

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 a plan promoting the development
22 of a coordinated system of care for certain services;
23 providing requirements for the planning process;
24 requiring each managing entity to submit such plan by
25 a specified date; requiring the entities involved in

26 | the planning process to implement such plan by a
27 | specified date; requiring that such plan be reviewed
28 | and updated periodically; amending s. 394.9082, F.S.;
29 | revising the duties of the department relating to
30 | priority populations that will benefit from care
31 | coordination; requiring that a managing entity's
32 | behavioral health care needs assessment include
33 | certain information regarding gaps in certain
34 | services; requiring a managing entity to promote the
35 | use of available crisis intervention services;
36 | amending s. 409.175, F.S.; revising requirements
37 | relating to preservice training for foster parents;
38 | amending s. 409.967, F.S.; requiring the Agency for
39 | Health Care Administration to conduct, or contract
40 | for, the testing of provider network databases
41 | maintained by Medicaid managed care plans for
42 | specified purposes; amending s. 409.988, F.S.;
43 | revising the duties of a lead agency relating to
44 | individuals providing care for dependent children;
45 | amending s. 985.601, F.S.; requiring the Department of
46 | Juvenile Justice to participate in the planning
47 | process for promoting a coordinated system of care for
48 | children and adolescents; amending s. 1003.02, F.S.;
49 | requiring each district school board to participate in
50 | the planning process for promoting a coordinated

51 system of care; amending s. 1004.44, F.S.; requiring
 52 the Louis de la Parte Florida Mental Health Institute
 53 to develop, in consultation with other entities, a
 54 model response protocol for schools; amending s.
 55 1006.04, F.S.; requiring the educational multiagency
 56 network to participate in the planning process for
 57 promoting a coordinated system of care; amending s.
 58 1011.62, F.S.; revising the elements of a plan
 59 required for school district funding under the mental
 60 health assistance allocation; requiring the Department
 61 of Children and Families and Agency for Health Care
 62 Administration to assess the quality of care provided
 63 in crisis stabilization units to certain children and
 64 adolescents; requiring the department and agency to
 65 review current standards of care for certain settings
 66 and make recommendations; requiring the department and
 67 agency to jointly submit a report to the Governor and
 68 Legislature by a specified date; providing an
 69 effective date.

70
 71 Be It Enacted by the Legislature of the State of Florida:

72
 73 Section 1. Subsection (4) is added to section 394.493,
 74 Florida Statutes, to read:
 75 394.493 Target populations for child and adolescent mental

76 health services funded through the department.-

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

87 Section 2. Paragraph (q) is added to subsection (4) of
88 section 394.495, Florida Statutes, and subsection (7) is added
89 to that section, to read:

90 394.495 Child and adolescent mental health system of care;
91 programs and services.-

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

94 (q) Crisis response services provided through mobile
95 response teams.

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

- 101 1. Have an emotional disturbance;
102 2. Are experiencing an acute mental or emotional crisis;
103 3. Are experiencing escalating emotional or behavioral
104 reactions and symptoms that impact their ability to function
105 typically within the family, living situation, or community
106 environment; or
107 4. Are served by the child welfare system and are
108 experiencing or are at high risk of placement instability.
109 (b) A mobile response team shall, at a minimum:
110 1. Respond to new requests for services within 60 minutes
111 after such requests are made.
112 2. Respond to a crisis in the location where the crisis is
113 occurring.
114 3. Provide behavioral health crisis-oriented services that
115 are responsive to the needs of the child, adolescent, or young
116 adult and his or her family.
117 4. Provide evidence-based practices to children,
118 adolescents, young adults, and families to enable them to
119 independently and effectively deescalate and respond to
120 behavioral challenges that they are facing and to reduce the
121 potential for future crises.
122 5. Provide screening, standardized assessments, early
123 identification, and referrals to community services.
124 6. Engage the child, adolescent, or young adult and his or
125 her family as active participants in every phase of the

126 treatment process whenever possible.

127 7. Develop a care plan for the child, adolescent, or young
128 adult.

129 8. Provide care coordination by facilitating the
130 transition to ongoing services.

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

133 10. Promote information sharing and the use of innovative
134 technology.

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

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

144 1. Collaborate with local sheriff's offices and public
145 schools in the planning, development, evaluation, and selection
146 processes.

