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. 394.4598, F.S.; authorizing a patient's
15 family member or an interested party to petition for
16 the appointment of a guardian advocate; amending
17 394.467, F.S.; prohibiting a court from ordering an
18 individual with traumatic brain injury or dementia,
19 who lacks a co-occurring mental illness, to be
20 involuntarily placed in a state treatment facility;
21 amending s. 394.492, F.S.; revising the definitions of
22 the terms "adolescent," "child or adolescent at risk
23 of emotional disturbance," and "child or adolescent
24 who has a serious emotional disturbance or mental
25 illness" for purposes of the Comprehensive Child and
26 Adolescent Mental Health Services Act; amending s.

27 394.656, F.S.; renaming the Criminal Justice, Mental
28 Health, and Substance Abuse Statewide Grant Review
29 Committee as the Criminal Justice, Mental Health, and
30 Substance Abuse Statewide Grant Policy Committee;
31 providing additional members of the committee;
32 providing duties of the committee; providing
33 additional qualifications for committee members;
34 directing the Department of Children and Families to
35 create a grant review and selection committee;
36 providing duties of the committee; authorizing a
37 designated not-for-profit community provider, managing
38 entity, or coordinated care organization to apply for
39 certain grants; providing eligibility requirements;
40 providing a definition; removing provisions relating
41 to applications for certain planning grants; creating
42 s. 394.761, F.S.; requiring the Agency for Health Care
43 Administration and the department to develop a plan to
44 obtain federal approval for increasing the
45 availability of federal Medicaid funding for
46 behavioral health care; requiring the agency and the
47 department to submit a written plan that contains
48 certain information to the Legislature by a specified
49 date; amending s. 394.9082, F.S.; revising legislative
50 intent; requiring improved coordination of behavioral
51 health services and primary care services through the
52 development and implementation of coordinated care

53 organizations; defining the term "managed behavioral
54 health organization"; deleting the definition of the
55 term "decisionmaking model"; revising the definition
56 of the term "managing entity" to include managed
57 behavioral health organizations and to provide for a
58 transition to a coordinated care organization;
59 requiring the department to contract with community-
60 based nonprofit organizations for the development of
61 specified objectives; providing requirements for the
62 contracting process; requiring all for-profit and not-
63 for-profit contractors serving as managing entities or
64 coordinated care organizations to operate under the
65 same requirements; requiring managing entities to
66 transition to coordinated care organizations by a
67 specified date; establishing essential elements for
68 managing entities and coordinated care organizations;
69 requiring the department to designate the regional
70 network as a coordinated care organization after
71 certain conditions are met; removing duties of the
72 department, the secretary of the department, and
73 managing entities; removing a provision regarding the
74 requirement of funding the managing entity's contract
75 through departmental funds; removing legislative
76 intent; requiring that the department's contract with
77 each managing entity be performance based; revising
78 goals; deleting obsolete language regarding the

79 transition to the managing entity system; requiring
80 that care coordination be provided to populations in
81 priority order; specifying the priority order of
82 populations; specifying the requirements for care
83 coordination; requiring the managing entity or
84 coordinated care organization to work with the civil
85 court system to develop procedures regarding
86 involuntary outpatient placement subject to the
87 availability of funding for services; requiring the
88 department to use applicable performance measures
89 based on nationally recognized standards to the extent
90 possible; including standards related, at a minimum,
91 to the improvement in the overall behavioral health of
92 a community, improvement in person-centered outcome
93 measures for populations provided care coordination,
94 and reduction in readmissions to acute levels of care,
95 jails, prisons, and forensic facilities; providing
96 requirements for the governing board or advisory board
97 of a managing entity or coordinated care organization;
98 requiring a technical advisory panel of service
99 providers for managing entities and coordinated care
100 organizations; revising the network management and
101 administrative functions of the managing entities and
102 coordinated care organizations; removing departmental
103 responsibilities; specifying that methods of payment
104 to managing entities or coordinated care organizations

105 must include requirements for data verification and
106 consequences for failure to achieve performance
107 standards; requiring the department to develop
108 standards and protocols for the collection, storage,
109 transmittal, and analysis of utilization data from
110 public receiving facilities; defining the term "public
111 receiving facility"; requiring the department to
112 require compliance by managing entities or coordinated
113 care organizations by a specified date; requiring a
114 managing entity or coordinated care organization to
115 require public receiving facilities in its provider
116 network to submit certain data within specified
117 timeframes; requiring managing entities or coordinated
118 care organizations to reconcile data to ensure
119 accuracy; requiring managing entities or coordinated
120 care organizations to submit certain data to the
121 department within specified timeframes; requiring the
122 department to create a statewide database; requiring
123 the department to adopt rules to administer the crisis
124 stabilization services utilization database; requiring
125 the department to submit an annual report to the
126 Governor and Legislature; removing a reporting
127 requirement; authorizing, rather than requiring, the
128 department to adopt rules; providing an appropriation;
129 requiring a study of the safety-net mental health and
130 substance abuse system; requiring specified

131 information to be included in such study; requiring
132 the Supreme Court's Task Force on Substance Abuse and
133 Mental Health Issues in the Courts to submit a report
134 of its recommended changes to the Baker and Marchman
135 Acts to the Governor and Legislature by a specified
136 date; creating s. 397.402, F.S.; requiring that the
137 department and the agency submit a plan to the
138 Governor and Legislature by a specified date with
139 options for modifying certain licensure rules and
140 procedures to provide for a single, consolidated
141 license for providers that offer multiple types of
142 mental health and substance abuse services; amending
143 s. 491.0045, F.S.; limiting an intern registration to
144 5 years; providing timelines for expiration of certain
145 intern registrations; providing requirements for
146 issuance of subsequent registrations; prohibiting an
147 individual who held a provisional license from the
148 board from applying for an intern registration in the
149 same profession; amending s. 765.110, F.S.; requiring
150 health care facilities to provide patients with
151 written information about advance directives providing
152 for mental health treatment; requiring the department
153 to develop, and publish on its website, a mental
154 health advance directive form; repealing s. 394.4674,
155 F.S., relating to a state plan for
156 deinstitutionalizing certain patients and a status

157 report regarding such deinstitutionalization;
158 repealing s. 394.4985, F.S., relating to a
159 districtwide comprehensive child and adolescent mental
160 health information and referral network and
161 implementation of such network; repealing s. 394.745,
162 F.S., relating to an annual report on compliance of
163 providers of substance abuse treatment programs and
164 mental health services under contract with department;
165 repealing s. 397.331, F.S., which provides definitions
166 relating to the Hal S. Marchman Alcohol and Other Drug
167 Services Act; repealing s. 397.333, F.S., relating to
168 the Statewide Drug Policy Advisory Council; repealing
169 s. 397.801, F.S., relating to interagency and
170 intraagency substance abuse impairment coordination;
171 repealing s. 397.811, F.S., relating to legislative
172 findings and intent regarding juvenile substance abuse
173 impairment coordination; repealing s. 397.821, F.S.,
174 relating to juvenile substance abuse impairment
175 prevention and early intervention councils; repealing
176 s. 397.901, F.S., relating to prototype juvenile
177 addictions receiving facilities; repealing s. 397.93,
178 F.S., relating to target populations for children's
179 substance abuse services; repealing s. 397.94, F.S.,
180 relating to an information and referral network for
181 children's substance abuse services; repealing s.
182 397.951, F.S., relating to the integration of

183 substance abuse treatment and sanctions; repealing s.
184 397.97, F.S., relating to the Children's Network of
185 Care Demonstration Models; repealing s. 397.98, F.S.,
186 relating to the Children's Network of Care
187 Demonstration Models for local delivery of substance
188 abuse services; amending ss. 394.657 and 394.658,
189 F.S.; conforming terminology; amending ss. 397.321,
190 943.031, and 943.042, F.S.; conforming cross-
191 references; providing an effective date.
192
193 Be It Enacted by the Legislature of the State of Florida:
194
195 Section 1. If HB 7113 or similar legislation creating
196 section 394.47892, Florida Statutes, authorizing the creation of
197 treatment-based mental health court programs, is adopted in the
198 same legislative session or an extension thereof and becomes a
199 law, subsection (6) of section 39.001, Florida Statutes, is
200 amended to read:
201 39.001 Purposes and intent; personnel standards and
202 screening.—
203 (6) MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES.—
204 (a) The Legislature recognizes that early referral and
205 comprehensive treatment can help combat mental illnesses and
206 substance abuse disorders in families and that treatment is
207 cost-effective.
208 (b) The Legislature establishes the following goals for

209 the state related to mental illness and substance abuse
210 treatment services in the dependency process:
211 1. To ensure the safety of children.
212 2. To prevent and remediate the consequences of mental
213 illnesses and substance abuse disorders on families involved in
214 protective supervision or foster care and reduce the occurrences
215 of mental illnesses and substance abuse disorders, including
216 alcohol abuse or related disorders, for families who are at risk
217 of being involved in protective supervision or foster care.
218 3. To expedite permanency for children and reunify
219 healthy, intact families, when appropriate.
220 4. To support families in recovery.
221 (c) The Legislature finds that children in the care of the
222 state's dependency system need appropriate health care services,
223 that the impact of mental illnesses and substance abuse
224 disorders on health indicates the need for health care services
225 to include treatment for mental health and substance abuse
226 disorders for ~~services to~~ children and parents where
227 appropriate, and that it is in the state's best interest that
228 such children be provided the services they need to enable them
229 to become and remain independent of state care. In order to
230 provide these services, the state's dependency system must have
231 the ability to identify and provide appropriate intervention and
232 treatment for children with personal or family-related mental
233 illness and substance abuse problems.
234 (d) It is the intent of the Legislature to encourage the

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235 use of the treatment-based mental health court program model
236 established by s. 394.47892 and drug court program model
237 established by s. 397.334 and authorize courts to assess
238 children and persons who have custody or are requesting custody
239 of children where good cause is shown to identify and address
240 mental illnesses and substance abuse disorders problems as the
241 court deems appropriate at every stage of the dependency
242 process. Participation in treatment, including a treatment-based
243 mental health court program or a treatment-based drug court
244 program, may be required by the court following adjudication.
245 Participation in assessment and treatment before prior to
246 adjudication is shall be voluntary, except as provided in s.
247 39.407(16).
248 (e) It is therefore the purpose of the Legislature to
249 provide authority for the state to contract with mental health
250 service providers and community substance abuse treatment
251 providers for the development and operation of specialized
252 support and overlay services for the dependency system, which
253 will be fully implemented and used as resources permit.
254 (f) Participation in a treatment-based mental health court
255 program or a the treatment-based drug court program does not
256 divest any public or private agency of its responsibility for a
257 child or adult, but is intended to enable these agencies to
258 better meet their needs through shared responsibility and
259 resources.
260 Section 2. If HB 7113 or similar legislation creating

