

Amendment No.

CHAMBER ACTION

Senate

House

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Representative Silvers offered the following:

Substitute Amendment for Amendment (233097) (with title amendment)

Remove lines 153-622 and insert:

3. Require the provider to establish response protocols with local law enforcement agencies, local community-based care lead agencies as defined in s. 409.986(3), the child welfare system, and the Department of Juvenile Justice.

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

5. Require mobile response teams to refer children, adolescents, or young adults and their families to an array of

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14 crisis response services that address individual and family
15 needs, including screening, standardized assessments, early
16 identification, and community services as necessary to address
17 the immediate crisis event.

18 Section 3. Section 394.4955, Florida Statutes, is created
19 to read:

20 394.4955 Coordinated system of care; child and adolescent
21 mental health treatment and support.-

22 (1) Pursuant to s. 394.9082(5)(d), each managing entity
23 shall lead the development of a plan that promotes the
24 development and effective implementation of a coordinated system
25 of care which integrates services provided through providers
26 funded by the state's child-serving systems and facilitates
27 access by children and adolescents, as resources permit, to
28 needed mental health treatment and services at any point of
29 entry regardless of the time of year, intensity, or complexity
30 of the need, and other systems with which such children and
31 adolescents are involved, as well as treatment and services
32 available through other systems for which they would qualify.

33 (2)(a) The planning process shall include, but is not
34 limited to, children and adolescents with behavioral health
35 needs and their families; behavioral health service providers;
36 law enforcement agencies; school districts or superintendents;
37 the multiagency network for students with emotional or
38 behavioral disabilities; the department; and representatives of

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39 the child welfare and juvenile justice systems, early learning
40 coalitions, the Agency for Health Care Administration, Medicaid
41 managed medical assistance plans, the Agency for Persons with
42 Disabilities, the Department of Juvenile Justice, and other
43 community partners. An organization receiving state funding must
44 participate in the planning process if requested by the managing
45 entity. State agencies shall provide reasonable staff support to
46 the planning process if requested by the managing entity.

47 (b) The planning process shall take into consideration the
48 geographical distribution of the population, needs, and
49 resources, and create separate plans on an individual county or
50 multi-county basis, as needed, to maximize collaboration and
51 communication at the local level.

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

55 (d) Each plan shall integrate with the local plan
56 developed under s. 394.4573.

57 (3) By January 1, 2022, the managing entity shall complete
58 the plans developed under this section and submit them to the
59 department. By January 1, 2023, the entities involved in the
60 planning process shall implement the coordinated system of care
61 specified in each plan. The managing entity and collaborating
62 organizations shall review and update the plans, as necessary,
63 at least every 3 years thereafter.

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64 (4) The managing entity and collaborating organizations
65 shall create integrated service delivery approaches within
66 current resources that facilitate parents and caregivers
67 obtaining services and support by making referrals to
68 specialized treatment providers, if necessary, with follow up to
69 ensure services are received.

70 (5) The managing entity and collaborating organizations
71 shall document each coordinated system of care for children and
72 adolescents through written memoranda of understanding or other
73 binding arrangements.

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

78 Section 4. Paragraph (c) of subsection (3) and paragraphs
79 (b) and (d) of subsection (5) of section 394.9082, Florida
80 Statutes, are amended, and paragraph (t) is added to subsection
81 (5) of that section, to read:

82 394.9082 Behavioral health managing entities.—

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

84 (c) Define the priority populations that will benefit from
85 receiving care coordination. In defining such populations, the
86 department shall take into account the availability of resources
87 and consider:

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88 1. The number and duration of involuntary admissions
89 within a specified time.

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

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

95 4. The degree of utilization of behavioral health
96 services.

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

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

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

103 (b) Conduct a community behavioral health care needs
104 assessment every 3 years in the geographic area served by the
105 managing entity which identifies needs by subregion. The process
106 for conducting the needs assessment shall include an opportunity
107 for public participation. The assessment shall include, at a
108 minimum, the information the department needs for its annual
109 report to the Governor and Legislature pursuant to s. 394.4573.
110 The assessment shall also include a list and descriptions of any
111 gaps in the arrays of services for children or adolescents
112 identified pursuant to s. 394.4955 and recommendations for

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113 addressing such gaps. The managing entity shall provide the
114 needs assessment to the department.

