

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

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Prepared By: The Professional Staff of the Committee on Children, Families, and Elder Affairs

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BILL: SB 1340

INTRODUCER: Senator Harrell

SUBJECT: Coordinated Systems of Care for Children

DATE: January 29, 2024

REVISED: \_\_\_\_\_

ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1. Rao	Tuszynski	CF	Pre-meeting
2.		AED	
3.		FP	

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## I. Summary:

SB 1340 reflects a shift in the model of providing children substance abuse services, from case management to care coordination. The bill shifts the responsibilities of case managers to care coordinators, requiring that a care coordinator review services provided to the child periodically.

The bill requires managing entities to provide care coordinators for each school district that shall implement a coordinated system of care for children that have complex behavioral health needs. The bill requires the school districts to address the recommendations of the care coordinator and report annually to the Department of Education on the performance outcomes of the child's treatment.

The bill has an indeterminate, but likely insignificant, negative fiscal impact to managing entities, school districts, and the state government. See Section V. Fiscal Impact Statement.

The bill is effective July 1, 2024.

## II. Present Situation:

### Substance Abuse / Substance Use Disorder

Substance abuse is the harmful use of substances such as alcohol and illicit drugs.<sup>1</sup> According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), a diagnosis of substance use disorder (SUD) is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria.<sup>2</sup> SUD occurs when an individual chronically uses alcohol or

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<sup>1</sup> Mayo Clinic, *Drug Addiction (Substance Use Disorder)*, available at: <https://www.mayoclinic.org/diseases-conditions/drug-addiction/symptoms-causes/syc-20365112> (last visited 1/24/24).

<sup>2</sup> The National Association of Addiction Treatment Providers, *Substance Use Disorder*, available at: <https://www.naatp.org/resources/clinical/substance-use-disorder> (last visited 1/24/24).

drugs, resulting in significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.<sup>3</sup> Repeated drug use leads to changes in the brain's structure and function that can make a person more susceptible to developing a substance use disorder.<sup>4</sup> Imaging studies of brains belonging to persons with SUD reveal physical changes in areas of the brain critical to judgment, decision-making, learning and memory, and behavior control.<sup>5</sup>

In 2021, approximately 46.3 million people aged 12 or older had a SUD related to corresponding use of alcohol or illicit drugs within the previous year.<sup>6</sup> The most common substance use disorders in the United States are from the use of alcohol, tobacco, cannabis, opioids, hallucinogens, and stimulants.<sup>7</sup> Provisional data from the CDC's National Center for Health Statistics indicate there was an estimated 106,363 drug overdose deaths in the United States during 2023.<sup>8</sup>

### **Florida Department of Children and Families**

The Department of Children and Families (DCF) administers a statewide system of safety-net services for substance abuse and mental health prevention, treatment, and recovery for children and adults who are otherwise unable to obtain these services. These services are provided based upon state and federally established priority populations.<sup>9</sup> The DCF provides treatment for Mental Health and SUD through a community-based provider system.<sup>10</sup>

In 2001, the Legislature authorized the DCF to implement behavioral health managing entities (ME) as the management structure for the delivery of local mental health and substance abuse services.<sup>11</sup> The implementation of the ME system initially began on a pilot basis, and, in 2008, the Legislature authorized the DCF to implement MEs statewide.<sup>12</sup> Full implementation of the statewide managing entity system occurred in 2013 and all geographic regions are now served by a ME.<sup>13</sup>

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<sup>3</sup> The Substance Abuse and Mental Health Services Administration (The SAMHSA), *Substance Use Disorders*, available at: <https://www.samhsa.gov/find-help/disorders> (last visited 1/24/24).

<sup>4</sup> The NIDA, *Drugs, Brains, and Behavior: The Science of Addiction*, available at: <https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/drug-misuse-addiction> (last visited 1/24/24).

<sup>5</sup> *Id.*

<sup>6</sup> The SAMHSA, *Highlights for the 2021 National Survey on Drug Use and Health*, p. 2, available at: <https://www.samhsa.gov/data/sites/default/files/2022-12/2021NSDUHFFRHighlights092722.pdf> (last visited 1/24/24).

