

HB 7119

2015

1 A bill to be entitled
2 An act relating to mental health and substance abuse;
3 amending s. 39.001, F.S.; providing legislative intent
4 regarding mental illness for purposes of the child
5 welfare system; providing contingent effect; amending
6 s. 39.507, F.S.; providing for consideration of mental
7 health issues and involvement in treatment-based
8 mental health court programs in adjudicatory hearings
9 and orders of adjudication; providing contingent
10 effect; amending s. 39.521, F.S.; providing for
11 consideration of mental health issues and involvement
12 in treatment-based mental health court programs in
13 disposition hearings; providing contingent effect;
14 amending s. 394.455, F.S.; revising the definition of
15 the term "mental illness" to exclude dementia and a
16 traumatic brain injury; amending s. 394.4598, F.S.;
17 authorizing a patient's family member or an interested
18 party to petition for the appointment of a guardian
19 advocate; amending s. 394.492, F.S.; revising the
20 definitions of the terms "adolescent," "child or
21 adolescent at risk of emotional disturbance," and
22 "child or adolescent who has a serious emotional
23 disturbance or mental illness" for purposes of the
24 Comprehensive Child and Adolescent Mental Health
25 Services Act; amending s. 394.656, F.S.; renaming the
26 Criminal Justice, Mental Health, and Substance Abuse

27 Statewide Grant Review Committee as the Criminal
28 Justice, Mental Health, and Substance Abuse Statewide
29 Grant Policy Committee; providing additional members
30 of the committee; providing duties of the committee;
31 providing additional qualifications for committee
32 members; directing the Department of Children and
33 Families to create a grant review and selection
34 committee; providing duties of the committee;
35 authorizing a designated not-for-profit community
36 provider or managing entity to apply for certain
37 grants; providing eligibility requirements; providing
38 a definition; removing provisions relating to
39 applications for certain planning grants; creating s.
40 394.761, F.S.; requiring the Agency for Health Care
41 Administration and the department to develop a plan to
42 obtain federal approval for increasing the
43 availability of federal Medicaid funding for
44 behavioral health care; requiring the agency and the
45 department to submit a written plan that contains
46 certain information to the Legislature by a specified
47 date; amending s. 394.9082, F.S.; defining the term
48 "managed behavioral health organization"; deleting the
49 definition of the term "decisionmaking model";
50 revising the definition of the term "managing entity"
51 to include managed behavioral health organizations;
52 requiring the department to contract with community-

53 based nonprofit organizations for the development of
54 specified objectives; providing requirements for the
55 contracting process; removing duties of the
56 department, the secretary of the department, and
57 managing entities; removing a provision regarding the
58 requirement of funding the managing entity's contract
59 through departmental funds; removing legislative
60 intent; requiring that the department's contract with
61 each managing entity be performance based; revising
62 goals; deleting obsolete language regarding the
63 transition to the managing entity system; requiring
64 that care coordination be provided to populations in
65 priority order; specifying the priority order of
66 populations; specifying the requirements for care
67 coordination; requiring the managing entity to work
68 with the civil court system to develop procedures
69 regarding involuntary outpatient placement subject to
70 the availability of funding for services; requiring
71 the department to use applicable performance measures
72 based on nationally recognized standards to the extent
73 possible; including standards related, at a minimum,
74 to the improvement in the overall behavioral health of
75 a community, improvement in person-centered outcome
76 measures for populations provided care coordination,
77 and reduction in readmissions to acute levels of care,
78 jails, prisons, and forensic facilities; providing

79 requirements for the governing board or advisory board
80 of a managing entity; revising the network management
81 and administrative functions of the managing entities;
82 removing departmental responsibilities; specifying
83 that methods of payment to managing entities must
84 include requirements for data verification and
85 consequences for failure to achieve performance
86 standards; requiring the department to develop
87 standards and protocols for the collection, storage,
88 transmittal, and analysis of utilization data from
89 public receiving facilities; defining the term "public
90 receiving facility"; requiring the department to
91 require compliance by managing entities by a specified
92 date; requiring a managing entity to require public
93 receiving facilities in its provider network to submit
94 certain data within specified timeframes; requiring
95 managing entities to reconcile data to ensure
96 accuracy; requiring managing entities to submit
97 certain data to the department within specified
98 timeframes; requiring the department to create a
99 statewide database; requiring the department to adopt
100 rules to administer the crisis stabilization services
101 utilization database; requiring the department to
102 submit an annual report to the Governor and
103 Legislature; removing a reporting requirement;
104 authorizing, rather than requiring, the department to

105 adopt rules; providing an appropriation; requiring a
106 study of the safety-net mental health and substance
107 abuse system; requiring specified information to be
108 included in such study; requiring the Supreme Court's
109 Task Force on Substance Abuse and Mental Health Issues
110 in the Courts to submit a report of its recommended
111 changes to the Baker and Marchman Acts to the Governor
112 and Legislature by a specified date; creating s.
113 397.402, F.S.; requiring that the department modify
114 certain licensure rules and procedures by a certain
115 date to provide for a single, consolidated license for
116 providers that offer multiple types of mental health
117 and substance abuse services; amending s. 765.110,
118 F.S.; requiring health care facilities to provide
119 patients with written information about advance
120 directives providing for mental health treatment;
121 requiring the department to develop, and publish on
122 its website, a mental health advance directive form;
123 repealing s. 394.4674, F.S., relating to a state plan
124 for deinstitutionalizing certain patients and a status
125 report regarding such deinstitutionalization;
126 repealing s. 394.4985, F.S., relating to a
127 districtwide comprehensive child and adolescent mental
128 health information and referral network and
129 implementation of such network; repealing s. 394.745,
130 F.S., relating to an annual report on compliance of

131 providers of substance abuse treatment programs and
 132 mental health services under contract with department;
 133 repealing 394.9084, F.S., relating to the Florida
 134 Self-Directed Care program; repealing s. 397.331,
 135 F.S., which provides definitions relating to the Hal
 136 S. Marchman Alcohol and Other Drug Services Act;
 137 repealing s. 397.333, F.S., relating to the Statewide
 138 Drug Policy Advisory Council; repealing s. 397.801,
 139 F.S., relating to interagency and intraagency
 140 substance abuse impairment coordination; repealing s.
 141 397.811, F.S., relating to legislative findings and
 142 intent regarding juvenile substance abuse impairment
 143 coordination; repealing s. 397.821, F.S., relating to
 144 juvenile substance abuse impairment prevention and
 145 early intervention councils; repealing s. 397.901,
 146 F.S., relating to prototype juvenile addictions
 147 receiving facilities; repealing s. 397.93, F.S.,
 148 relating to target populations for children's
 149 substance abuse services; repealing s. 397.94, F.S.,
 150 relating to an information and referral network for
 151 children's substance abuse services; repealing s.
 152 397.951, F.S., relating to the integration of
 153 substance abuse treatment and sanctions; repealing s.
 154 397.97, F.S., relating to the Children's Network of
 155 Care Demonstration Models; repealing s. 397.98, F.S.,
 156 relating to the Children's Network of Care

157 Demonstration Models for local delivery of substance
 158 abuse services; amending ss. 394.657 and 394.658,
 159 F.S.; conforming terminology; amending ss. 397.321,
 160 943.031, and 943.042, F.S.; conforming cross-
 161 references; providing an effective date.

162

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

164

165 Section 1. If HB 7113 or similar legislation creating
 166 section 394.47892, Florida Statutes, authorizing the creation of
 167 treatment-based mental health court programs, is adopted in the
 168 same legislative session or an extension thereof and becomes a
 169 law, subsection (6) of section 39.001, Florida Statutes, is
 170 amended to read:

171 39.001 Purposes and intent; personnel standards and
 172 screening.—

173 (6) MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES.—

174 (a) The Legislature recognizes that early referral and
 175 comprehensive treatment can help combat mental illnesses and
 176 substance abuse disorders in families and that treatment is
 177 cost-effective.

178 (b) The Legislature establishes the following goals for
 179 the state related to mental illness and substance abuse
 180 treatment services in the dependency process:

181 1. To ensure the safety of children.

182 2. To prevent and remediate the consequences of mental

HB 7119

2015

183 illnesses and substance abuse disorders on families involved in
184 protective supervision or foster care and reduce the occurrences
185 of mental illnesses and substance abuse disorders, including
186 alcohol abuse or related disorders, for families who are at risk
187 of being involved in protective supervision or foster care.

188 3. To expedite permanency for children and reunify
189 healthy, intact families, when appropriate.

190 4. To support families in recovery.