115 (d) Promote the development and effective implementation
116 of a coordinated system of care pursuant to ss. 394.4573 and
117 394.495 ~~s. 394.4573~~.

118 (t) Promote the use of available crisis intervention
119 services by requiring contracted providers to provide contact
120 information for mobile response teams established under s.
121 394.495 to parents and caregivers of children, adolescents, and
122 young adults between ages 18 and 25, inclusive, who receive
123 safety-net behavioral health services.

124 Section 5. Paragraph (b) of subsection (14) of section
125 409.175, Florida Statutes, is amended to read:

126 409.175 Licensure of family foster homes, residential
127 child-caring agencies, and child-placing agencies; public
128 records exemption.—

129 (14)

130 (b) As a condition of licensure, foster parents shall
131 successfully complete preservice training. The preservice
132 training shall be uniform statewide and shall include, but not
133 be limited to, such areas as:

134 1. Orientation regarding agency purpose, objectives,
135 resources, policies, and services;

136 2. Role of the foster parent as a treatment team member;

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137 3. Transition of a child into and out of foster care,
138 including issues of separation, loss, and attachment;

139 4. Management of difficult child behavior that can be
140 intensified by placement, by prior abuse or neglect, and by
141 prior placement disruptions;

142 5. Prevention of placement disruptions;

143 6. Care of children at various developmental levels,
144 including appropriate discipline; ~~and~~

145 7. Effects of foster parenting on the family of the foster
146 parent; and

147 8. Information about and contact information for the local
148 mobile response team as a means for addressing a behavioral
149 health crisis or preventing placement disruption.

150 Section 6. Paragraph (c) of subsection (2) of section
151 409.967, Florida Statutes, is amended to read:

152 409.967 Managed care plan accountability.—

153 (2) The agency shall establish such contract requirements
154 as are necessary for the operation of the statewide managed care
155 program. In addition to any other provisions the agency may deem
156 necessary, the contract must require:

157 (c) Access.—

158 1. The agency shall establish specific standards for the
159 number, type, and regional distribution of providers in managed
160 care plan networks to ensure access to care for both adults and
161 children. Each plan must maintain a regionwide network of

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162 providers in sufficient numbers to meet the access standards for
163 specific medical services for all recipients enrolled in the
164 plan. The exclusive use of mail-order pharmacies may not be
165 sufficient to meet network access standards. Consistent with the
166 standards established by the agency, provider networks may
167 include providers located outside the region. A plan may
168 contract with a new hospital facility before the date the
169 hospital becomes operational if the hospital has commenced
170 construction, will be licensed and operational by January 1,
171 2013, and a final order has issued in any civil or
172 administrative challenge. Each plan shall establish and maintain
173 an accurate and complete electronic database of contracted
174 providers, including information about licensure or
175 registration, locations and hours of operation, specialty
176 credentials and other certifications, specific performance
177 indicators, and such other information as the agency deems
178 necessary. The database must be available online to both the
179 agency and the public and have the capability to compare the
180 availability of providers to network adequacy standards and to
181 accept and display feedback from each provider's patients. Each
182 plan shall submit quarterly reports to the agency identifying
183 the number of enrollees assigned to each primary care provider.
184 The agency shall conduct, or contract for, systematic and
185 continuous testing of the provider network databases maintained
186 by each plan to confirm accuracy, confirm that behavioral health

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187 providers are accepting enrollees, and confirm that enrollees
188 have access to behavioral health services.

189 2. Each managed care plan must publish any prescribed drug
190 formulary or preferred drug list on the plan's website in a
191 manner that is accessible to and searchable by enrollees and
192 providers. The plan must update the list within 24 hours after
193 making a change. Each plan must ensure that the prior
194 authorization process for prescribed drugs is readily accessible
195 to health care providers, including posting appropriate contact
196 information on its website and providing timely responses to
197 providers. For Medicaid recipients diagnosed with hemophilia who
198 have been prescribed anti-hemophilic-factor replacement
199 products, the agency shall provide for those products and
200 hemophilia overlay services through the agency's hemophilia
201 disease management program.

