CHAPTER 2001-191

Committee Substitute for
Committee Substitute for Senate Bill No. 1258

An act relating to substance abuse and mental health services; creating s. 394.499, F.S.; authorizing the Department of Children and Family Services, in consultation with the Agency for Health Care Administration, to establish children's behavioral crisis unit demonstration models to provide integrated emergency mental health and substance abuse services to persons under 18 years of age at facilities licensed as children's crisis stabilization units; providing for standards, procedures, and requirements for services; providing eligibility criteria; requiring the department to report on the initial demonstration models; providing for expanding the demonstration models; providing for independent evaluation and report; providing rulemaking authority; amending s. 394.66, F.S.; providing legislative intent relating to the accreditation and cost-efficiency of substance abuse and mental health service providers; creating s. 394.741, F.S., relating to accreditation requirements for providers of behavioral health care services; defining the term "behavioral health care services"; requiring the accreditation of certain entities to be accepted in lieu of licensure, administrative, and program monitoring requirements; authorizing the adoption of rules; requiring that the Department of Children and Family Services and the Agency for Health Care Administration be allowed access to all accreditation reports, corrective action plans, and performance data submitted to accrediting organizations; authorizing followup monitoring by the department and the agency if major deficiencies are identified through the accreditation process; preserving the right of the department and agency to perform inspections, including contract monitoring; requiring the department and the agency to report to the Legislature on the viability of mandating accreditation and privatizing licensure and monitoring functions; specifying that the accreditation requirements of s. 394.741, F.S., apply to contracted organizations that are already accredited; amending s. 394.90, F.S., relating to substance abuse and mental health services; revising provisions relating to licensure, accreditation, and inspection of facilities, to conform; providing a cross reference; amending s. 397.411, F.S., relating to substance abuse service providers; revising provisions relating to licensure, accreditation, and inspection of facilities, to conform; providing a cross reference; amending ss. 397.403 and 409.1671, F.S.; revising the name of the Commission on Accreditation of Rehabilitation Facilities; providing legislative findings with respect to providing mental health and substance abuse treatment services; permitting the Department of Children and Family Services and the Agency for Health Care Administration to contract for the establishment of two behavioral health service delivery strategies to test methods and techniques for coordinating, integrating, and managing the delivery of mental health services and substance abuse treatment services for persons with emotional, mental, or

addictive disorders; requiring a managing entity for each service delivery strategy; requiring that costs be shared by the Department of Children and Family Services and the Agency for Health Care Administration; requiring certain contracts for overlay services remain fee-for-services; specifying the goals of the service delivery strategies; specifying the target population of persons to be enrolled under each strategy; requiring a continuing care system; requiring an advisory body for each demonstration model; requiring certain cooperative agreements; providing reporting requirements; requiring an independent entity to evaluate the service delivery strategies; requiring annual reports; creating a Behavioral Health Services Integration Workgroup; requiring the Secretary of Children and Family Services to appoint members to the Workgroup; providing authority for a transfer of funds to support the Workgroup; requiring the Workgroup to report to the Governor and the Legislature; providing an effective date.

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

Section 1. Section 394.499, Florida Statutes, is created to read:

394.499 Integrated children's crisis stabilization unit/juvenile addictions receiving facility services.—

(1) Beginning July 1, 2001, the Department of Children and Family Services, in consultation with the Agency for Health Care Administration, is authorized to establish children's behavioral crisis unit demonstration models in Collier, Lee, and Sarasota Counties. By December 31, 2003, the department shall submit to the President of the Senate, the Speaker of the House of Representatives, and the chairs of the Senate and House committees that oversee departmental activities a report that evaluates the number of clients served, quality of services, performance outcomes, and feasibility of continuing or expanding the demonstration models. Beginning July 1, 2004, subject to approval by the Legislature, the department, in cooperation with the agency, may expand the demonstration models to other areas in the state. The children's behavioral crisis unit demonstration models will integrate children's mental health crisis stabilization units with substance abuse juvenile addictions receiving facility services, to provide emergency mental health and substance abuse services that are integrated within facilities licensed and designated by the agency for children under 18 years of age who meet criteria for admission or examination under this section. The services shall be designated as "integrated children's crisis stabilization unit/juvenile addictions receiving facility services," shall be licensed by the agency as children's crisis stabilization units, and shall meet all licensure requirements for crisis stabilization units. The department, in cooperation with the agency, shall develop standards that address eligibility criteria, clinical procedures, staffing requirements, operational, administrative, and financing requirements, and investigation of complaints for such integrated facility services. Standards that are implemented specific to substance abuse services shall meet or exceed existing standards for addictions receiving facilities.