191 (c) The Legislature finds that children in the care of the
192 state's dependency system need appropriate health care services,
193 that the impact of mental illnesses and substance abuse
194 disorders on health indicates the need for health care services
195 to include treatment for mental health and substance abuse
196 disorders for ~~services to~~ children and parents where
197 appropriate, and that it is in the state's best interest that
198 such children be provided the services they need to enable them
199 to become and remain independent of state care. In order to
200 provide these services, the state's dependency system must have
201 the ability to identify and provide appropriate intervention and
202 treatment for children with personal or family-related mental
203 illness and substance abuse problems.

204 (d) It is the intent of the Legislature to encourage the
205 use of the treatment-based mental health court program model
206 established by s. 394.47892 and drug court program model
207 established by s. 397.334 and authorize courts to assess
208 children and persons who have custody or are requesting custody

HB 7119

2015

209 of children where good cause is shown to identify and address
 210 mental illnesses and substance abuse disorders ~~problems~~ as the
 211 court deems appropriate at every stage of the dependency
 212 process. Participation in treatment, including a treatment-based
 213 mental health court program or a treatment-based drug court
 214 program, may be required by the court following adjudication.
 215 Participation in assessment and treatment before ~~prior to~~
 216 adjudication is ~~shall be~~ voluntary, except as provided in s.
 217 39.407(16).

218 (e) It is therefore the purpose of the Legislature to
 219 provide authority for the state to contract with mental health
 220 service providers and community substance abuse treatment
 221 providers for the development and operation of specialized
 222 support and overlay services for the dependency system, which
 223 will be fully implemented and used as resources permit.

224 (f) Participation in a treatment-based mental health court
 225 program or a ~~the~~ treatment-based drug court program does not
 226 divest any public or private agency of its responsibility for a
 227 child or adult, but is intended to enable these agencies to
 228 better meet their needs through shared responsibility and
 229 resources.

230 Section 2. If HB 7113 or similar legislation creating
 231 section 394.47892, Florida Statutes, authorizing the creation of
 232 treatment-based mental health court programs, is adopted in the
 233 same legislative session or an extension thereof and becomes a
 234 law, subsection (10) of section 39.507, Florida Statutes, is

HB 7119

2015

235 amended to read:

236 39.507 Adjudicatory hearings; orders of adjudication.—

237 (10) After an adjudication of dependency, or a finding of
238 dependency where adjudication is withheld, the court may order a
239 person who has custody or is requesting custody of the child to
240 submit to a mental health or substance abuse disorder assessment
241 or evaluation. The assessment or evaluation must be administered
242 by a qualified professional, as defined in s. 397.311. The court
243 may also require such person to participate in and comply with
244 treatment and services identified as necessary, including, when
245 appropriate and available, participation in and compliance with
246 a treatment-based mental health court program established under
247 s. 394.47892 or a treatment-based drug court program established
248 under s. 397.334. In addition to supervision by the department,
249 the court, including the treatment-based mental health court
250 program or the treatment-based drug court program, may oversee
251 the progress and compliance with treatment by a person who has
252 custody or is requesting custody of the child. The court may
253 impose appropriate available sanctions for noncompliance upon a
254 person who has custody or is requesting custody of the child or
255 make a finding of noncompliance for consideration in determining
256 whether an alternative placement of the child is in the child's
257 best interests. Any order entered under this subsection may be
258 made only upon good cause shown. This subsection does not
259 authorize placement of a child with a person seeking custody,
260 other than the parent or legal custodian, who requires mental

HB 7119

2015

261 health or substance abuse disorder treatment.

262 Section 3. If HB 7113 or similar legislation creating
263 section 394.47892, Florida Statutes, authorizing the creation of
264 treatment-based mental health court programs, is adopted in the
265 same legislative session or an extension thereof and becomes a
266 law, paragraph (b) of subsection (1) of section 39.521, Florida
267 Statutes, is amended to read:

268 39.521 Disposition hearings; powers of disposition.—

269 (1) A disposition hearing shall be conducted by the court,
270 if the court finds that the facts alleged in the petition for
271 dependency were proven in the adjudicatory hearing, or if the
272 parents or legal custodians have consented to the finding of
273 dependency or admitted the allegations in the petition, have
274 failed to appear for the arraignment hearing after proper
275 notice, or have not been located despite a diligent search
276 having been conducted.

277 (b) When any child is adjudicated by a court to be
278 dependent, the court having jurisdiction of the child has the
279 power by order to:

280 1. Require the parent and, when appropriate, the legal
281 custodian and the child to participate in treatment and services
282 identified as necessary. The court may require the person who
283 has custody or who is requesting custody of the child to submit
284 to a mental health or substance abuse disorder assessment or
285 evaluation. The assessment or evaluation must be administered by
286 a qualified professional, as defined in s. 397.311. The court

HB 7119

2015

287 may also require such person to participate in and comply with
288 treatment and services identified as necessary, including, when
289 appropriate and available, participation in and compliance with
290 a treatment-based mental health court program established under
291 s. 394.47892 or a treatment-based drug court program established
292 under s. 397.334. In addition to supervision by the department,
293 the court, including the treatment-based mental health court
294 program or the treatment-based drug court program, may oversee
295 the progress and compliance with treatment by a person who has
296 custody or is requesting custody of the child. The court may
297 impose appropriate available sanctions for noncompliance upon a
298 person who has custody or is requesting custody of the child or
299 make a finding of noncompliance for consideration in determining
300 whether an alternative placement of the child is in the child's
301 best interests. Any order entered under this subparagraph may be
302 made only upon good cause shown. This subparagraph does not
303 authorize placement of a child with a person seeking custody of
304 the child, other than the child's parent or legal custodian, who
305 requires mental health or substance abuse disorder treatment.

306 2. Require, if the court deems necessary, the parties to
307 participate in dependency mediation.

308 3. Require placement of the child either under the
309 protective supervision of an authorized agent of the department
310 in the home of one or both of the child's parents or in the home
311 of a relative of the child or another adult approved by the
312 court, or in the custody of the department. Protective

HB 7119

2015

313 supervision continues until the court terminates it or until the
314 child reaches the age of 18, whichever date is first. Protective
315 supervision shall be terminated by the court whenever the court
316 determines that permanency has been achieved for the child,
317 whether with a parent, another relative, or a legal custodian,
318 and that protective supervision is no longer needed. The
319 termination of supervision may be with or without retaining
320 jurisdiction, at the court's discretion, and shall in either
321 case be considered a permanency option for the child. The order
322 terminating supervision by the department shall set forth the
323 powers of the custodian of the child and shall include the
324 powers ordinarily granted to a guardian of the person of a minor
325 unless otherwise specified. Upon the court's termination of
326 supervision by the department, no further judicial reviews are
327 required, so long as permanency has been established for the
328 child.

329 Section 4. Subsection (18) of section 394.455, Florida
330 Statutes, is amended to read:

331 394.455 Definitions.—As used in this part, unless the
332 context clearly requires otherwise, the term:

333 (18) "Mental illness" means an impairment of the mental or
334 emotional processes that exercise conscious control of one's
335 actions or of the ability to perceive or understand reality,
336 which impairment substantially interferes with the person's
337 ability to meet the ordinary demands of living. For the purposes
338 of this part, the term does not include a developmental

339 disability as defined in chapter 393, dementia, a traumatic
 340 brain injury, intoxication, or a condition ~~conditions~~ manifested
 341 only by antisocial behavior or substance abuse impairment.

342 Section 5. Subsection (1) of section 394.4598, Florida
 343 Statutes, is amended to read:

344 394.4598 Guardian advocate.—

345 (1) The administrator, a family member of the patient, or
 346 an interested party may petition the court for the appointment
 347 of a guardian advocate based upon the opinion of a psychiatrist
 348 that the patient is incompetent to consent to treatment. If the
 349 court finds that a patient is incompetent to consent to
 350 treatment and has not been adjudicated incapacitated and a
 351 guardian with the authority to consent to mental health
 352 treatment appointed, it shall appoint a guardian advocate. The
 353 patient has the right to have an attorney represent him or her
 354 at the hearing. If the person is indigent, the court shall
 355 appoint the office of the public defender to represent him or
 356 her at the hearing. The patient has the right to testify, cross-
 357 examine witnesses, and present witnesses. The proceeding shall
 358 be recorded either electronically or stenographically, and
 359 testimony shall be provided under oath. One of the professionals
 360 authorized to give an opinion in support of a petition for
 361 involuntary placement, as described in s. 394.4655 or s.
 362 394.467, must testify. A guardian advocate must meet the
 363 qualifications of a guardian contained in part IV of chapter
 364 744, except that a professional referred to in this part, an

365 employee of the facility providing direct services to the
366 patient under this part, a departmental employee, a facility
367 administrator, or member of the Florida local advocacy council
368 shall not be appointed. A person who is appointed as a guardian
369 advocate must agree to the appointment.