202 3. Managed care plans, and their fiscal agents or
203 intermediaries, must accept prior authorization requests for any
204 service electronically.

205 4. Managed care plans serving children in the care and
206 custody of the Department of Children and Families must maintain
207 complete medical, dental, and behavioral health encounter
208 information and participate in making such information available
209 to the department or the applicable contracted community-based
210 care lead agency for use in providing comprehensive and
211 coordinated case management. The agency and the department shall

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212 establish an interagency agreement to provide guidance for the
213 format, confidentiality, recipient, scope, and method of
214 information to be made available and the deadlines for
215 submission of the data. The scope of information available to
216 the department shall be the data that managed care plans are
217 required to submit to the agency. The agency shall determine the
218 plan's compliance with standards for access to medical, dental,
219 and behavioral health services; the use of medications; and
220 followup on all medically necessary services recommended as a
221 result of early and periodic screening, diagnosis, and
222 treatment.

223 Section 7. Paragraph (f) of subsection (1) of section
224 409.988, Florida Statutes, is amended to read:

225 409.988 Lead agency duties; general provisions.—

226 (1) DUTIES.—A lead agency:

227 (f) Shall ensure that all individuals providing care for
228 dependent children receive:

229 1. Appropriate training and meet the minimum employment
230 standards established by the department.

231 2. Contact information for the local mobile response team
232 established under s. 394.495.

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

235 985.601 Administering the juvenile justice continuum.—

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236 (4) The department shall maintain continuing cooperation
237 with the Department of Education, the Department of Children and
238 Families, the Department of Economic Opportunity, and the
239 Department of Corrections for the purpose of participating in
240 agreements with respect to dropout prevention and the reduction
241 of suspensions, expulsions, and truancy; increased access to and
242 participation in high school equivalency diploma, vocational,
243 and alternative education programs; and employment training and
244 placement assistance. The cooperative agreements between the
245 departments shall include an interdepartmental plan to cooperate
246 in accomplishing the reduction of inappropriate transfers of
247 children into the adult criminal justice and correctional
248 systems. As part of its continuing cooperation, the department
249 shall participate in the planning process for promoting a
250 coordinated system of care for children and adolescents pursuant
251 to s. 394.4955.

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

254 1003.02 District school board operation and control of
255 public K-12 education within the school district.—As provided in
256 part II of chapter 1001, district school boards are
257 constitutionally and statutorily charged with the operation and
258 control of public K-12 education within their school district.
259 The district school boards must establish, organize, and operate
260 their public K-12 schools and educational programs, employees,

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261 and facilities. Their responsibilities include staff
262 development, public K-12 school student education including
263 education for exceptional students and students in juvenile
264 justice programs, special programs, adult education programs,
265 and career education programs. Additionally, district school
266 boards must:

267 (5) Participate in the planning process for promoting a
268 coordinated system of care for children and adolescents pursuant
269 to s. 394.4955.

270 Section 10. Subsection (4) of section 1004.44, Florida
271 Statutes, is renumbered as subsection (5), and a new subsection
272 (4) is added to that section, to read:

273 1004.44 Louis de la Parte Florida Mental Health
274 Institute.—There is established the Louis de la Parte Florida
275 Mental Health Institute within the University of South Florida.

276 (4) By August 1, 2020, the institute shall develop a model
277 response protocol for schools to use mobile response teams
278 established under s. 394.495. In developing the protocol, the
279 institute shall, at a minimum, consult with school districts
280 that effectively use such teams, school districts that use such
281 teams less often, local law enforcement agencies, the Department
282 of Children and Families, managing entities as defined in s.
283 394.9082(2), and mobile response team providers.

284 Section 11. Paragraph (c) of subsection (1) of section
285 1006.04, Florida Statutes, is amended to read:

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286 1006.04 Educational multiagency services for students with
287 severe emotional disturbance.—

288 (1)

289 (c) The multiagency network shall:

290 1. Support and represent the needs of students in each
291 school district in joint planning with fiscal agents of
292 children's mental health funds, including the expansion of
293 school-based mental health services, transition services, and
294 integrated education and treatment programs.