(2) Children eligible to receive integrated children's crisis stabilization unit/juvenile addictions receiving facility services include:

(a) A person under 18 years of age for whom voluntary application is made by his or her guardian, if such person is found to show evidence of mental illness and to be suitable for treatment pursuant to s. 394.4625. A person under 18 years of age may be admitted for integrated facility services only after a hearing to verify that the consent to admission is voluntary.

(b) A person under 18 years of age who may be taken to a receiving facility for involuntary examination, if there is reason to believe that he or she is mentally ill and because of his or her mental illness, pursuant to s. 394.463:

1. Has refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination; or

2. Is unable to determine for himself or herself whether examination is necessary; and

a. Without care or treatment is likely to suffer from neglect or refuse to care for himself or herself; such neglect or refusal poses a real and present threat of substantial harm to his or her well-being; and it is not apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services; or

b. There is a substantial likelihood that without care or treatment he or she will cause serious bodily harm to himself or herself or others in the near future, as evidenced by recent behavior.

(c) A person under 18 years of age who wishes to enter treatment for substance abuse and applies to a service provider for voluntary admission, pursuant to s. 397.601.

(d) A person under 18 years of age who meets the criteria for involuntary admission because there is good faith reason to believe the person is substance abuse impaired pursuant to s. 397.675 and, because of such impairment:

1. Has lost the power of self-control with respect to substance use; and

2.a. Has inflicted, or threatened or attempted to inflict, or unless admitted is likely to inflict, physical harm on himself or herself or another; or

b. Is in need of substance abuse services and, by reason of substance abuse impairment, his or her judgment has been so impaired that the person is incapable of appreciating his or her need for such services and of making a rational decision in regard thereto; however, mere refusal to receive such services does not constitute evidence of lack of judgment with respect to his or her need for such services.

(e) A person under 18 years of age who meets the criteria for examination or admission under paragraph (b) or paragraph (d) and has a coexisting mental health and substance abuse disorder.

(3) The department shall contract for an independent evaluation of the children's behavioral crisis unit demonstration models to identify the most effective ways to provide integrated crisis stabilization unit/juvenile addiction receiving facility services to children. The evaluation shall be reported to the Legislature by December 31, 2003.

(4) The department, in cooperation with the agency, is authorized to adopt rules regarding standards and procedures for integrated children's crisis stabilization unit/juvenile addictions receiving facility services.

Section 2. Nothing in section 394.499, Florida Statutes, shall be construed to require an existing crisis stabilization unit or juvenile addictions receiving facility to convert to a children's behavioral crisis unit.

Section 3. Subsections (13) and (14) are added to section 394.66, Florida Statutes, to read:

394.66 Legislative intent with respect to substance abuse and mental health services.—It is the intent of the Legislature to:

(13) Promote best practices and the highest quality of care in contracted alcohol, drug abuse, and mental health services through achievement of national accreditation.

(14) Ensure that the state agencies licensing and monitoring contracted providers perform in the most cost-efficient and effective manner with limited duplication and disruption to organizations providing services.

Section 4. Section 394.741, Florida Statutes, is created to read:

394.741 Accreditation requirements for providers of behavioral health care services.—

(1) As used in this section, the term "behavioral health care services" means mental health and substance abuse treatment services.