261 section 394.47892, Florida Statutes, authorizing the creation of
262 treatment-based mental health court programs, is adopted in the
263 same legislative session or an extension thereof and becomes a
264 law, subsection (10) of section 39.507, Florida Statutes, is
265 amended to read:
266 39.507 Adjudicatory hearings; orders of adjudication.—
267 (10) After an adjudication of dependency, or a finding of
268 dependency where adjudication is withheld, the court may order a
269 person who has custody or is requesting custody of the child to
270 submit to a mental health or substance abuse disorder assessment
271 or evaluation. The assessment or evaluation must be administered
272 by a qualified professional, as defined in s. 397.311. The court
273 may also require such person to participate in and comply with
274 treatment and services identified as necessary, including, when
275 appropriate and available, participation in and compliance with
276 a treatment-based mental health court program established under
277 s. 394.47892 or a treatment-based drug court program established
278 under s. 397.334. In addition to supervision by the department,
279 the court, including the treatment-based mental health court
280 program or the treatment-based drug court program, may oversee
281 the progress and compliance with treatment by a person who has
282 custody or is requesting custody of the child. The court may
283 impose appropriate available sanctions for noncompliance upon a
284 person who has custody or is requesting custody of the child or
285 make a finding of noncompliance for consideration in determining
286 whether an alternative placement of the child is in the child's

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287 best interests. Any order entered under this subsection may be
288 made only upon good cause shown. This subsection does not
289 authorize placement of a child with a person seeking custody,
290 other than the parent or legal custodian, who requires mental
291 health or substance abuse disorder treatment.
292 Section 3. If HB 7113 or similar legislation creating
293 section 394.47892, Florida Statutes, authorizing the creation of
294 treatment-based mental health court programs, is adopted in the
295 same legislative session or an extension thereof and becomes a
296 law, paragraph (b) of subsection (1) of section 39.521, Florida
297 Statutes, is amended to read:
298 39.521 Disposition hearings; powers of disposition.—
299 (1) A disposition hearing shall be conducted by the court,
300 if the court finds that the facts alleged in the petition for
301 dependency were proven in the adjudicatory hearing, or if the
302 parents or legal custodians have consented to the finding of
303 dependency or admitted the allegations in the petition, have
304 failed to appear for the arraignment hearing after proper
305 notice, or have not been located despite a diligent search
306 having been conducted.
307 (b) When any child is adjudicated by a court to be
308 dependent, the court having jurisdiction of the child has the
309 power by order to:
310 1. Require the parent and, when appropriate, the legal
311 custodian and the child to participate in treatment and services
312 identified as necessary. The court may require the person who

313 has custody or who is requesting custody of the child to submit
314 to a mental health or substance abuse disorder assessment or
315 evaluation. The assessment or evaluation must be administered by
316 a qualified professional, as defined in s. 397.311. The court
317 may also require such person to participate in and comply with
318 treatment and services identified as necessary, including, when
319 appropriate and available, participation in and compliance with
320 a treatment-based mental health court program established under
321 s. 394.47892 or a treatment-based drug court program established
322 under s. 397.334. In addition to supervision by the department,
323 the court, including the treatment-based mental health court
324 program or the treatment-based drug court program, may oversee
325 the progress and compliance with treatment by a person who has
326 custody or is requesting custody of the child. The court may
327 impose appropriate available sanctions for noncompliance upon a
328 person who has custody or is requesting custody of the child or
329 make a finding of noncompliance for consideration in determining
330 whether an alternative placement of the child is in the child's
331 best interests. Any order entered under this subparagraph may be
332 made only upon good cause shown. This subparagraph does not
333 authorize placement of a child with a person seeking custody of
334 the child, other than the child's parent or legal custodian, who
335 requires mental health or substance abuse disorder treatment.
336 2. Require, if the court deems necessary, the parties to
337 participate in dependency mediation.
338 3. Require placement of the child either under the

339 protective supervision of an authorized agent of the department
340 in the home of one or both of the child's parents or in the home
341 of a relative of the child or another adult approved by the
342 court, or in the custody of the department. Protective
343 supervision continues until the court terminates it or until the
344 child reaches the age of 18, whichever date is first. Protective
345 supervision shall be terminated by the court whenever the court
346 determines that permanency has been achieved for the child,
347 whether with a parent, another relative, or a legal custodian,
348 and that protective supervision is no longer needed. The
349 termination of supervision may be with or without retaining
350 jurisdiction, at the court's discretion, and shall in either
351 case be considered a permanency option for the child. The order
352 terminating supervision by the department shall set forth the
353 powers of the custodian of the child and shall include the
354 powers ordinarily granted to a guardian of the person of a minor
355 unless otherwise specified. Upon the court's termination of
356 supervision by the department, no further judicial reviews are
357 required, so long as permanency has been established for the
358 child.
359 Section 4. Subsection (1) of section 394.4598, Florida
360 Statutes, is amended to read:
361 394.4598 Guardian advocate.—
362 (1) The administrator, a family member of the patient, or
363 an interested party may petition the court for the appointment
364 of a guardian advocate based upon the opinion of a psychiatrist

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365 that the patient is incompetent to consent to treatment. If the
366 court finds that a patient is incompetent to consent to
367 treatment and has not been adjudicated incapacitated and a
368 guardian with the authority to consent to mental health
369 treatment appointed, it shall appoint a guardian advocate. The
370 patient has the right to have an attorney represent him or her
371 at the hearing. If the person is indigent, the court shall
372 appoint the office of the public defender to represent him or
373 her at the hearing. The patient has the right to testify, cross-
374 examine witnesses, and present witnesses. The proceeding shall
375 be recorded either electronically or stenographically, and
376 testimony shall be provided under oath. One of the professionals
377 authorized to give an opinion in support of a petition for
378 involuntary placement, as described in s. 394.4655 or s.
379 394.467, must testify. A guardian advocate must meet the
380 qualifications of a guardian contained in part IV of chapter
381 744, except that a professional referred to in this part, an
382 employee of the facility providing direct services to the
383 patient under this part, a departmental employee, a facility
384 administrator, or member of the Florida local advocacy council
385 shall not be appointed. A person who is appointed as a guardian
386 advocate must agree to the appointment.
387 Section 5. Subsection (6) of section 394.467, Florida
388 Statutes, is amended to read:
389 394.467 Involuntary inpatient placement.—
390 (6) HEARING ON INVOLUNTARY INPATIENT PLACEMENT.—

391 (a)1. The court shall hold the hearing on involuntary
392 inpatient placement within 5 days, unless a continuance is
393 granted. The hearing shall be held in the county where the
394 patient is located and shall be as convenient to the patient as
395 may be consistent with orderly procedure and shall be conducted
396 in physical settings not likely to be injurious to the patient's
397 condition. If the court finds that the patient's attendance at
398 the hearing is not consistent with the best interests of the
399 patient, and the patient's counsel does not object, the court
400 may waive the presence of the patient from all or any portion of
401 the hearing. The state attorney for the circuit in which the
402 patient is located shall represent the state, rather than the
403 petitioning facility administrator, as the real party in
404 interest in the proceeding.
405 2. The court may appoint a general or special magistrate
406 to preside at the hearing. One of the professionals who executed
407 the involuntary inpatient placement certificate shall be a
408 witness. The patient and the patient's guardian or
409 representative shall be informed by the court of the right to an
410 independent expert examination. If the patient cannot afford
411 such an examination, the court shall provide for one. The
412 independent expert's report shall be confidential and not
413 discoverable, unless the expert is to be called as a witness for
414 the patient at the hearing. The testimony in the hearing must be
415 given under oath, and the proceedings must be recorded. The
416 patient may refuse to testify at the hearing.

417 (b) If the court concludes that the patient meets the
418 criteria for involuntary inpatient placement, it shall order
419 that the patient be transferred to a treatment facility or, if
420 the patient is at a treatment facility, that the patient be
421 retained there or be treated at any other appropriate receiving
422 or treatment facility, or that the patient receive services from
423 a receiving or treatment facility, on an involuntary basis, for
424 a period of up to 6 months. The order shall specify the nature
425 and extent of the patient's mental illness. The court may not
426 order an individual with traumatic brain injury or dementia who
427 lacks a co-occurring mental illness to be involuntarily placed
428 in a state treatment facility. The facility shall discharge a
429 patient any time the patient no longer meets the criteria for
430 involuntary inpatient placement, unless the patient has
431 transferred to voluntary status.
432 (c) If at any time prior to the conclusion of the hearing
433 on involuntary inpatient placement it appears to the court that
434 the person does not meet the criteria for involuntary inpatient
435 placement under this section, but instead meets the criteria for
436 involuntary outpatient placement, the court may order the person
437 evaluated for involuntary outpatient placement pursuant to s.
438 394.4655. The petition and hearing procedures set forth in s.
439 394.4655 shall apply. If the person instead meets the criteria
440 for involuntary assessment, protective custody, or involuntary
441 admission pursuant to s. 397.675, then the court may order the
442 person to be admitted for involuntary assessment for a period of

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443 5 days pursuant to s. 397.6811. Thereafter, all proceedings
444 shall be governed by chapter 397.
445 (d) At the hearing on involuntary inpatient placement, the
446 court shall consider testimony and evidence regarding the
447 patient's competence to consent to treatment. If the court finds
448 that the patient is incompetent to consent to treatment, it
449 shall appoint a guardian advocate as provided in s. 394.4598.
450 (e) The administrator of the receiving facility shall
451 provide a copy of the court order and adequate documentation of
452 a patient's mental illness to the administrator of a treatment
453 facility whenever a patient is ordered for involuntary inpatient
454 placement, whether by civil or criminal court. The documentation
455 shall include any advance directives made by the patient, a
456 psychiatric evaluation of the patient, and any evaluations of
457 the patient performed by a clinical psychologist, a marriage and
458 family therapist, a mental health counselor, or a clinical
459 social worker. The administrator of a treatment facility may
460 refuse admission to any patient directed to its facilities on an
461 involuntary basis, whether by civil or criminal court order, who
462 is not accompanied at the same time by adequate orders and
463 documentation.
464 Section 6. Subsections (1), (4), and (6) of section
465 394.492, Florida Statutes, are amended to read:
466 394.492 Definitions.—As used in ss. 394.490-394.497, the
467 term:
468 (1) "Adolescent" means a person who is at least 13 years

469 of age but under 21 ~~18~~ years of age.
470 (4) "Child or adolescent at risk of emotional disturbance"
471 means a person under 21 ~~18~~ years of age who has an increased
472 likelihood of becoming emotionally disturbed because of risk
473 factors that include, but are not limited to:
474 (a) Being homeless.
475 (b) Having a family history of mental illness.
476 (c) Being physically or sexually abused or neglected.
477 (d) Abusing alcohol or other substances.
478 (e) Being infected with human immunodeficiency virus
479 (HIV).
480 (f) Having a chronic and serious physical illness.
481 (g) Having been exposed to domestic violence.
482 (h) Having multiple out-of-home placements.
483 (6) "Child or adolescent who has a serious emotional
484 disturbance or mental illness" means a person under 21 ~~18~~ years
485 of age who:
486 (a) Is diagnosed as having a mental, emotional, or
487 behavioral disorder that meets one of the diagnostic categories
488 specified in the most recent edition of the Diagnostic and
489 Statistical Manual of Mental Disorders of the American
490 Psychiatric Association; and
491 (b) Exhibits behaviors that substantially interfere with
492 or limit his or her role or ability to function in the family,
493 school, or community, which behaviors are not considered to be a
494 temporary response to a stressful situation.

