66 specified date; providing an effective date.

67

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

69

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

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

74 (4) Beginning with fiscal year 2020-2021 through fiscal
75 year 2021-2022, the department and the Agency for Health Care
76 Administration shall identify children and adolescents who are
77 the highest utilizers of crisis stabilization services. The
78 department and agency shall collaboratively take appropriate
79 action within available resources to meet the behavioral health
80 needs of such children and adolescents more effectively, and
81 shall jointly submit to the Legislature a quarterly report
82 listing the actions taken by both agencies to better serve such
83 children and adolescents.

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

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

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

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

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

96 1. Have an emotional disturbance;

97 2. Are experiencing an acute mental or emotional crisis;

98 3. Are experiencing escalating emotional or behavioral
99 reactions and symptoms that impact their ability to function
100 typically within the family, living situation, or community
101 environment; or

102 4. Are served by the child welfare system and are
103 experiencing or are at high risk of placement instability.

104 (b) A mobile response team shall, at a minimum:

105 1. Respond to new requests for services within 60 minutes
106 after such requests are made.

107 2. Respond to a crisis in the location where the crisis is
108 occurring.

109 3. Provide behavioral health crisis-oriented services that
110 are responsive to the needs of the child, adolescent, or young
111 adult and his or her family.

112 4. Provide evidence-based practices to children,
113 adolescents, young adults, and families to enable them to
114 independently and effectively deescalate and respond to
115 behavioral challenges that they are facing and to reduce the
116 potential for future crises.

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117 5. Provide screening, standardized assessments, early
118 identification, and referrals to community services.

119 6. Engage the child, adolescent, or young adult and his or
120 her family as active participants in every phase of the
121 treatment process whenever possible.

122 7. Develop a care plan for the child, adolescent, or young
123 adult.

124 8. Provide care coordination by facilitating the transition
125 to ongoing services.

126 9. Ensure there is a process in place for informed consent
127 and confidentiality compliance measures.

128 10. Promote information sharing and the use of innovative
129 technology.

130 11. Coordinate with the managing entity within the service
131 location and other key entities providing services and supports
132 to the child, adolescent, or young adult and his or her family,
133 including, but not limited to, the child, adolescent, or young
134 adult's school, the local educational multiagency network for
135 severely emotionally disturbed students under s. 1006.04, the
136 child welfare system, and the juvenile justice system.

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

139 1. Collaborate with local sheriff's offices and public
140 schools in the planning, development, evaluation, and selection
141 processes.

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

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146 3. Require the provider to establish response protocols
147 with local law enforcement agencies, local community-based care
148 lead agencies as defined in s. 409.986(3), the child welfare
149 system, and the Department of Juvenile Justice. The response
150 protocol with a school district shall be consistent with the
151 model response protocol developed under s. 1004.44.

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

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

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

162 394.4955 Coordinated system of care; child and adolescent
163 mental health treatment and support.-

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

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

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

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

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

198 (3) By July 1, 2021, the managing entity shall complete the
199 plans developed under this section and submit them to the
200 department. By July 1, 2022, the entities involved in the
201 planning process shall implement the coordinated system of care
202 specified in each plan. The managing entity and collaborating
203 organizations shall review and update the plans, as necessary,

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204 at least every 3 years thereafter.

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

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

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

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

223 394.9082 Behavioral health managing entities.—

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

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

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

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

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

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

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

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

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

243 (b) Conduct a community behavioral health care needs
244 assessment every 3 years in the geographic area served by the
245 managing entity which identifies needs by subregion. The process
246 for conducting the needs assessment shall include an opportunity
247 for public participation. The assessment shall include, at a
248 minimum, the information the department needs for its annual
249 report to the Governor and Legislature pursuant to s. 394.4573.
250 The assessment shall also include a list and descriptions of any
251 gaps in the arrays of services for children or adolescents
252 identified pursuant to s. 394.4955 and recommendations for
253 addressing such gaps. The managing entity shall provide the
254 needs assessment to the department.

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

258 (t) Promote the use of available crisis intervention
259 services by requiring contracted providers to provide contact
260 information for mobile response teams established under s.
261 394.495 to parents and caregivers of children, adolescents, and

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262 young adults between ages 18 and 25, inclusive, who receive
263 safety-net behavioral health services.

264 Section 5. Paragraph (b) of subsection (14) of section
265 409.175, Florida Statutes, is amended to read:

266 409.175 Licensure of family foster homes, residential
267 child-caring agencies, and child-placing agencies; public
268 records exemption.—

269 (14)

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

- 274 1. Orientation regarding agency purpose, objectives,
275 resources, policies, and services;
- 276 2. Role of the foster parent as a treatment team member;
- 277 3. Transition of a child into and out of foster care,
278 including issues of separation, loss, and attachment;
- 279 4. Management of difficult child behavior that can be
280 intensified by placement, by prior abuse or neglect, and by
281 prior placement disruptions;
- 282 5. Prevention of placement disruptions;
- 283 6. Care of children at various developmental levels,
284 including appropriate discipline; ~~and~~
- 285 7. Effects of foster parenting on the family of the foster
286 parent; and
- 287 8. Information about and contact information for the local
288 mobile response team as a means for addressing a behavioral
289 health crisis or preventing placement disruption.