(2) Notwithstanding any provision of law to the contrary, accreditation shall be accepted by the agency and department in lieu of the agency's and department's facility licensure on-site review requirements and shall be accepted as a substitute for the department's administrative and program monitoring requirements, except as required by subsections (3) and (4):

(a) Any organization from which the department purchases behavioral health care services that is accredited by the Joint Commission on Accreditation of Healthcare Organizations or the Council on Accreditation for Children and Family Services, or have those services that are being purchased by the department accredited by CARF—the Rehabilitation Accreditation Commission.

(b) Any mental health facility licensed by the agency or any substance abuse component licensed by the department that is accredited by the Joint Commission on Accreditation of Healthcare Organizations, CARF—the Rehabilitation Accreditation Commission, or the Council on Accreditation of Children and Family Services.

(c) Any network of providers from which the department or the agency purchase behavioral health care services accredited by the Joint Commission on Accreditation of Healthcare Organizations, CARF—the Rehabilitation Accreditation Commission, the Council on Accreditation of Children and Family Services, or the National Committee for Quality Assurance. A provider organization, which is part of an accredited network, is afforded the same rights under this part.

(3) For mental health services, the department and the agency may adopt rules that establish:

(a) Additional standards for monitoring and licensing accredited programs and facilities that the department and the agency have determined are not specifically and distinctly covered by the accreditation standards and processes. These standards and the associated monitoring must not duplicate the standards and processes already covered by the accrediting bodies.

(b) An on-site monitoring process between 24 months and 36 months after accreditation for nonresidential facilities to assure that accredited organizations exempt from licensing and monitoring activities under this part continue to comply with critical standards.

(c) An on-site monitoring process between 12 months and 24 months after accreditation for residential facilities to assure that accredited organizations exempt from licensing and monitoring activities under this part continue to comply with critical standards.

(4) For substance abuse services, the department shall conduct full licensure inspections every 3 years and shall develop in rule criteria which would justify more frequent inspections.

(5) The department and the agency shall be given access to all accreditation reports, corrective action plans, and performance data submitted to the accrediting organizations. When major deficiencies, as defined by the accrediting organization, are identified through the accreditation process, the department and the agency may perform followup monitoring to assure that such deficiencies are corrected and that the corrections are sustained over time. Proof of compliance with fire and health safety standards will be submitted as required by rule.

(6) The department or agency, by accepting the survey or inspection of an accrediting organization, does not forfeit its rights to perform inspections at any time, including contract monitoring to ensure that deliverables are provided in accordance with the contract.

(7) The department and the agency shall report to the Legislature by January 1, 2003, on the viability of mandating all organizations under contract with the department for the provision of behavioral health care services, or licensed by the agency or department to be accredited. The department and the agency shall also report to the Legislature by January 1, 2003, on the viability of privatizing all licensure and monitoring functions through an accrediting organization.

(8) The accreditation requirements of this section shall apply to contracted organizations that are already accredited immediately upon becoming law.

Section 5. Subsection (5) of section 394.90, Florida Statutes, is amended to read:

394.90 Inspection; right of entry; records.—

(5)~~(a)~~ The agency shall ~~may~~ accept, in lieu of its own inspections for licensure, the survey or inspection of an accrediting organization, if the provider is accredited according to the provisions of s. 394.741 and the agency receives the report of the accrediting organization. ~~The department, in consultation with the agency, shall develop, and adopt by rule, specific criteria for assuring that the accrediting organization has specific standards and experience related to the program area being licensed, specific criteria for accepting the standards and survey methodologies of an accrediting organization, delineations of the obligations of accrediting organizations to assure adherence to those standards, criteria for receiving, accepting and maintaining the confidentiality of the survey and corrective action reports, and allowance for the agency's participation in surveys.~~