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

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

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

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

165 Section 3. Section 394.4955, Florida Statutes, is created
 166 to read:

167 394.4955 Coordinated system of care; child and adolescent
 168 mental health treatment and support.-

169 (1) Pursuant to s. 394.9082(5)(d), each managing entity
 170 shall develop a plan that promotes the development and effective
 171 implementation of a coordinated system of care which integrates
 172 services provided through providers funded by the state's child-
 173 serving systems and facilitates access by children and
 174 adolescents, as resources permit, to needed mental health
 175 treatment and services at any point of entry regardless of the

176 time of year, intensity, or complexity of the need, and other
177 systems with which such children and adolescents are involved,
178 as well as treatment and services available through other
179 systems for which they would qualify.

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

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

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

201 (d) Each plan shall integrate with the local plan
202 developed under s. 394.4573.

203 (3) By July 1, 2021, the managing entity shall complete
204 the plans developed under this section and submit them to the
205 department. By July 1, 2022, the entities involved in the
206 planning process shall implement the coordinated system of care
207 specified in each plan. The managing entity and collaborating
208 organizations shall review and update the plans, as necessary,
209 at least every 3 years thereafter.

210 (4) The managing entity and collaborating organizations
211 shall create integrated service delivery approaches within
212 current resources that facilitate parents and caregivers
213 obtaining services and support by making referrals to
214 specialized treatment providers, if necessary, with follow up to
215 ensure services are received.

216 (5) The managing entity and collaborating organizations
217 shall document each coordinated system of care for children and
218 adolescents through written memoranda of understanding or other
219 binding arrangements.

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

224 Section 4. Paragraph (c) of subsection (3) and paragraphs
225 (b) and (d) of subsection (5) of section 394.9082, Florida

226 Statutes, are amended, and paragraph (t) is added to subsection
227 (5) of that section, to read:

228 394.9082 Behavioral health managing entities.—

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

230 (c) Define the priority populations that will benefit from
231 receiving care coordination. In defining such populations, the
232 department shall take into account the availability of resources
233 and consider:

234 1. The number and duration of involuntary admissions
235 within a specified time.

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

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

241 4. The degree of utilization of behavioral health
242 services.

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

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

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

249 (b) Conduct a community behavioral health care needs
250 assessment every 3 years in the geographic area served by the

251 managing entity which identifies needs by subregion. The process
252 for conducting the needs assessment shall include an opportunity
253 for public participation. The assessment shall include, at a
254 minimum, the information the department needs for its annual
255 report to the Governor and Legislature pursuant to s. 394.4573.
256 The assessment shall also include a list and descriptions of any
257 gaps in the arrays of services for children or adolescents
258 identified pursuant to s. 394.4955 and recommendations for
259 addressing such gaps. The managing entity shall provide the
260 needs assessment to the department.

261 (d) Promote the development and effective implementation
262 of a coordinated system of care pursuant to ss. 394.4573 and
263 394.495 ~~s. 394.4573~~.

264 (t) Promote the use of available crisis intervention
265 services by requiring contracted providers to provide contact
266 information for mobile response teams established under s.
267 394.495 to parents and caregivers of children, adolescents, and
268 young adults between ages 18 and 25, inclusive, who receive
269 safety-net behavioral health services.

270 Section 5. Paragraph (b) of subsection (14) of section
271 409.175, Florida Statutes, is amended to read:

272 409.175 Licensure of family foster homes, residential
273 child-caring agencies, and child-placing agencies; public
274 records exemption.—

275 (14)

276 (b) As a condition of licensure, foster parents shall
 277 successfully complete preservice training. The preservice
 278 training shall be uniform statewide and shall include, but not
 279 be limited to, such areas as:

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

296 Section 6. Paragraph (c) of subsection (2) of section
 297 409.967, Florida Statutes, is amended to read:

298 409.967 Managed care plan accountability.—

299 (2) The agency shall establish such contract requirements
 300 as are necessary for the operation of the statewide managed care

301 program. In addition to any other provisions the agency may deem
302 necessary, the contract must require:

303 (c) Access.—

304 1. The agency shall establish specific standards for the
305 number, type, and regional distribution of providers in managed
306 care plan networks to ensure access to care for both adults and
307 children. Each plan must maintain a regionwide network of
308 providers in sufficient numbers to meet the access standards for
309 specific medical services for all recipients enrolled in the
310 plan. The exclusive use of mail-order pharmacies may not be
311 sufficient to meet network access standards. Consistent with the
312 standards established by the agency, provider networks may
313 include providers located outside the region. A plan may
314 contract with a new hospital facility before the date the
315 hospital becomes operational if the hospital has commenced
316 construction, will be licensed and operational by January 1,
317 2013, and a final order has issued in any civil or
318 administrative challenge. Each plan shall establish and maintain
319 an accurate and complete electronic database of contracted
320 providers, including information about licensure or
321 registration, locations and hours of operation, specialty
322 credentials and other certifications, specific performance
323 indicators, and such other information as the agency deems
324 necessary. The database must be available online to both the
325 agency and the public and have the capability to compare the

326 availability of providers to network adequacy standards and to
327 accept and display feedback from each provider's patients. Each
328 plan shall submit quarterly reports to the agency identifying
329 the number of enrollees assigned to each primary care provider.
330 The agency shall conduct, or contract for, systematic and
331 continuous testing of the provider network databases maintained
332 by each plan to confirm accuracy, confirm that behavioral health
333 providers are accepting enrollees, and confirm that enrollees
334 have access to behavioral health services.

335 2. Each managed care plan must publish any prescribed drug
336 formulary or preferred drug list on the plan's website in a
337 manner that is accessible to and searchable by enrollees and
338 providers. The plan must update the list within 24 hours after
339 making a change. Each plan must ensure that the prior
340 authorization process for prescribed drugs is readily accessible
341 to health care providers, including posting appropriate contact
342 information on its website and providing timely responses to
343 providers. For Medicaid recipients diagnosed with hemophilia who
344 have been prescribed anti-hemophilic-factor replacement
345 products, the agency shall provide for those products and
346 hemophilia overlay services through the agency's hemophilia
347 disease management program.

348 3. Managed care plans, and their fiscal agents or
349 intermediaries, must accept prior authorization requests for any
350 service electronically.

351 4. Managed care plans serving children in the care and
352 custody of the Department of Children and Families must maintain
353 complete medical, dental, and behavioral health encounter
354 information and participate in making such information available
355 to the department or the applicable contracted community-based
356 care lead agency for use in providing comprehensive and
357 coordinated case management. The agency and the department shall
358 establish an interagency agreement to provide guidance for the
359 format, confidentiality, recipient, scope, and method of
360 information to be made available and the deadlines for
361 submission of the data. The scope of information available to
362 the department shall be the data that managed care plans are
363 required to submit to the agency. The agency shall determine the
364 plan's compliance with standards for access to medical, dental,
365 and behavioral health services; the use of medications; and
366 followup on all medically necessary services recommended as a
367 result of early and periodic screening, diagnosis, and
368 treatment.

369 Section 7. Paragraph (f) of subsection (1) of section
370 409.988, Florida Statutes, is amended to read:

371 409.988 Lead agency duties; general provisions.—

372 (1) DUTIES.—A lead agency:

373 (f) Shall ensure that all individuals providing care for
374 dependent children receive:

375 1. Appropriate training and meet the minimum employment

376 standards established by the department.

377 2. Contact information for the local mobile response team
 378 established under s. 394.495.

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

381 985.601 Administering the juvenile justice continuum.—

382 (4) The department shall maintain continuing cooperation
 383 with the Department of Education, the Department of Children and
 384 Families, the Department of Economic Opportunity, and the
 385 Department of Corrections for the purpose of participating in
 386 agreements with respect to dropout prevention and the reduction
 387 of suspensions, expulsions, and truancy; increased access to and
 388 participation in high school equivalency diploma, vocational,
 389 and alternative education programs; and employment training and
 390 placement assistance. The cooperative agreements between the
 391 departments shall include an interdepartmental plan to cooperate
 392 in accomplishing the reduction of inappropriate transfers of
 393 children into the adult criminal justice and correctional
 394 systems. As part of its continuing cooperation, the department
 395 shall participate in the planning process for promoting a
 396 coordinated system of care for children and adolescents pursuant
 397 to s. 394.4955.

