

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 lead the development of a plan promoting
22 the development of a coordinated system of care for
23 certain services; providing requirements for the
24 planning process; requiring state agencies to provide
25 reasonable staff support for such planning process if

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

51 requiring each district school board to participate in
52 the planning process for promoting a coordinated
53 system of care; amending s. 1004.44, F.S.; requiring
54 the Louis de la Parte Florida Mental Health Institute
55 to develop, in consultation with other entities, a
56 model response protocol for schools; amending s.
57 1006.04, F.S.; requiring the educational multiagency
58 network to participate in the planning process for
59 promoting a coordinated system of care; amending ss.
60 1002.20 and 1002.33, F.S.; requiring verification that
61 certain strategies have been utilized and certain
62 outreach has been initiated before law enforcement is
63 contacted by a school principal or his or her designee
64 under specified circumstances; providing an exception;
65 requiring the Department of Children and Families and
66 Agency for Health Care Administration to assess the
67 quality of care provided in crisis stabilization units
68 to certain children and adolescents; requiring the
69 department and agency to review current standards of
70 care for certain settings and make recommendations;
71 requiring the department and agency to jointly submit
72 a report to the Governor and Legislature by a
73 specified date; providing an effective date.

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

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

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

394.495 Child and adolescent mental health system of care; programs and services.—

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

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

(7) (a) The department shall contract with managing

101 entities for mobile response teams throughout the state to
102 provide immediate, onsite behavioral health crisis services to
103 children, adolescents, and young adults ages 18 to 25,
104 inclusive, who:

- 105 1. Have an emotional disturbance;
- 106 2. Are experiencing an acute mental or emotional crisis;
- 107 3. Are experiencing escalating emotional or behavioral
108 reactions and symptoms that impact their ability to function
109 typically within the family, living situation, or community
110 environment; or
- 111 4. Are served by the child welfare system and are
112 experiencing or are at high risk of placement instability.

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

- 114 1. Triage new requests to determine the level of severity
115 and prioritize new requests that meet the clinical threshold for
116 an in-person response. To the extent permitted by available
117 resources, mobile response teams must provide in-person
118 responses to such calls meeting such clinical level of response
119 within 60 minutes after prioritization.

120 2. Respond to a crisis in the location where the crisis is
121 occurring.

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

125 4. Provide evidence-based practices to children,
126 adolescents, young adults, and families to enable them to
127 deescalate and respond to behavioral challenges that they are
128 facing and to reduce the potential for future crises.

129 5. Provide screening, standardized assessments, early
130 identification, and referrals to community services.

131 6. Provide care coordination by facilitating the
132 transition to ongoing services.

133 7. Ensure there is a process in place for informed consent
134 and confidentiality compliance measures.

135 8. Promote information sharing and the use of innovative
136 technology.

137 9. Coordinate with the applicable managing entity to
138 establish informal partnerships with key entities providing
139 behavioral health services and supports to children,
140 adolescents, or young adults and their families to facilitate
141 continuity of care.

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.

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

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

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

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

163 394.4955 Coordinated system of care; child and adolescent
164 mental health treatment and support.—

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

174 adolescents are involved, as well as treatment and services
175 available through other systems for which they would qualify.

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

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

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

198 (d) Each plan shall integrate with the local plan

199 developed under s. 394.4573.

200 (3) By January 1, 2022, the managing entity shall complete
201 the plans developed under this section and submit them to the
202 department. By January 1, 2023, the entities involved in the
203 planning process shall implement the coordinated system of care
204 specified in each plan. The managing entity and collaborating
205 organizations shall review and update the plans, as necessary,
206 at least every 3 years thereafter.

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

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

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

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

224 (5) of that section, to read:

225 394.9082 Behavioral health managing entities.—

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

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

231 1. The number and duration of involuntary admissions
 232 within a specified time.

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

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

238 4. The degree of utilization of behavioral health
 239 services.

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

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

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

246 (b) Conduct a community behavioral health care needs
 247 assessment every 3 years in the geographic area served by the
 248 managing entity which identifies needs by subregion. The process

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

258 (d) Promote the development and effective implementation
259 of a coordinated system of care pursuant to ss. 394.4573 and
260 394.495 ~~s. 394.4573~~.

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

267 Section 5. Paragraph (b) of subsection (14) of section
268 409.175, Florida Statutes, is amended to read:

269 409.175 Licensure of family foster homes, residential
270 child-caring agencies, and child-placing agencies; public
271 records exemption.—

272 (14)

273 (b) As a condition of licensure, foster parents shall

274 | successfully complete preservice training. The preservice
 275 | training shall be uniform statewide and shall include, but not
 276 | be limited to, such areas as:

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

293 | Section 6. Paragraph (c) of subsection (2) of section
 294 | 409.967, Florida Statutes, is amended to read:

295 | 409.967 Managed care plan accountability.—

296 | (2) The agency shall establish such contract requirements
 297 | as are necessary for the operation of the statewide managed care
 298 | program. In addition to any other provisions the agency may deem

299 | necessary, the contract must require:

300 | (c) *Access.*—

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

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

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

345 3. Managed care plans, and their fiscal agents or
346 intermediaries, must accept prior authorization requests for any
347 service electronically.

348 4. Managed care plans serving children in the care and

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

366 Section 7. Paragraph (f) of subsection (1) of section
367 409.988, Florida Statutes, is amended to read:

368 409.988 Lead agency duties; general provisions.—

369 (1) DUTIES.—A lead agency:

370 (f) Shall ensure that all individuals providing care for
371 dependent children receive:

372 1. Appropriate training and meet the minimum employment
373 standards established by the department.