495
496 The term includes a child or adolescent who meets the criteria
497 for involuntary placement under s. 394.467(1).
498 Section 7. Section 394.656, Florida Statutes, is amended
499 to read:
500 394.656 Criminal Justice, Mental Health, and Substance
501 Abuse Reinvestment Grant Program.—
502 (1) There is created within the Department of Children and
503 Families the Criminal Justice, Mental Health, and Substance
504 Abuse Reinvestment Grant Program. The purpose of the program is
505 to provide funding to counties with which they can plan,
506 implement, or expand initiatives that increase public safety,
507 avert increased spending on criminal justice, and improve the
508 accessibility and effectiveness of treatment services for adults
509 and juveniles who have a mental illness, substance abuse
510 disorder, or co-occurring mental health and substance abuse
511 disorders and who are in, or at risk of entering, the criminal
512 or juvenile justice systems.
513 (2) The department shall establish a Criminal Justice,
514 Mental Health, and Substance Abuse Statewide Grant Policy ~~Review~~
515 Committee. The committee shall include:
516 (a) One representative of the Department of Children and
517 Families;
518 (b) One representative of the Department of Corrections;
519 (c) One representative of the Department of Juvenile
520 Justice;

521 (d) One representative of the Department of Elderly
522 Affairs; ~~and~~
523 (e) One representative of the Office of the State Courts
524 Administrator;
525 (f) One representative of the Department of Veterans'
526 Affairs;
527 (g) One representative of the Florida Sheriffs
528 Association;
529 (h) One representative of the Florida Police Chiefs
530 Association;
531 (i) One representative of the Florida Association of
532 Counties;
533 (j) One representative of the Florida Alcohol and Drug
534 Abuse Association;
535 (k) One representative of the Florida Association of
536 Managing Entities;
537 (l) One representative of the Florida Council for
538 Community Mental Health; and
539 (m) One administrator of a state-licensed limited mental
540 health assisted living facility.
541 (3) The committee shall serve as the advisory body to
542 review policy and funding issues that help reduce the impact of
543 persons with mental illnesses and substance use disorders on
544 communities, criminal justice agencies, and the court system.
545 The committee shall advise the department in selecting
546 priorities for grants and investing awarded grant moneys.

547 (4) The department shall create a grant review and
548 selection committee that has experience in substance use and
549 mental health disorders, community corrections, and law
550 enforcement. To the extent possible, the ~~members of the~~
551 committee shall have expertise in ~~grant writing,~~ grant
552 reviewing~~,~~ and grant application scoring.
553 (5)~~(3)~~(a) A county, or not-for-profit community provider,
554 managing entity, or coordinated care organization designated by
555 the county planning council or committee, as described in s.
556 394.657, may apply for a 1-year planning grant or a 3-year
557 implementation or expansion grant. The purpose of the grants is
558 to demonstrate that investment in treatment efforts related to
559 mental illness, substance abuse disorders, or co-occurring
560 mental health and substance abuse disorders results in a reduced
561 demand on the resources of the judicial, corrections, juvenile
562 detention, and health and social services systems.
563 (b) To be eligible to receive a 1-year planning grant or a
564 3-year implementation or expansion grant:~~,~~
565 1. A county applicant must have a ~~county~~ planning council
566 or committee that is in compliance with the membership
567 requirements set forth in this section.
568 2. A not-for-profit community provider, managing entity,
569 or coordinated care organization must be designated by the
570 county planning council or committee and have written
571 authorization to submit an application. A not-for-profit
572 community provider, managing entity, or coordinated care

573 organization must have written authorization for each
574 application it submits.
575 (c) The department may award a 3-year implementation or
576 expansion grant to an applicant who has not received a 1-year
577 planning grant.
578 (d) The department may require an applicant to conduct
579 sequential intercept mapping for a project. For purposes of this
580 paragraph, the term "sequential intercept mapping" means a
581 process for reviewing a local community's mental health,
582 substance abuse, criminal justice, and related systems and
583 identifying points of interceptions where interventions may be
584 made to prevent an individual with a substance use disorder or
585 mental illness from deeper involvement in the criminal justice
586 system.
587 (6) ~~(4)~~ The grant review and selection committee shall
588 select the grant recipients and notify the department ~~of~~
589 ~~Children and Families~~ in writing of the recipients' names ~~of the~~
590 ~~applicants who have been selected by the committee to receive a~~
591 ~~grant~~. Contingent upon the availability of funds and upon
592 notification by the review committee of those applicants
593 approved to receive planning, implementation, or expansion
594 grants, the department ~~of Children and Families~~ may transfer
595 funds appropriated for the grant program to a selected grant
596 recipient ~~any county awarded a grant~~.
597 Section 8. Section 394.761, Florida Statutes, is created
598 to read:

599 394.761 Revenue maximization.—The agency and the
600 department shall develop a plan to obtain federal approval for
601 increasing the availability of federal Medicaid funding for
602 behavioral health care. The agency and the department shall
603 submit the written plan to the President of the Senate and the
604 Speaker of the House of Representatives by November 1, 2015. The
605 plan shall identify the amount of general revenue funding
606 appropriated for mental health and substance abuse services
607 which is eligible to be used as state Medicaid match. The plan
608 must evaluate alternative uses of increased Medicaid funding,
609 including seeking Medicaid eligibility for the severely and
610 persistently mentally ill, increased reimbursement rates for
611 behavioral health services, adjustments to the capitation rate
612 for Medicaid enrollees with chronic mental illness and substance
613 use disorders, supplemental payments to mental health and
614 substance abuse providers through a designated state health
615 program or other mechanisms, and innovative programs to provide
616 incentives for improved outcomes for behavioral health
617 conditions. The plan shall identify the advantages and
618 disadvantages of each alternative and assess the potential of
619 each for achieving improved integration of services. The plan
620 shall identify the types of federal approvals necessary to
621 implement each alternative and project a timeline for
622 implementation.
623 Section 9. Section 394.9082, Florida Statutes, is amended
624 to read:

625 394.9082 Behavioral health managing entities.—
626 (1) LEGISLATIVE FINDINGS AND INTENT.—The Legislature finds
627 that untreated behavioral health disorders constitute major
628 health problems for residents of this state, are a major
629 economic burden to the citizens of this state, and substantially
630 increase demands on the state's juvenile and adult criminal
631 justice systems, the child welfare system, and health care
632 systems. The Legislature finds that behavioral health disorders
633 respond to appropriate treatment, rehabilitation, and supportive
634 intervention. The Legislature finds that the state's return on
635 its ~~it has made a substantial long-term~~ investment in the
636 funding of the community-based behavioral health prevention and
637 treatment service systems and facilities can be enhanced by
638 coordination of behavioral health services with primary care
639 services ~~in order to provide critical emergency, acute care,~~
640 ~~residential, outpatient, and rehabilitative and recovery-based~~
641 ~~services~~. The Legislature finds that local communities have also
642 made substantial investments in behavioral health services,
643 contracting with safety net providers who by mandate and mission
644 provide specialized services to vulnerable and hard-to-serve
645 populations and have strong ties to local public health and
646 public safety agencies. The Legislature finds that a regional
647 management structure that creates a comprehensive and cohesive
648 system of coordinated care for ~~places the responsibility for~~
649 ~~publicly financed~~ behavioral health treatment and prevention
650 services ~~within a single private, nonprofit entity at the local~~

651 ~~level~~ will improve ~~promote improved~~ access to care, promote
652 service continuity, and provide for more efficient and effective
653 delivery of substance abuse and mental health services. The
654 Legislature finds that streamlining administrative processes
655 will create cost efficiencies and provide flexibility to better
656 match available services to consumers' identified needs.
657 (2) DEFINITIONS.—As used in this section, the term:
658 (a) "Behavioral health services" means mental health
659 services and substance abuse prevention and treatment services
660 as defined in this chapter and chapter 397 which are provided
661 using state and federal funds.
662 ~~(b) "Decisionmaking model" means a comprehensive~~
663 ~~management information system needed to answer the following~~
664 ~~management questions at the federal, state, regional, circuit,~~
665 ~~and local provider levels: who receives what services from which~~
666 ~~providers with what outcomes and at what costs?~~
667 (b) ~~(c)~~ "Geographic area" means a county, circuit,
668 regional, or multiregional area in this state.
669 (c) "Managed behavioral health organization" means a
670 Medicaid managed care organization currently under contract with
671 the Medicaid managed medical assistance program in this state
672 pursuant to part IV of chapter 409 or a behavioral health
673 specialty managed care organization established pursuant to part
674 IV of chapter 409.
675 (d) "Managing entity" means a corporation that is
676 organized in this state, is designated or filed as a nonprofit