<sup>7</sup> The Rural Health Information Hub, *Defining Substance Abuse and Substance Use Disorders*, available at: <https://www.ruralhealthinfo.org/toolkits/substance-abuse/1/definition> (last visited 1/24/24).

<sup>8</sup> The Center for Disease Control and Prevention, National Center for Health Statistics, *U.S. Overdose Deaths in 2021*, available at: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm> (last visited 1/24/24).

<sup>9</sup> See chs. 394 and 397, F.S.

<sup>10</sup> The DCF, *Managing Entities*, available at: <https://www.myflfamilies.com/services/samh/providers/managing-entities> (last visited 1/24/24).

<sup>11</sup> Chapter 2001-191, Laws of Florida; codified in s. 394.9082, F.S.

<sup>12</sup> Chapter 2008-243, Laws of Florida

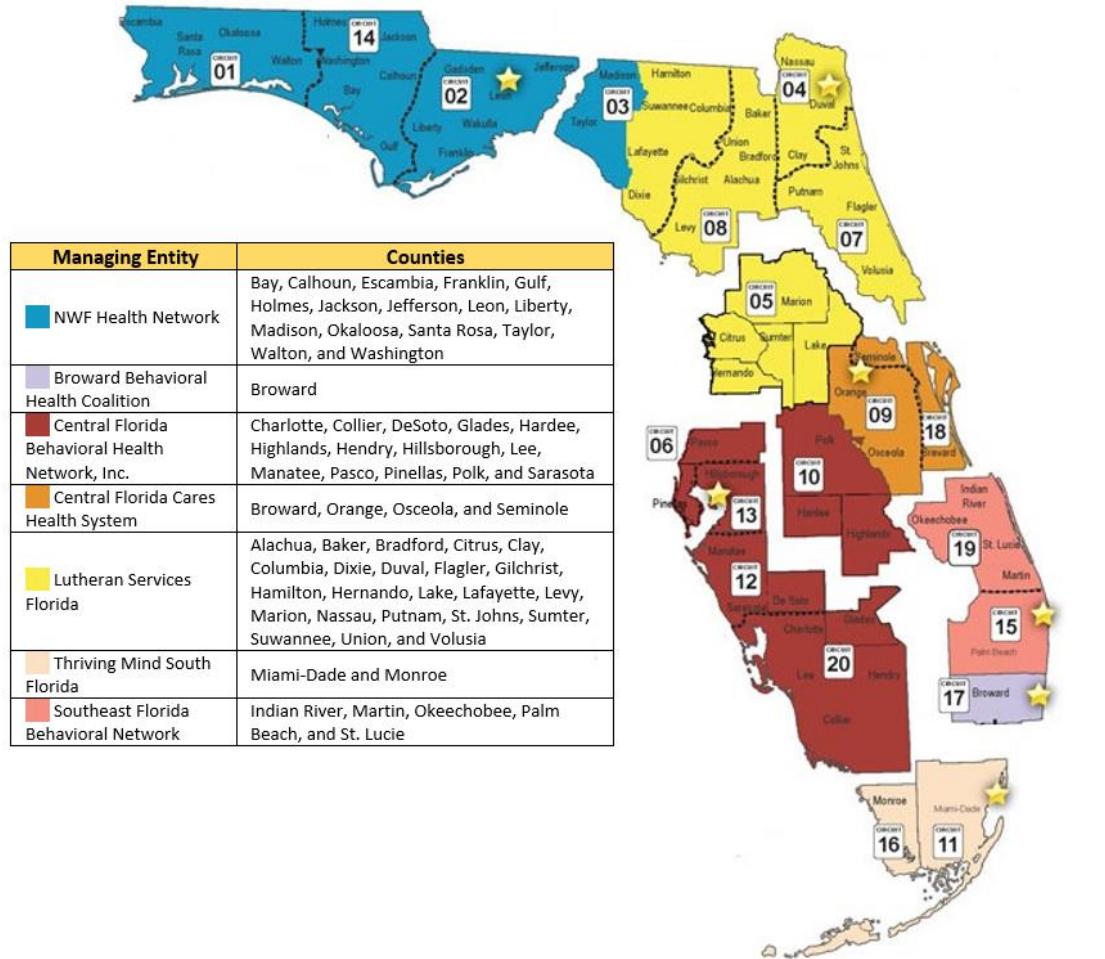
<sup>13</sup> The DCF, *Managing Entities*, available at: <https://www.myflfamilies.com/services/samh/providers/managing-entities> (last visited 1/24/24).