370 Section 6. Subsections (1), (4), and (6) of section
371 394.492, Florida Statutes, are amended to read:

372 394.492 Definitions.—As used in ss. 394.490-394.497, the
373 term:

374 (1) "Adolescent" means a person who is at least 13 years
375 of age but under 21 ~~18~~ years of age.

376 (4) "Child or adolescent at risk of emotional disturbance"
377 means a person under 21 ~~18~~ years of age who has an increased
378 likelihood of becoming emotionally disturbed because of risk
379 factors that include, but are not limited to:

380 (a) Being homeless.

381 (b) Having a family history of mental illness.

382 (c) Being physically or sexually abused or neglected.

383 (d) Abusing alcohol or other substances.

384 (e) Being infected with human immunodeficiency virus
385 (HIV).

386 (f) Having a chronic and serious physical illness.

387 (g) Having been exposed to domestic violence.

388 (h) Having multiple out-of-home placements.

389 (6) "Child or adolescent who has a serious emotional
390 disturbance or mental illness" means a person under 21 ~~18~~ years

391 of age who:

392 (a) Is diagnosed as having a mental, emotional, or
 393 behavioral disorder that meets one of the diagnostic categories
 394 specified in the most recent edition of the Diagnostic and
 395 Statistical Manual of Mental Disorders of the American
 396 Psychiatric Association; and

397 (b) Exhibits behaviors that substantially interfere with
 398 or limit his or her role or ability to function in the family,
 399 school, or community, which behaviors are not considered to be a
 400 temporary response to a stressful situation.

401
 402 The term includes a child or adolescent who meets the criteria
 403 for involuntary placement under s. 394.467(1).

404 Section 7. Section 394.656, Florida Statutes, is amended
 405 to read:

406 394.656 Criminal Justice, Mental Health, and Substance
 407 Abuse Reinvestment Grant Program.—

408 (1) There is created within the Department of Children and
 409 Families the Criminal Justice, Mental Health, and Substance
 410 Abuse Reinvestment Grant Program. The purpose of the program is
 411 to provide funding to counties with which they can plan,
 412 implement, or expand initiatives that increase public safety,
 413 avert increased spending on criminal justice, and improve the
 414 accessibility and effectiveness of treatment services for adults
 415 and juveniles who have a mental illness, substance abuse
 416 disorder, or co-occurring mental health and substance abuse

417 disorders and who are in, or at risk of entering, the criminal
 418 or juvenile justice systems.

419 (2) The department shall establish a Criminal Justice,
 420 Mental Health, and Substance Abuse Statewide Grant Policy Review
 421 Committee. The committee shall include:

422 (a) One representative of the Department of Children and
 423 Families;

424 (b) One representative of the Department of Corrections;

425 (c) One representative of the Department of Juvenile
 426 Justice;

427 (d) One representative of the Department of Elderly
 428 Affairs; ~~and~~

429 (e) One representative of the Office of the State Courts
 430 Administrator;

431 (f) One representative of the Department of Veterans'
 432 Affairs;

433 (g) One representative of the Florida Sheriffs
 434 Association;

435 (h) One representative of the Florida Police Chiefs
 436 Association;

437 (i) One representative of the Florida Association of
 438 Counties;

439 (j) One representative of the Florida Alcohol and Drug
 440 Abuse Association;

441 (k) One representative of the Florida Council for
 442 Community Mental Health; and

443 (1) One administrator of a state-licensed limited mental
444 health assisted living facility.

445 (3) The committee shall serve as the advisory body to
446 review policy and funding issues that help reduce the impact of
447 persons with mental illnesses and substance use disorders on
448 communities, criminal justice agencies, and the court system.
449 The committee shall advise the department in selecting
450 priorities for grants and investing awarded grant moneys.

451 (4) The department shall create a grant review and
452 selection committee that has experience in substance use and
453 mental health disorders, community corrections, and law
454 enforcement. To the extent possible, the ~~members of the~~
455 committee shall have expertise in ~~grant writing,~~ grant
456 reviewing, and grant application scoring.

457 (5)-(3)(a) A county, or not-for-profit community provider
458 or managing entity designated by the county planning council or
459 committee, as described in s. 394.657, may apply for a 1-year
460 planning grant or a 3-year implementation or expansion grant.
461 The purpose of the grants is to demonstrate that investment in
462 treatment efforts related to mental illness, substance abuse
463 disorders, or co-occurring mental health and substance abuse
464 disorders results in a reduced demand on the resources of the
465 judicial, corrections, juvenile detention, and health and social
466 services systems.

467 (b) To be eligible to receive a 1-year planning grant or a
468 3-year implementation or expansion grant:7

469 1. A county applicant must have a ~~county~~ planning council
 470 or committee that is in compliance with the membership
 471 requirements set forth in this section.

472 2. A not-for-profit community provider or managing entity
 473 must be designated by the county planning council or committee
 474 and have written authorization to submit an application. A not-
 475 for-profit community provider or managing entity must have
 476 written authorization for each application it submits.

477 (c) The department may award a 3-year implementation or
 478 expansion grant to an applicant who has not received a 1-year
 479 planning grant.

480 (d) The department may require an applicant to conduct
 481 sequential intercept mapping for a project. For purposes of this
 482 paragraph, the term "sequential intercept mapping" means a
 483 process for reviewing a local community's mental health,
 484 substance abuse, criminal justice, and related systems and
 485 identifying points of interceptions where interventions may be
 486 made to prevent an individual with a substance use disorder or
 487 mental illness from deeper involvement in the criminal justice
 488 system.

489 (6)(4) The grant review and selection committee shall
 490 select the grant recipients and notify the department of
 491 ~~Children and Families~~ in writing of the recipients' names ~~of the~~
 492 ~~applicants who have been selected by the committee to receive a~~
 493 ~~grant~~. Contingent upon the availability of funds and upon
 494 notification by the review committee of those applicants

HB 7119

2015

495 approved to receive planning, implementation, or expansion
496 grants, the department ~~of Children and Families~~ may transfer
497 funds appropriated for the grant program to a selected grant
498 recipient ~~any county awarded a grant.~~

499 Section 8. Section 394.761, Florida Statutes, is created
500 to read:

501 394.761 Revenue maximization.—The agency and the
502 department shall develop a plan to obtain federal approval for
503 increasing the availability of federal Medicaid funding for
504 behavioral health care. The agency and the department shall
505 submit the written plan to the President of the Senate and the
506 Speaker of the House of Representatives by November 1, 2015. The
507 plan shall identify the amount of general revenue funding
508 appropriated for mental health and substance abuse services
509 which is eligible to be used as state Medicaid match. The plan
510 must evaluate alternative uses of increased Medicaid funding,
511 including seeking Medicaid eligibility for the severely and
512 persistently mentally ill, increased reimbursement rates for
513 behavioral health services, adjustments to the capitation rate
514 for Medicaid enrollees with chronic mental illness and substance
515 use disorders, supplemental payments to mental health and
516 substance abuse providers through a designated state health
517 program or other mechanisms, and innovative programs to provide
518 incentives for improved outcomes for behavioral health
519 conditions. The plan shall identify the advantages and
520 disadvantages of each alternative and assess the potential of

HB 7119

2015

521 each for achieving improved integration of services. The plan
522 shall identify the types of federal approvals necessary to
523 implement each alternative and project a timeline for
524 implementation.

525 Section 9. Subsection (2) and subsections (4) through (11)
526 of section 394.9082, Florida Statutes, are amended to read:

527 394.9082 Behavioral health managing entities.—

528 (2) DEFINITIONS.—As used in this section, the term:

529 (a) "Behavioral health services" means mental health
530 services and substance abuse prevention and treatment services
531 as defined in this chapter and chapter 397 which are provided
532 using state and federal funds.

533 ~~(b) "Decisionmaking model" means a comprehensive~~
534 ~~management information system needed to answer the following~~
535 ~~management questions at the federal, state, regional, circuit,~~
536 ~~and local provider levels: who receives what services from which~~
537 ~~providers with what outcomes and at what costs?~~

538 (b)-(e) "Geographic area" means a county, circuit,
539 regional, or multiregional area in this state.