~~(b) The agency shall conduct compliance investigations and sample validation inspections to evaluate the inspection process of accrediting organizations to ensure minimum standards are maintained as provided in Florida statute and rule. The agency may conduct a lifesafety inspection in calendar years in which an accrediting organization survey is not conducted and shall conduct a full state inspection, including a lifesafety inspection, if an accrediting organization survey has not been conducted within the previous 36 months. The agency, by accepting the survey or inspection of an accrediting organization, does not forfeit its right to perform inspections.~~

Section 6. Subsection (3) of section 397.403, Florida Statutes, is amended to read:

397.403 License application.—

(3) The department shall accept proof of accreditation by CARF—the Rehabilitation Accreditation Commission ~~on Accreditation of Rehabilitation Facilities (CARF)~~ or the Joint Commission on Accreditation of Health Care Organizations (JCAHCO), or through any other nationally recognized certification process that is acceptable to the department and meets the minimum licensure requirements under this chapter, in lieu of requiring the applicant to submit the information required by paragraphs (1)(a)-(c).

Section 7. Subsection (2) of section 397.411, Florida Statutes, is amended to read:

397.411 Inspection; right of entry; records.—

(2)~~(a)~~ The department shall ~~may~~ accept, in lieu of its own inspections for licensure, the survey or inspection of an accrediting organization, if the provider is accredited according to the provisions of s. 394.741 and the

department receives the report of the accrediting organization. ~~The department shall develop, and adopt by rule, specific criteria for assuring that the accrediting organization has specific standards and experience related to the program area being licensed; specific criteria for accepting the standards and survey methodologies of an accrediting organization; delineations of the obligations of accrediting organizations to assure adherence to those standards; criteria for receiving, accepting, and maintaining the confidentiality of the survey and corrective action reports; and allowance for the department's participation in surveys.~~

~~(b) The department shall conduct compliance investigations and sample validation inspections to evaluate the inspection process of accrediting organizations to ensure minimum standards are maintained as provided in Florida statute and rule. The department may conduct a fire, safety, and health inspection in calendar years in which an accrediting organization survey is not conducted and shall conduct a full state inspection, including a lifesafety inspection, if an accrediting organization survey has not been conducted within the previous 36 months. The department, by accepting the survey or inspection of an accrediting organization, does not forfeit its right to perform inspections.~~

Section 8. Paragraph (a) of subsection (4) of section 409.1671, Florida Statutes, is amended to read:

409.1671 Foster care and related services; privatization.—

(4)(a) The department shall establish a quality assurance program for privatized services. The quality assurance program shall be based on standards established by a national accrediting organization such as the Council on Accreditation of Services for Families and Children, Inc. (COA) or CARF—the Rehabilitation Accreditation Commission ~~the Council on Accreditation of Rehabilitation Facilities (CARF)~~. The department may develop a request for proposal for such oversight. This program must be developed and administered at a statewide level. The Legislature intends that the department be permitted to have limited flexibility to use funds for improving quality assurance. To this end, effective January 1, 2000, the department may transfer up to 0.125 percent of the total funds from categories used to pay for these contractually provided services, but the total amount of such transferred funds may not exceed $300,000 in any fiscal year. When necessary, the department may establish, in accordance with s. 216.177, additional positions that will be exclusively devoted to these functions. Any positions required under this paragraph may be established, notwithstanding ss. 216.262(1)(a) and 216.351. The department, in consultation with the community-based agencies that are undertaking the privatized projects, shall establish minimum thresholds for each component of service, consistent with standards established by the Legislature. Each program operated under contract with a community-based agency must be evaluated annually by the department. The department shall submit an annual report regarding quality performance, outcome measure attainment, and cost efficiency to the President of the Senate, the Speaker of the House of Representatives, the minority leader of each house of the Legislature, and the Governor no later than January 31 of each year for each project in operation during the preceding fiscal year.