### ***Contracted MEs***

The MEs are required to comply with various statutory duties, including, in part, to<sup>14</sup>:

- Maintain a governing board;
- Promote and support care coordination;
- Develop a comprehensive list of qualified providers;
- Monitor network providers' performances;
- Manage and allocate funds for services in accordance with federal and state laws, rules, regulations, and grant requirements; and
- Operate in a transparent manner, providing access to information, notice of meetings, and opportunities for public participation in ME decision making.

The DCF contracts with seven MEs as shown in the map below and summarized as follows:<sup>15</sup>



The MEs in turn contract with local service providers for the delivery of mental health and substance abuse services.<sup>16</sup>

<sup>14</sup> Section 394.9082(5), F.S.

<sup>15</sup> The DCF, *Managing Entities*, available at: <https://www.myflfamilies.com/services/samh/providers/managing-entities> (last visited 1/24/24).

<sup>16</sup> Managing entities create and manage provider networks by contracting with service providers for the delivery of substance abuse and mental health services.

### ***Coordinated System of Care***

Managing entities are required to promote the development and implementation of a coordinated system of care. A coordinated system of care means a full array of behavioral and related services in a region or community offered by all service providers, participating either under contract with a managing entity or by another method of community partnership or mutual agreement.<sup>17</sup> A community or region provides a coordinated system of care for those suffering from mental illness or substance abuse disorder through a “no-wrong-door” model,<sup>18</sup> to the extent allowed by available resources.<sup>19</sup>

There are several essential elements which make up a coordinated system of care, including:

- Community interventions;
- Case management;
- Care coordination;
- Outpatient services;
- Residential services;
- Transportation to receiving facilities;
- Crisis services;
- Hospital inpatient care;
- Aftercare and post-discharge services;
- Medication-assisted treatment and medication management;
- Recovery support.<sup>20</sup>

### ***Case Management and Care Coordination***

Under Ch. 394, Florida’s Mental Health Act, “case management” is defined as those direct services provided to a client in order to assess his or her needs, plan or arrange services, coordinate service providers, link the service system to a client, monitor service delivery, and evaluate patient outcomes to ensure the client is receiving the appropriate services.<sup>21</sup>

Florida’s Mental Health Act also defines “care coordination” as the implementation of deliberate and planned organizational relationships and service procedures that improve the effectiveness and efficiency of the behavioral health system by engaging in purposeful interactions with individuals who are not yet effectively connected with services to ensure service linkage. The purpose of care coordination is to enhance the delivery of treatment services and recovery supports and to improve outcomes among priority populations.<sup>22</sup> Current law does not define “care coordinator,” only “care coordination.”

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<sup>17</sup> Section 394.4573(1)(c), F.S.

<sup>18</sup> Section 394.4573(1)(d), F.S.; This means a model for the delivery of acute care services to persons who have mental health or substance use disorders, or both, which optimizes access to care, regardless of the entry point to the behavioral health care system.

<sup>19</sup> Section 394.4573(2)(b)2., F.S.

<sup>20</sup> Section 394.4573(2), F.S.

<sup>21</sup> Section 394.4573(1)(b), F.S.

<sup>22</sup> Section 294.4573(1)(a), F.S.