540 (c) "Managed behavioral health organization" means a
541 Medicaid managed care organization currently under contract with
542 the Medicaid managed medical assistance program in this state
543 pursuant to part IV of chapter 409 or a behavioral health
544 specialty managed care organization.

545 (d) "Managing entity" means a corporation that is
546 organized in this state, is designated or filed as a nonprofit

HB 7119

2015

547 organization under s. 501(c)(3) of the Internal Revenue Code, or
548 is a managed behavioral health organization, which ~~and~~ is under
549 contract to the department to manage the day-to-day operational
550 delivery of behavioral health services through an organized
551 system of care pursuant to subparagraph (4)(a)1.

552 (4) CONTRACT FOR SERVICES.—

553 (a)1. The department shall first attempt to ~~may~~ contract
554 for the purchase and management of behavioral health services
555 with community-based nonprofit organizations with competence in
556 managing networks of providers serving persons with mental
557 health and substance use disorders to achieve the goals and
558 outcomes provided in this section ~~managing entities.~~ However, if
559 fewer than two responsive bids are received to a solicitation
560 for a managing entity contract, the department shall reissue the
561 solicitation and managed behavioral health organizations shall
562 also be eligible to bid. In evaluating responses to a
563 solicitation, the department must consider, at a minimum, the
564 following factors:

565 a. Experience serving persons with mental health and
566 substance use disorders.

567 b. Establishment of community partnerships with behavioral
568 health providers.

569 c. Demonstrated organizational capabilities for network
570 management functions.

571 2. The department may require a managing entity to
572 contract for specialized services that are not currently part of

HB 7119

2015

573 the managing entity's network if the department determines that
574 to do so is in the best interests of consumers of services. ~~The~~
575 ~~secretary shall determine the schedule for phasing in contracts~~
576 ~~with managing entities. The managing entities shall, at a~~
577 ~~minimum, be accountable for the operational oversight of the~~
578 ~~delivery of behavioral health services funded by the department~~
579 ~~and for the collection and submission of the required data~~
580 ~~pertaining to these contracted services.~~ A managing entity shall
581 serve a geographic area designated by the department. The
582 geographic area must be of sufficient size in population and
583 have enough public funds for behavioral health services to allow
584 for flexibility and maximum efficiency.

585 (b) The department's contract with each managing entity
586 must be a performance-based agreement requiring specific
587 results, setting measureable performance standards and
588 timelines, and identifying consequences for failure to achieve
589 specified performance standards. ~~The operating costs of the~~
590 ~~managing entity contract shall be funded through funds from the~~
591 ~~department and any savings and efficiencies achieved through the~~
592 ~~implementation of managing entities when realized by their~~
593 ~~participating provider network agencies. The department~~
594 ~~recognizes that managing entities will have infrastructure~~
595 ~~development costs during start-up so that any efficiencies to be~~
596 ~~realized by providers from consolidation of management~~
597 ~~functions, and the resulting savings, will not be achieved~~
598 ~~during the early years of operation. The department shall~~

HB 7119

2015

599 ~~negotiate a reasonable and appropriate administrative cost rate~~
600 ~~with the managing entity. The Legislature intends that reduced~~
601 ~~local and state contract management and other administrative~~
602 ~~duties passed on to the managing entity allows funds previously~~
603 ~~allocated for these purposes to be proportionately reduced and~~
604 ~~the savings used to purchase the administrative functions of the~~
605 ~~managing entity. Policies and procedures of the department for~~
606 ~~monitoring contracts with managing entities shall include~~
607 ~~provisions for eliminating duplication of the department's and~~
608 ~~the managing entities' contract management and other~~
609 ~~administrative activities in order to achieve the goals of cost-~~
610 ~~effectiveness and regulatory relief. To the maximum extent~~
611 ~~possible, provider monitoring activities shall be assigned to~~
612 ~~the managing entity.~~

613 (c) Contracting and payment mechanisms for services must
614 promote clinical and financial flexibility and responsiveness
615 and must allow different categorical funds to be integrated at
616 the point of service. The contracted service array must be
617 determined by using public input, needs assessment, and
618 evidence-based and promising best practice models. The
619 department and managing entities may employ care management
620 methodologies, prepaid capitation, and case rate or other
621 methods of payment which promote flexibility, efficiency, and
622 accountability.

623 (5) GOALS.—The department and managing entities shall:

624 (a) Effectively deliver ~~goal of the service delivery~~

625 ~~strategies is to provide a design for an effective coordination,~~
626 ~~integration, and management approach for delivering effective~~
627 behavioral health services to persons who are experiencing a
628 mental health or substance abuse crisis, who have a disabling
629 mental illness or a substance use or co-occurring disorder, and
630 require extended services in order to recover from their
631 illness, or who need brief treatment or longer-term supportive
632 interventions to avoid a crisis or disability. ~~Other goals~~
633 ~~include:~~

634 ~~(a) Improving accountability for a local system of~~
635 ~~behavioral health care services to meet performance outcomes and~~
636 ~~standards through the use of reliable and timely data.~~

637 (b) Provide a coordinated, integrated system of care
638 ~~Enhancing the continuity of care~~ for all children, adolescents,
639 and adults who enter the publicly funded behavioral health
640 service system.

641 ~~(c) Preserving the "safety net" of publicly funded~~
642 ~~behavioral health services and providers, and recognizing and~~
643 ~~ensuring continued local contributions to these services, by~~
644 ~~establishing locally designed and community-monitored systems of~~
645 ~~care.~~

646 (c)-(d) Provide ~~Providing~~ early diagnosis and treatment
647 interventions to enhance recovery and prevent hospitalization.

648 (d)-(e) Improve ~~Improving~~ the assessment of local needs for
649 behavioral health services.

650 (e)-(f) Improve ~~Improving~~ the overall quality of behavioral

651 health services through the use of evidence-based, best
652 practice, and promising practice models.

653 ~~(f)~~ (g) ~~Improve~~ Demonstrating improved service integration
654 between behavioral health programs and other programs, such as
655 vocational rehabilitation, education, child welfare, primary
656 health care, emergency services, juvenile justice, and criminal
657 justice.

658 ~~(g)~~ (h) ~~Provide~~ Providing for additional testing of
659 creative and flexible strategies for financing behavioral health
660 services to enhance individualized treatment and support
661 services.

662 ~~(i) Promoting cost-effective quality care.~~

663 ~~(j) Working with the state to coordinate admissions and
664 discharges from state civil and forensic hospitals and
665 coordinating admissions and discharges from residential
666 treatment centers.~~

667 ~~(k) Improving the integration, accessibility, and
668 dissemination of behavioral health data for planning and
669 monitoring purposes.~~

670 ~~(l) Promoting specialized behavioral health services to
671 residents of assisted living facilities.~~

672 ~~(m) Working with the state and other stakeholders to
673 reduce the admissions and the length of stay for dependent
674 children in residential treatment centers.~~

675 ~~(n) Providing services to adults and children with co-
676 occurring disorders of mental illnesses and substance abuse~~

677 ~~problems.~~

678 ~~(e) Providing services to elder adults in crisis or at~~
679 ~~risk for placement in a more restrictive setting due to a~~
680 ~~serious mental illness or substance abuse.~~

681 (6) ESSENTIAL ELEMENTS. ~~It is the intent of the~~
682 ~~Legislature that the department may plan for and enter into~~
683 ~~contracts with managing entities to manage care in geographical~~
684 ~~areas throughout the state.~~

685 (a) The managing entity must demonstrate the ability of
686 its network of providers to comply with the pertinent provisions
687 of this chapter and chapter 397 and to ensure the provision of
688 comprehensive behavioral health services. The network of
689 providers must be comprehensive enough to meet client needs and
690 include, but need not be limited to, community mental health
691 agencies, substance abuse treatment providers, and best practice
692 consumer services providers.