677 organization under s. 501(c)(3) of the Internal Revenue Code, or
678 is a managed behavioral health organization, which and is under
679 contract with to the department to manage the day-to-day
680 operational delivery of behavioral health services through an
681 organized system of care pursuant to subparagraph (3)(a)1., that
682 has not transitioned to a coordinated care organization.
683 (3) SERVICE DELIVERY STRATEGIES.—The department may work
684 through managing entities to develop service delivery strategies
685 that will improve the coordination, integration, and management
686 of the delivery of behavioral health services to people who have
687 mental or substance use disorders. It is the intent of the
688 Legislature that a well-managed service delivery system will
689 increase access for those in need of care, improve the
690 coordination and continuity of care for vulnerable and high-risk
691 populations, and redirect service dollars from restrictive care
692 settings to community-based recovery services.
693 (3)(4) CONTRACT FOR SERVICES.—
694 (a)1. The department shall first attempt to may contract
695 for the purchase and management of safety-net behavioral health
696 services with community-based nonprofit organizations with
697 competence in managing networks of providers serving persons
698 with mental health and substance use disorders to achieve the
699 goals and outcomes provided in this section managing entities.
700 However, if fewer than two responsive bids are received to a
701 solicitation for a managing entity or coordinated care
702 organization contract, the department shall reissue the

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703 solicitation and managed behavioral health organizations shall
704 also be eligible to bid. In evaluating responses to a
705 solicitation, the department must consider, at a minimum, the
706 following factors:
707 a. Experience serving persons with mental health and
708 substance use disorders.
709 b. Establishment of community partnerships with behavioral
710 health providers.
711 c. Demonstrated organizational capabilities for network
712 management functions.
713 d. Capability to coordinate behavioral health services
714 with primary care services.
715 2. The department shall require all contractors serving as
716 managing entities or coordinated care organizations to operate
717 under the same data reporting, administrative, and
718 administrative rate requirements, regardless of whether the
719 managing entity or coordinated care organization is for profit
720 or not for profit.
721 (b) The department may require a managing entity to
722 contract for specialized services that are not currently part of
723 the managing entity's network if the department determines that
724 to do so is in the best interests of consumers of services. The
725 secretary shall determine the schedule for phasing in contracts
726 with managing entities. The managing entities shall, at a
727 minimum, be accountable for the operational oversight of the
728 delivery of behavioral health services funded by the department

729 ~~and for the collection and submission of the required data~~
730 ~~pertaining to these contracted services.~~ A managing entity <u>or</u>
731 <u>coordinated care organization</u> shall serve a geographic area
732 designated by the department. The geographic area must be of
733 sufficient size in population and have enough public funds for
734 behavioral health services to allow for flexibility and maximum
735 efficiency.
736 ~~(b) The operating costs of the managing entity contract~~
737 ~~shall be funded through funds from the department and any~~
738 ~~savings and efficiencies achieved through the implementation of~~
739 ~~managing entities when realized by their participating provider~~
740 ~~network agencies. The department recognizes that managing~~
741 ~~entities will have infrastructure development costs during~~
742 ~~start-up so that any efficiencies to be realized by providers~~
743 ~~from consolidation of management functions, and the resulting~~
744 ~~savings, will not be achieved during the early years of~~
745 ~~operation. The department shall negotiate a reasonable and~~
746 ~~appropriate administrative cost rate with the managing entity.~~
747 ~~The Legislature intends that reduced local and state contract~~
748 ~~management and other administrative duties passed on to the~~
749 ~~managing entity allows funds previously allocated for these~~
750 ~~purposes to be proportionately reduced and the savings used to~~
751 ~~purchase the administrative functions of the managing entity.~~
752 ~~Policies and procedures of the department for monitoring~~
753 ~~contracts with managing entities shall include provisions for~~
754 ~~eliminating duplication of the department's and the managing~~

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755 ~~entities' contract management and other administrative~~
756 ~~activities in order to achieve the goals of cost-effectiveness~~
757 ~~and regulatory relief. To the maximum extent possible, provider-~~
758 ~~monitoring activities shall be assigned to the managing entity.~~
759 ~~(c) Contracting and payment mechanisms for services must~~
760 ~~promote clinical and financial flexibility and responsiveness~~
761 ~~and must allow different categorical funds to be integrated at~~
762 ~~the point of service. The contracted service array must be~~
763 ~~determined by using public input, needs assessment, and~~
764 ~~evidence-based and promising best practice models. The~~
765 ~~department may employ care management methodologies, prepaid~~
766 ~~capitation, and case rate or other methods of payment which~~
767 ~~promote flexibility, efficiency, and accountability.~~
768 (5) GOALS.—The department, through managing entities,
769 coordinated care organizations, and their provider networks
770 shall:
771 (a) Effectively deliver ~~goal of the service delivery~~
772 ~~strategies is to provide a design for an effective coordination,~~
773 ~~integration, and management approach for delivering effective~~
774 behavioral health services to persons who are experiencing a
775 mental health or substance abuse crisis, who have a disabling
776 mental illness or a substance use or co-occurring disorder, and
777 require extended services in order to recover from their
778 illness, or who need brief treatment or longer-term supportive
779 interventions to avoid a crisis or disability. ~~Other goals~~
780 ~~include:~~

781 ~~(a) Improving accountability for a local system of~~
782 ~~behavioral health care services to meet performance outcomes and~~
783 ~~standards through the use of reliable and timely data.~~
784 (b) Provide a coordinated, integrated system of care
785 ~~Enhancing the continuity of care~~ for all children, adolescents,
786 and adults who enter the publicly funded behavioral health
787 service system.
788 ~~(c) Preserving the "safety net" of publicly funded~~
789 ~~behavioral health services and providers, and recognizing and~~
790 ~~ensuring continued local contributions to these services, by~~
791 ~~establishing locally designed and community-monitored systems of~~
792 ~~care.~~
793 (c)~~(d)~~ Provide ~~Providing~~ early diagnosis and treatment
794 interventions to enhance recovery and prevent hospitalization.
795 (d)~~(e)~~ Improve ~~Improving~~ the assessment of local needs for
796 behavioral health services.
797 (e)~~(f)~~ Improve ~~Improving~~ the overall quality of behavioral
798 health services through the use of evidence-based, best
799 practice, and promising practice models.
800 (f)~~(g)~~ Improve ~~Demonstrating improved~~ service integration
801 between behavioral health programs and other programs, such as
802 vocational rehabilitation, education, child welfare, primary
803 health care, emergency services, juvenile justice, and criminal
804 justice.
805 (g)~~(h)~~ Provide ~~Providing~~ for additional testing of
806 creative and flexible strategies for financing behavioral health

807 services to enhance individualized treatment and support
808 services.
809 ~~(i) Promoting cost-effective quality care.~~
810 ~~(j) Working with the state to coordinate admissions and~~
811 ~~discharges from state civil and forensic hospitals and~~
812 ~~coordinating admissions and discharges from residential~~
813 ~~treatment centers.~~
814 ~~(k) Improving the integration, accessibility, and~~
815 ~~dissemination of behavioral health data for planning and~~
816 ~~monitoring purposes.~~
817 ~~(l) Promoting specialized behavioral health services to~~
818 ~~residents of assisted living facilities.~~
819 ~~(m) Working with the state and other stakeholders to~~
820 ~~reduce the admissions and the length of stay for dependent~~
821 ~~children in residential treatment centers.~~
822 ~~(n) Providing services to adults and children with co-~~
823 ~~occurring disorders of mental illnesses and substance abuse~~
824 ~~problems.~~
825 ~~(o) Providing services to elder adults in crisis or at-~~
826 ~~risk for placement in a more restrictive setting due to a~~
827 ~~serious mental illness or substance abuse.~~
828 (6) COORDINATED CARE ORGANIZATIONS.—
829 (a) Each managing entity shall transition to a coordinated
830 care organization within its region.
831 (b) The coordinated care organization shall:
832 1. Contract with a network of providers that work

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833 cooperatively to enhance the quality and availability of care
834 and achieve improved outcomes for individuals and the community.
835 2. Provide information and assistance in managing the care
836 of individuals served through the coordinated care organization.
837 3. Create sufficient connections between providers to
838 eliminate organizational barriers to continuity of care that
839 result in individuals not receiving necessary treatment and
840 services, particularly when the individual is transitioning
841 between levels of care.
842 4. To the extent possible, coordinate with providers and
843 systems that are not under contract with the coordinated care
844 organization but which may interact with or provide services to
845 individuals served through the coordinated care organization,
846 including the Medicaid system, the criminal justice system,
847 primary care providers, and other supportive service providers
848 such as housing providers and employment providers.
849 (c) The department shall negotiate a 5-year performance-
850 based contract with each managing entity by July 1, 2016, that
851 requires each managing entity to transition to a coordinated
852 care organization within 3 years. For managing entities selected
853 after July 1, 2015, the department shall use a performance-based
854 contract that meets the requirements of this section. For
855 managing entities with contracts subject to renewal on or before
856 July 1, 2015, the department may renew or, if applicable, extend
857 a contract under s. 287.057(12), but contracts with such
858 managing entities must meet the requirements of this section by

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859 July 1, 2016.
860 (d) A transition plan must be developed through a
861 collaborative process between the managing entity and providers
862 in the region served by the managing entity. The plan must
863 establish the type and number of providers necessary to create a
864 comprehensive and cohesive system of coordinated care. The plan
865 must be developed based on public input and needs assessment and
866 must incorporate promising, evidence-based best practice models.
867 (e) The contract with each managing entity must be
868 performance-based and contain specific required results,
869 measureable performance standards and timelines, and penalties
870 for failure to timely plan and transition to a coordinated care
871 organization and to meet other specific performance standards,
872 including financial management and other contractual
873 requirements. The penalties shall be adjusted according to the
874 nature and significance of the managing entity's failure to
875 perform. Such penalties may include, but are not limited to, a
876 corrective action plan, liquidated damages, or contract
877 termination. The contract must provide a reasonable opportunity
878 for a managing entity to implement corrective actions but must
879 require progress toward achievement of the performance standards
880 identified in this paragraph.
881 (f) The department shall designate the managing entity as
882 a coordinated care organization after the relationships,
883 linkages, and interactions among network providers are
884 formalized through written agreements that establish common