### ***Florida's Children's Substance Abuse Services***

Part IX of Chapter 397, F.S., Children's Substance Abuse Services, details a system with the intent of achieving the following for children who are in need of substance abuse services:

- Identification of the presenting problems and conditions of substance abuse through the use of valid assessment.
- Improvement in the child's ability to function in the family with minimum supports.
- Improvement in the child's ability to function in school with minimum supports.
- Improvement in the child's ability to function in the community with minimum supports.
- Improvement in the child's ability to live drug-free.
- Reduction of behaviors and conditions that may be linked to substance abuse, such as unintended pregnancy, delinquency, sexually transmitted diseases, and smoking, and other negative behaviors.
- Increased return of children in state custody, drug-free, to their homes, or the placement of such children, drug-free, in an appropriate setting.<sup>23</sup>

Current law requires the DCF to determine if a child receiving substance abuse services is complex enough to require a case manager.<sup>24</sup> A child's case manager is responsible for periodically reviewing the utilization of services to determine if the child's SUD treatment is in compliance with the case plan.<sup>25</sup> A case manager's activities are to be aimed at:

- Implementing a treatment plan;
- Advocacy;
- Linking services providers to a child and family;
- Monitoring services delivery; and
- Collecting information to determine the effect of services and treatment.<sup>26</sup>

### **Mental Health Services for Students**

The Department of Education, through the Office of Safe Schools, promotes support, policies, and practices that focus on prevention and early intervention to improve student mental health and school safety.<sup>27</sup> Florida law requires instructional personnel to teach comprehensive health education that addresses concepts of mental and emotional health, as well as substance use and abuse.<sup>28</sup>

### ***Mental Health Assistance Program***

In 2018, the Marjory Stoneman Douglas High School Public Safety Act created the Mental Health Assistance Allocation within the Florida Education Finance Program.<sup>29</sup> The allocation is intended to provide funding to assist school districts in establishing or expanding school-based mental health care, train educators and other school staff in detecting and responding to mental

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<sup>23</sup> Section 397.92, F.S.

<sup>24</sup> Section 397.96(2), F.S.

<sup>25</sup> Section 397.96(4), F.S.

<sup>26</sup> Section 397.96(3), F.S.

<sup>27</sup> Section 1001.212, F.S.

<sup>28</sup> Section 1003.42(2)(n), F.S.

<sup>29</sup> Chapter 2018-3, Laws of Fla.; codified as s. 1006.041, F.S.

health issues, and connect children, youth, and families who may experience behavioral health issues with appropriate services.<sup>30</sup>

For the 2023-2024 school year \$160,000,000 was appropriated for the allocation.<sup>31</sup> Each school district receives a minimum of \$100,000, and the remaining balance is allocated based on each district's proportionate share of the state's total unweighted full-time equivalent student enrollment.<sup>32</sup>

To receive allocation funds, a school district must develop and submit a detailed plan outlining its local plan and expenditures to the district school board for approval.<sup>33</sup> The plan must focus on a multitier system of supports to deliver evidence-based mental health care assessments, diagnoses, interventions, treatment, and recovery services to students with one or more mental health or co-occurring substance abuse diagnoses and to students at high risk of such diagnoses.

The provision of these services must be coordinated with a student's primary mental health care provider and with other mental health providers involved in the student's care.<sup>34</sup> These plans must include components such as:<sup>35</sup>

- Direct employment of school-based mental health service providers to expand and enhance school-based student services and reduce the ratio of students to staff to align with nationally recommended ratio models.
- Contracts or interagency agreements with one or more local community behavioral health providers or providers of Community Action Team services to provide behavioral health staff presence and services at district schools.
- Policies and procedures which ensure:
  - Students who are referred to a school-based or community-based mental health service provider for mental health screening are assessed within 15 days of referral;
  - School-based mental health services are initiated within 15 days after identification and assessment and community-based mental health services are initiated within 30 days after school or district referral;
  - Parents and of a student receiving services are provided information about other behavioral services available through the student's school or local community-based behavioral health service providers; and
  - Individuals living in a household with a student receiving services are provided information about behavioral health services available through other delivery systems or payors for which the individuals may qualify, if such services appear to be needed or enhancement in such individual's behavioral health would contribute to the improve wellbeing of the student.

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<sup>30</sup> *Id.*

<sup>31</sup> Specific Appropriations 5 and 80, s. 2, ch. 2023-239, Laws of Fla.

<sup>32</sup> Section 1011.62(13), F.S.; *See also* Florida Department of Education, Florida Education Finance Program 2023-24 *Second Calculation*, p. 28, available at <https://www.fl DOE.org/core/fileparse.php/7507/urlt/2324FEFP2ndCalc.pdf> (last visited January 27, 2024).