693 ~~(b) The department shall terminate its mental health or~~
694 ~~substance abuse provider contracts for services to be provided~~
695 ~~by the managing entity at the same time it contracts with the~~
696 ~~managing entity.~~

697 ~~(c) The managing entity shall ensure that its provider~~
698 ~~network is broadly conceived. All mental health or substance~~
699 ~~abuse treatment providers currently under contract with the~~
700 ~~department shall be offered a contract by the managing entity.~~

701 (b)(d) The department shall ~~may~~ contract with managing
702 entities to provide the following core functions:

- 703 1. Financial accountability.
- 704 2. Allocation of funds to network providers in a manner
- 705 that reflects the department's strategic direction and plans.
- 706 3. Provider monitoring to ensure compliance with federal
- 707 and state laws, rules, and regulations.
- 708 4. Data collection, reporting, and analysis.
- 709 5. Operational plans to implement objectives of the
- 710 department's strategic plan.
- 711 6. Contract compliance.
- 712 7. Performance management.
- 713 8. Collaboration with community stakeholders, including
- 714 local government.
- 715 9. System of care through network development.
- 716 10. Consumer care coordination.
- 717 a. To the extent allowed by available resources, the
- 718 managing entity shall contract for the provision of consumer
- 719 care coordination to facilitate the appropriate delivery of
- 720 behavioral health care services in the least restrictive setting
- 721 based on standardized level of care determinations,
- 722 recommendations by a treating practitioner, and the needs of the
- 723 consumer and his or her family, as appropriate. In addition to
- 724 treatment services, consumer care coordination shall address the
- 725 holistic needs of the consumer. It shall also involve
- 726 coordination with other local systems and entities, public and
- 727 private, that are involved with the consumer, such as primary
- 728 health care, child welfare, behavioral health care, and criminal

HB 7119

2015

729 and juvenile justice organizations. Consumer care coordination
730 shall be provided to populations in the following order of
731 priority:

732 (I) Individuals with serious mental illness who have
733 experienced multiple arrests, involuntary commitments,
734 admittances to a state mental health treatment facility, or
735 episodes of incarceration or have been placed on conditional
736 release for a felony or violated a condition of probation
737 multiple times as a result of their behavioral health condition.

738 (II) Individuals in crisis stabilization units who are on
739 the wait list for a state treatment facility.

740 (III) Individuals in state treatment facilities who are on
741 the wait list for community-based care.

742 (IV) Children who are involved in the child welfare system
743 but are not in out-of-home care. However, the community-based
744 care lead agency shall remain responsible for services required
745 pursuant to s. 409.988.

746 (V) Parents or caretakers of children who are involved in
747 the child welfare system.

748 (VI) Individuals who account for a disproportionate amount
749 of behavioral health expenditures.

750 (VII) Other individuals eligible for services.

751 b. To the extent allowed by available resources, support
752 services provided through consumer care coordination may
753 include, but need not be limited to, the following, as
754 determined by the individual's needs:

755 (I) Supportive housing, including licensed assisted living
 756 facilities, adult family-care homes, mental health residential
 757 treatment facilities, and department-approved programs. Each
 758 housing arrangement must demonstrate an ability to ensure
 759 appropriate levels of residential supervision.

760 (II) Supported employment.

761 (III) Family support and education.

762 (IV) Independent living skill development.

763 (V) Peer support.

764 (VI) Wellness management and self-care.

765 (VII) Case management.

766 11. Continuous quality improvement.

767 12. Timely access to appropriate services.

768 13. Cost-effectiveness and system improvements.

769 14. Assistance in the development of the department's
 770 strategic plan.

771 15. Participation in community, circuit, regional, and
 772 state planning.

773 16. Resource management and maximization, including
 774 pursuit of third-party payments and grant applications.

775 17. Incentives for providers to improve quality and
 776 access.

777 18. Liaison with consumers.

778 19. Community needs assessment.

779 20. Securing local matching funds.

780 (c)~~(e)~~ The managing entity shall ensure that written

HB 7119

2015

781 cooperative agreements are developed and implemented among the
782 criminal and juvenile justice systems, the local community-based
783 care network, and the local behavioral health providers in the
784 geographic area which define strategies and alternatives for
785 diverting people who have mental illness and substance abuse
786 problems from the criminal justice system to the community.
787 These agreements must also address the provision of appropriate
788 services to persons who have behavioral health problems and
789 leave the criminal justice system. The managing entity shall
790 work with the civil court system to develop procedures for the
791 evaluation and use of involuntary outpatient placement for
792 individuals as a strategy for diverting future admissions to
793 acute levels of care, jails, prisons, and forensic facilities,
794 subject to the availability of funding for services.

795 (d) ~~(f)~~ Managing entities must collect and submit data to
796 the department regarding persons served, outcomes of persons
797 served, and the costs of services provided through the
798 department's contract, and other data points as required by the
799 department. To the extent possible, the department shall use
800 applicable measures based on nationally recognized standards
801 such as the United States Department of Health and Human
802 Services' Substance Abuse and Mental Health Services
803 Administration's National Outcome Measures or standards
804 developed by the National Quality Forum, the National Committee
805 for Quality Assurance, or similar credible sources. The managing
806 entities shall report outcomes for all clients who have been

807 served through the contract as long as they are clients of a
808 network provider, even if the network provider serves that
809 client during a portion of the year through noncontract funds.
810 Within current resources, ~~The department shall evaluate managing~~
811 ~~entity services based on consumer-centered outcome measures that~~
812 ~~reflect national standards that can dependably be measured.~~ the
813 department shall work with managing entities to establish
814 performance standards related to, at a minimum:

815 1. The extent to which individuals in the community
816 receive services.

817 2. The improvement in the overall behavioral health of a
818 community.

819 3.2. The improvement in functioning or progress in
820 recovery of individuals served through care coordination, as
821 determined using person-centered measures tailored to the
822 population of quality of care for individuals served.

823 4.3. The success of strategies to divert admissions to
824 acute levels of care, jails, prisons, and forensic facilities,
825 as measured by, at a minimum, the total number and percentage of
826 clients who, during a specified period, experience multiple
827 admissions to acute levels of care, jails, prisons, or forensic
828 facilities ~~jail, prison, and forensic facility admissions.~~

829 5.4. Consumer and family satisfaction.

830 6.5. The satisfaction of key community constituents such
831 as law enforcement agencies, juvenile justice agencies, the
832 courts, the schools, local government entities, hospitals, and

HB 7119

2015

833 others as appropriate for the geographical area of the managing
834 entity.

835 ~~(e)(g)~~ The Agency for Health Care Administration may
836 establish a certified match program, which must be voluntary.
837 Under a certified match program, reimbursement is limited to the
838 federal Medicaid share to Medicaid-enrolled strategy
839 participants. The agency may take no action to implement a
840 certified match program unless the consultation provisions of
841 chapter 216 have been met. The agency may seek federal waivers
842 that are necessary to implement the behavioral health service
843 delivery strategies.

844 (7) MANAGING ENTITY REQUIREMENTS.—The department may adopt
845 rules and standards and a process for the qualification and
846 operation of managing entities which are based, in part, on the
847 following criteria:

848 (a) The A managing entity's governance structure of a
849 managing entity that is not a managed behavioral health
850 organization shall be representative and shall, at a minimum,
851 include consumers and family members;7 appropriate community
852 stakeholders such as representatives of law enforcement, the
853 courts, and the community-based care lead agency; individuals
854 with business expertise; and organizations, and providers of
855 substance abuse and mental health services as defined in this
856 chapter and chapter 397. If there are one or more private-
857 receiving facilities in the geographic coverage area of a
858 managing entity, the managing entity shall have one

HB 7119

2015

859 representative for the private-receiving facilities as an ex
860 officio member of its board of directors. If the managing entity
861 is a managed behavioral health organization, it shall have an
862 advisory board that meets the requirements of this section.

863 ~~(b) A managing entity that was originally formed primarily~~
864 ~~by substance abuse or mental health providers must present and~~
865 ~~demonstrate a detailed, consensus approach to expanding its~~
866 ~~provider network and governance to include both substance abuse~~
867 ~~and mental health providers.~~

868 (b)(e) A managing entity must submit a network management
869 plan and budget in a form and manner determined by the
870 department. The plan must detail the means for implementing the
871 duties to be contracted to the managing entity and the
872 efficiencies to be anticipated by the department as a result of
873 executing the contract. The department may require modifications
874 to the plan and must approve the plan before contracting with a
875 managing entity. Provider participation in the network is
876 subject to credentials and performance standards set by the
877 managing entity. The department may not require the managing
878 entity to conduct provider network procurements in order to
879 select providers. However, the managing entity shall have a
880 process for publicizing opportunities to participate in its
881 network, evaluating new participants for inclusion in its
882 network, and evaluating current providers to determine whether
883 they should remain network participants ~~The department may~~
884 ~~contract with a managing entity that demonstrates readiness to~~

885 ~~assume core functions, and may continue to add functions and~~
886 ~~responsibilities to the managing entity's contract over time as~~
887 ~~additional competencies are developed as identified in paragraph~~
888 ~~(g). Notwithstanding other provisions of this section, the~~
889 ~~department may continue and expand managing entity contracts if~~
890 ~~the department determines that the managing entity meets the~~
891 ~~requirements specified in this section.~~

892 ~~(d) Notwithstanding paragraphs (b) and (c), a managing~~
893 ~~entity that is currently a fully integrated system providing~~
894 ~~mental health and substance abuse services, Medicaid, and child~~
895 ~~welfare services is permitted to continue operating under its~~
896 ~~current governance structure as long as the managing entity can~~
897 ~~demonstrate to the department that consumers, other~~
898 ~~stakeholders, and network providers are included in the planning~~
899 ~~process.~~

900 (c)~~(e)~~ Managing entities shall operate in a transparent
901 manner, providing public access to information, notice of
902 meetings, and opportunities for broad public participation in
903 decisionmaking. The managing entity's network management plan
904 must detail policies and procedures that ensure transparency.