Section 9. Behavioral Health Service Delivery Strategies.—

(1) LEGISLATIVE FINDINGS AND INTENT.—The Legislature finds that a management structure that places the responsibility for mental health and substance abuse treatment services within a single entity and that contains a flexible funding arrangement will allow for customized services to meet individual client needs and will provide incentives for provider agencies to serve persons in the target population who have the most complex treatment and support needs. The Legislature recognizes that in order for the state's publicly funded mental health and substance abuse treatment systems to evolve into a single well-integrated behavioral health system, a transition period is needed and demonstration sites must be established where new ideas and technologies can be tested and critically reviewed.

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

(a) "Behavioral health services" means mental health services and substance abuse treatment services that are provided with state and federal funds.

(b) "Managing entity" means an entity that manages the delivery of behavioral health services.

(3) SERVICE DELIVERY STRATEGIES.—The Department of Children and Family Services and the Agency for Health Care Administration shall develop service delivery strategies that will improve the coordination, integration, and management of the delivery of mental health and substance abuse treatment services to persons with emotional, mental, or addictive disorders. It is the intent of the Legislature that a well-managed service delivery system will increase access for those in need of care, improve the coordination and continuity of care for vulnerable and high-risk populations, redirect service dollars from restrictive care settings and out-of-date service models to community-based psychiatric rehabilitation services, and reward cost-effective and appropriate care patterns. The Legislature recognizes that the Medicaid, mental health, and substance abuse treatment programs are three separate systems and that each has unique characteristics, including unique requirements for eligibility. To move toward a well-integrated system of behavioral health care services will require careful planning and implementation. It is the intent of the Legislature that the service delivery strategies will be the first phase of transferring the provision and management of mental health and substance abuse treatment services provided by the Department of Children and Family Services and the Medicaid program from traditional fee-for-service and unit-cost contracting methods to risk-sharing arrangements. As used in this section, the term "behavioral health care services" means mental health services and substance abuse treatment services that are provided with state and federal funds.

(4) CONTRACT FOR SERVICES.—

(a) The Department of Children and Family Services and the Agency for Health Care Administration may contract for the provision or management of behavioral health services with a managing entity in at least two geographic areas. Both the Department of Children and Family Services and

the Agency for Health Care Administration must contract with the same managing entity in any distinct geographic area where the strategy operates. This managing entity shall be accountable for the delivery of behavioral health services specified by the department and the agency for children, adolescents, and adults. The geographic area must be of sufficient size in population and have enough public funds for behavioral health services to allow for flexibility and maximum efficiency. Notwithstanding the provisions of section 409.912(3)(b) 1. and 2., Florida Statutes, at least one service delivery strategy must be in one of the service districts in the catchment area of G. Pierce Wood Memorial Hospital.

(b) Under one of the service delivery strategies, the Department of Children and Family Services may contract with a prepaid mental health plan that operates under section 409.912, Florida Statutes, to be the managing entity. Under this strategy, the Department of Children and Family Services is not required to competitively procure those services and, notwithstanding other provisions of law, may employ prospective payment methodologies that the department finds are necessary to improve client care or institute more efficient practices. The Department of Children and Family Services may employ in its contract any provision of the current prepaid behavioral health care plan authorized under section 409.912(3)(a) and (b), Florida Statutes, or any other provision necessary to improve quality, access, continuity, and price. Any contracts under this strategy in Area 6 of the Agency for Health Care Administration or in the prototype region under section 20.19(7), Florida Statutes, of the Department of Children and Family Services may be entered with the existing substance abuse treatment provider network if an administrative services organization is part of its network. In Area 6 of the Agency for Health Care Administration or in the prototype region of the Department of Children and Family Services, the Department of Children and Family Services and the Agency for Health Care Administration may employ alternative service delivery and financing methodologies, which may include prospective payment for certain population groups. The population groups that are to be provided these substance abuse services would include at a minimum: individuals and families receiving family safety services; Medicaid-eligible children, adolescents, and adults who are substance-abuse-impaired; or current recipients and persons at risk of needing cash assistance under Florida's welfare reform initiatives.