290 Section 6. Paragraph (f) of subsection (1) of section

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291 409.988, Florida Statutes, is amended to read:

292 409.988 Lead agency duties; general provisions.—

293 (1) DUTIES.—A lead agency:

294 (f) Shall ensure that all individuals providing care for
295 dependent children receive:

296 1. Appropriate training and meet the minimum employment
297 standards established by the department.

298 2. Contact information for the local mobile response team
299 established under s. 394.495.

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

302 985.601 Administering the juvenile justice continuum.—

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

319 Section 8. Subsection (5) is added to section 1003.02,

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320 Florida Statutes, to read:

321 1003.02 District school board operation and control of
322 public K-12 education within the school district.—As provided in
323 part II of chapter 1001, district school boards are
324 constitutionally and statutorily charged with the operation and
325 control of public K-12 education within their school district.
326 The district school boards must establish, organize, and operate
327 their public K-12 schools and educational programs, employees,
328 and facilities. Their responsibilities include staff
329 development, public K-12 school student education including
330 education for exceptional students and students in juvenile
331 justice programs, special programs, adult education programs,
332 and career education programs. Additionally, district school
333 boards must:

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

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

340 1004.44 Louis de la Parte Florida Mental Health Institute.—
341 There is established the Louis de la Parte Florida Mental Health
342 Institute within the University of South Florida.

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

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349 of Children and Families, managing entities as defined in s.
350 394.9082(2), and mobile response team providers.

351 Section 10. Paragraph (c) of subsection (1) of section
352 1006.04, Florida Statutes, is amended to read:

353 1006.04 Educational multiagency services for students with
354 severe emotional disturbance.—

355 (1)

356 (c) The multiagency network shall:

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

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

368 3. Increase parent and youth involvement and development
369 with local systems of care.

370 4. Facilitate student and family access to effective
371 services and programs for students with and at risk of emotional
372 or behavioral disabilities that include necessary educational,
373 residential, and mental health treatment services, enabling
374 these students to learn appropriate behaviors, reduce
375 dependency, and fully participate in all aspects of school and
376 community living.

377 5. Participate in the planning process for promoting a

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378 coordinated system of care for children and adolescents pursuant
379 to s. 394.4955.

380 Section 11. Paragraph (b) of subsection (16) of section
381 1011.62, Florida Statutes, is amended to read:

382 1011.62 Funds for operation of schools.—If the annual
383 allocation from the Florida Education Finance Program to each
384 district for operation of schools is not determined in the
385 annual appropriations act or the substantive bill implementing
386 the annual appropriations act, it shall be determined as
387 follows:

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

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407 appropriate.

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

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

430 2. An interagency agreement or memorandum of understanding
431 with the managing entity, as defined in s. 394.9082(2), that
432 facilitates referrals of students to community-based services
433 and coordinates care for students served by school-based and
434 community-based providers. Such agreement or memorandum of
435 understanding must address the sharing of records and

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436 information as authorized under s. 1006.07(7)(d) to coordinate
437 care and increase access to appropriate services.

438 ~~3.2.~~ Contracts or interagency agreements with one or more
439 local community behavioral health providers or providers of
440 Community Action Team services to provide a behavioral health
441 staff presence and services at district schools. Services may
442 include, but are not limited to, mental health screenings and
443 assessments, individual counseling, family counseling, group
444 counseling, psychiatric or psychological services, trauma-
445 informed care, mobile crisis services, and behavior
446 modification. These behavioral health services may be provided
447 on or off the school campus and may be supplemented by
448 telehealth.

449 ~~4.3.~~ Policies and procedures, including contracts with
450 service providers, which will ensure that:

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

463 b. School districts use the services of the mobile response
464 teams to the extent that such services are available. Each

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465 school district shall establish policies and procedures to carry
466 out the model response protocol developed under s. 1004.44.

467 c. Students who are referred to a school-based or
468 community-based mental health service provider for mental health
469 screening for the identification of mental health concerns and
470 ensure that the assessment of students at risk for mental health
471 disorders occurs within 15 days of referral. School-based mental
472 health services must be initiated within 15 days after
473 identification and assessment, and support by community-based
474 mental health service providers for students who are referred
475 for community-based mental health services must be initiated
476 within 30 days after the school or district makes a referral.

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

484 ~~5.4.~~ Strategies or programs to reduce the likelihood of at-
485 risk students developing social, emotional, or behavioral health
486 problems, depression, anxiety disorders, suicidal tendencies, or
487 substance use disorders.

488 ~~6.5.~~ Strategies to improve the early identification of
489 social, emotional, or behavioral problems or substance use
490 disorders, to improve the provision of early intervention
491 services, and to assist students in dealing with trauma and
492 violence.

493 Section 12. The Department of Children and Families and the

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

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