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885 protocols for intake and assessment, mechanisms for data
886 sharing, joint operational procedures, and integrated care
887 planning and case management.
888 (7) ~~(6)~~ ESSENTIAL ELEMENTS FOR MANAGING ENTITIES AND
889 COORDINATED CARE ORGANIZATIONS. ~~It is the intent of the~~
890 ~~Legislature that the department may plan for and enter into~~
891 ~~contracts with managing entities to manage care in geographical~~
892 ~~areas throughout the state.~~
893 (a) A coordinated care organization must facilitate a
894 comprehensive network of providers working together to offer a
895 patient-centered system of care that includes or coordinates
896 with other entities to provide the following elements:
897 1. A centralized receiving facility, if one exists in the
898 geographic area served by the managing entity, or a coordinated
899 receiving system for persons needing evaluation pursuant to s.
900 394.463 or s. 397.675.
901 2. Crisis services, including mobile response teams and
902 crisis stabilization units.
903 3. Case management.
904 4. Outpatient services.
905 5. Residential services.
906 6. Hospital inpatient care.
907 7. Aftercare and other postdischarge services.
908 8. Recovery support, including housing assistance and
909 support for competitive employment, educational attainment,
910 independent living skills development, family support and

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911 education, and wellness management and self-care.
912 9. Medical services necessary for coordination of
913 behavioral health services with primary care services.
914 10. Prevention and outreach services.
915 11. Medication-assisted treatment.
916 12. Detoxification services ~~The managing entity must~~
917 ~~demonstrate the ability of its network of providers to comply~~
918 ~~with the pertinent provisions of this chapter and chapter 397~~
919 ~~and to ensure the provision of comprehensive behavioral health~~
920 ~~services. The network of providers must include, but need not be~~
921 ~~limited to, community mental health agencies, substance abuse~~
922 ~~treatment providers, and best practice consumer services~~
923 ~~providers~~.
924 ~~(b) The department shall terminate its mental health or~~
925 ~~substance abuse provider contracts for services to be provided~~
926 ~~by the managing entity at the same time it contracts with the~~
927 ~~managing entity.~~
928 ~~(c) The managing entity shall ensure that its provider~~
929 ~~network is broadly conceived. All mental health or substance~~
930 ~~abuse treatment providers currently under contract with the~~
931 ~~department shall be offered a contract by the managing entity.~~
932 (b) ~~(d)~~ The department shall ~~may~~ contract with managing
933 entities or coordinated care organizations to provide the
934 following core functions:
935 1. Financial accountability.
936 2. Allocation of funds to network providers in a manner

937 that reflects the department's strategic direction and plans.
938 3. Provider monitoring to ensure compliance with federal
939 and state laws, rules, and regulations.
940 4. Data collection, reporting, and analysis.
941 5. Operational plans to implement objectives of the
942 department's strategic plan.
943 6. Contract compliance.
944 7. Performance management.
945 8. Collaboration with community stakeholders, including
946 local government.
947 9. System of care through network development.
948 10. Consumer care coordination.
949 a. To the extent allowed by available resources, the
950 managing entity or coordinated care organization shall contract
951 for the provision of consumer care coordination to facilitate
952 the appropriate delivery of behavioral health care services in
953 the least restrictive setting based on standardized level of
954 care determinations, recommendations by a treating practitioner,
955 and the needs of the consumer and his or her family, as
956 appropriate. In addition to treatment services, consumer care
957 coordination shall address the holistic needs of the consumer.
958 It shall also involve coordination with other local systems and
959 entities, public and private, that are involved with the
960 consumer, such as primary health care, child welfare, behavioral
961 health care, and criminal and juvenile justice organizations.
962 Consumer care coordination shall be provided to populations in

963 the following order of priority:
964 (I) Individuals with serious mental illness or substance
965 use disorders who have experienced multiple arrests, involuntary
966 commitments, admittances to a state mental health treatment
967 facility, or episodes of incarceration or have been placed on
968 conditional release for a felony or violated a condition of
969 probation multiple times as a result of their behavioral health
970 condition.
971 (II) Individuals in receiving facilities or crisis
972 stabilization units who are on the wait list for a state
973 treatment facility; individuals in state treatment facilities
974 who are on the wait list for community-based care; children who
975 are involved in the child welfare system but are not in out-of-
976 home care, except that the community-based care lead agency
977 shall remain responsible for services required pursuant to s.
978 409.988; parents or caretakers of children who are involved in
979 the child welfare system; and individuals who account for a
980 disproportionate amount of behavioral health expenditures.
981 (III) Other individuals eligible for services.
982 b. To the extent allowed by available resources, support
983 services provided through consumer care coordination may
984 include, but need not be limited to, the following, as
985 determined by the individual's needs:
986 (I) Supportive housing, including licensed assisted living
987 facilities, adult family-care homes, mental health residential
988 treatment facilities, and department-approved programs. Each

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989 housing arrangement must demonstrate an ability to ensure
990 appropriate levels of residential supervision.
991 (II) Supported employment.
992 (III) Family support and education.
993 (IV) Independent living skill development.
994 (V) Peer support.
995 (VI) Wellness management and self-care.
996 (VII) Case management.
997 11. Continuous quality improvement.
998 12. Timely access to appropriate services.
999 13. Cost-effectiveness and system improvements.
1000 14. Assistance in the development of the department's
1001 strategic plan.
1002 15. Participation in community, circuit, regional, and
1003 state planning.
1004 16. Resource management and maximization, including
1005 pursuit of third-party payments and grant applications.
1006 17. Incentives for providers to improve quality and
1007 access.
1008 18. Liaison with consumers.
1009 19. Community needs assessment.
1010 20. Securing local matching funds.
1011 (c) ~~(e)~~ The managing entity or coordinated care
1012 organization shall ensure that written cooperative agreements
1013 are developed and implemented among the criminal and juvenile
1014 justice systems, the local community-based care network, and the

1015 local behavioral health providers in the geographic area which
1016 define strategies and alternatives for diverting people who have
1017 mental illness and substance abuse problems from the criminal
1018 justice system to the community. These agreements must also
1019 address the provision of appropriate services to persons who
1020 have behavioral health problems and leave the criminal justice
1021 system. The managing entity or coordinated care organization
1022 shall work with the civil court system to develop procedures for
1023 the evaluation and use of involuntary outpatient placement for
1024 individuals as a strategy for diverting future admissions to
1025 acute levels of care, jails, prisons, and forensic facilities,
1026 subject to the availability of funding for services.
1027 (d) ~~(f)~~ Managing entities and coordinated care
1028 organizations must collect and submit data to the department
1029 regarding persons served, outcomes of persons served, ~~and the~~
1030 costs of services provided through the department's contract,
1031 and other data points as required by the department. To the
1032 extent possible, the department shall use applicable measures
1033 based on nationally recognized standards such as the United
1034 States Department of Health and Human Services' Substance Abuse
1035 and Mental Health Services Administration's National Outcome
1036 Measures or standards developed by the National Quality Forum,
1037 the National Committee for Quality Assurance, or similar
1038 credible sources. The managing entities and coordinated care
1039 organizations shall report outcomes for all clients who have
1040 been served through the contract as long as they are clients of

1041 a network provider, even if the network provider serves that
1042 client during a portion of the year through noncontract funds.
1043 Within current resources, ~~The department shall evaluate managing~~
1044 ~~entity services based on consumer-centered outcome measures that~~
1045 ~~reflect national standards that can dependably be measured.~~ the
1046 department shall work with managing entities and coordinated
1047 care organizations to establish performance standards related
1048 to, at a minimum:
1049 1. The extent to which individuals in the community
1050 receive services.
1051 2. The improvement in the overall behavioral health of a
1052 community.
1053 3.~~2.~~ The improvement in functioning or progress in
1054 recovery of individuals served through care coordination, as
1055 determined using person-centered measures tailored to the
1056 population ~~of quality of care for individuals served~~.
1057 4.~~3.~~ The success of strategies to divert admissions to
1058 acute levels of care, jails, prisons, and forensic facilities,
1059 as measured by, at a minimum, the total number and percentage of
1060 clients who, during a specified period, experience multiple
1061 admissions to acute levels of care, jails, prisons, or forensic
1062 facilities ~~jail, prison, and forensic facility admissions~~.
1063 5.~~4.~~ Consumer and family satisfaction.
1064 6.~~5.~~ The satisfaction of key community constituents such
1065 as law enforcement agencies, juvenile justice agencies, the
1066 courts, the schools, local government entities, hospitals, and

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1067 others as appropriate for the geographical area of the managing
1068 entity or coordinated care organization.
1069 (e) ~~(g)~~ The Agency for Health Care Administration may
1070 establish a certified match program, which must be voluntary.
1071 Under a certified match program, reimbursement is limited to the
1072 federal Medicaid share to Medicaid-enrolled strategy
1073 participants. The agency may take no action to implement a
1074 certified match program unless the consultation provisions of
1075 chapter 216 have been met. The agency may seek federal waivers
1076 that are necessary to implement the behavioral health service
1077 delivery strategies.
1078 (8) ~~(7)~~ MANAGING ENTITY AND COORDINATED CARE ORGANIZATION
1079 REQUIREMENTS.—The department may adopt rules and standards and a
1080 process for the qualification and operation of managing entities
1081 and coordinated care organizations which are based, in part, on
1082 the following criteria:
1083 (a)1. As of December 31, 2015, the department shall verify
1084 that the governing board of a managing entity or coordinated
1085 care organization that is not a managed behavioral health
1086 organization, meets the following requirements:
1087 a. The composition of the board shall be broadly
1088 representative of the community and include consumers and family
1089 members, community organizations that do not contract with the
1090 managing entity, local governments, area law enforcement
1091 agencies, business leaders, community-based care lead agency
1092 representatives, health care professionals, and representatives

1093 of health care facilities. The managing entity or coordinated
1094 care organization must create a transparent process for
1095 nomination and selection of board members and must adopt a
1096 procedure for establishing staggered term limits which ensures
1097 that no individual serves more than 8 consecutive years on the
1098 governing board.
1099 b. The managing entity or coordinated care organization
1100 must also establish a technical advisory panel consisting of
1101 providers of mental health and substance abuse services under
1102 contract with the managing entity or coordinated care
1103 organization. The managing entity or coordinated care
1104 organization shall select at least one panel member to serve ex
1105 officio as a nonvoting member of the governing board established
1106 in sub-subparagraph a.
1107 2. If the managing entity or coordinated care organization
1108 is a managed behavioral health organization, it must establish
1109 an advisory board and a technical advisory panel that meet the
1110 requirements of this paragraph. The duties of the advisory board
1111 and technical advisory panel shall include, but are not limited
1112 to, making recommendations to the department about the renewal
1113 of the managing entity's or coordinated care organization's
1114 contract or the award of a new contract to the managing entity
1115 or coordinated care organization. ~~A managing entity's governance~~
1116 ~~structure shall be representative and shall, at a minimum,~~
1117 ~~include consumers and family members, appropriate community~~
1118 ~~stakeholders and organizations, and providers of substance abuse~~