905 (d)~~(f)~~ Before contracting with a managing entity, the
906 department must perform an onsite readiness review of a managing
907 entity to determine its operational capacity to satisfactorily
908 perform the duties to be contracted.

909 (e)~~(g)~~ The department shall engage community stakeholders,
910 including providers and managing entities under contract with

911 the department, in the development of objective standards to
 912 measure the competencies of managing entities ~~and their~~
 913 ~~readiness to assume the responsibilities described in this~~
 914 ~~section,~~ and the outcomes to hold them accountable.

915 ~~(8) DEPARTMENT RESPONSIBILITIES. With the introduction of~~
 916 ~~managing entities to monitor department contracted providers'~~
 917 ~~day-to-day operations, the department and its regional and~~
 918 ~~circuit offices will have increased ability to focus on broad~~
 919 ~~systemic substance abuse and mental health issues. After the~~
 920 ~~department enters into a managing entity contract in a~~
 921 ~~geographic area, the regional and circuit offices of the~~
 922 ~~department in that area shall direct their efforts primarily to~~
 923 ~~monitoring the managing entity contract, including negotiation~~
 924 ~~of system quality improvement goals each contract year, and~~
 925 ~~review of the managing entity's plans to execute department~~
 926 ~~strategic plans; carrying out statutorily mandated licensure~~
 927 ~~functions; conducting community and regional substance abuse and~~
 928 ~~mental health planning; communicating to the department the~~
 929 ~~local needs assessed by the managing entity; preparing~~
 930 ~~department strategic plans; coordinating with other state and~~
 931 ~~local agencies; assisting the department in assessing local~~
 932 ~~trends and issues and advising departmental headquarters on~~
 933 ~~local priorities; and providing leadership in disaster planning~~
 934 ~~and preparation.~~

935 (8) ~~(9)~~ FUNDING FOR MANAGING ENTITIES.—

936 (a) A contract established between the department and a

937 managing entity under this section shall be funded by general
938 revenue, other applicable state funds, or applicable federal
939 funding sources. A managing entity may carry forward documented
940 unexpended state funds from one fiscal year to the next;
941 however, the cumulative amount carried forward may not exceed 8
942 percent of the total contract. Any unexpended state funds in
943 excess of that percentage must be returned to the department.
944 The funds carried forward may not be used in a way that would
945 create increased recurring future obligations or for any program
946 or service that is not currently authorized under the existing
947 contract with the department. Expenditures of funds carried
948 forward must be separately reported to the department. Any
949 unexpended funds that remain at the end of the contract period
950 shall be returned to the department. Funds carried forward may
951 be retained through contract renewals and new procurements as
952 long as the same managing entity is retained by the department.

953 (b) The method of payment for a fixed-price contract with
954 a managing entity must provide for:

955 1. A 2-month advance payment at the beginning of each
956 fiscal year and equal monthly payments thereafter.

957 2. Payment upon verification that the managing entity has
958 submitted complete and accurate data as required by the contract
959 pursuant to s. 394.74(3)(e).

960 3. Consequences for failure to achieve specified
961 performance standards.

962 (9) CRISIS STABILIZATION SERVICES UTILIZATION DATABASE.—

963 The department shall develop, implement, and maintain standards
964 under which a managing entity shall collect utilization data
965 from all public receiving facilities situated within its
966 geographic service area. As used in this subsection, the term
967 "public receiving facility" means an entity that meets the
968 licensure requirements of and is designated by the department to
969 operate as a public receiving facility under s. 394.875 and that
970 is operating as a licensed crisis stabilization unit.

971 (a) The department shall develop standards and protocols
972 for managing entities and public receiving facilities to be used
973 for data collection, storage, transmittal, and analysis. The
974 standards and protocols must allow for compatibility of data and
975 data transmittal between public receiving facilities, managing
976 entities, and the department for implementation of the
977 requirements of this subsection. The department shall require
978 managing entities contracted under this section to comply with
979 this subsection by August 1, 2015.

980 (b) A managing entity shall require a public receiving
981 facility within its provider network to submit data, in real
982 time or at least daily, to the managing entity relating to:

983 1. All admissions and discharges of clients receiving
984 public receiving facility services who qualify as indigent, as
985 defined in s. 394.4787; and

986 2. Current active census of total licensed beds, the total
987 number of beds purchased by the department, the total number of
988 clients qualifying as indigent occupying those beds, and the

989 total number of unoccupied licensed beds, regardless of funding.

990 (c) A managing entity shall require a public receiving
991 facility within its provider network to submit data, on a
992 monthly basis, to the managing entity that aggregates the daily
993 data submitted under paragraph (b). The managing entity shall
994 reconcile the data in the monthly submission to the data
995 received by the managing entity under paragraph (b) to confirm
996 consistency. If the monthly aggregate data submitted by a public
997 receiving facility under this paragraph is inconsistent with the
998 daily data submitted under paragraph (b), the managing entity
999 shall consult with the public receiving facility to make
1000 corrections as necessary to ensure accurate data.

1001 (d) A managing entity shall require a public receiving
1002 facility within its provider network to submit data, on an
1003 annual basis, to the managing entity that aggregates the data
1004 submitted and reconciled under paragraph (c). The managing
1005 entity shall reconcile the data in the annual submission to the
1006 data received and reconciled by the managing entity under
1007 paragraph (c) to confirm consistency. If the annual aggregate
1008 data submitted by a public receiving facility under this
1009 paragraph is inconsistent with the data received and reconciled
1010 under paragraph (c), the managing entity shall consult with the
1011 public receiving facility to make corrections as necessary to
1012 ensure accurate data.

1013 (e) After ensuring accurate data under paragraphs (c) and
1014 (d), the managing entity shall submit the data to the department

HB 7119

2015

1015 on a monthly and an annual basis. The department shall create a
1016 statewide database for the data described under paragraph (b)
1017 and submitted under this paragraph for the purpose of analyzing
1018 the payments for and the use of crisis stabilization services
1019 funded by the Baker Act on a statewide basis and on an
1020 individual public receiving facility basis.

1021 (f) The department shall adopt rules to administer this
1022 subsection.

1023 (g) The department shall submit a report by January 31,
1024 2016, and annually thereafter, to the Governor, the President of
1025 the Senate, and the Speaker of the House of Representatives that
1026 provides details on the implementation of this subsection,
1027 including the status of the data collection process and a
1028 detailed analysis of the data collected under this subsection.

1029 ~~(10) REPORTING. Reports of the department's activities,~~
1030 ~~progress, and needs in achieving the goal of contracting with~~
1031 ~~managing entities in each circuit and region statewide must be~~
1032 ~~submitted to the appropriate substantive and appropriations~~
1033 ~~committees in the Senate and the House of Representatives on~~
1034 ~~January 1 and July 1 of each year until the full transition to~~
1035 ~~managing entities has been accomplished statewide.~~

1036 (10)-(11) RULES.-The department may shall adopt rules to
1037 administer this section and, as necessary, to further specify
1038 requirements of managing entities.

1039 Section 10. For the 2015-2016 fiscal year, the sum of
1040 \$175,000 in nonrecurring funds is appropriated from the Alcohol,

HB 7119

2015

1041 Drug Abuse, and Mental Health Trust Fund to the Department of
1042 Children and Families to implement the crisis stabilization
1043 services utilization database established pursuant to s.
1044 394.9082(9), Florida Statutes.

1045 Section 11. The Department of Children and Families shall
1046 contract for a study of the safety-net mental health and
1047 substance abuse system administered by the department with an
1048 entity with expertise in behavioral health care and health
1049 systems planning and administration. The department shall submit
1050 an interim report by November 1, 2015, addressing subsections
1051 (1), (3), (4), and (8), and a final report by November 30, 2016,
1052 addressing all subsections. At a minimum, the study shall
1053 include:

1054 (1) A baseline evaluation of the system's current
1055 operation and performance.