(c) Under the second service delivery strategy, the Department of Children and Family Services and the Agency for Health Care Administration shall competitively procure a contract for the management of behavioral health services with a managing entity. The Department of Children and Family Services and the Agency for Health Care Administration may purchase from the managing entity the management services necessary to improve continuity of care and access to care, contain costs, and improve quality of care. The managing entity shall manage and coordinate all publicly funded diagnostic or assessment services, acute care services, rehabilitative services, support services, and continuing care services for persons who meet the financial criteria specified in part IV of chapter 394, Florida Statutes, for publicly funded mental health and substance abuse treatment services or for persons who are Medicaid eligible. The managing entity shall

be solely accountable for a geographic area and shall coordinate the emergency care system. The managing entity may be a network of existing providers with an administrative services organization that can function independently, may be an administrative services organization that is independent of local provider agencies, or may be an entity of state or local government.

(d) Under both strategies, the Department of Children and Family Services and the Agency for Health Care Administration may:

1. Establish benefit packages based on the level of severity of illness and level of client functioning;

2. Align and integrate procedure codes, standards, or other requirements if it is jointly determined that these actions will simplify or improve client services and efficiencies in service delivery;

3. Use prepaid per capita and prepaid aggregate fixed-sum payment methodologies; and

4. Modify their current procedure codes to increase clinical flexibility, encourage the use of the most effective interventions, and support rehabilitative activities.

(e) The cost of the managing entity contract shall be funded through a combination of funds from the Department of Children and Family Services and the Agency for Health Care Administration. To operate the managing entity, the Department of Children and Family Services and the Agency for Health Care Administration may not expend more than 10 percent of the annual appropriations for mental health and substance abuse treatment services prorated to the geographic areas and must include all behavioral health Medicaid funds, including psychiatric inpatient funds. This restriction does not apply to a prepaid behavioral health plan that is authorized under section 409.912(3)(a) and (b), Florida Statutes.

(f) Contracting and payment mechanisms for services should promote flexibility and responsiveness and should allow different categorical funds to be combined. The service array should be determined by using needs assessment and best practice models.

(g) Medicaid contracts for Behavioral Health Overlay Services for dependent children or delinquent children will remain fee-for-service. Any provider who currently contracts to provide Medicaid behavioral health services with residential group care facilities under the Family Safety program of the Department of Children and Family Services or with the Department of Juvenile Justice to serve delinquent youth in residential commitment programs shall be included in the network of providers in both service delivery strategies and shall continue the existing staffing arrangements. During the operation of the service delivery strategies, any new behavioral health provider that enters into a contract with residential group care facilities under the Family Safety program of the Department of Children and Family Services or with the Department of Juvenile Justice for delinquent youth in residential commitment programs shall also be included in the network.

(5) STATEWIDE ACTIONS.—If Medicaid appropriations for Community Mental Health Services or Mental Health Targeted Case Management are reduced in fiscal year 2001-02, the agency and the department shall jointly develop and implement strategies that reduce service costs in a manner that mitigates the impact on persons in need of those services. The agency and department may employ any methodologies on a regional or statewide basis necessary to achieve the reduction, including but not limited to use of case rates, prepaid per capita contracts, utilization management, expanded use of care management, use of waivers from the Health Care Financing Administration to maximize federal matching of current local and state funding, modification or creation of additional procedure codes, and certification of match or other management techniques.

(6) GOALS.—The goal of the service delivery strategies is to provide a design for an effective coordination, integration, and management approach for delivering effective behavioral health services to persons who are experiencing a mental health or substance abuse crisis, who have a disabling mental illness or substance abuse disorder and will require extended services in order to recover from their illness, or who need brief treatment or supportive interventions to avoid a crisis or disability. Other goals of the models include the following:

(a) Improve accountability for a local system of behavioral health care services to meet performance outcomes and standards.

(b) Assure continuity of care for all children, adolescents, and adults who enter the publicly funded behavioral health service system.

(c) Provide early diagnosis and treatment interventions to enhance recovery and prevent hospitalization.

(d) Improve assessment of local needs for behavioral health services.