374 2. Contact information for the local mobile response team
 375 established under s. 394.495.

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

378 985.601 Administering the juvenile justice continuum.—

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

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

397 1003.02 District school board operation and control of
 398 public K-12 education within the school district.—As provided in

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

410 (5) Participate in the planning process for promoting a
411 coordinated system of care for children and adolescents pursuant
412 to s. 394.4955.

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

416 1004.44 Louis de la Parte Florida Mental Health
417 Institute.—There is established the Louis de la Parte Florida
418 Mental Health Institute within the University of South Florida.

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

424 teams less often, local law enforcement agencies, the Department
425 of Children and Families, managing entities as defined in s.
426 394.9082(2), and mobile response team providers.

427 Section 11. Paragraph (c) of subsection (1) of section
428 1006.04, Florida Statutes, is amended to read:

429 1006.04 Educational multiagency services for students with
430 severe emotional disturbance.—

431 (1)

432 (c) The multiagency network shall:

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

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

444 3. Increase parent and youth involvement and development
445 with local systems of care.

446 4. Facilitate student and family access to effective
447 services and programs for students with and at risk of emotional
448 or behavioral disabilities that include necessary educational,

449 residential, and mental health treatment services, enabling
450 these students to learn appropriate behaviors, reduce
451 dependency, and fully participate in all aspects of school and
452 community living.

453 5. Participate in the planning process for promoting a
454 coordinated system of care for children and adolescents pursuant
455 to s. 394.4955.

456 Section 12. Paragraph (1) of subsection (3) of section
457 1002.20, Florida Statutes, is amended to read:

458 1002.20 K-12 student and parent rights.—Parents of public
459 school students must receive accurate and timely information
460 regarding their child's academic progress and must be informed
461 of ways they can help their child to succeed in school. K-12
462 students and their parents are afforded numerous statutory
463 rights including, but not limited to, the following:

464 (3) HEALTH ISSUES.—

465 (1) Notification of involuntary examinations.—The public
466 school principal or the principal's designee shall immediately
467 notify the parent of a student who is removed from school,
468 school transportation, or a school-sponsored activity and taken
469 to a receiving facility for an involuntary examination pursuant
470 to s. 394.463. The principal or the principal's designee may
471 delay notification for no more than 24 hours after the student
472 is removed if the principal or the principal's designee deems
473 the delay to be in the student's best interest and if a report

474 has been submitted to the central abuse hotline, pursuant to s.
475 39.201, based upon knowledge or suspicion of abuse, abandonment,
476 or neglect. Before a principal or his or her designee contacts a
477 law enforcement officer, he or she must verify that de-
478 escalation strategies have been utilized and outreach to a
479 mobile response team has been initiated unless the principal or
480 the principal's designee reasonably believes that any delay in
481 removing the student will increase the likelihood of harm to the
482 student or others. This requirement does not supersede the
483 authority of a law enforcement officer to act under s. 394.463.
484 Each district school board shall develop a policy and procedures
485 for notification under this paragraph.

486 Section 13. Paragraph (q) of subsection (9) of section
487 1002.33, Florida Statutes, is amended to read:

488 1002.33 Charter schools.—

489 (9) CHARTER SCHOOL REQUIREMENTS.—

490 (q) The charter school principal or the principal's
491 designee shall immediately notify the parent of a student who is
492 removed from school, school transportation, or a school-
493 sponsored activity and taken to a receiving facility for an
494 involuntary examination pursuant to s. 394.463. The principal or
495 the principal's designee may delay notification for no more than
496 24 hours after the student is removed if the principal or the
497 principal's designee deems the delay to be in the student's best
498 interest and if a report has been submitted to the central abuse

499 | hotline, pursuant to s. 39.201, based upon knowledge or
500 | suspicion of abuse, abandonment, or neglect. Before a principal
501 | or his or her designee contacts a law enforcement officer, he or
502 | she must verify that de-escalation strategies have been utilized
503 | and outreach to a mobile response team has been initiated unless
504 | the principal or the principal's designee reasonably believes
505 | that any delay in removing the student will increase the
506 | likelihood of harm to the student or others. This requirement
507 | does not supersede the authority of a law enforcement officer to
508 | act under s. 394.463. Each charter school governing board shall
509 | develop a policy and procedures for notification under this
510 | paragraph.

511 | Section 14. The Department of Children and Families and
512 | the Agency for Health Care Administration shall assess the
513 | quality of care provided in crisis stabilization units to
514 | children and adolescents who are high utilizers of crisis
515 | stabilization services. The department and agency shall review
516 | current standards of care for such settings applicable to
517 | licensure under chapters 394 and 408, Florida Statutes, and
518 | designation under s. 394.461, Florida Statutes; compare the
519 | standards to other states' standards and relevant national
520 | standards; and make recommendations for improvements to such
521 | standards. The assessment and recommendations shall address, at
522 | a minimum, efforts by each facility to gather and assess
523 | information regarding each child or adolescent, to coordinate

524 with other providers treating the child or adolescent, and to
525 create discharge plans that comprehensively and effectively
526 address the needs of the child or adolescent to avoid or reduce
527 his or her future use of crisis stabilization services. The
528 department and agency shall jointly submit a report of their
529 findings and recommendations to the Governor, the President of
530 the Senate, and the Speaker of the House of Representatives by
531 November 15, 2020.

532 Section 15. This act shall take effect July 1, 2020.