1056 (2) A review of the populations required by state law to
1057 be served through the safety-net system and recommendations for
1058 prioritizing, revising, or removing them as required populations
1059 for services.

1060 (3) Payment methodologies that would provide incentives
1061 for earlier intervention, appropriate matching of an
1062 individual's needs with services, increased coordination of
1063 care, and obtaining increased value for public funds while
1064 maintaining the safety-net aspect of the system.

1065 (4) Mechanisms for increased coordination and integration
1066 between behavioral health and support services provided in

HB 7119

2015

1067 different settings, such as criminal justice and child welfare,
1068 or paid for by other funders, such as Medicaid, through means
1069 including, but not limited to, increased sharing of data
1070 regarding individuals' treatment histories and judicial
1071 involvement, consistent with federal limitations on such
1072 sharing.

1073 (5) An evaluation of the ability of the behavioral health
1074 workforce to meet current demand, including consideration of
1075 recruitment, retention, turnover, and shortages.

1076 (6) Strategies to increase flexibility in meeting the
1077 behavioral health needs of a community and to eliminate
1078 programmatic, regulatory, and bureaucratic barriers that impede
1079 efforts to efficiently deliver behavioral health services.

1080 (7) Options for revising requirements for competency
1081 restoration to reduce state funds expended on such restoration
1082 and to increase the involvement of individuals with services
1083 that will result in long-term stabilization and recovery while
1084 maintaining public safety.

1085 (8) Performance measures that would more accurately assess
1086 the contributions of the safety-net system in improving the
1087 behavioral health of a community, including measures addressing
1088 recidivism, readmittance to acute levels of care, and
1089 improvements in an individual's level of functioning.

1090 (9) Best practices in involuntary commitment in other
1091 states and recommended changes to the Baker and Marchman Acts,
1092 including a discussion of the advantages and disadvantages of

HB 7119

2015

1093 consolidating such acts. To facilitate this, the Supreme Court's
 1094 Task Force on Substance Abuse and Mental Health Issues in the
 1095 Courts is requested to provide a report including its
 1096 recommended changes to such acts to the Governor, the President
 1097 of the Senate, and the Speaker of the House of Representatives
 1098 by November 30, 2016.

1099 Section 12. Section 397.402, Florida Statutes, is created
 1100 to read:

1101 397.402 Single, consolidated licensure.—By January 1,
 1102 2016, the department shall modify licensure rules and procedures
 1103 to create an option for a single, consolidated license for a
 1104 provider that offers multiple types of mental health and
 1105 substance abuse services regulated under chapters 394 and 397.
 1106 Providers eligible for a consolidated license must operate such
 1107 services through a single corporate entity and a unified
 1108 management structure. Any provider serving both adults and
 1109 children must meet departmental standards for separate
 1110 facilities and other requirements necessary to ensure the safety
 1111 of children and promote therapeutic efficacy.

1112 Section 13. Subsections (1) and (4) of section 765.110,
 1113 Florida Statutes, are amended to read:

1114 (1) A health care facility, pursuant to Pub. L. No. 101-
 1115 508, ss. 4206 and 4751, shall provide to each patient written
 1116 information concerning the individual's rights concerning
 1117 advance directives, including advance directives providing for
 1118 mental health treatment, and the health care facility's policies

HB 7119

2015

1119 respecting the implementation of such rights, and shall document
 1120 in the patient's medical records whether or not the individual
 1121 has executed an advance directive.

1122 (4) The Department of Elderly Affairs for hospices and, in
 1123 consultation with the Department of Elderly Affairs, the
 1124 Department of Health for health care providers; the Agency for
 1125 Health Care Administration for hospitals, nursing homes, home
 1126 health agencies, and health maintenance organizations; and the
 1127 Department of Children and Families for facilities subject to
 1128 part I of chapter 394 shall adopt rules to implement the
 1129 provisions of the section. The Department of Children and
 1130 Families shall develop, and publish on its website, a mental
 1131 health advance directive form that may be used by an individual
 1132 to direct future care.

1133 Section 14. Sections 394.4674, 394.4985, 394.745,
 1134 394.9084, 397.331, 397.333, 397.801, 397.811, 397.821, 397.901,
 1135 397.93, 397.94, 397.951, 397.97, 397.98, and Florida Statutes,
 1136 are repealed.

1137 Section 15. Subsection (1) of section 394.657, Florida
 1138 Statutes, is amended to read:

1139 394.657 County planning councils or committees.—

1140 (1) Each board of county commissioners shall designate the
 1141 county public safety coordinating council established under s.
 1142 951.26, or designate another criminal or juvenile justice mental
 1143 health and substance abuse council or committee, as the planning
 1144 council or committee. The public safety coordinating council or

HB 7119

2015

1145 other designated criminal or juvenile justice mental health and
 1146 substance abuse council or committee, in coordination with the
 1147 county offices of planning and budget, shall make a formal
 1148 recommendation to the board of county commissioners regarding
 1149 how the Criminal Justice, Mental Health, and Substance Abuse
 1150 Reinvestment Grant Program may best be implemented within a
 1151 community. The board of county commissioners may assign any
 1152 entity to prepare the application on behalf of the county
 1153 administration for submission to the Criminal Justice, Mental
 1154 Health, and Substance Abuse Statewide Grant Policy Review
 1155 Committee for review. A county may join with one or more
 1156 counties to form a consortium and use a regional public safety
 1157 coordinating council or another county-designated regional
 1158 criminal or juvenile justice mental health and substance abuse
 1159 planning council or committee for the geographic area
 1160 represented by the member counties.

1161 Section 16. Subsection (1) of section 394.658, Florida
 1162 Statutes, is amended to read:

1163 394.658 Criminal Justice, Mental Health, and Substance
 1164 Abuse Reinvestment Grant Program requirements.—

1165 (1) The Criminal Justice, Mental Health, and Substance
 1166 Abuse Statewide Grant Policy Review Committee, in collaboration
 1167 with the Department of Children and Families, the Department of
 1168 Corrections, the Department of Juvenile Justice, the Department
 1169 of Elderly Affairs, and the Office of the State Courts
 1170 Administrator, shall establish criteria to be used to review

HB 7119

2015

1171 submitted applications and to select the county that will be
1172 awarded a 1-year planning grant or a 3-year implementation or
1173 expansion grant. A planning, implementation, or expansion grant
1174 may not be awarded unless the application of the county meets
1175 the established criteria.

1176 (a) The application criteria for a 1-year planning grant
1177 must include a requirement that the applicant county or counties
1178 have a strategic plan to initiate systemic change to identify
1179 and treat individuals who have a mental illness, substance abuse
1180 disorder, or co-occurring mental health and substance abuse
1181 disorders who are in, or at risk of entering, the criminal or
1182 juvenile justice systems. The 1-year planning grant must be used
1183 to develop effective collaboration efforts among participants in
1184 affected governmental agencies, including the criminal,
1185 juvenile, and civil justice systems, mental health and substance
1186 abuse treatment service providers, transportation programs, and
1187 housing assistance programs. The collaboration efforts shall be
1188 the basis for developing a problem-solving model and strategic
1189 plan for treating adults and juveniles who are in, or at risk of
1190 entering, the criminal or juvenile justice system and doing so
1191 at the earliest point of contact, taking into consideration
1192 public safety. The planning grant shall include strategies to
1193 divert individuals from judicial commitment to community-based
1194 service programs offered by the Department of Children and
1195 Families in accordance with ss. 916.13 and 916.17.

1196 (b) The application criteria for a 3-year implementation

HB 7119

2015

1197 or expansion grant shall require information from a county that
1198 demonstrates its completion of a well-established collaboration
1199 plan that includes public-private partnership models and the
1200 application of evidence-based practices. The implementation or
1201 expansion grants may support programs and diversion initiatives
1202 that include, but need not be limited to:

- 1203 1. Mental health courts;
- 1204 2. Diversion programs;
- 1205 3. Alternative prosecution and sentencing programs;
- 1206 4. Crisis intervention teams;
- 1207 5. Treatment accountability services;
- 1208 6. Specialized training for criminal justice, juvenile
1209 justice, and treatment services professionals;
- 1210 7. Service delivery of collateral services such as
1211 housing, transitional housing, and supported employment; and
- 1212 8. Reentry services to create or expand mental health and
1213 substance abuse services and supports for affected persons.