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

400 1003.02 District school board operation and control of

401 public K-12 education within the school district.—As provided in
402 part II of chapter 1001, district school boards are
403 constitutionally and statutorily charged with the operation and
404 control of public K-12 education within their school district.
405 The district school boards must establish, organize, and operate
406 their public K-12 schools and educational programs, employees,
407 and facilities. Their responsibilities include staff
408 development, public K-12 school student education including
409 education for exceptional students and students in juvenile
410 justice programs, special programs, adult education programs,
411 and career education programs. Additionally, district school
412 boards must:

413 (5) Participate in the planning process for promoting a
414 coordinated system of care for children and adolescents pursuant
415 to s. 394.4955.

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

419 1004.44 Louis de la Parte Florida Mental Health
420 Institute.—There is established the Louis de la Parte Florida
421 Mental Health Institute within the University of South Florida.

422 (4) By August 1, 2020, the institute shall develop a model
423 response protocol for schools to use mobile response teams
424 established under s. 394.495. In developing the protocol, the
425 institute shall, at a minimum, consult with school districts

426 | that effectively use such teams, school districts that use such
 427 | teams less often, local law enforcement agencies, the Department
 428 | of Children and Families, managing entities as defined in s.
 429 | 394.9082(2), and mobile response team providers.

430 | Section 11. Paragraph (c) of subsection (1) of section
 431 | 1006.04, Florida Statutes, is amended to read:

432 | 1006.04 Educational multiagency services for students with
 433 | severe emotional disturbance.—

434 | (1)

435 | (c) The multiagency network shall:

436 | 1. Support and represent the needs of students in each
 437 | school district in joint planning with fiscal agents of
 438 | children's mental health funds, including the expansion of
 439 | school-based mental health services, transition services, and
 440 | integrated education and treatment programs.

441 | 2. Improve coordination of services for children with or
 442 | at risk of emotional or behavioral disabilities and their
 443 | families by assisting multi-agency collaborative initiatives to
 444 | identify critical issues and barriers of mutual concern and
 445 | develop local response systems that increase home and school
 446 | connections and family engagement.

447 | 3. Increase parent and youth involvement and development
 448 | with local systems of care.

449 | 4. Facilitate student and family access to effective
 450 | services and programs for students with and at risk of emotional

451 or behavioral disabilities that include necessary educational,
452 residential, and mental health treatment services, enabling
453 these students to learn appropriate behaviors, reduce
454 dependency, and fully participate in all aspects of school and
455 community living.

456 5. Participate in the planning process for promoting a
457 coordinated system of care for children and adolescents pursuant
458 to s. 394.4955.

459 Section 12. Paragraph (b) of subsection (16) of section
460 1011.62, Florida Statutes, is amended to read:

461 1011.62 Funds for operation of schools.—If the annual
462 allocation from the Florida Education Finance Program to each
463 district for operation of schools is not determined in the
464 annual appropriations act or the substantive bill implementing
465 the annual appropriations act, it shall be determined as
466 follows:

467 (16) MENTAL HEALTH ASSISTANCE ALLOCATION.—The mental
468 health assistance allocation is created to provide funding to
469 assist school districts in establishing or expanding school-
470 based mental health care; train educators and other school staff
471 in detecting and responding to mental health issues; and connect
472 children, youth, and families who may experience behavioral
473 health issues with appropriate services. These funds shall be
474 allocated annually in the General Appropriations Act or other
475 law to each eligible school district. Each school district shall

476 receive a minimum of \$100,000, with the remaining balance
477 allocated based on each school district's proportionate share of
478 the state's total unweighted full-time equivalent student
479 enrollment. Charter schools that submit a plan separate from the
480 school district are entitled to a proportionate share of
481 district funding. The allocated funds may not supplant funds
482 that are provided for this purpose from other operating funds
483 and may not be used to increase salaries or provide bonuses.
484 School districts are encouraged to maximize third-party health
485 insurance benefits and Medicaid claiming for services, where
486 appropriate.

487 (b) The plans required under paragraph (a) must be focused
488 on a multitiered system of supports to deliver evidence-based
489 mental health care assessment, diagnosis, intervention,
490 treatment, and recovery services to students with one or more
491 mental health or co-occurring substance abuse diagnoses and to
492 students at high risk of such diagnoses. The provision of these
493 services must be coordinated with a student's primary mental
494 health care provider and with other mental health providers
495 involved in the student's care. At a minimum, the plans must
496 include the following elements:

497 1. Direct employment of school-based mental health
498 services providers to expand and enhance school-based student
499 services and to reduce the ratio of students to staff in order
500 to better align with nationally recommended ratio models. These

501 providers include, but are not limited to, certified school
502 counselors, school psychologists, school social workers, and
503 other licensed mental health professionals. The plan also must
504 identify strategies to increase the amount of time that school-
505 based student services personnel spend providing direct services
506 to students, which may include the review and revision of
507 district staffing resource allocations based on school or
508 student mental health assistance needs.