<sup>33</sup> Section 1006.041(1), F.S.

<sup>34</sup> Section 1006.041(2), F.S.

<sup>35</sup> *Id.*

- Strategies or programs to reduce the likelihood of at-risk students developing social, emotional, or behavioral health problems; depression; anxiety disorders; suicidal tendencies; or substance use disorders.
- Strategies to improve the early identification of social, emotional, or behavioral problems or substance use disorders; to improve the provision of early intervention services; and to assist students in dealing with trauma and violence.
- Procedures to assist a mental health services provider or a behavioral health provider, or a school resource officer or school safety officer who has completed mental health crisis intervention training with attempting to verbally de-escalate a student's crisis situation before initiating an involuntary examination.
- Policies requiring that school or law enforcement personnel, prior to initiating an involuntary examination, make a reasonable attempt to contact a mental health professional authorized to initiate an involuntary examination, unless the student in crisis poses an imminent danger to him- or herself or others.

School districts are also required to report program outcomes and expenditures for the previous fiscal year by September 30 each year.<sup>36</sup> The report must, at a minimum, provide the number of each of the following:<sup>37</sup>

- Students who receive screenings or assessments.
- Students who are referred to either school-based or community-based providers for services.
- Students who receive either school-based or community-based interventions, or assistance.
- School-based and community-based mental health providers, including licensure type, that were paid out of the mental health assistance allocation.
- Contract-based or interagency agreement-based collaborative efforts or partnerships with community mental health programs, agencies, or providers.

### **III. Effect of Proposed Changes:**

**Section 1** of the bill amends s. 397.96, F.S., to reflect the shift in managing complex cases involving children who need substance abuse services from a case management model to care coordination.

The bill requires the DCF to determine if a child receiving substance abuse services has a need for a care coordinator.

The bill defines "care coordination" to mean the same as s. 394.4573(1)(a), F.S. Specifically, "care coordination" is defined to mean the implementation of deliberate and planned organizational relationships and service procedures that improve the effectiveness and efficiency of the behavioral health system by engaging in purposeful interactions with individuals who are not yet effectively connected with services to ensure service linkage.

The bill requires each child to have no more than one care coordinator, and for that care coordinator to periodically review the utilization of children's substance abuse services.

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<sup>36</sup> Section 1006.041(4), F.S.

<sup>37</sup> *Id.*

**Section 2** of the bill creates s. 1006.05, F.S., to align the coordinated system of care for children that need substance abuse services with the guiding principles of statutory mental health treatment provided under s. 394.491., F.S.

The bill requires managing entities to provide a care coordinator for each school district. The care coordinator's purpose is to implement a coordinated system of care for complex cases involving children receiving substance abuse services. The bill requires the care coordinator to ensure students receive necessary services and that appropriate funds such as Medicaid, governmental or private health care, or insurance are used before accessing school-based mental health treatment and support system funding to purchase community-based services.

The bill requires school districts to:

- Contract with managing entities to provide care coordination for students with complex behavioral health needs who experience adverse outcomes due to unmet needs or an inability to engage.
- Address recommendations from the care coordinator upon a student's return to the school setting after experiencing an involuntary admission to an acute psychiatric care facility.
- Meet the general performance outcomes for the child and adolescent mental health treatment and support system.
- Report annually to the Department of Education on the general performance outcomes for the child and adolescent mental health treatment and support system, and how the funding for the support system is allocated.

**Section 3** of the bill provides an effective date of July 1, 2024.

#### **IV. Constitutional Issues:**

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.

**V. Fiscal Impact Statement:****A. Tax/Fee Issues:**

None.

**B. Private Sector Impact:**

None.

**C. Government Sector Impact:**

There is an indeterminate negative fiscal impact on school districts, as the bill requires a contract with MEs to provide care coordinators for students with complex behavioral health needs. It is unknown how much of their current appropriation for mental health support may be re-allocated for this purpose.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill substantially amends s. 397.96 of the Florida Statutes.

This bill creates s. 1006.05 of the Florida Statutes.

**IX. Additional Information:****A. Committee Substitute – Statement of Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

**B. Amendments:**

None.