1214 (c) Each county application must include the following
1215 information:

- 1216 1. An analysis of the current population of the jail and
1217 juvenile detention center in the county, which includes:
 - 1218 a. The screening and assessment process that the county
1219 uses to identify an adult or juvenile who has a mental illness,
1220 substance abuse disorder, or co-occurring mental health and
1221 substance abuse disorders;
 - 1222 b. The percentage of each category of persons admitted to

1223 the jail and juvenile detention center that represents people
 1224 who have a mental illness, substance abuse disorder, or co-
 1225 occurring mental health and substance abuse disorders; and

1226 c. An analysis of observed contributing factors that
 1227 affect population trends in the county jail and juvenile
 1228 detention center.

1229 2. A description of the strategies the county intends to
 1230 use to serve one or more clearly defined subsets of the
 1231 population of the jail and juvenile detention center who have a
 1232 mental illness or to serve those at risk of arrest and
 1233 incarceration. The proposed strategies may include identifying
 1234 the population designated to receive the new interventions, a
 1235 description of the services and supervision methods to be
 1236 applied to that population, and the goals and measurable
 1237 objectives of the new interventions. The interventions a county
 1238 may use with the target population may include, but are not
 1239 limited to:

1240 a. Specialized responses by law enforcement agencies;

1241 b. Centralized receiving facilities for individuals
 1242 evidencing behavioral difficulties;

1243 c. Postbooking alternatives to incarceration;

1244 d. New court programs, including pretrial services and
 1245 specialized dockets;

1246 e. Specialized diversion programs;

1247 f. Intensified transition services that are directed to
 1248 the designated populations while they are in jail or juvenile

1249 detention to facilitate their transition to the community;

1250 g. Specialized probation processes;

1251 h. Day-reporting centers;

1252 i. Linkages to community-based, evidence-based treatment

1253 programs for adults and juveniles who have mental illness or

1254 substance abuse disorders; and

1255 j. Community services and programs designed to prevent

1256 high-risk populations from becoming involved in the criminal or

1257 juvenile justice system.

1258 3. The projected effect the proposed initiatives will have

1259 on the population and the budget of the jail and juvenile

1260 detention center. The information must include:

1261 a. The county's estimate of how the initiative will reduce

1262 the expenditures associated with the incarceration of adults and

1263 the detention of juveniles who have a mental illness;

1264 b. The methodology that the county intends to use to

1265 measure the defined outcomes and the corresponding savings or

1266 averted costs;

1267 c. The county's estimate of how the cost savings or

1268 averted costs will sustain or expand the mental health and

1269 substance abuse treatment services and supports needed in the

1270 community; and

1271 d. How the county's proposed initiative will reduce the

1272 number of individuals judicially committed to a state mental

1273 health treatment facility.

1274 4. The proposed strategies that the county intends to use

1275 to preserve and enhance its community mental health and
 1276 substance abuse system, which serves as the local behavioral
 1277 health safety net for low-income and uninsured individuals.

1278 5. The proposed strategies that the county intends to use
 1279 to continue the implemented or expanded programs and initiatives
 1280 that have resulted from the grant funding.

1281 Section 17. Subsection (15) of section 397.321, Florida
 1282 Statutes, is amended to read:

1283 397.321 Duties of the department.—The department shall:

1284 ~~(15) Appoint a substance abuse impairment coordinator to~~
 1285 ~~represent the department in efforts initiated by the statewide~~
 1286 ~~substance abuse impairment prevention and treatment coordinator~~
 1287 ~~established in s. 397.801 and to assist the statewide~~
 1288 ~~coordinator in fulfilling the responsibilities of that position.~~

1289 Section 18. Paragraph (a) of subsection (5) of section
 1290 943.031, Florida Statutes, is amended to read:

1291 943.031 Florida Violent Crime and Drug Control Council.—

1292 (5) DUTIES OF COUNCIL.—Subject to funding provided to the
 1293 department by the Legislature, the council shall provide advice
 1294 and make recommendations, as necessary, to the executive
 1295 director of the department.

1296 (a) The council may advise the executive director on the
 1297 feasibility of undertaking initiatives which include, but are
 1298 not limited to, the following:

1299 1. Establishing a program that provides grants to criminal
 1300 justice agencies that develop and implement effective violent

HB 7119

2015

1301 crime prevention and investigative programs and which provides
1302 grants to law enforcement agencies for the purpose of drug
1303 control, criminal gang, and illicit money laundering
1304 investigative efforts or task force efforts that are determined
1305 by the council to significantly contribute to achieving the
1306 state's goal of reducing drug-related crime, that represent
1307 significant criminal gang investigative efforts, or that
1308 represent a significant illicit money laundering investigative
1309 effort, ~~or that otherwise significantly support statewide~~
1310 ~~strategies developed by the Statewide Drug Policy Advisory~~
1311 ~~Council established under s. 397.333, subject to the limitations~~
1312 ~~provided in this section.~~ The grant program may include an
1313 innovations grant program to provide startup funding for new
1314 initiatives by local and state law enforcement agencies to
1315 combat violent crime or to implement drug control, criminal
1316 gang, or illicit money laundering investigative efforts or task
1317 force efforts by law enforcement agencies, including, but not
1318 limited to, initiatives such as:

- 1319 a. Providing enhanced community-oriented policing.
- 1320 b. Providing additional undercover officers and other
1321 investigative officers to assist with violent crime
1322 investigations in emergency situations.
- 1323 c. Providing funding for multiagency or statewide drug
1324 control, criminal gang, or illicit money laundering
1325 investigative efforts or task force efforts that cannot be
1326 reasonably funded completely by alternative sources and that

HB 7119

2015

1327 significantly contribute to achieving the state's goal of
 1328 reducing drug-related crime, that represent significant criminal
 1329 gang investigative efforts, or that represent a significant
 1330 illicit money laundering investigative effort, ~~or that otherwise~~
 1331 ~~significantly support statewide strategies developed by the~~
 1332 ~~Statewide Drug Policy Advisory Council established under s.~~
 1333 ~~397.333.~~

1334 2. Expanding the use of automated biometric identification
 1335 systems at the state and local levels.

1336 3. Identifying methods to prevent violent crime.

1337 4. Identifying methods to enhance multiagency or statewide
 1338 drug control, criminal gang, or illicit money laundering
 1339 investigative efforts or task force efforts that significantly
 1340 contribute to achieving the state's goal of reducing drug-
 1341 related crime, that represent significant criminal gang
 1342 investigative efforts, or that represent a significant illicit
 1343 money laundering investigative effort, ~~or that otherwise~~
 1344 ~~significantly support statewide strategies developed by the~~
 1345 ~~Statewide Drug Policy Advisory Council established under s.~~
 1346 ~~397.333.~~

1347 5. Enhancing criminal justice training programs that
 1348 address violent crime, drug control, illicit money laundering
 1349 investigative techniques, or efforts to control and eliminate
 1350 criminal gangs.

1351 6. Developing and promoting crime prevention services and
 1352 educational programs that serve the public, including, but not

HB 7119

2015

1353 limited to:

1354 a. Enhanced victim and witness counseling services that
1355 also provide crisis intervention, information referral,
1356 transportation, and emergency financial assistance.

1357 b. A well-publicized rewards program for the apprehension
1358 and conviction of criminals who perpetrate violent crimes.

1359 7. Enhancing information sharing and assistance in the
1360 criminal justice community by expanding the use of community
1361 partnerships and community policing programs. Such expansion may
1362 include the use of civilian employees or volunteers to relieve
1363 law enforcement officers of clerical work in order to enable the
1364 officers to concentrate on street visibility within the
1365 community.

1366 Section 19. Paragraph (a) of subsection (1) of section
1367 943.042, Florida Statutes, is amended to read:

1368 943.042 Violent Crime Investigative Emergency and Drug
1369 Control Strategy Implementation Account.—

1370 (1) There is created a Violent Crime Investigative
1371 Emergency and Drug Control Strategy Implementation Account
1372 within the Department of Law Enforcement Operating Trust Fund.
1373 The account shall be used to provide emergency supplemental
1374 funds to:

1375 (a) State and local law enforcement agencies that are
1376 involved in complex and lengthy violent crime investigations, or
1377 matching funding to multiagency or statewide drug control or
1378 illicit money laundering investigative efforts or task force

HB 7119

2015

1379 | efforts that significantly contribute to achieving the state's
1380 | goal of reducing drug-related crime, or that represent a
1381 | significant illicit money laundering investigative effort, ~~or~~
1382 | ~~that otherwise significantly support statewide strategies~~
1383 | ~~developed by the Statewide Drug Policy Advisory Council~~
1384 | ~~established under s. 397.333;~~

1385 | Section 20. This act shall take effect July 1, 2015.