(e) Improve the overall quality of behavioral health services through the use of best practice models.

(f) Demonstrate improved service integration between behavioral health programs and other programs, such as vocational rehabilitation, education, child welfare, primary health care, emergency services, and criminal justice.

(g) Provide for additional testing of creative and flexible strategies for financing behavioral health services to enhance individualized treatment and support services.

(h) Control the costs of services without sacrificing quality of care.

(i) Coordinate the admissions and discharges from state mental health hospitals and residential treatment centers.

(j) Improve the integration, accessibility, and dissemination of behavioral health data for planning and monitoring purposes.

(k) Promote specialized behavioral health services to residents of assisted living facilities.

(l) Reduce the admissions and the length of stay for dependent children in residential treatment centers.

(m) Provide services to abused and neglected children and their families as indicated in court-ordered case plans.

(7) ESSENTIAL ELEMENTS.—

(a) The managing entity must demonstrate the ability of its network of providers to comply with the pertinent provisions of chapters 394 and 397, Florida Statutes, and to assure the provision of comprehensive behavioral health services. The network of providers shall include, but is not limited to, mental health centers, substance abuse treatment providers, hospitals, licensed psychiatrists, licensed psychiatric nurses, and mental health professionals licensed under chapter 490 or chapter 491, Florida Statutes. A behavioral health client served by the network under the service delivery strategies may reside in his or her own home or in settings including, but not limited to, assisted living facilities, skilled nursing facilities, foster homes, or group homes.

(b) The target population to be served in the service delivery strategies must include children, adolescents, and adults who fall into the following categories:

1. Adults in mental health crisis;

2. Older adults in crisis;

3. Adults with serious and persistent mental illness;

4. Adults with substance abuse problems;

5. Adults with forensic involvement;

6. Older adults with severe and persistent mental illness;

7. Older adults with substance abuse problems;

8. Children and adolescents with serious emotional disturbances as defined in section 394.492(6), Florida Statutes;

9. Children with substance abuse problems as defined in section 397.93(2), Florida Statutes;

10. Children and adolescents in state custody pursuant to chapter 39, Florida Statutes; and

11. Children and adolescents in residential commitment programs of the Department of Juvenile Justice pursuant to chapter 985, Florida Statutes.

(c) The service delivery strategies must include a continuing care system for persons whose clinical and functional status indicates the need for these services. These persons will be eligible for a range of treatment, rehabilitative, and support services until they no longer need the services to maintain

or improve their level of functioning. Given the long-term nature of some mental and addictive disorders, continuing care services should be sensitive to the variable needs of individuals across time and shall be designed to help assure easy access for persons with these long-term problems. The Department of Children and Family Services shall develop criteria for the continuing care program for behavioral health services.

(d) A local body or group must be identified by the district administrator of the Department of Children and Family Services to serve in an advisory capacity to the behavioral health service delivery strategy and must include representatives of the local school system, the judicial system, county government, public and private Baker Act receiving facilities, and law enforcement agencies; a consumer of the public behavioral health system; and a family member of a consumer of the publicly funded system. This advisory body may be the community alliance established under section 20.19(6), Florida Statutes, or any other suitable established local group.

(e) The managing entity shall ensure that written cooperative agreements are developed among the judicial system, the criminal justice system, and the local behavioral health providers in the geographic area which define strategies and alternatives for diverting, from the criminal justice system to the civil system as provided under part I of chapter 394, Florida Statutes, or chapter 397, Florida Statutes, persons with behavioral health problems who are arrested for a misdemeanor. These agreements must also address the provision of appropriate services to persons with behavioral health problems who leave the criminal justice system.

(f) Managing entities must submit data to the Department of Children and Family Services and the Agency for Health Care Administration on the use of services and the outcomes for all enrolled clients. Managing entities must meet performance standards developed by the Agency for Health Care Administration and the Department of Children and Family Services related to:

1. The rate at which individuals in the community receive services, including persons who receive followup care after emergencies.