1119 ~~and mental health services as defined in this chapter and~~
1120 ~~chapter 397. If there are one or more private-receiving~~
1121 ~~facilities in the geographic coverage area of a managing entity,~~
1122 ~~the managing entity shall have one representative for the~~
1123 ~~private-receiving facilities as an ex officio member of its~~
1124 ~~board of directors.~~
1125 ~~(b) A managing entity that was originally formed primarily~~
1126 ~~by substance abuse or mental health providers must present and~~
1127 ~~demonstrate a detailed, consensus approach to expanding its~~
1128 ~~provider network and governance to include both substance abuse~~
1129 ~~and mental health providers.~~
1130 <u>(b)1.</u>~~(c)~~ A managing entity <u>or coordinated care</u>
1131 <u>organization</u> must submit a network management plan and budget in
1132 a form and manner determined by the department. ~~The plan must~~
1133 ~~detail the means for implementing the duties to be contracted to~~
1134 ~~the managing entity and the efficiencies to be anticipated by~~
1135 ~~the department as a result of executing the contract.~~ The
1136 department may require modifications to the plan and must
1137 approve the plan before contracting with a managing entity <u>or</u>
1138 <u>coordinated care organization</u>.
1139 <u>2. Provider participation in the network is subject to</u>
1140 <u>credentials and performance standards set by the managing entity</u>
1141 <u>or coordinated care organization. The department may not require</u>
1142 <u>the managing entity or coordinated care organization to conduct</u>
1143 <u>provider network procurements in order to select providers.</u>
1144 <u>However, the managing entity or coordinated care organization</u>

1145 <u>shall have a process for publicizing opportunities to</u>
1146 <u>participate in its network, evaluating new participants for</u>
1147 <u>inclusion in its network, and evaluating current providers to</u>
1148 <u>determine whether they should remain network participants.</u>
1149 <u>3. The network management plan and provider contracts, at</u>
1150 <u>a minimum, shall provide for managing entity or coordinated care</u>
1151 <u>organization and provider involvement to ensure continuity of</u>
1152 <u>care for clients if a provider ceases to provide a service or</u>
1153 <u>leaves the network.</u> ~~The department may contract with a managing~~
1154 ~~entity that demonstrates readiness to assume core functions, and~~
1155 ~~may continue to add functions and responsibilities to the~~
1156 ~~managing entity's contract over time as additional competencies~~
1157 ~~are developed as identified in paragraph (g)~~. ~~Notwithstanding~~
1158 ~~other provisions of this section, the department may continue~~
1159 ~~and expand managing entity contracts if the department~~
1160 ~~determines that the managing entity meets the requirements~~
1161 ~~specified in this section.~~
1162 ~~(d) Notwithstanding paragraphs (b) and (c), a managing~~
1163 ~~entity that is currently a fully integrated system providing~~
1164 ~~mental health and substance abuse services, Medicaid, and child~~
1165 ~~welfare services is permitted to continue operating under its~~
1166 ~~current governance structure as long as the managing entity can~~
1167 ~~demonstrate to the department that consumers, other~~
1168 ~~stakeholders, and network providers are included in the planning~~
1169 ~~process.~~
1170 <u>(c)</u>~~(e)~~ Managing entities <u>and coordinated care</u>

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1171 organizations shall operate in a transparent manner, providing
1172 public access to information, notice of meetings, and
1173 opportunities for broad public participation in decisionmaking.
1174 The managing entity's or coordinated care organization's network
1175 management plan must detail policies and procedures that ensure
1176 transparency.
1177 (d)(f) Before contracting with a managing entity or
1178 coordinated care organization, the department must perform an
1179 onsite readiness review of a managing entity or coordinated care
1180 organization to determine its operational capacity to
1181 satisfactorily perform the duties to be contracted.
1182 (e)(g) The department shall engage community stakeholders,
1183 including providers and managing entities and coordinated care
1184 organizations under contract with the department, in the
1185 development of objective standards to measure the competencies
1186 of managing entities and coordinated care organizations their
1187 readiness to assume the responsibilities described in this
1188 section, and the outcomes to hold them accountable.
1189 (8) DEPARTMENT RESPONSIBILITIES.—With the introduction of
1190 managing entities to monitor department-contracted providers'
1191 day-to-day operations, the department and its regional and
1192 circuit offices will have increased ability to focus on broad
1193 systemic substance abuse and mental health issues. After the
1194 department enters into a managing entity contract in a
1195 geographic area, the regional and circuit offices of the
1196 department in that area shall direct their efforts primarily to

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1197 ~~monitoring the managing entity contract, including negotiation~~
1198 ~~of system quality improvement goals each contract year, and~~
1199 ~~review of the managing entity's plans to execute department~~
1200 ~~strategic plans; carrying out statutorily mandated licensure~~
1201 ~~functions; conducting community and regional substance abuse and~~
1202 ~~mental health planning; communicating to the department the~~
1203 ~~local needs assessed by the managing entity; preparing~~
1204 ~~department strategic plans; coordinating with other state and~~
1205 ~~local agencies; assisting the department in assessing local~~
1206 ~~trends and issues and advising departmental headquarters on~~
1207 ~~local priorities; and providing leadership in disaster planning~~
1208 ~~and preparation.~~
1209 (9) FUNDING FOR MANAGING ENTITIES AND COORDINATED CARE
1210 ORGANIZATIONS.—
1211 (a) A contract established between the department and a
1212 managing entity or coordinated care organization under this
1213 section shall be funded by general revenue, other applicable
1214 state funds, or applicable federal funding sources. A managing
1215 entity or coordinated care organization may carry forward
1216 documented unexpended state funds from one fiscal year to the
1217 next; however, the cumulative amount carried forward may not
1218 exceed 8 percent of the total contract. Any unexpended state
1219 funds in excess of that percentage must be returned to the
1220 department. The funds carried forward may not be used in a way
1221 that would create increased recurring future obligations or for
1222 any program or service that is not currently authorized under

1223 the existing contract with the department. Expenditures of funds
1224 carried forward must be separately reported to the department.
1225 Any unexpended funds that remain at the end of the contract
1226 period shall be returned to the department. Funds carried
1227 forward may be retained through contract renewals and new
1228 procurements as long as the same managing entity or coordinated
1229 care organization is retained by the department.
1230 (b) The method of payment for a fixed-price contract with
1231 a managing entity or coordinated care organization must provide
1232 for:
1233 1. A 2-month advance payment at the beginning of each
1234 fiscal year and equal monthly payments thereafter.
1235 2. Payment upon verification that the managing entity or
1236 coordinated care organization has submitted complete and
1237 accurate data as required by the contract pursuant to s.
1238 394.74(3)(e).
1239 3. Consequences for failure to achieve specified
1240 performance standards.
1241 (10) CRISIS STABILIZATION SERVICES UTILIZATION DATABASE.—
1242 The department shall develop, implement, and maintain standards
1243 under which a managing entity or coordinated care organization
1244 shall collect utilization data from all public receiving
1245 facilities situated within its geographic service area. As used
1246 in this subsection, the term "public receiving facility" means
1247 an entity that meets the licensure requirements of and is
1248 designated by the department to operate as a public receiving

1249 facility under s. 394.875 and that is operating as a licensed
1250 crisis stabilization unit.
1251 (a) The department shall develop standards and protocols
1252 for managing entities and coordinated care organizations and
1253 public receiving facilities to be used for data collection,
1254 storage, transmittal, and analysis. The standards and protocols
1255 must allow for compatibility of data and data transmittal
1256 between public receiving facilities, managing entities, and the
1257 department for implementation of the requirements of this
1258 subsection. The department shall require managing entities
1259 contracted under this section to comply with this subsection by
1260 August 1, 2015.
1261 (b) A managing entity or coordinated care organization
1262 shall require a public receiving facility within its provider
1263 network to submit data, in real time or at least daily, to the
1264 managing entity or coordinated care organization relating to:
1265 1. All admissions and discharges of clients receiving
1266 public receiving facility services who qualify as indigent, as
1267 defined in s. 394.4787; and
1268 2. Current active census of total licensed beds, the total
1269 number of beds purchased by the department, the total number of
1270 clients qualifying as indigent occupying those beds, and the
1271 total number of unoccupied licensed beds, regardless of funding.
1272 (c) A managing entity or coordinated care organization
1273 shall require a public receiving facility within its provider
1274 network to submit data, on a monthly basis, to the managing

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1275 entity or coordinated care organization that aggregates the
1276 daily data submitted under paragraph (b). The managing entity or
1277 coordinated care organization shall reconcile the data in the
1278 monthly submission to the data received by the managing entity
1279 or coordinated care organization under paragraph (b) to confirm
1280 consistency. If the monthly aggregate data submitted by a public
1281 receiving facility under this paragraph is inconsistent with the
1282 daily data submitted under paragraph (b), the managing entity or
1283 coordinated care organization shall consult with the public
1284 receiving facility to make corrections as necessary to ensure
1285 accurate data.
1286 (d) A managing entity or coordinated care organization
1287 shall require a public receiving facility within its provider
1288 network to submit data, on an annual basis, to the managing
1289 entity or coordinated care organization that aggregates the data
1290 submitted and reconciled under paragraph (c). The managing
1291 entity or coordinated care organization shall reconcile the data
1292 in the annual submission to the data received and reconciled by
1293 the managing entity or coordinated care organization under
1294 paragraph (c) to confirm consistency. If the annual aggregate
1295 data submitted by a public receiving facility under this
1296 paragraph is inconsistent with the data received and reconciled
1297 under paragraph (c), the managing entity or coordinated care
1298 organization shall consult with the public receiving facility to
1299 make corrections as necessary to ensure accurate data.
1300 (e) After ensuring accurate data under paragraphs (c) and

1301 (d), the managing entity or coordinated care organization shall
1302 submit the data to the department on a monthly and an annual
1303 basis. The department shall create a statewide database for the
1304 data described under paragraph (b) and submitted under this
1305 paragraph for the purpose of analyzing the payments for and the
1306 use of crisis stabilization services funded by the Baker Act on
1307 a statewide basis and on an individual public receiving facility
1308 basis.
1309 (f) The department shall adopt rules to administer this
1310 subsection.
1311 (g) The department shall submit a report by January 31,
1312 2016, and annually thereafter, to the Governor, the President of
1313 the Senate, and the Speaker of the House of Representatives that
1314 provides details on the implementation of this subsection,
1315 including the status of the data collection process and a
1316 detailed analysis of the data collected under this subsection.
1317 ~~(10) REPORTING.—Reports of the department's activities,~~
1318 ~~progress, and needs in achieving the goal of contracting with~~
1319 ~~managing entities in each circuit and region statewide must be~~
1320 ~~submitted to the appropriate substantive and appropriations~~
1321 ~~committees in the Senate and the House of Representatives on~~
1322 ~~January 1 and July 1 of each year until the full transition to~~
1323 ~~managing entities has been accomplished statewide.~~
1324 (11) RULES.—The department may ~~shall~~ adopt rules to
1325 administer this section ~~and, as necessary, to further specify~~
1326 ~~requirements of managing entities~~.