509 2. An interagency agreement or memorandum of understanding
510 with the managing entity, as defined in s. 394.9082(2), that
511 facilitates referrals of students to community-based services
512 and coordinates care for students served by school-based and
513 community-based providers. Such agreement or memorandum of
514 understanding must address the sharing of records and
515 information as authorized under s. 1006.07(7)(d) to coordinate
516 care and increase access to appropriate services.

517 ~~3.2.~~ Contracts or interagency agreements with one or more
518 local community behavioral health providers or providers of
519 Community Action Team services to provide a behavioral health
520 staff presence and services at district schools. Services may
521 include, but are not limited to, mental health screenings and
522 assessments, individual counseling, family counseling, group
523 counseling, psychiatric or psychological services, trauma-
524 informed care, mobile crisis services, and behavior
525 modification. These behavioral health services may be provided

526 on or off the school campus and may be supplemented by
527 telehealth.

528 ~~4.3.~~ Policies and procedures, including contracts with
529 service providers, which will ensure that:

530 a. Parents of students are provided information about
531 behavioral health services available through the students'
532 school or local community-based behavioral health services
533 providers, including, but not limited to, the mobile response
534 team as established in s. 394.495 serving their area. A school
535 may meet this requirement by providing information about and
536 internet addresses for web-based directories or guides of local
537 behavioral health services as long as such directories or guides
538 are easily navigated and understood by individuals unfamiliar
539 with behavioral health delivery systems or services and include
540 specific contact information for local behavioral health
541 providers.

542 b. School districts use the services of the mobile
543 response teams to the extent that such services are available.
544 Each school district shall establish policies and procedures to
545 carry out the model response protocol developed under s.
546 1004.44.

547 c. Students who are referred to a school-based or
548 community-based mental health service provider for mental health
549 screening for the identification of mental health concerns and
550 ensure that the assessment of students at risk for mental health

551 disorders occurs within 15 days of referral. School-based mental
552 health services must be initiated within 15 days after
553 identification and assessment, and support by community-based
554 mental health service providers for students who are referred
555 for community-based mental health services must be initiated
556 within 30 days after the school or district makes a referral.

557 d. Referrals to behavioral health services available
558 through other delivery systems or payors for which a student or
559 individuals living in the household of a student receiving
560 services under this subsection may qualify, if such services
561 appear to be needed or enhancements in those individuals'
562 behavioral health would contribute to the improved well-being of
563 the student.

564 ~~5.4.~~ Strategies or programs to reduce the likelihood of
565 at-risk students developing social, emotional, or behavioral
566 health problems, depression, anxiety disorders, suicidal
567 tendencies, or substance use disorders.

568 ~~6.5.~~ Strategies to improve the early identification of
569 social, emotional, or behavioral problems or substance use
570 disorders, to improve the provision of early intervention
571 services, and to assist students in dealing with trauma and
572 violence.

573 Section 13. The Department of Children and Families and
574 the Agency for Health Care Administration shall assess the
575 quality of care provided in crisis stabilization units to

576 | children and adolescents who are high utilizers of crisis
577 | stabilization services. The department and agency shall review
578 | current standards of care for such settings applicable to
579 | licensure under chapters 394 and 408, Florida Statutes, and
580 | designation under s. 394.461, Florida Statutes; compare the
581 | standards to other states' standards and relevant national
582 | standards; and make recommendations for improvements to such
583 | standards. The assessment and recommendations shall address, at
584 | a minimum, efforts by each facility to gather and assess
585 | information regarding each child or adolescent, to coordinate
586 | with other providers treating the child or adolescent, and to
587 | create discharge plans that comprehensively and effectively
588 | address the needs of the child or adolescent to avoid or reduce
589 | his or her future use of crisis stabilization services. The
590 | department and agency shall jointly submit a report of their
591 | findings and recommendations to the Governor, the President of
592 | the Senate, and the Speaker of the House of Representatives by
593 | November 15, 2020.

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