2. Clinical improvement of individuals served, clinically and functionally.

3. Reduction of jail admissions.

4. Consumer and family satisfaction.

5. Satisfaction of key community constituents such as law enforcement agencies, juvenile justice agencies, the courts, the schools, local government entities, and others as appropriate for the locality.

(g) The Agency for Health Care Administration may establish a certified match program, which must be voluntary. Under a certified match program, reimbursement is limited to the federal Medicaid share to Medicaid-enrolled strategy participants. The agency shall take no action to implement a certified match program without ensuring that the consultation provisions of

chapter 216, Florida Statutes, have been met. The agency may seek federal waivers that are necessary to implement the behavioral health service delivery strategies.

(h)1. The Department of Children and Family Services, in consultation with the Agency for Health Care Administration, shall prepare an amendment by October 31, 2001, to the 2001 master state plan required under section 394.75(1), Florida Statutes, which describes each service delivery strategy, including at least the following details:

a. Operational design;

b. Counties or service districts included in each strategy;

c. Expected outcomes; and

d. Timeframes.

2. The amendment shall specifically address the application of each service delivery strategy to substance abuse services, including:

a. The development of substance abuse service protocols;

b. Credentialing requirements for substance abuse services; and

c. The development of new service models for individuals with co-occurring mental health and substance abuse disorders.

3. The amendment must specifically address the application of each service delivery strategy to the child welfare system, including:

a. The development of service models that support working with both children and their families in a community-based care system and that are specific to the child welfare system.

b. A process for providing services to abused and neglected children and their families as indicated in court-ordered case plans.

(8) MONITORING AND EVALUATION.—The Department of Children and Family Services and the Agency for Health Care Administration shall provide routine monitoring and oversight of and technical assistance to the managing entities. The Louis de la Parte Florida Mental Health Institute shall conduct an ongoing formative evaluation of each strategy to identify the most effective methods and techniques used to manage, integrate, and deliver behavioral health services. The entity conducting the evaluation shall report to the Department of Children and Family Services, the Agency for Health Care Administration, the Executive Office of the Governor, and the Legislature every 12 months regarding the status of the implementation of the service delivery strategies. The report must include a summary of activities that have occurred during the past 12 months of implementation and any problems or obstacles that prevented, or may prevent in the future, the managing entity from achieving performance goals and measures. The first status report is due January 1, 2002. After the service delivery strategies have been operational for 1 year, the status report must include an

analysis of administrative costs and the status of the achievement of performance outcomes. Upon receiving the annual report from the evaluator, the Department of Children and Family Services and the Agency for Health Care Administration shall jointly make any recommendations to the Executive Office of the Governor regarding changes in the service delivery strategies or in the implementation of the strategies, including timeframes.

Section 10. Behavioral Health Services Integration Workgroup.—

(1) The Secretary of Children and Family Services shall establish the Behavioral Health Services Integration Workgroup, which, at a minimum, shall include representatives from the following: Department of Juvenile Justice, the Department of Corrections, and the Department of Education; the Office of Drug Control Policy; the Agency for Health Care Administration; and county jails, homeless coalitions, county government, providers of behavioral health services, public and private Baker Act receiving facilities, providers of child protection services, assisted living facilities serving behavioral health clients, and consumers of behavioral health services and their families. The Behavioral Health Services Integration Workgroup shall assess barriers to the effective and efficient integration of mental health and substance abuse treatment services across various systems, propose solutions to these barriers, and ensure that plans for mental health and substance abuse treatment services which are required by statute consider these solutions. Under chapter 216, Florida Statutes, the Department of Children and Family Services may transfer up to $200,000 to support the Behavioral Health Services Integration Workgroup.

(2) The Behavioral Health Services Integration Workgroup shall submit a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 1, 2002, regarding the Workgroup's progress toward achieving the goals specified in subsection (1).

Section 11. This act shall take effect upon becoming a law.

Approved by the Governor June 8, 2001.

Filed in Office Secretary of State June 8, 2001.