1327 Section 10. The Department of Children and Families shall
1328 contract for a study of the safety-net mental health and
1329 substance abuse system administered by the department with an
1330 entity with expertise in behavioral health care and health
1331 systems planning and administration. The department shall submit
1332 an interim report by November 1, 2015, addressing subsections
1333 (1), (3), (4), and (8), and a final report by November 30, 2016,
1334 addressing all subsections. At a minimum, the study shall
1335 include:
1336 (1) A baseline evaluation of the system's current
1337 operation and performance.
1338 (2) A review of the populations required by state law to
1339 be served through the safety-net system and recommendations for
1340 prioritizing, revising, or removing them as required populations
1341 for services.
1342 (3) Payment methodologies that would provide incentives
1343 for earlier intervention, appropriate matching of an
1344 individual's needs with services, increased coordination of
1345 care, and obtaining increased value for public funds while
1346 maintaining the safety-net aspect of the system.
1347 (4) Mechanisms for increased coordination and integration
1348 between behavioral health and support services provided in
1349 different settings, such as criminal justice and child welfare,
1350 or paid for by other funders, such as Medicaid, through means
1351 including, but not limited to, increased sharing of data
1352 regarding individuals' treatment histories and judicial

1353 involvement, consistent with federal limitations on such
1354 sharing.
1355 (5) An evaluation of the ability of the behavioral health
1356 workforce to meet current demand, including consideration of
1357 recruitment, retention, turnover, and shortages.
1358 (6) Strategies to increase flexibility in meeting the
1359 behavioral health needs of a community and to eliminate
1360 programmatic, regulatory, and bureaucratic barriers that impede
1361 efforts to efficiently deliver behavioral health services.
1362 (7) Options for revising requirements for competency
1363 restoration to reduce state funds expended on such restoration
1364 and to increase the involvement of individuals with services
1365 that will result in long-term stabilization and recovery while
1366 maintaining public safety.
1367 (8) Performance measures that would more accurately assess
1368 the contributions of the safety-net system in improving the
1369 behavioral health of a community, including measures addressing
1370 recidivism, readmittance to acute levels of care, and
1371 improvements in an individual's level of functioning.
1372 (9) Best practices in involuntary commitment in other
1373 states and recommended changes to the Baker and Marchman Acts,
1374 including a discussion of the advantages and disadvantages of
1375 consolidating such acts. To facilitate this, the Supreme Court's
1376 Task Force on Substance Abuse and Mental Health Issues in the
1377 Courts is requested to provide a report including its
1378 recommended changes to such acts to the Governor, the President

1379 of the Senate, and the Speaker of the House of Representatives
1380 by November 30, 2016.
1381 Section 11. Section 397.402, Florida Statutes, is created
1382 to read:
1383 397.402 Single, consolidated licensure.— The department
1384 and the Agency for Health Care Administration shall develop a
1385 plan for modifying licensure statutes and rules to provide
1386 options for a single, consolidated license for a provider that
1387 offers multiple types of mental health and substance abuse
1388 services regulated under chapters 394 and 397. The plan shall
1389 identify options for license consolidation within the department
1390 and within the agency, and shall identify interagency license
1391 consolidation options. The department and the agency shall
1392 submit the plan to the Governor, the President of the Senate,
1393 and the Speaker of the House of Representatives by November 1,
1394 2015.
1395 Section 12. Section 491.0045, Florida Statutes is amended
1396 to read:
1397 491.0045 Intern registration; requirements.—
1398 (1) ~~Effective January 1, 1998,~~ An individual who has not
1399 satisfied ~~intends to practice in Florida to satisfy~~ the
1400 postgraduate or post-master's level experience requirements, as
1401 specified in s. 491.005(1)(c), (3)(c), or (4)(c), must register
1402 as an intern in the profession for which he or she is seeking
1403 licensure prior to commencing the post-master's experience
1404 requirement or an individual who intends to satisfy part of the

1405 required graduate-level practicum, internship, or field
1406 experience, outside the academic arena for any profession, must
1407 register as an intern in the profession for which he or she is
1408 seeking licensure prior to commencing the practicum, internship,
1409 or field experience.
1410 (2) The department shall register as a clinical social
1411 worker intern, marriage and family therapist intern, or mental
1412 health counselor intern each applicant who the board certifies
1413 has:
1414 (a) Completed the application form and remitted a
1415 nonrefundable application fee not to exceed $200, as set by
1416 board rule;
1417 (b)1. Completed the education requirements as specified in
1418 s. 491.005(1)(c), (3)(c), or (4)(c) for the profession for
1419 which he or she is applying for licensure, if needed; and
1420 2. Submitted an acceptable supervision plan, as determined
1421 by the board, for meeting the practicum, internship, or field
1422 work required for licensure that was not satisfied in his or her
1423 graduate program.
1424 (c) Identified a qualified supervisor.
1425 (3) An individual registered under this section must
1426 remain under supervision while practicing under registered
1427 intern status ~~until he or she is in receipt of a license or a~~
1428 ~~letter from the department stating that he or she is licensed to~~
1429 ~~practice the profession for which he or she applied~~.
1430 ~~(4) An individual who has applied for intern registration~~

1431 ~~on or before December 31, 2001, and has satisfied the education~~
1432 ~~requirements of s. 491.005 that are in effect through December~~
1433 ~~31, 2000, will have met the educational requirements for~~
1434 ~~licensure for the profession for which he or she has applied.~~
1435 (4) ~~(5)~~ An individual who fails ~~Individuals who have~~
1436 ~~commenced the experience requirement as specified in s.~~
1437 ~~491.005(1)(c), (3)(c), or (4)(c) but failed to register as~~
1438 ~~required by subsection (1) shall register with the department~~
1439 ~~before January 1, 2000. Individuals who fail~~ to comply with this
1440 section may ~~subsection shall~~ not be granted a license under this
1441 chapter, and any time spent by the individual completing the
1442 experience requirement as specified in s. 491.005(1)(c), (3)(c),
1443 or (4)(c) before ~~prior to~~ registering as an intern does ~~shall~~
1444 not count toward completion of the ~~such~~ requirement.
1445 (5) An intern registration is valid for 5 years.
1446 (6) Any registration issued on or before March 31, 2016,
1447 expires March 31, 2021, and may not be renewed or reissued. Any
1448 registration issued after March 31, 2016, expires 60 months
1449 after the date it is issued. A subsequent intern registration
1450 may not be issued unless the candidate has passed the theory and
1451 practice examination described in s. 491.005(1)(d), (3)(d), and
1452 (4)(d).
1453 (7) An individual who has held a provisional license
1454 issued by the board may not apply for an intern registration in
1455 the same profession.
1456 Section 13. Subsections (1) and (4) of section 765.110,

1457 Florida Statutes, are amended to read:
1458 (1) A health care facility, pursuant to Pub. L. No. 101-
1459 508, ss. 4206 and 4751, shall provide to each patient written
1460 information concerning the individual's rights concerning
1461 advance directives, including advance directives providing for
1462 mental health treatment, and the health care facility's policies
1463 respecting the implementation of such rights, and shall document
1464 in the patient's medical records whether or not the individual
1465 has executed an advance directive.
1466 (4) The Department of Elderly Affairs for hospices and, in
1467 consultation with the Department of Elderly Affairs, the
1468 Department of Health for health care providers; the Agency for
1469 Health Care Administration for hospitals, nursing homes, home
1470 health agencies, and health maintenance organizations; and the
1471 Department of Children and Families for facilities subject to
1472 part I of chapter 394 shall adopt rules to implement the
1473 provisions of the section. The Department of Children and
1474 Families shall develop, and publish on its website, a mental
1475 health advance directive form that may be used by an individual
1476 to direct future care.
1477 Section 14. Sections 394.4674, 394.4985, 394.745, 397.331,
1478 397.333, 397.801, 397.811, 397.821, 397.901, 397.93, 397.94,
1479 397.951, 397.97, 397.98, and Florida Statutes, are repealed.
1480 Section 15. Subsection (1) of section 394.657, Florida
1481 Statutes, is amended to read:
1482 394.657 County planning councils or committees.—

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1483 (1) Each board of county commissioners shall designate the
1484 county public safety coordinating council established under s.
1485 951.26, or designate another criminal or juvenile justice mental
1486 health and substance abuse council or committee, as the planning
1487 council or committee. The public safety coordinating council or
1488 other designated criminal or juvenile justice mental health and
1489 substance abuse council or committee, in coordination with the
1490 county offices of planning and budget, shall make a formal
1491 recommendation to the board of county commissioners regarding
1492 how the Criminal Justice, Mental Health, and Substance Abuse
1493 Reinvestment Grant Program may best be implemented within a
1494 community. The board of county commissioners may assign any
1495 entity to prepare the application on behalf of the county
1496 administration for submission to the Criminal Justice, Mental
1497 Health, and Substance Abuse Statewide Grant Policy ~~Review~~
1498 Committee for review. A county may join with one or more
1499 counties to form a consortium and use a regional public safety
1500 coordinating council or another county-designated regional
1501 criminal or juvenile justice mental health and substance abuse
1502 planning council or committee for the geographic area
1503 represented by the member counties.
1504 Section 16. Subsection (1) of section 394.658, Florida
1505 Statutes, is amended to read:
1506 394.658 Criminal Justice, Mental Health, and Substance
1507 Abuse Reinvestment Grant Program requirements.—
1508 (1) The Criminal Justice, Mental Health, and Substance