295 2. Improve coordination of services for children with or
296 at risk of emotional or behavioral disabilities and their
297 families by assisting multi-agency collaborative initiatives to
298 identify critical issues and barriers of mutual concern and
299 develop local response systems that increase home and school
300 connections and family engagement.

301 3. Increase parent and youth involvement and development
302 with local systems of care.

303 4. Facilitate student and family access to effective
304 services and programs for students with and at risk of emotional
305 or behavioral disabilities that include necessary educational,
306 residential, and mental health treatment services, enabling
307 these students to learn appropriate behaviors, reduce
308 dependency, and fully participate in all aspects of school and
309 community living.

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310 5. Participate in the planning process for promoting a
311 coordinated system of care for children and adolescents pursuant
312 to s. 394.4955.

313 Section 12. Paragraph (1) of subsection (3) of section
314 1002.20, Florida Statutes, is amended to read:

315 1002.20 K-12 student and parent rights.—Parents of public
316 school students must receive accurate and timely information
317 regarding their child's academic progress and must be informed
318 of ways they can help their child to succeed in school. K-12
319 students and their parents are afforded numerous statutory
320 rights including, but not limited to, the following:

321 (3) HEALTH ISSUES.—

322 (1) Notification of involuntary examinations.—The public
323 school principal or the principal's designee shall immediately
324 notify the parent of a student who is removed from school,
325 school transportation, or a school-sponsored activity and taken
326 to a receiving facility for an involuntary examination pursuant
327 to s. 394.463. The principal or the principal's designee may
328 delay notification for no more than 24 hours after the student
329 is removed if the principal or the principal's designee deems
330 the delay to be in the student's best interest and if a report
331 has been submitted to the central abuse hotline, pursuant to s.
332 39.201, based upon knowledge or suspicion of abuse, abandonment,
333 or neglect. Before a principal or his or her designee contacts a
334 law enforcement officer, he or she must verify that de-

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335 escalation strategies have been utilized and outreach to a
336 mobile response team has been initiated unless the principal or
337 the principal's designee reasonably believes that any delay in
338 removing the student will increase the likelihood of harm to the
339 student or others. This requirement does not supersede the
340 authority of a law enforcement officer to act under s. 394.463.

341 Each district school board shall develop a policy and procedures
342 for notification under this paragraph.

343 Section 13. Paragraph (q) of subsection (9) of section
344 1002.33, Florida Statutes, is amended to read:

345 1002.33 Charter schools.—

346 (9) CHARTER SCHOOL REQUIREMENTS.—

347 (q) The charter school principal or the principal's
348 designee shall immediately notify the parent of a student who is
349 removed from school, school transportation, or a school-
350 sponsored activity and taken to a receiving facility for an
351 involuntary examination pursuant to s. 394.463. The principal or
352 the principal's designee may delay notification for no more than
353 24 hours after the student is removed if the principal or the
354 principal's designee deems the delay to be in the student's best
355 interest and if a report has been submitted to the central abuse
356 hotline, pursuant to s. 39.201, based upon knowledge or
357 suspicion of abuse, abandonment, or neglect. Before a principal
358 or his or her designee contacts a law enforcement officer, he or
359 she must verify that de-escalation strategies have been utilized

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360 and outreach to a mobile response team has been initiated unless
 361 the principal or the principal's designee reasonably believes
 362 that any delay in removing the student will increase the
 363 likelihood of harm to the student or others. This requirement
 364 does not supersede the authority of a law enforcement officer to
 365 act under s. 394.463. Each charter school governing board shall
 366 develop a policy and procedures for notification under this
 367 paragraph.

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369 -----

370 **T I T L E A M E N D M E N T**

371 Remove lines 53-67 and insert:
 372 system of care; amending s. 1004.44, F.S.; requiring
 373 the Louis de la Parte Florida Mental Health Institute
 374 to develop, in consultation with other entities, a
 375 model response protocol for schools; amending s.
 376 1006.04, F.S.; requiring the educational multiagency
 377 network to participate in the planning process for
 378 promoting a coordinated system of care; amending ss.
 379 1002.20 and 1002.33, F.S.; requiring verification that
 380 certain strategies have been utilized and certain
 381 outreach has been initiated before law enforcement is
 382 contacted by a school principal or his or her designee
 383 under specified circumstances; providing an

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