1509 Abuse Statewide Grant <u>Policy</u> ~~Review~~ Committee, in collaboration
1510 with the Department of Children and Families, the Department of
1511 Corrections, the Department of Juvenile Justice, the Department
1512 of Elderly Affairs, and the Office of the State Courts
1513 Administrator, shall establish criteria to be used to review
1514 submitted applications and to select the county that will be
1515 awarded a 1-year planning grant or a 3-year implementation or
1516 expansion grant. A planning, implementation, or expansion grant
1517 may not be awarded unless the application of the county meets
1518 the established criteria.
1519 (a) The application criteria for a 1-year planning grant
1520 must include a requirement that the applicant county or counties
1521 have a strategic plan to initiate systemic change to identify
1522 and treat individuals who have a mental illness, substance abuse
1523 disorder, or co-occurring mental health and substance abuse
1524 disorders who are in, or at risk of entering, the criminal or
1525 juvenile justice systems. The 1-year planning grant must be used
1526 to develop effective collaboration efforts among participants in
1527 affected governmental agencies, including the criminal,
1528 juvenile, and civil justice systems, mental health and substance
1529 abuse treatment service providers, transportation programs, and
1530 housing assistance programs. The collaboration efforts shall be
1531 the basis for developing a problem-solving model and strategic
1532 plan for treating adults and juveniles who are in, or at risk of
1533 entering, the criminal or juvenile justice system and doing so
1534 at the earliest point of contact, taking into consideration

1535 public safety. The planning grant shall include strategies to
1536 divert individuals from judicial commitment to community-based
1537 service programs offered by the Department of Children and
1538 Families in accordance with ss. 916.13 and 916.17.
1539 (b) The application criteria for a 3-year implementation
1540 or expansion grant shall require information from a county that
1541 demonstrates its completion of a well-established collaboration
1542 plan that includes public-private partnership models and the
1543 application of evidence-based practices. The implementation or
1544 expansion grants may support programs and diversion initiatives
1545 that include, but need not be limited to:
1546 1. Mental health courts;
1547 2. Diversion programs;
1548 3. Alternative prosecution and sentencing programs;
1549 4. Crisis intervention teams;
1550 5. Treatment accountability services;
1551 6. Specialized training for criminal justice, juvenile
1552 justice, and treatment services professionals;
1553 7. Service delivery of collateral services such as
1554 housing, transitional housing, and supported employment; and
1555 8. Reentry services to create or expand mental health and
1556 substance abuse services and supports for affected persons.
1557 (c) Each county application must include the following
1558 information:
1559 1. An analysis of the current population of the jail and
1560 juvenile detention center in the county, which includes:

1561 a. The screening and assessment process that the county
1562 uses to identify an adult or juvenile who has a mental illness,
1563 substance abuse disorder, or co-occurring mental health and
1564 substance abuse disorders;
1565 b. The percentage of each category of persons admitted to
1566 the jail and juvenile detention center that represents people
1567 who have a mental illness, substance abuse disorder, or co-
1568 occurring mental health and substance abuse disorders; and
1569 c. An analysis of observed contributing factors that
1570 affect population trends in the county jail and juvenile
1571 detention center.
1572 2. A description of the strategies the county intends to
1573 use to serve one or more clearly defined subsets of the
1574 population of the jail and juvenile detention center who have a
1575 mental illness or to serve those at risk of arrest and
1576 incarceration. The proposed strategies may include identifying
1577 the population designated to receive the new interventions, a
1578 description of the services and supervision methods to be
1579 applied to that population, and the goals and measurable
1580 objectives of the new interventions. The interventions a county
1581 may use with the target population may include, but are not
1582 limited to:
1583 a. Specialized responses by law enforcement agencies;
1584 b. Centralized receiving facilities for individuals
1585 evidencing behavioral difficulties;
1586 c. Postbooking alternatives to incarceration;

1587 d. New court programs, including pretrial services and
1588 specialized dockets;
1589 e. Specialized diversion programs;
1590 f. Intensified transition services that are directed to
1591 the designated populations while they are in jail or juvenile
1592 detention to facilitate their transition to the community;
1593 g. Specialized probation processes;
1594 h. Day-reporting centers;
1595 i. Linkages to community-based, evidence-based treatment
1596 programs for adults and juveniles who have mental illness or
1597 substance abuse disorders; and
1598 j. Community services and programs designed to prevent
1599 high-risk populations from becoming involved in the criminal or
1600 juvenile justice system.
1601 3. The projected effect the proposed initiatives will have
1602 on the population and the budget of the jail and juvenile
1603 detention center. The information must include:
1604 a. The county's estimate of how the initiative will reduce
1605 the expenditures associated with the incarceration of adults and
1606 the detention of juveniles who have a mental illness;
1607 b. The methodology that the county intends to use to
1608 measure the defined outcomes and the corresponding savings or
1609 averted costs;
1610 c. The county's estimate of how the cost savings or
1611 averted costs will sustain or expand the mental health and
1612 substance abuse treatment services and supports needed in the

1613 community; and
1614 d. How the county's proposed initiative will reduce the
1615 number of individuals judicially committed to a state mental
1616 health treatment facility.
1617 4. The proposed strategies that the county intends to use
1618 to preserve and enhance its community mental health and
1619 substance abuse system, which serves as the local behavioral
1620 health safety net for low-income and uninsured individuals.
1621 5. The proposed strategies that the county intends to use
1622 to continue the implemented or expanded programs and initiatives
1623 that have resulted from the grant funding.
1624 Section 17. Subsection (15) of section 397.321, Florida
1625 Statutes, is amended to read:
1626 397.321 Duties of the department.—The department shall:
1627 ~~(15) Appoint a substance abuse impairment coordinator to~~
1628 ~~represent the department in efforts initiated by the statewide~~
1629 ~~substance abuse impairment prevention and treatment coordinator~~
1630 ~~established in s. 397.801 and to assist the statewide~~
1631 ~~coordinator in fulfilling the responsibilities of that position.~~
1632 Section 18. Paragraph (a) of subsection (5) of section
1633 943.031, Florida Statutes, is amended to read:
1634 943.031 Florida Violent Crime and Drug Control Council.—
1635 (5) DUTIES OF COUNCIL.—Subject to funding provided to the
1636 department by the Legislature, the council shall provide advice
1637 and make recommendations, as necessary, to the executive
1638 director of the department.

1639 (a) The council may advise the executive director on the
1640 feasibility of undertaking initiatives which include, but are
1641 not limited to, the following:
1642 1. Establishing a program that provides grants to criminal
1643 justice agencies that develop and implement effective violent
1644 crime prevention and investigative programs and which provides
1645 grants to law enforcement agencies for the purpose of drug
1646 control, criminal gang, and illicit money laundering
1647 investigative efforts or task force efforts that are determined
1648 by the council to significantly contribute to achieving the
1649 state's goal of reducing drug-related crime, that represent
1650 significant criminal gang investigative efforts, <u>or</u> that
1651 represent a significant illicit money laundering investigative
1652 effort~~, or that otherwise significantly support statewide~~
1653 ~~strategies developed by the Statewide Drug Policy Advisory~~
1654 ~~Council established under s. 397.333, subject to the limitations~~
1655 ~~provided in this section~~. The grant program may include an
1656 innovations grant program to provide startup funding for new
1657 initiatives by local and state law enforcement agencies to
1658 combat violent crime or to implement drug control, criminal
1659 gang, or illicit money laundering investigative efforts or task
1660 force efforts by law enforcement agencies, including, but not
1661 limited to, initiatives such as:
1662 a. Providing enhanced community-oriented policing.
1663 b. Providing additional undercover officers and other
1664 investigative officers to assist with violent crime

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1665 investigations in emergency situations.
1666 c. Providing funding for multiagency or statewide drug
1667 control, criminal gang, or illicit money laundering
1668 investigative efforts or task force efforts that cannot be
1669 reasonably funded completely by alternative sources and that
1670 significantly contribute to achieving the state's goal of
1671 reducing drug-related crime, that represent significant criminal
1672 gang investigative efforts, or that represent a significant
1673 illicit money laundering investigative effort, or that otherwise
1674 significantly support statewide strategies developed by the
1675 Statewide Drug Policy Advisory Council established under s.
1676 397.333.
1677 2. Expanding the use of automated biometric identification
1678 systems at the state and local levels.
1679 3. Identifying methods to prevent violent crime.
1680 4. Identifying methods to enhance multiagency or statewide
1681 drug control, criminal gang, or illicit money laundering
1682 investigative efforts or task force efforts that significantly
1683 contribute to achieving the state's goal of reducing drug-
1684 related crime, that represent significant criminal gang
1685 investigative efforts, or that represent a significant illicit
1686 money laundering investigative effort, or that otherwise
1687 significantly support statewide strategies developed by the
1688 Statewide Drug Policy Advisory Council established under s.
1689 397.333.
1690 5. Enhancing criminal justice training programs that

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1691 address violent crime, drug control, illicit money laundering
1692 investigative techniques, or efforts to control and eliminate
1693 criminal gangs.
1694 6. Developing and promoting crime prevention services and
1695 educational programs that serve the public, including, but not
1696 limited to:
1697 a. Enhanced victim and witness counseling services that
1698 also provide crisis intervention, information referral,
1699 transportation, and emergency financial assistance.
1700 b. A well-publicized rewards program for the apprehension
1701 and conviction of criminals who perpetrate violent crimes.
1702 7. Enhancing information sharing and assistance in the
1703 criminal justice community by expanding the use of community
1704 partnerships and community policing programs. Such expansion may
1705 include the use of civilian employees or volunteers to relieve
1706 law enforcement officers of clerical work in order to enable the
1707 officers to concentrate on street visibility within the
1708 community.
1709 Section 19. Paragraph (a) of subsection (1) of section
1710 943.042, Florida Statutes, is amended to read:
1711 943.042 Violent Crime Investigative Emergency and Drug
1712 Control Strategy Implementation Account.—
1713 (1) There is created a Violent Crime Investigative
1714 Emergency and Drug Control Strategy Implementation Account
1715 within the Department of Law Enforcement Operating Trust Fund.
1716 The account shall be used to provide emergency supplemental

1717 funds to:
1718 (a) State and local law enforcement agencies that are
1719 involved in complex and lengthy violent crime investigations, or
1720 matching funding to multiagency or statewide drug control or
1721 illicit money laundering investigative efforts or task force
1722 efforts that significantly contribute to achieving the state's
1723 goal of reducing drug-related crime, or that represent a
1724 significant illicit money laundering investigative effort~~, or~~
1725 ~~that otherwise significantly support statewide strategies~~
1726 ~~developed by the Statewide Drug Policy Advisory Council~~
1727 ~~established under s. 397.333~~;
1728 Section 20. This act shall take effect July 1, 2015.